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**ENGAGING ROMA COMMUNITIES IN
CONTACT TRACING:
TESTING OF THE OPERATIONAL GUIDE IN
NORTH MACEDONIA**



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Acronyms

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| CPH – Centre for Public Health (a regional network of public health centres in North Macedonia) |
| CSO – Civil Society Organisation |
| ESE – Association for emancipation, solidarity and equality of women |
| FGDs – Focus group discussions |
| GOARN - Global Outbreak Alert and Response Network |
| IPH – Institute for Public Health (a national-level institution in North Macedonia) |
| KII – Key informant interviews |
| MoH – Ministry of Health |
| SEM – Social Ecological Model |
| SOPs – Standard Operating Procedures |
| WHO – World Health Organization |

Executive Summary

Contact tracing is a powerful tool for minimising the spread of communicable diseases. To help communities implement effective contact tracing, the World Health Organisation (WHO) and its partners developed the Operational Guide for Engaging Communities in Contact Tracing [1] (the 'Operational Guide') containing 11 Key Principles and Standard Operating Procedures (SOPs) in 2021. This report presents the findings of research conducted between June and September 2022 to assess how the Operational Guide could improve contact tracing among Roma communities in North Macedonia.

Research pointed to more involvement by the Roma community in managing and rolling-out contact tracing as being key to improving their participation. Contact tracing is new to North Macedonia and is currently run by national and regional public health institutions. However, the Roma have a historic mistrust of public institutions. **Insufficient information about the process, including regarding**

[1] Operational Guide for engaging communities in contact tracing – https://www.who.int/publications/i/item/WHO-2019-nCoV-Contact_tracing-Community_engagement-2021.1-eng

confidentiality and the reasons for gathering personal data, meant that the Roma are hesitant to participate and share information with state contact tracers. **Language and communication are also identified as problems**, with the Roma unable to ask questions, or unaware of where to turn for further information. Furthermore, the **economic vulnerability of the Roma also hinders their participation in contact tracing**, as isolation directly impacts their ability to generate income and no formalized support measures are in place. A system that is more embedded within the local Roma communities and deploys community

stakeholders to conduct contact tracing is considered a vital first step to overcoming some of these challenges. It will facilitate communication with the Roma about contact tracing, increase Roma's buy-in and trust in the system, and respond more effectively to the specific needs of Roma communities.

It was widely agreed that the Operational Guide would be useful and feasible to implement in North Macedonia. **Contact tracing could be most appropriately rolled-out among Roma (and other) communities if planned and implemented at the local level, with support from regional and national level institutions.** Moreover, the Key Principles and SOPs could **improve the outcomes of contact tracing among Roma communities for any outbreak of communicable disease, not just Covid-19.** The Roma represents the largest ethnic minority in Europe and faces similar challenges in many countries in the region.

They also share many of the challenges faced by other vulnerable and marginalized groups. **Thus, it is suggested that the Operational Guide could also help with contact tracing among the Roma in other countries in Europe, as well as contact tracing among other vulnerable groups.**

The report recommends the **development of an action plan to integrate the Operational Guide's Key Principles into North Macedonia's contact tracing processes.** The action plan would need ongoing evaluation and refinement in order to ensure its continued relevance and effectiveness. In addition, it is recommended that an **advocacy strategy communicating the benefits of this approach be rolled out.** This would primarily target the Ministry of Health (MoH) in order to secure the necessary financial and political buy-in. It is also stressed that any contact tracing should be gender-sensitive and that all contact tracing teams should be gender balanced.

Introduction

Contact tracing is a powerful tool for preventing the spread of communicable diseases. In order to help national and local-level planners coordinate, implement, and monitor Covid-19 contact tracing, and to reinforce the place of community engagement and participation in contact tracing, the WHO prepared and launched the Operational Guide in 2021. The Operational Guide comprises 11 Key Principles with corresponding SOPs. It also includes an introduction to the Social Ecological Model (SEM) since contact tracing is understood to be influenced by community contexts. Between April and September 2022, the Association for Emancipation, Solidarity and Equality of Women (ESE) undertook research on how the Operational Guide could help to improve contact tracing in Roma communities in North Macedonia. The Roma is the largest ethnic minority group in Europe, and one of the most marginalized. COVID-19 put the spotlight on pre-existing health inequalities, while the socio-economic situation of most

Roma worsened during this period. [2] Overcrowded and dense living conditions and a lack of access to running water made it impossible for the Roma to adhere to hygiene, social distancing, lockdown, and self-isolation protocols. As a result of high levels of unemployment or employment in the informal sector, periods of lockdown and isolation have driven Roma communities further into poverty. In the first year of the pandemic when lockdown measures were in place, one-fifth of Roma women lost their jobs (mainly those engaged as hygiene workers, waste collectors, retail workers, and panhandlers) and some reported experiencing hunger [3].

[2] Saitovic M., Szilvasi M. *Should governments consider Roma a priority in their covid-19 vaccination roll-out plans?*. EPHA, 2021 - <https://epha.org/wp-content/uploads/2021/02/should-roma-be-a-priority-in-vaccine-rollout-plans.pdf>

[3] Pavlovski B., Antikj D., Frsishchikj J. *Impact of the Covid-19 crisis on Roma and other women in the Republic of North Macedonia*. ESE, 2021 - <https://esem.org.mk/pdf/Publikacii/2021/Impact%20of%20the%20Covid%2019%20crisis%20eng.pdf>

In light of such historic and new challenges, it is important to consider how to implement effective contact tracing to minimise the spread of Covid-19 among Roma communities.

The research sought to assess the utility and practicality of rolling out the Operational Guide in North Macedonia with regards to realizing effective contact tracing among Roma communities, and overcoming some specific challenges by them. The research was conducted through interviews and focus group discussions (FGDs) with Roma communities and Roma CSOs, and key informant interviews (KII) with relevant stakeholders and authorities at the national and local levels.

ESE is a well-recognized civil society organization (CSO) based in North Macedonia with a mission to improve the social and economic rights of vulnerable citizens. ESE conducted this research in cooperation with three Roma CSOs (Romano Chachipe, IRIZ,

and Stanica PET) with whom ESE has longstanding relationships, and with the support of the Global Outbreak Alert and Response Network (GOARN).



Methodology

Research goals | The goals of this research were as follows:

- To assess the utility and practicality of the Operational Guide for engaging Roma communities in contact tracing;
- To provide public health stakeholders with evidence of how the Guide and application of the principles can build trust, increase resilience to future health emergencies, and improve uptake of public health and social measures (PHSM) for contact tracing and beyond, especially among Roma and other marginalized communities.

Research Questions | In consultation with the WHO and GOARN team, the following research questions were developed:

1. What are the core contact tracing challenges you have observed working with implementing partners including the Ministry of Health, Institute for Public Health, and Centres for Public Health, especially regarding challenges in Roma communities?
2. How will engaging the Roma communities address or solve these challenges?
3. What actions are needed on behalf of the responsible public health institutions for contact tracing through community engagement?
4. How useful is the Operational Guide in helping to address the challenges, especially in Roma communities? Broken down by each component - principles, SOPs, Social Ecological Model (SEM), and indicators.
5. Did the use of the adapted SEM help to identify challenges and opportunities at all levels of the contact tracing process, especially in Roma communities?
6. Have the principles and SOPs impacted and/or improved the approach to contact tracing in North Macedonia, especially in Roma communities? What is missing or could be improved upon moving forward?
7. What principles and operational tools have been the most useful to the implementation of contact tracing activities in North Macedonia, especially in Roma communities?

Target geographies | Data was collected from 3 areas across the Municipalities of Shuto Orizari (part of the capital of Skopje) and Prilep (located in the centre of North Macedonia). The areas are shown on the map in Annex 2. These areas were selected because ESE has many years of experience working with Roma CSOs based within these Roma communities, and so are known and trusted there. In addition, they represent different types of community: while in Prilep the Roma are a minority, in Shuto Orizari they are a majority. In addition, the areas represent both poor and averagely-wealthy neighbourhoods.

Sampling methodology | Community-based sampling was used for the household interviews in order to obtain a robust community-level perspective on the research questions. A total of 1714 Roma people participated.

Purposive sampling was used to select participants for the FGDs in order to reach Roma people who are well acquainted with the target communities. 3 FGDs were conducted, one for each area where the household surveys took place. 31 Roma participated in total, and a balance in terms of gender and age was ensured.

Purposive sampling was also used for the 6 KII in order to ensure that relevant persons from public health institutions, or those working in Roma communities in the response to the Covid-19 pandemic, contributed to data collection. Participants included representatives from the MoH, the national Institute for Public Health (IPH), local centers for public health (CPH), the Department for Electronic Health, Roma CSOs, and local self-governments.

[See Table 1 for an overview of the different participants.](#)

Data collection / Tools for the household interviews, KII, and FGD were developed in cooperation with the GOARN and can be found in Annex 4. These were tested for salience and translated in preparation for data collection. Between May and June 2022, ESE and partners oversaw and conducted the household interviews and FGDs, and then in July and August, the KII was conducted. The Roma household interviews were conducted by the partner Roma CSOs in Macedonian and Romani languages, depending on the needs of the interviewee. The FGDs and KII were conducted by experienced ESE staff. The opportunity of the interviews and FGDs were additionally used to raise awareness among Roma about the importance of contact tracing.

A public event was organized with relevant stakeholders to present the Key Principles and SOPs from the Operational Guide as well as the key findings from the research. The public event targeted a broad group of stakeholders, including the health authorities, public health institutions, CSOs, and Roma community members. It should be noted that the representatives from the IPH who attended the public event were different from those who participated in the KII.

Table 1 provides an overview of data collection activities with different stakeholders:

Table 1 – List of data collection activities

| | Type of Activity | Participants Involved | Number | Date |
|---|---|--|--------|---------------------------------|
| 1 | Key Informant Interviews | <ul style="list-style-type: none"> A staff member from the Ministry of Health Epidemiologists involved in the contact tracing process from the IPH and CPH-Skopje Epidemiologist and contact tracer in CPH – Skopje (former employee) A staff member from the Department for Electronic Health of the MoH Coordinator of the Local Crisis Body in the Municipality of Shuto Orizari | 6 | June – August 2022 |
| 2 | Community household survey | <ul style="list-style-type: none"> Roma community members from three settlements located in the two target municipalities (Shuto Orizari and Prilep) | 1741 | May – June 2022 |
| 3 | Focus Group Discussions | <ul style="list-style-type: none"> Roma community representatives (a total of 31 persons participated) | 3 | June-July 2022 |
| 4 | Public event for the presentation of the Operational Guide and key findings from the research process | <ul style="list-style-type: none"> CSOs working with Roma communities Roma community representatives Representatives from the IPH Representatives from the Department for Electronic Health. | 1 | 29 th September 2022 |

Data analysis / Quantitative data from the household interviews were inputted directly into an electronic database. This data, as well as qualitative data from the FGDs and KII, was analyzed by the ESE team with support from its partners. The data from all sources were triangulated in order to prepare the findings in this report in response to the research questions.

Limitations / A vast amount of data from different sources was collected. Nevertheless, there were a few identified limitations and challenges regarding the data collection process, as follows:

- Due to the unavailability of key informants from the center for public health and the crisis management board in Prilep, it was not possible to conduct all interviews as planned.
- Four of the interviewed key informants did not provide consent for the audio recording of the discussions. The analysis depended on notes taken during the interviews.
- Some key informants were hesitant to share complete information. Therefore, it is not clear whether the information provided fully represents the policy of the Government and the MoH.

These limitations are not considered to have had a major impact on the relevance of the findings in this report.



Key Findings

The findings are presented according to the different themes of the research. These are 1. the challenges faced by Roma communities with the existing contact tracing system; 2. how the Operational Guide could address these challenges; and 3. the utility and practicality of rolling out the Operational Guide in North Macedonia.

1) Challenges faced by Roma communities with the existing contact tracing system

The existing contact tracing system is highly centralized, and automated, and does not involve community engagement. This represents a significant challenge to successful contact tracing among Roma communities in North Macedonia. Contact tracing is conducted over the phone by staff from the IPH and regional CPHs, and health workers from different health institutions. A centralized electronic system is used for data collection by the Department for Electronic Health. The Health Inspectorate automatically issues documents for mandatory isolation to people via Viber. The design of this process means that a contact tracer working in one municipality can conduct contact tracing in any other throughout the country.

Overall, the centralized and automated system does not engage with communities and has not been tailored to the needs of particular groups, including the Roma.

Insufficient information about contact tracing means that Roma people (and citizens in general) are sometimes afraid to fully cooperate in the process. Contact tracing is new to citizens of North Macedonia, having been introduced during the Covid-19 pandemic for the first time. While many Roma understand the importance of contact tracing, research revealed that they do not have sufficient information about what happens with the personal data that they share about themselves or their contacts, who are most often close relatives and friends.

As a result, they are reluctant to fully participate. For example, one Roma man stated: “If I give personal information about another person to the contact tracer, and after that this person experiences termination of social assistance, the family will blame me, because they might think that this is a result of me giving their personal details to the contact tracer”. **Language barriers exacerbated this problem.** Many Roma were not able to fully understand the information received from the contact tracers on the telephone, nor were they able to ask questions during the contact tracing calls. Research indicated that these barriers relate to language and education levels within the Roma community.

This relates to Roma’s **lack of trust in public institutions, which stems from the stigma and discrimination that Roma faces when accessing public services.** A lack of knowledge among the Roma about the role of different public institutions and legal provisions for their rights makes them particularly reluctant to provide their personal

information to public institutions- or indeed any person who does not come from their community.

A lack of economic support for isolating individuals also meant that people from the Roma community were reluctant to share information about their contacts. Many Roma is not formally employed and earn money day-to-day in the informal sector. Typical employment might include cleaning houses or collecting plastic bottles or scrap metal to sell. Thus, if they are placed in isolation they will not be able to earn money, with potentially severe consequences. As one Roma man explained: “I understand that contact tracing is important, yet I really don’t want to cause inconvenience to my family and friends. If they are placed in isolation for two weeks, how will they earn money? The children would literally starve”. **In addition, the housing set-up of many Roma people means that isolation is infeasible.** Many Roma lives in makeshift homes or with large families living in a

single room, which means that there is additional hesitance among the Roma to report those people as contacts since it will be so difficult to properly isolate. Thus, the Roma prefer to not share the details of their contacts with the authorities but to tell their contacts directly.

2) How the implementation of the Operational Guide could help address these challenges

Principle 1 – Understand the community context | Understanding the context and involving communities in contact tracing will enable the MoH and public health institutions to tailor the contact tracing process to the needs of Roma communities. This is a newly introduced process to North Macedonia. There is an existing lack of trust among the Roma in the public institutions conducting contact tracing. It is of crucial importance, therefore, to better understand the community context and tailor contact tracing accordingly to enhance the chance of participation by the Roma.

Principle 2 – Building trust | Contact tracing in Roma communities could be improved if partnerships were established between public health institutions and trusted local and community stakeholders. Interviewees and FGD participants suggested that the involvement of familiar and well-regarded Roma representatives, such as Roma CSOs, family doctors, community members, influential people from the community, and faith leaders, would result in greater trust among the Roma communities in contact tracing. An example where this is already happening is in Shuto Orizari, where the Local Self-Government is made up of Roma representatives from that community and to whom the Roma community would reach out for information during the pandemic. A representative from the local self-government in Shuto Orizari described how “the Roma have greater trust in the Local Self-Government and in local Roma CSOs since we are here every day, we are part of this community, and people know us.

Thus, they have greater trust in us than in a public health institution which will call them only once in order to collect personal data and information for a sensitive issue”. Another example of a trusted community member facilitating contact tracing is given in Annex 3.

In turn, the Roma perceive that if community-level workers were involved in contact tracing, it would bolster the accountability of public health institutions. One interviewee stated: “the Roma community has greater trust in the Local Self-Government and in Roma CSOs because these people come from this community, thus people trust them more in comparison to a person calling for the first time from some health institution seeking to collect personal data.”

Principle 3 - Ensure and maintain community buy-in | Trusted community-level stakeholders could approach the Roma community in a culturally appropriate manner and a language adapted to their needs.

Research showed that Roma in general prefers verbal communication and receiving information from trusted sources. For those with lower education levels, infographics, cartoons, visuals, tangible objects, and photos could be helpful to share information about contact tracing, which is not possible over the phone.

Principle 4 – Work through community-based solutions | Involving communities in contact tracing will facilitate understanding the best entry points for community action and accessing vulnerable groups. As one interviewee stated: “the engagement of Roma community members will improve contact tracing because they know the community very well, they know the problems which Roma face and can shape the contact tracing process. They can approach their fellow community members in an appropriate manner. Since many Roma earn money through informal, daily work, they were terrified of being put in isolation. Representatives from public health institutions do not have this information.”

Principle 5 – Generate a community workforce | Research showed that there is interest among the Roma to comply with contact tracing in order to help their communities.

It was suggested that, if contact tracers were from the local community, the Roma would be more likely to participate since they would trust that the contact tracers were committed to the protection of the community. Thus, the MoH and public institutions should seize this opportunity and recruit and train contact tracers from within Roma communities. One Roma woman from Shuto Orizari stated: “If people from the community are involved in community contact tracing they will feel a greater responsibility to conduct this work properly since they will be working to protect their friends, their relatives, and their neighbors. Of course, they must cooperate with health workers in this work. People from the community will influence the health workers to be more responsible for conducting contact tracing in Roma communities”.

In addition, engaging community contact tracers may improve the quality and efficiency of contact tracing work. The research revealed that some contact tracers from public health institutions were overwhelmed with work during the peaks of the pandemic, needing to conduct numerous calls during the day. It was suggested that this may have reduced the quality of the contact tracing since there was not enough time to provide all the needed information and answer questions. As the representative from IPH stated: “In the peaks of the pandemic I was usually tasked with contacting 50 people in one working day. I was overloaded with work and I am aware that I was not able to provide all the needed information to people, or to meet all their needs and concerns”. Therefore, involving community-level stakeholders in contact tracing will not just enable improved access to Roma communities, but will also reduce the burden on health institutions.

Principle 6 – Commit to honest and inclusive two-way communication | Recruiting community stakeholders into the contact tracing process would help establish more effective channels for conveying messages and information between communities and the authorities.

Since contact tracing is currently conducted only through telephone calls from unfamiliar institutions to the Roma they do not know where to turn when they have additional questions related to contact tracing, isolation, or other issues. If community stakeholders were involved in contact tracing, the Roma could easily reach out to them for information at any time after the initial contact. In turn, evidence points to representatives from public health institutions having insufficient knowledge of the issues that would hinder Roma from fully participating in contact tracing, and being unaware of what activities Roma CSOs and other community stakeholders were doing in response to the pandemic. These gaps in knowledge could be improved with open, two-way

communication between community stakeholders and the authorities.

Principle 7 – Listen, analyse, and respond to feedback | An effective feedback mechanism will improve contact tracing in Roma communities.

This report presents some of the key concerns among the Roma relating to contact tracing during the past two years of the pandemic. There is an opportunity for the authorities managing the contact tracing process to respond to this information and adapt contact tracing accordingly.

Principle 11 – Coordinate with all response actors | Evidence points to contact tracing being more effective when additional socio-economic assistance is provided to people and families needing to isolate.

Poverty, poor housing, and a lack of support when in isolation were all identified as key obstacles to full participation in contact tracing. In the research, there were some examples of contact tracers getting in touch with the Red Cross to deliver assistance to

families in need of assistance, or reporting cases of domestic violence which they identified through the contact tracing work. If there are mechanisms in place to effectively support families during isolation it may encourage the Roma to participate more fully in contact tracing processes. A Roma man from Shuto Orizari stated: "Roma CSOs should have a crucial role in the contact tracing process since they are present every day in our community. The Roma community knows them very well since they help us a lot."

3) Utility and practicality of rolling out the Operational Guide in North Macedonia

Representatives from the IPH and the CPH consider that the application of the Key Principles and SOPs of the Operational Guide would be feasible in North Macedonia and that it would improve contact tracing in Roma communities. Moreover, the Key Principles and SOPs represent an adequate foundation for developing an action plan for their implementation in North

Macedonia. Beyond Covid-19, representatives from the IPH also recognized the value of the Key Principles and SOPs for contact tracing for other communicable diseases in Roma communities and among other vulnerable groups. This is especially the case for those diseases where direct contact does not represent a great risk for the contact tracers, in which case the community contact tracers should perform in-person visits to affected households.

Representatives from the Department for Electronic Health confirmed that there is a need to establish better cooperation and coordination among health authorities and community stakeholders (especially CSOs) for proper implementation of contact tracing among Roma communities. In the course of the pandemic, different actors were conducting individual activities without any established procedures for addressing the specific needs of Roma and other vulnerable communities.

Therefore, there is a particular need for formalised SOPs in contact tracing in order to help the Roma and other vulnerable groups. Furthermore, it was considered that local self-governments could play a crucial role in the establishment of community-centered contact tracing, since they have significant knowledge of the community context and can more easily reach different stakeholders, including hard-to-reach groups. Existing bodies within local self-governments could be reinforced through training and the involvement of experienced representatives from public health institutions.

Representatives from Roma CSOs, the IPH, and Department for Electronic Health agreed that properly introducing the contact tracing process to communities is of crucial importance for its effectiveness and buy-in. This has been done poorly to date. Communication is particularly important given that the legal requirements for isolation change over time, causing confusion among Roma communities.

The importance of establishing an effective feedback mechanism between Roma communities and the health authorities was also acknowledged. The Roma CSOs were identified as having a crucial role in this, as they can feed information to the health authorities and institutions regarding emerging problems in the Roma communities in which they operate.

Following this research process, ESE considers that involving the community in the planning, implementation, and evaluation of contact tracing is of crucial importance for effective contact tracing among Roma communities. Only community-based solutions can overcome the identified barriers to the participation of Roma in the contact tracing process. The Key Principles and SOPs from the Operational Guide offer clear guidance for this, which will help improve outcomes among Roma communities in North Macedonia.

Conclusion

Contact tracing has been rolled-out in North Macedonia for the first time during the Covid-19 pandemic. Although citizens understand why it is important, it is clear that participation has often been weak, including among Roma communities. This is primarily down to a **mistrust of government institutions, poor communication about the process, and the economic vulnerability of the Roma**. The centralised system has failed to respond to a lack of trust among the Roma in public institutions, which stems from the historic marginalization of the Roma in North Macedonian society. The existing contact tracing system has also failed to ensure that enough detail and information is provided about the contact tracing process among communities, especially with regard to confidentiality and the reasons for collecting personal data. This has resulted in hesitancy among the Roma to participate, as they do not know what happen with the information they share. Furthermore, concern about the knock-on effects of isolation on

income generation, and with no systemic support measures in place, has meant that the Roma people have been often disinclined to comply with contact tracing and isolation requirements.

Stakeholders widely agreed that the Operational Guide could help overcome some of these challenges. Roma community members and CSOs are of the opinion that the integration of the Key Principles and SOPs in community contact tracing in North Macedonia could facilitate vital trust among the Roma in the process, leading to better participation overall. By employing Roma community contact tracers, **the specific socio-economic needs, language, and traditional and religious norms of the Roma can be taken into consideration in the design and roll-out of contact tracing.** It would also open up better channels of communication between the Roma communities and the authorities. Community contact tracers would be able to feed information about the specific

socio-economic needs of the Roma communities to the authorities. **In turn, community contact tracers would represent a trusted source of information to communicate how the process works, what is done with the information provided, and any changing legal requirements, for the Roma.**

The findings of this research **represent valuable information with which to advocate for the adoption and implementation of the Operational Guide to the MoH.** The data highlights some of the challenges in the existing contact tracing system for Roma and other vulnerable groups and identifies how these challenges could be mitigated using the Operational Guide. Application of the Key Principles would help to resolve poor communication, thereby mitigating fear and mistrust and encouraging greater participation in contact tracing. The employment of community contact tracers will also mitigate some of the burden on contact tracers from state health institutions. **Overall, this will contribute to the reduced spread of Covid-19.**

It was also agreed that this approach to contact tracing could be valuable in slowing the spread of other communicable diseases (not just Covid-19), and for contact tracing among other marginalized groups or within Roma communities in other countries.



Recommendations

For the authorities at the national and local levels:

1. The MoH, in cooperation with the IPH, should utilize the Key Principles and SOPs from the Operational Guide to developing an action plan for a decentralized contact tracing process in North Macedonia. This process should be conducted with the participation of regional CPHs, local self-governments from municipalities, CSOs working with Roma and other marginalized groups, and community members. The decentralized contact tracing process should be community-oriented and adapted to the local needs and challenges of different municipalities, and of the different communities within each municipality, especially with regard to vulnerable communities, including the Roma.
2. The IPH, in cooperation with regional CPHs, should conduct surveys in order to understand the local context and to identify the specific challenges that communities face relating to contact tracing during the Covid-19 pandemic. These findings should be utilized for local-level planning of contact tracing, based on the Key Principles and SOPs from the Operational Guide, and in response to identified challenges.
3. The municipal self-governments should utilize the Key Principles and SOPs from the Operational Guide in order to incorporate contact tracing into the work of their local structures, including crisis-response bodies and local public health bodies, and in relation to public health emergencies. These bodies should be strengthened through trainings on contact tracing and through the involvement of health workers previously involved in the contact tracing process.
4. The MoH, in cooperation with the IPH, CPHs and municipal self-governments, should use the Key Principles and SOPs from the Operational Guide to create community-level infrastructure for contact tracing. This might include trainings for local CSOs and community members on contact tracing. These structures should be utilized in response to current and future public health emergencies.

For the Operational Guide:

The Operational Guide could be strengthened by:

1. Providing examples or practical tools about how to operationalize the Key Principles;
2. Emphasising the need for gender-sensitive contact tracing and ensuring a gender balance among the community contact tracing workforce.

In order to implement the Operational Guide:

According to representatives from the IPH and CPH–Skopje, it is feasible to implement the Operational Guide in order to improve contact tracing among the Roma and other vulnerable communities. To this end, the following recommendations are made:

1. Relevant parties should review existing laws and bylaws to determine whether there is a need to amend the current legislation in order to implement the Key Principles and SOPs in North Macedonia.
2. An action plan for community-based contact tracing should be prepared and adopted by the MoH, based on the Key Principles and SOPs from the Operational Guide. The action plan should be prepared through an inclusive process, involving the participation of different stakeholders from national-, regional-, local- and community levels. In the action plan, the responsibilities of different institutions from different levels should be clearly stated.
3. Once implemented, the action plan should be regularly evaluated in order to determine whether changes and adaptations are needed. Such a process will enable clear insight into the utility and applicability of the Operational Guide for improving contact tracing among Roma communities in North Macedonia.

4. Using the findings from this research, additional advocacy activities should be undertaken to communicate the benefits of the adoption and implementation of the Operational Guide to high-level MoH officials. Representatives from the IPH and CPH clearly stated that they perceive the Operational Guide to be a very useful tool for community contact tracing for different communicable diseases. Yet the operationalization of the Operational Guide depends on political will and financing from the MoH. Advocacy activities should highlight that investment into community contact tracing will bring benefits to Roma communities, public health institutions, and the health system, for the State, and for society in general, since it will help protect the population from the spread of communicable diseases.

5. ESE can facilitate cooperation and communication among national-, local-, and community-level stakeholders, and deliver ongoing mentorship and technical assistance to Roma CSOs. ESE has long experience in community engagement for health rights, capacity building, and providing mentorship for community-level Roma CSOs. During this research process, ESE has gained further experience in resilience building and emergency preparedness in Roma communities and local self-government. ESE could continue to provide support to local Roma CSOs towards realizing better participation among Roma people in the design, implementation, and evaluation of contact tracing policies and processes.



Annexes

Annex 1: Distribution plan

| | |
|---|--|
| 1 | Organization of public event for the presentation of the Operational Guide and this Final Report to which representatives from the following institutions and organizations will be invited: Ministry of Health, Institute for Public Health, Centres for Public Health, Roma CSOs, and CSOs working with marginalized groups. |
| 2 | Delivery of copies of the Final Report and the Operational Guide to the Minister of Health, managers, and staff working in the Institute for Public Health and the Centres for Public Health, Roma CSOs, and CSOs working with marginalized groups. |
| 3 | Placing the Final Report on the website of ESE and promoting it through social media. |
| 4 | Organization of two webinars for the promotion of the Final Report and Operational Guide through the Community of Practitioners on Accountability and Social Action in Health (COPASAH) Network – one webinar for the Global COPASAH Network, and one webinar for the COPASAH Europe Network. Participants will include representatives from organizations working with marginalized communities from Europe, Southeast Asia, Africa, and Latin America. |
| 5 | Placing the Final Report on the website of COPASAH Europe Network, and promotion through social media of COPASAH Europe. |

Annex 2: Testing sites



3 areas in two municipalities were chosen for data collection in this research

Two areas were chosen in the [Municipality of Shuto Orizari](#). This is the only municipality in South-Eastern Europe in which the majority of the population are Roma, and the local self-government is mostly led by Roma. Although part of the capital city of Skopje, the infrastructure, living conditions, and availability of services are far worse than in other municipalities of Skopje. There are great differences between the different neighborhoods, including slum-like areas with makeshift dwellings to those with very expensive houses. As a result, ESE conducted research in two localities in this area: one representing the most marginalized part of the municipality, and the other representing an average neighborhood.

One area was chosen in the [Municipality of Prilep](#), where the majority of inhabitants are of Macedonian ethnic origin. The Roma represents a minority, living in an isolated neighborhood in the city with inferior infrastructure, provision of services, housing, and other amenities, as compared to other parts of the city.

Annex 3: Brief illustrative case study from testing/research

Case of cooperation between health institutions and community stakeholders in the contact tracing process

Although there were no foreseen measures or activities for the involvement of the community in contact tracing, through the research we identified a case in which a public health institution cooperated with relevant Roma community stakeholders.

A person who tested positive for Covid-19 in the Roma community had died by the time the contact tracers from the public health institution tried to reach him. Since the contact tracers did not have any information regarding his family members or contacts, they decided to ask for assistance from someone in the Roma community. They called a religious leader from the Roma community, who is well-known not just among the Roma but also among the whole municipality, and asked him for assistance in order to conduct proper contact tracing with the family members of the deceased person. Due to his familiarity with the community, the religious leader was able to identify the family members of the deceased person.

However, in this case, the closest family members living with the deceased person were still reluctant to cooperate with contact tracing procedures. The religious leader found out that the burial had been conducted with all the usual traditions, which included the close involvement of various people in the burial rituals. In these rituals, several women had had contact with the closest family members and the body of the deceased person. Since he was familiar with the burial rituals, the religious leader was able to identify the women who had participated.

He approached the women and explained to them the necessity of contact tracing and other measures for protection against the spread of Covid-19 within the community. After this conversation with the religious leader, these women, of their own accord, reported themselves to the health authorities, received a contact tracing call, and underwent a process of isolation.

Annex 4: Data collection tools

Testing process of the utility and practicality of World Health Organization’s Operation Guide for engaging communities in the contact tracing process among Roma communities in North Macedonia

QUESTIONNAIRE FOR CONDUCTING SURVEY INTERVIEWS AMONG ROMA COMMUNITIES

Interviewer [READ]: Good morning/afternoon. I am [NAME] from [ORGANIZATION NAME]. We are conducting interviews on the contact tracing process as a measure for the prevention of the spread of Covid-19, particularly in your community. You have been invited to take part in an interview from which we will learn more about the way people in your community behave regarding the contact tracing process and what should be done on the local level in order to improve this process in the future in your municipality and community.

The reason we are doing this assessment is for WHO to understand better the specific needs of your community regarding the contact tracing process which was conducted as a way of protection from the spread of Covid-19 and the potential for its improvement through the introduction of community contact tracing.

All the information that you share with us will be confidential. During the interview, we will not collect any personal data, including name, ID number, address, or phone. We will only use your answers for our informational and planning purposes. Please ask us to clarify if you do not understand the questions. Please do not share any personal stories that you do not want to share. You are free to end the interview at any time. You are also free to decline to answer any questions that you do not wish to answer. Thank you.

As someone who lives in this community, we know that you have many valuable experiences with the issues we will be discussing today, so we appreciate anything that you can share. Do you have any questions?

Do you agree to participate in the interview?

| | |
|-----|--|
| Yes | |
| No | |

Note to the interviewer: If the answer is “No”, thank the person and move on to the next household as designated

Note to the interviewer if the answer is “Yes” [READ]: Thank you very much for your willingness to participate in the interview. So let’s begin with the questions

1. Are you aware of contact tracing as a way of protecting you and your community from coronavirus/COVID-19? [READ OUT; SINGLE CODE]

(Subheading: 01 Understand the community context)

| | |
|-------------|--|
| Yes | |
| No | |
| Do not know | |
| No response | |

Interviewer [READ]: Contact tracing is the process of identifying all people with whom a COVID-19 patient has come into contact in the past two weeks. In this process, the person who tested positive for Covid-19 receives a phone call from a health worker from public health institution.

During the call, the health worker asks for information about the people with whom he/she has been in direct contact in the past two weeks. The main purpose of this process is the timely identification of all the people who were in contact with Covid-19 positive persons which contributes towards the prevention of the further spread of the disease.

2. If yes, from where have you heard about contact tracing? [READ OUT; MULTIPLE CODE]

| | |
|--|--|
| Television | |
| Social media | |
| Newspapers | |
| Health authorities | |
| Radio | |
| My family doctor | |
| Other health workers, doctors, nurses, etc. | |
| CSO representative | |
| Family members and friends | |
| Community members | |
| Contact the tracing worker who contacted you | |

3. Overall, how important do you think contact tracing is as a way of protecting you and your community from coronavirus/COVID-19? It is... [READ OUT; SINGLE CODE]

| | |
|----------------------|--|
| Not at all important | |
| Not very important | |
| Quite important | |
| Very important | |
| Do not know | |
| No response | |

4. If you tested positive for Covid-19, how likely would you be to provide contact information of people with whom you have been in contact to the health authorities so they can be contacted? It is... [READ OUT SINGLE CODE]

| | |
|-------------------|--|
| Not at all likely | |
| Not very likely | |
| Quite likely | |
| Very likely | |
| Do not know | |
| No response | |

4.a. If the answer is “Very likely” or “Quite likely”, why is this? [READ OUT; MULTIPLE CODE]

| | |
|--|--|
| I believe this stops the spread of Covid-19 | |
| This is my responsibility as a citizen | |
| This is a way I can protect other people | |
| My friends and family would expect me to do this | |
| Other reason, please describe | |

4.b. If the answer is “Not very likely” or “Not at all likely”, why is this? [READ OUT; MULTIPLE CODE]

| | |
|--|--|
| I could contact them myself | |
| I believe this could result in a loss of income for those people during quarantine | |
| I believe people would blame me for having shared their names | |
| I do not trust the authorities | |
| My family and friends would expect me not to share their names | |
| I would cause inconvenience for the people whose names I share | |
| I do not want others to know I tested positive | |
| Other reason, please describe | |

5. If you test positive who would you prefer to be contacted by for contact tracing purposes? [READ OUT; MULTIPLE CODE]

| | |
|---|--|
| Health authorities (Ministry of Health, Institute for public health, Centre for public health, Primary health center) | |
| Healthcare worker (doctor, nurse, etc) | |
| Patronage (visiting) Nurse | |
| A member of your community | |
| Family member or friend | |
| Religious leaders or persons from the religious community | |
| A representative from the local self-government | |
| Roma CSO representative | |
| Other, please specify | |
| Do not know | |
| No response | |

6. In which language would you prefer the conversation in this regard to be held? [READ OUT; SINGLE CODE]

| | |
|----------------------------|--|
| Macedonian language | |
| Romani language | |
| I do not have a preference | |

7. Would you prefer the conversation in this regard to be held? [READ OUT; SINGLE CODE].

| | |
|----------------------------|--|
| In-person | |
| On the phone | |
| I do not have a preference | |

8. For which of the following topics related to contact tracing would you like to receive more information? [READ OUT; MULTIPLE CODE]

| | |
|---|--|
| Covid-19 testing | |
| What happens to my data after being traced | |
| What happens to me after being traced | |
| What happens to other people after I provide information and contact details about them | |
| Potential mechanisms of support during the period of isolation | |
| Other, please specify | |

9. For you, which are the trusted sources that you would reach out in order to receive information on the topics related to contact tracing? [READ OUT; MULTIPLE CODE]

| | |
|---|--|
| Health authorities | |
| My family doctor | |
| Medical staff (other doctors, nurses, etc.) | |
| Roma CSOs staff | |
| Trained community contact tracer | |
| Family members and friends | |
| Social media | |
| The app designed for this purpose | |
| Other, please explain | |

10. If you have been in contact with someone who tested positive for COVID-19, how would you prefer to be informed? [READ OUT; SINGLE CODE]

| | |
|---------------------------|--|
| Through an app | |
| Through a phone call | |
| By a person, face to face | |

11. Do you know the procedure how to access testing for Covid-19, if you have a need? [READ OUT; SINGLE CODE]

| | |
|---------|--|
| Yes | |
| No | |
| Refusal | |

12. Do you have sufficient information regarding seeking health care related to Covid-19? [READ OUT; SINGLE CODE]

| | |
|---------|--|
| Yes | |
| No | |
| Refusal | |

13. According to your opinion what are the best channels of communication which should be used to convey messages related to contact tracing to the people from your community? [READ OUT; MULTIPLE CODE]

| | |
|---|--|
| Verbal – one on one conversation or educational workshops | |
| Printed materials with Pictorial messages | |
| Social media | |
| Other, please specify | |

14. If community contact tracing is to be established in a community where you live who do you think should be involved in the establishment of this process on a local level? [READ OUT; MULTIPLE CODE]

| | |
|--|--|
| Representatives from local self-government | |
| Local health care workers (doctor, nurse, etc) | |
| Informal community leaders | |
| Members from your community | |

| | |
|---|--|
| Religious leaders or persons from the religious community | |
| Roma CSOs representatives | |
| Local business owners | |
| Other, please specify | |
| Do not know (do not read) | |
| No response (do not read) | |

15. Would you be willing to work as a community contact tracer in your community, after receiving proper training and materials? [READ OUT; SINGLE CODE]

| | |
|---------------------------|--|
| Yes | |
| No | |
| Do not know (do not read) | |

15.a. If YES, please explain why

15.b. If NO, please explain why

16. How willing are you to cooperate with healthcare workers (doctors, nurses, etc.) in order to properly conduct contact tracing activities in your communities? [READ OUT; SINGLE CODE]

| | |
|-------------------|--|
| Not at all | |
| A little | |
| A moderate amount | |
| Very much | |
| Extremely | |

17. How willing are you to cooperate with health authorities (Ministry of Health, Institute for public health, Center for public health, Primary Health Centre) in order to properly conduct contact tracing activities in your communities? [READ OUT; SINGLE CODE]

| | |
|-------------------|--|
| Not at all | |
| A little | |
| A moderate amount | |
| Very much | |
| Extremely | |

Set of questions for persons who were subject to contact tracing activities

18. Since the start of the pandemic with Covid-19 (March 2020) till the present, have you tested positive for Covid-19? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| No | |
| Refusal (do not read) | |

NOTE TO INTERVIEWER: If the answer is “No” or “Refusal” move to the next part “Demographic data” – question no. 31

19. Where did you perform the test? [READ OUT; MULTIPLE CODE]

Note for the interviewer: If the respondent had more than one positive test during the pandemic, ask him/her to provide you with information regarding the last positive test.

| | |
|---|--|
| Public health institutions (Primary health center, Center for public health, Institute for public health) | |
| Private health institution (private laboratory or private hospital) | |
| Test bought at the Pharmacy | |
| Refusal (do not read) | |

20. Were you contacted by a health institution representative after being tested positive for COVID-19? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| No | |
| Refusal (do not read) | |

21. Were you able to properly understand all the information received by the representative from the health institution? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| Partially | |
| Not at all | |
| Refusal (do not read) | |

22. If “partially” or “not at all”, please tell us why? [READ OUT; MULTIPLE CODE]

| | |
|--|--|
| The conversation was not in the Romani language | |
| I couldn't understand professional/technical terms | |
| Because the conversation was on the phone | |
| Other reason, please explain | |

23. According to your opinion, were you able to ask questions and clarifications from the person that contacted you from the health institution? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| Partially | |
| Not at all | |
| Refusal (do not read) | |

24. Did you understand the self-isolation process and its importance? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| Partially | |
| Not at all | |
| Refusal (do not read) | |

25. Did you have sufficient information regarding access to testing for Covid-19? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| Partially | |
| Not at all | |
| Refusal (do not read) | |

26. Did you have sufficient information regarding access to health care related to Covid-19? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| Partially | |
| Not at all | |
| Refusal (do not read) | |

27. Did you have sufficient information regarding other related services (for example- measures for support from the Government or Local self-government? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| Partially | |
| Not at all | |
| Refusal (do not read) | |

28. Did you face barriers to properly completing the self-isolation? [READ OUT; SINGLE CODE]

| | |
|-----------------------|--|
| Yes | |
| Partially | |
| Not at all | |
| Refusal (do not read) | |

29. Did you receive any type of social or financial support during the self-isolation period?

| | |
|--|--|
| Direct financial support | |
| Support for the supply of food and other household products | |
| Support for conducting different administrative tasks (paying bills, banking issues, etc.) | |
| Support for the supply of medicines | |
| Support for obtaining the needed healthcare | |
| Psychological support | |
| Other, please explain | |
| No support at all | |
| Refusal (do not read) | |

30. Please tell me from which institution or from whom have you received the previously stated assistance or support?

| | |
|--|--|
| From public institutions on a national level | |
| From local self-government (municipality) | |
| From public institutions on a local level | |
| From private companies | |
| From CSOs | |
| From relatives and friends | |
| From people from my community, my neighbors | |
| From people from my religious community | |
| Other, please explain | |
| Refusal (do not read) | |

DEMOGRAPHIC DATA

31. Gender [SINGLE CODE]

| | |
|-------------------|--|
| Male | |
| Female | |
| Other | |
| Prefer not to say | |

32. Age [READ OUT; NUMERIC FIELD]

In Years _____

33. Age group [DO NOT READ, SELECT BASED ON THE ANSWER ON PREVIOUS QUESTION; SINGLE CODE]

| | |
|-----------------------|--|
| 18-29 years | |
| 30-39 years | |
| 40-49 years | |
| 50-59 years | |
| Above 60 | |
| Refusal (do not read) | |

34. Level of completed education [READ OUT; SINGLE CODE]

| | |
|----------------------------|--|
| No formal education | |
| Completed primary school | |
| Completed secondary school | |
| Completed faculty | |
| Postgraduate education | |

35. Employment status [READ OUT; SINGLE CODE]

| | |
|--|--|
| Employed | |
| Business owner | |
| Working for a fee (not formally employed) | |
| Agricultural worker | |
| Housewife, a person taking care of other family members in the household | |
| Retired | |

| | |
|--------------------------------------|--|
| Student | |
| The beneficiary of social assistance | |
| Unemployed | |
| Other, please specify | |

36. Have you been vaccinated against Covid-19? [READ OUT; SINGLE CODE]

| | |
|------------------------------|--|
| No | |
| Yes, with one shot | |
| Yes, with two shots | |
| Yes, with three shots | |
| Yes, not sure how many shots | |
| Refusal (do not read) | |

37. Municipality [DO NOT READ, SELECT, SINGLE CODE]

| | |
|---------------|--|
| Shuto Orizari | |
| Prilep | |

Testing process of the utility and practicality of World Health Organization's Operation Guide for engaging communities in the contact tracing process among Roma communities in North Macedonia

QUESTIONNAIRE FOR FOCUS GROUP DISCUSSION IN ROMA COMMUNITIES

Moderator [READ]: Good morning/afternoon. I am [NAME] from [ORGANIZATION NAME]. We are conducting discussions on the contact tracing process as a measure for the prevention of the spread of Covid-19, particularly in your community. You have been invited to take part in a discussion group to learn more about the way people in your community behave regarding the contact tracing process and what should be done on the local level in order to improve this process in the future in your municipality and community.

The reason we are doing this assessment is for WHO to understand better the specific needs of your community regarding the contact tracing process which was conducted and the potential for its improvement through the introduction of community contact tracing.

All the information that you share with us will be confidential. Neither your name nor any identifying information about you will be shared with anyone or any organization without your prior written approval. We will only use your answers for our informational and planning purposes. No participant names or personal identifiers will be shared in the dissemination of results. Please ask us to clarify if you do not understand the questions. Please do not share any personal stories that you do not want to be shared beyond this group, as we cannot control what other people in this room will pass on. You are free to end or leave the discussion at any time. You are also free to decline to answer any questions that you do not wish to answer. Thank you.

As someone who lives in this community, we know that you have many valuable experiences with the issues we will be discussing today, so we appreciate anything that you can share. Do you have any questions?

Please let's start

Moderator [READ]: You have all given your informed consent to participate, but I would like to remind you that none of your individual or identifying details will be shared. We request that you and other participants keep these discussions confidential and not share what is discussed today outside of this group. Additionally, when discussing your experiences during the discussion, please do not use any names or identifying details of others.

Personal introductions

Go around and have everyone introduce themselves.

| | |
|--|--|
| <p>1. What do you know about contact tracing?</p> <ul style="list-style-type: none">- Probe: What do you think of when you think of contact tracing for COVID-19?- Probe: Do you believe contact tracing for COVID-19 protects communities? Why or why not? <p>Note to moderator: After participants provide answers, explain to the participants that Contact tracing is the process of identifying all people with whom a COVID-19 patient has come into contact in the past two weeks</p> | |
| <p>2. How important do you think COVID-19 contact tracing is? Why?</p> <ul style="list-style-type: none">- Probe: How important do you think contact tracing is to protect communities from COVID-19? Why? | |
| <p>3. Do you think there are any disadvantages to contact tracing for COVID-19? Please explain your answer.</p> | |
| <p>4. What do you think are the best ways to talk to communities about COVID-19 contact tracing?</p> <ul style="list-style-type: none">- Probe: verbal communication, educational workshops, education materials- Probe: How do you think we should tailor our communication for different groups like women, youth, seniors, people with disabilities, etc. | |

| | |
|--|--|
| <p>5. If you tested positive for COVID-19, would you provide your contact information to the health authorities for contact tracing?</p> <ul style="list-style-type: none"> - Probe: why or why not? - Probe: What concerns would you have about doing that? - Probe: is there anything that could make you feel more comfortable providing that information? | |
| <p>6. If you tested positive for COVID-19 who would you prefer to be contacted by – the health authorities, community members, or someone else? Why?</p> | |
| <p>7. Do you think that contact tracing and communities can work together to protect people from COVID-19? Why?</p> | |
| <p>8. Who do you think should be involved in the process of planning, implementation, and evaluation of the community contact tracing process in your local community?</p> <ul style="list-style-type: none"> - Probe: informal leaders, local government, religious groups, and different community groups | |
| <p>9. Would you personally be willing to work as a community contact tracer? Please explain why or why not?</p> | |

| | |
|---|--|
| <p>10. Which group of people would you prefer to be contact tracers: men, women, younger individuals, seniors, community leaders, Roma CSO members, or health institutions?</p> <ul style="list-style-type: none"> - Probe: Why did you choose that group? | |
| <p>11. Do you think that the use of contact tracing technology (mobile application or other technology-based tools) is appropriate for your community? Please explain why or why not</p> | |
| <p>12. According to your opinion, what measures should be undertaken to improve the contact tracing process in your community?</p> | |

Testing process of the utility and practicality of World Health Organization's Operation Guide for engaging communities in the contact tracing process among Roma communities in North Macedonia

QUESTIONNAIRE FOR KEY INFORMANT INTERVIEWS WITH REPRESENTATIVES FROM PUBLIC INSTITUTIONS ON NATIONAL AND LOCAL LEVEL

Discussion questions

1. How do your current contact tracing efforts engage with communities? How does that vary in the different communities (older individuals, younger individuals, Roma, etc.)?

2. Do you think that the current contact tracing model in North Macedonia is resulting in the successful identification of the contacts, contacting them, and successful quarantine process especially among Roma and in Roma communities?

3. Why do you think that?

4. The WHO prepared and its testing Operational guide for engaging communities in contact tracing and therefore we would like to have your opinion on each of the principles that need to be followed in this manner.....

4.1. Do you think that including Roma people as contact tracers would increase COVID-19 contact tracing? Why do you say that?

4.2. Do you think that including the Romani language in contact tracing would increase COVID-19 contact tracing?

4.3. Do you think that if contact tracing is conducted in person will bring better results?

4.4. Do you think having community members as contact tracers would increase the rate of self-reporting within the community? Why do you say that?

4.5. Who do you think will be most suitable to be recruited as contact tracers from the community?

- Probes: family doctor, health or social worker sent by Government or International organization, health or social worker sent by CSO, community volunteers, or someone else? Why do you think that?

4.6. Who do you think is more credible regarding building community trust and increasing the response of the community in the contact tracing process?

4.7. Do you think that establishing the local body responsible for planning, implementation, and evaluation of contact tracing is needed?

4.8. What do you think are the most trusted sources of information in the community regarding contact tracing?

- Probe: only health experts and health workers, or other persons which have influence in the communities

4.9. Which channels of communication should be used in order to target specific community audiences (women, youth, seniors, people with disabilities, most deprived Roma living in substandard settlements and housing, waste pickers, people with

mental health issues, people with identity issues, children at risk (on street), etc.) – verbal and pictorial messages, social media?

4.10. Do you think that there is a need for an effective feedback mechanism in order to adapt contact tracing to meet communities' expressed needs? According to your opinion what should be composition, operation, coordination, etc.?

4.11. Do you think that it's feasible to introduce certain contact tracing technology for Roma communities?

4.12. Do you think that it's useful to introduce certain contact tracing technology for Roma communities?

4.13. Do you think that the existence of punitive measures for non-compliance will increase or decrease the cooperation of Roma communities in the contact tracing process? Please explain why?

4.14. Which other factors are important for the successful implementation of the contact tracing program for Roma?

- Probes: access to food, water, sanitation and hygiene, housing conditions, security, access to testing facilities, and access to education.

4.15. Do you think that if there are social and economic measures to support people in quarantine and self-isolation, will improve the contact tracing process in marginalized communities?

4.16. According to your opinion, what type of measures and activities should be implemented in order to reduce stigma and discrimination related to Covid-19, especially in Roma communities?

4.17. Why do you think Roma people might not want to share the names of their contacts?

- Probes: I could contact them myself; I believe this could result in loss of income for those people during quarantine; I believe people would blame me for having shared their names; I do not trust authorities; My family and friends would expect me not to share their names; I would cause inconvenience for the people whose names I share; I do not want others to know I tested positive; other reasons; people believe contact tracing would not stop the spread of the pandemic; people with identity issues

4.18. Did you have a situation while conducting the contact tracing, the person that you are trying to reach is deceased? If yes, how did you proceed in these cases? Where are the family household members willing to cooperate in the contact tracing process?

4.19. Do you think that spread of misinformation and disinformation in Roma communities affects the contact tracing process?

4.20. How should we counter the misinformation and disinformation related to Covid-19 in Roma communities?

4.21. Data have confirmed that during the contact tracing process there could be the disclosure of Gender-based violence, if so how this can be integrated into the contact tracing programs?

4.22. Did this happen to you while conducting contact tracing and what was the reaction?

4.23. Do you think that there are possibilities for corruption in community-level contact tracing? If so, what measures should be undertaken in order to diminish the corruption.

5. Having into consideration the Key principles and SOPs in the Guide do you personally support the implementation of this model for community contact tracing in North Macedonia? Please explain why

6. In accordance with the mandate of your institution what needs to be undertaken for the successful introduction of the community engagement model in the contact tracing process in Roma communities in North Macedonia?

- Probe: policy issues related to the introduction of this concept, in a sense of policy regulation, laws, bylaws, or something else)?

7. Is there anything else you think would help us to create a community-engaged approach to contact tracing among Roma populations?



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