Association for Emancipation, Solidarity and Equality of Women - ESE

IMPACT OF THE COVID-19 CRISIS ON ROMA AND OTHER WOMEN IN THE REPUBLIC OF NORTH MACEDONIA

APRIL, 2021

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PUBLISHER:

Association for Emancipation, Solidarity and Equality of Women

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Free/non-commercial circulation

The Foundation Open Society - Macedonia has provided financial support for preparation
of the publication "Impact of COVID - 19 crisis on Roma and other women in the Republic of North Macedonia "

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Within a period of only five months after the pandemic outbreak, more than one-eighth of women faced changes to the number of employed or income-earning household members. In particular, on account of the pandemic, they are living in non-income households or households with only one employed or income-earning member. This situation is more prominent among women respondents from Albanian, Roma and Serbian ethnic communities. Moreover, the number of non-income households or households without any income-earning members has increased by 13% over the same five-month period.

Income earned by women who kept their jobs after the pandemic outbreak decreased by an average amount of 8,146 MKD, ranging from 3,000 to 50,000 MKD. After the pandemic outbreak, average income earned by women decreased by 338 MKD compared to income earned in the pre-pandemic period.

Five months into the pandemic, the survey revealed a decrease in the number of women employed at state-owned joint stock companies, those working in hospitality and textile sectors, and among self-employed women. An evident increase in the number of employed women during the pandemic is noted only in regard to the pharmaceutical sector.

In addition to the lower number of employed women and decreased income earned by women, **the crisis caused by the COVID-19 pandemic resulted in serious disruptions or changes in respect of women's employment contracts.** Except for women employers, negative changes to employment contracts are observed with all other types of employment contracts. More specifically, the greatest negative effects are seen among women employed under fixed-term contracts, women under task contracts, and among self-employed women.

The number of women who needed state support increased by 100% compared to the pre-pandemic period. Due to the disadvantageous status of their households, surveyed women reported that other members of their families benefited from economic relief measures during the pandemic. In respect of traditional types of state assistance, i.e. social welfare programs available before the pandemic, the majority of the women were awarded unemployment allowance, and smaller shares of them applied for guaranteed minimum income, education allowance and energy allowance. On account of their unfavourable financial status and below-average household income, a vast number of women qualified for financial assistance for purchase of domestic goods and domestic tourism relief, as new economic relief measures adopted by the government in response to the crisis. A number of women applied for different state relief measures, but were not approved such assistance.

As a result of the inadequacy of state support awarded, some women reported the need for remittances from relatives living abroad.

After the pandemic outbreak, 72 households from the total of 1,025 surveyed women did not have means to buy sufficient food, of which 31 households experienced hunger both before and after the outbreak, while 41 of them experienced hunger only as a result of the pandemic.

Impact of the pandemic on occurrence of domestic violence and women who suffered violence

It seems that the pandemic did not affect reporting of domestic violence cases. One-third of women who needed protection during the pandemic had actually suffered domestic violence before the pandemic outbreak. Women who suffered violence both before and after the outbreak believe that institutions have not changed their actions in respect to protection against domestic violence.

During the pandemic, women faced psychological and combined violence, but also physical and economic violence. Among two of the 12 women who suffered domestic violence after the pandemic outbreak were unable to obtain necessary protection, while 18 received protection and had this problem resolved.

In spite of having their problem resolved, **70% of women who suffered domestic violence during the pandemic still believe that the state does not take adequate measures or they cannot assess the protection provided by state institutions.** In their opinion, the state needs to ensure greater care and protection, education and encouragement for women to report domestic violence, financial assistance and employment, greater engagement on the part of social services, etc.

The pandemic did not affect work engagement of women who suffered domestic violence. However, it had a significant impact in terms of lower income earned by their households.

Similar to the situation observed among the general population, **women who suffered domestic violence mainly benefited from payment cards for purchase of domestic products** as a state relief measure aimed to address consequences of the pandemic. Women who suffered domestic violence **did not benefit from other types of state support.**

Impact of the pandemic on health protection needs and access to healthcare services among women

In the period March-August 2020, i.e. during the pandemic, women faced difficulties in obtaining access to health protection unrelated to treatment for coronavirus infection. One-third of women reported health protection needs during the pandemic, but they were unable to receive healthcare services at public healthcare facilities or registered general practitioners under HIFRNM coverage. Barriers in access to healthcare services emerged primarily due to two reasons: changed work schedules at healthcare facilities and women's fear of visiting healthcare facilities at times of pandemic.

More than half of women who did not receive the necessary healthcare services were unable to be examined by specialist doctors in secondary and tertiary healthcare. Almost one-quarter of women were unable to receive diagnostic tests and laboratory services, while one-tenth of them were unable to undergo necessary surgical interventions. In most cases, women were unable to receive services provided by healthcare centres and by general and clinical hospitals, followed by university clinics in Skopje. Moreover, more than one-tenth of women **did not have access to primary healthcare, i.e. they were unable to be examined by registered general practitioners and registered gynaecologists.** During the pandemic, women were unable to receive adequate and timely health protection for their pregnancy. In particular, 4 of the of 5 pregnant women in this sample were unable to exercise at least one check-up during their pregnancy which, in the long term, brings risk to the health of mothers, but also the health and proper development of their newborns and children.

Social determinants have an additional negative effect on access to health protection at times of pandemic. Among them, **women's age** is a key determinant affecting their need for healthcare services, whereby greatest needs were reported by women aged 55+ years, but greatest inability to receive healthcare services was reported by women aged 35 to 54 years. **Employment status** is another social determinant that affects health protection needs and ability to receive healthcare services. More specifically, unemployed women experienced greater health protection needs compared to employed women, but at the same time, a higher share of them were unable to receive necessary healthcare services and therefore experienced deterioration of their health. As regards **ethnic background**, unlike other ethnic groups, Albanian women were characterized by the greatest health protection needs during the pandemic, but at the same time, the majority of them were unable to receive necessary healthcare services and suffered health deterioration. **Place of residence** (urban or rural area) does not affect women's health protection needs, but does affect their access to healthcare services. In particular, women from both urban and rural areas reported equal needs for health protection, but those from rural areas were more frequently unable to receive healthcare services and experienced deterioration of their health compared to women from urban areas.

Restrictions imposed by the healthcare system, and not the pandemic, have resulted in reduced scope of services provided by public healthcare facilities under HIFRNM coverage. This situation imposed greater financial burden on women in the form of private payments for healthcare services and deteriorated heath due to untimely health protection. **Almost half of the women who were unable to receive healthcare services under HIFRNM coverage paid for such services from own pocket. Due to their inability to receive necessary healthcare services under HIFRNM coverage, one-fifth of women experienced deterioration of their health.**

Impact of the pandemic on Roma women

The pandemic resulted in additional burdens on the already vulnerable Roma community members. Namely, it exacerbated the already poor socio-economic status of Roma people. In the case of 5% of surveyed Roma women and 17% of general population women, the pandemic contributed to change in the number of income-earning household members. However, **63% of Roma women lived in households without any income-earning members both in February 2020 and August 2020, which is 43 percentage points higher than their share among the general population.** At the same time, only an insignificant number of Roma households reported an increase in the number of income-earning members. **Income earned by Roma women is significantly lower than the amount earned by other woman,** accounting for **4,368 MKD** less before the pandemic and for **5,667 MKD** less after the outbreak. The **detrimental effect of the pandemic on income earned by Roma women is five times higher than its effect observed among other women (1,637 MKD versus 338 MKD).** In addition to the lower amount of income earned, **20% of Roma women lost their jobs,** mainly those engaged as hygiene workers, waste collectors, informal workers, retail workers and panhandlers. **As a result of their poor economic status and due to socio-economic conditions created by the pandemic, 33% of Roma women qualified for state relief measures,** which is twice as high compared to other women. The majority of Roma women benefited from guaranteed minimum income and payment cards for purchase of domestic products. Similar to the situation reported by 7% of the general population of women, **Roma women experienced hunger as well (8%).** In particular, 2% of them could not afford food both before and after the pandemic, and their share was increased by additional 6% after the pandemic outbreak.

Unlike findings from the national survey, whereby it seems that the pandemic does not affect reporting of domestic violence by surveyed women, the pandemic had an exceptionally negative impact on Roma women in terms of increased occurrence of domestic violence. Hence, 14 Roma women needed protection against domestic violence after the pandemic outbreak, and only 2 of them suffered domestic violence in the pre-pandemic period. Geographical distribution of women who suffered domestic violence according to their place of residence (municipality) provides the following breakdown: 8 women live in Shuto Orizari, 4 in Delchevo, and one woman lives in each of Pehchevo and Vinica. Compared to the total survey population of Roma women, highest rates of domestic violence reports are noted in the Municipality of Pehchevo (7%), followed by Delchevo (3%), Vinica (1%) and Shuto Orizari (0.8%). Contrary to women under the national survey, in the case of Roma women domestic violence is more frequent among those below the age of 28 years and above the age of 69 years. As regards the type of domestic violence, the most common form of domestic violence concerns psychological violence. Both women at national level and Roma women were unable to obtain necessary protection, whereby only 3 from the total number of Roma women who suffered domestic

violence (n=14) managed to have this problem resolved. According to answers provided by Roma women who suffered domestic violence, 54 believe that the state takes adequate measures for protection against domestic violence, while 308 of them shared the opinion that the state does not take adequate measures and 885 cannot make an assessment. Identical to the situation observed under the national survey, the majority of Roma women in this sample were awarded payment cards for purchase of domestic products, which refers to their unfavourable economic status or below-average household income.

Among the total number of Roma women (n=1247), 33% needed health protection unrelated to COVID-19 infection in the period after the pandemic outbreak. In that period, 19% of Roma women reported inability to receive necessary healthcare services. Compared to women in the national survey, a lower share of Roma women reported health protection needs unrelated to COVID-19, but 45% of them still needed healthcare services. Having in mind this significant difference, it could be assumed that Roma women less frequently recognize the need for health protection. At the same time, a smaller share of Roma women reported inability to receive healthcare services, unlike women at national level. The most frequently indicated healthcare services Roma women were unable to receive during the pandemic concern examination by registered general practitioners, followed by examination by specialist doctors. Less commonly reported answers referred to diagnostic tests (ultrasound, computerized tomography scans, magnetic resonance imaging, and the like), while the least common answers in respect to healthcare services which Roma women were unable to receive during the pandemic include examination by registered gynaecologists. As regards social determinants of health, only the employment status of Roma women affected their ability to receive necessary healthcare services during the pandemic. A small share of Roma women who were unable to receive healthcare services under HIFRNM coverage made private payments to obtain such services. A third of the Roma women who did not receive necessary healthcare services (n=78) also experienced deterioration of their health.

INTRODUCTION

The COVID-19 pandemic created unexpected and enormous pressure on the global economy and public healthcare systems. Moreover, it contributed to additional and more prominent inequality and discrimination among the population, especially among vulnerable groups of citizens. In particular, the pandemic deepened the gap between men/boys and women/girls, but also among different ethnic minorities and people of different social status. The global pandemic is surpassing the boundaries of the health crisis and is forcing countries, in addition to the health crisis, to increasingly focus on addressing labour market, social and economic crises. As a result of such developments, the pandemic poses a serious threat to employment and livelihood of women, especially those engaged in informal and non-essential economic sectors.

While certain companies thrive and earn additional profit at times of pandemic (pharmaceutical companies, food manufacturers and retailers, private healthcare facilities, telecommunication companies, electricity and water suppliers, etc.) and some of them appear unaffected, a significant portion of private entities suffered unprecedented damages and are facing closure of their businesses, especially those operating in sectors such as retail (except for food retail), hospitality, tourism, etc., i.e. in sectors that traditionally employ women. The pandemic's impact on non-essential businesses, especially those operating in the hospitality sector, is particularly worrying for women, both as business owners and employees. Many of them have lost their livelihood because work from home is not an option for these businesses.

In general, the pandemic only benefited employees in particular sectors, and especially employers and business owners who are at the top of the labour force pyramid.

In the European Union, nearly 25% of employed women have insecure jobs. In the United States, the unemployment rate on April 3, 2020, was estimated at 13%, representing an increase by 8.5 million people compared to the situation in mid-March. Three million families are unable to meet their most basic needs or pay their rent and utility bills. In RNM, the number of unemployed women on had increased by 3,829 women by April 30, 2020, compared to the situation observed on March 31, 2020, while the number of unemployed women had increased by 17,552 women or almost fivefold by the end of August 2020. The economic impact of the pandemic was particularly felt by women and girls who generally earn and save less money, and those who have unsecure jobs or live near the poverty threshold.

In addition to having lost their jobs, exiting the labour market and suffering a decrease in income, women also faced greater insecurity in terms of the need to provide care for other family members and exposure to risk of domestic violence. Closure of schools and care for children imposed significant additional burden on women. Although reports show more deaths among men than women due to COVID-19 infection, women's health is still under significant risk of other diseases and conditions due to the fact that, at times of pandemic, they are unable to have preventive healthcare examinations or to receive all necessary healthcare services for other health problems and conditions. On account of the pandemic and difficult access to health protection for other health conditions, the population's mortality is marked by a dramatic increase of 89% in mortality in the last quarter of 2020 compared to figures for the last quarter of 2019. [1]

In response to such developments, countries around the world, including our country, promptly reacted in order to stop or mitigate effects and consequences of the health and economic crises, by providing fiscal and monetary stimulus or economic recovery packages. The amount of funds, i.e. the scope of fiscal stimulus measures, greatly depends on the country's fiscal parameters and previous level of public debt. Independently of the amount of available funds, economic recovery in the past year was dependent on proper decisions by

[1] State Statistical Office. Natural Population Change in the Republic of North Macedonia for the Fourth Quarter of 2020. Available at: https://www.stat.gov.mk/pdf/2021/2.1.21.01_mk.pdf

governing authorities on the manner and purpose for which limited resources will be allocated and spent. The pandemic and its consequences required governments to adopt an urgent, coordinated, citizen-focused and gender-sensitive approach to distribution of state assistance and support. In 2020, this approach proved to be of great importance as never before.

In 2020, the Government of the Republic of North Macedonia adopted and distributed **four packages** of direct and indirect economic relief measures. For that purpose, it secured **292 million EUR** from the national budget and from international creditors. Within a period of less than six months from adoption of the economic relief measures, the government disbursed **279 million EUR, i.e. 95%** of allocated funds. **State support for citizens can be grouped into three categories: direct monetary support** disbursed to the population, **indirect support for citizens** disbursed to companies that employ them, and **liquidity support by means of deferred and postponed repayment of citizens' financial liabilities.**

The government's package of **direct monetary support to citizens** included three newly-created and three existing measures of financial assistance for the population, as follows:

→ financial support to citizens and low-income employees, young people and health workers in the form of payment cards branded "I buy local products", in the amounts of 3,000 to 9,000 MKD (new measure);

→ tourism vouchers for low-income employees branded "Holiday at home", in the amount of 6,000 MKD (new measure);

→ vouchers to subsidise university tuition or student accommodation, in the amount of 6,000 MKD, intended for young people from low-income families (new measure);

→ vouchers in the amount of 30,000 MKD to co-finance IT/digital skills training and courses, intended for young people aged up to 29 years (existing measure);

→ monetary allowance for all people who lost their jobs due to the coronavirus crisis, in the amount of up to 80% of the average net salary in RNM (existing measure); and

→ energy allowance in the amount of 1,000 MKD, intended for all social welfare beneficiaries, and education allowance for children in primary education, in the amount of 700 MKD, or children in secondary education, in the amount of 1,000 MKD (existing measure).

The government's relief package of **indirect support to citizens** includes two new measures that concern disbursement of funds to companies that employ them, as follows:

→ direct salary subsidies in the amount of 14,500 MKD for the months of April and May, intended for sport workers, sportspeople, artists and other professionals (new measure); and

→ salary support for tourist guides (new measure).

Under the relief package of **liquidity support,** the government designed **three new measures that concern refund, deferment and postponement of payments for citizens' financial liabilities,** as follows:

- → VAT-free weekend (new measure);
- → deferred procedure by private executors (new measure); and
- → postponed payment of bank loans and social housing mortgages (new measure).

Only 7 of a total of 11 state relief measures are newly-created, while the remaining 4 are measures that were available to citizens before the COVID-19 crisis.

Unfortunately, publicly available data and data collected by ESE under the provisions for free access to information do not allow establishment of the actual number of citizens that have benefited from relief measures and the amounts thereof.

METHODOLOGY

The subject of this analysis are challenges faced by women, with special focus on Roma women, related to: change to the number of household members; change in income earned and employment status of women; ability to meet basic needs for food, child care and household upkeep; access to and award of state support in the form of economic relief measures; domestic violence and access to protection mechanisms; health protection needs and access to services at public healthcare facilities. All these aspects are analysed in terms of changes observed in August 2020 compared to the situation in February 2020.

Findings presented in this document are based on data collected by means of telephone-assisted and field surveys using a specially developed questionnaire, conducted among **2,272 women,** of whom 1,025 are general population women and 1,247 are Roma women.

The national survey was conducted using multi-layered stratified sample of women aged 18+ years. First, the sample population was stratified in respect to three variables: ethnic background, place of residence (urban or rural area), and planning region. Then, each municipality from relevant regions was divided into six subgroups: ethnic Macedonians from urban and rural areas; ethnic Albanians from urban and rural areas, and members of smaller ethnic communities (Turks, Roma, Serbs, Vlachs, etc.) Afterwards, the targeted number of survey interviews was proportionally distributed across municipalities in each planning region according to the general population's stratification. Each subgroup represents a targeted number of interviews (relevant to the survey sample size), total population of women in North Macedonia and number of women in relevant subgroups. In conducting interviews, surveyors had to make at least three attempts to establish contact with a selected household. If contact was not established after three attempts, surveyors were instructed to continue with contacting another household pursuant to the previously defined procedure for household selection. As regards selection of interviewee from the surveyed household, surveyors selected the household member with the first approaching birthday and meeting survey criteria (women aged 18+ years). Application of this principle ensures natural randomness in sample selection. The survey was conducted by means of Computer Assisted Telephone Interviewing and was performed by the TIM Institute.

The survey among Roma communities was conducted in four municipalities across the Republic of North Macedonia, those being: Shuto Orizari, Pehchevo, Delchevo and Vinica, according to previously mapped households with women aged 18+ years. These women were interviewed by means of a field survey using the same questionnaire, with assistance from three local partner organizations, including Romano Chachipe and IRIZ from Shuto Orizari and KHAM for other municipalities.

The survey among Roma communities was conducted due to the fact that Roma women in the national level sample are represented in a small and it does not reflect their specific needs. Moreover, in the national sample, a total of 11 Romani women are included, which represents 1.1% of the total sample. Additionally, the percentage share in the sample (of 1.1%) is below the percentage share of the Roma population in the total population, which according to the last census (2002) is 2.6%. Therefore, the findings among Roma women from the national survey cannot be taken as representative findings for Roma women at the national level in terms of the aspects assessed with the survey.

1. IMPACT OF THE COVID-19 CRISIS ON WOMEN

Among the total number of surveyed women (n=1025), 9% reported a change into the number of household members in the period February-August 2020. In particular, 7% of such changes concern lower number of household members and 2% concern higher number of household members (Chart 1).

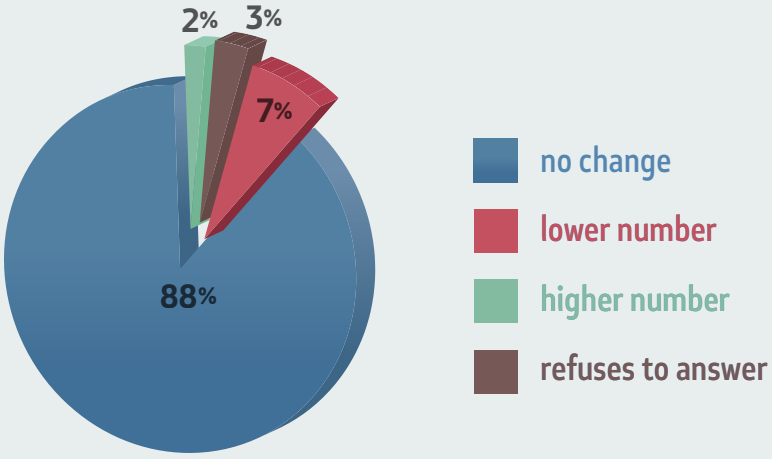


CHART 1: Change to the number of household members in August 2020 compared to February 2020

The biggest changes in number of household members are observed in the Polog region (14%), Southwest (14%) and Northeast regions (12%) (Chart 2). Changes to the number of household members, i.e. lower number of members, are mainly due to emigration abroad (24%) and death (20%).

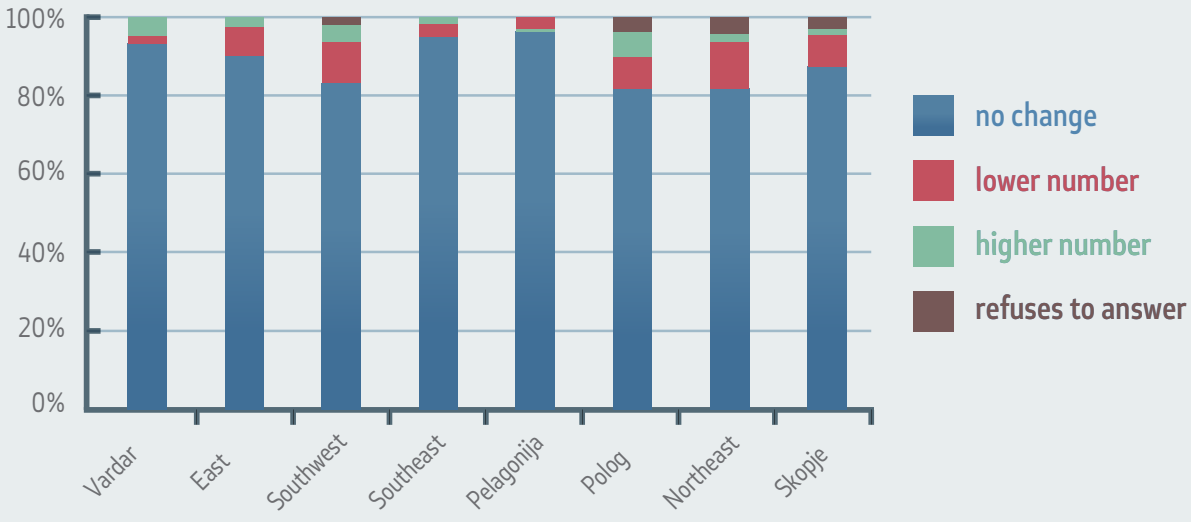


CHART 2: Overview of changes to the number of household members in August 2020 compared to February 2020, according to planning region

Seven months into 2020 and five months after the COVID-19 pandemic outbreak (August 2020), the survey established notable changes in the number of income-earning household members, as reported by one-eighth of surveyed women (169 of total of 1025). In most cases, changes concern a lower number of income-earning members, accounting for 14% of all surveyed households (n=1025) or 17% of households with income-earning members before the pandemic (n=818). The biggest changes are noted for households without employed members; in January 2020 the number was 207, and this increased to 238 in August 2020. The number of households with one income-earning member increased from 267 in the pre-pandemic period to 303 after the pandemic outbreak. More specifically, 37 households with employed members in January 2020 were left without any income in August 2020, while 102 households reported a lower number of work-engaged members (Chart 3).

An increased number of households without any employed members after the pandemic outbreak was noted, in particular, among the Albanian community (14% in January 2020 to 21% in August 2020), Roma community (18% in January 2020 to 27% in August 2020), and Serbian community (27% in January 2020 to 40% in August 2020).

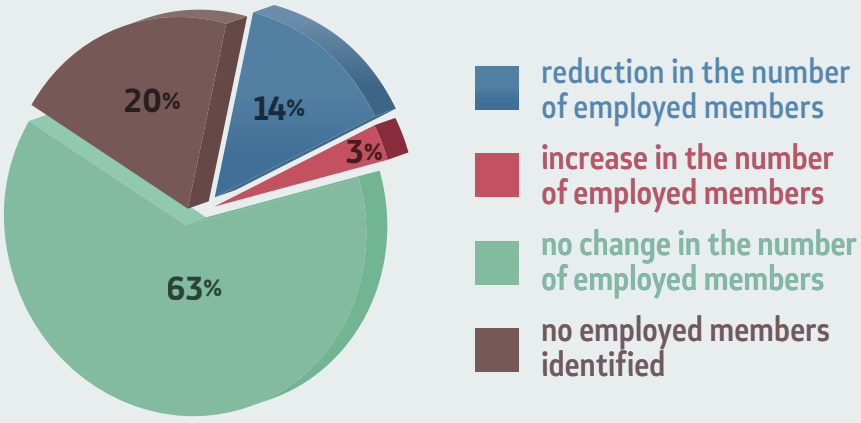


CHART 3: Overview of changes to the number of employed household members in August 2020 compared to February 2020

The pandemic's effects in respect of number of income-earners were not felt by 83% of surveyed households (n=856). More specifically, same number of employed members before the pandemic and in August 2020 was reported by 655 households, while 202 households did not have any employed members in both periods.

In August 2020, average income earned by surveyed women amounted to 19,128 MKD, as 338 MKD lower compared to average income earned in January 2020.

Overall, 8% of surveyed women who earned income in both periods, i.e. before and after the pandemic outbreak (n=358), reported lower income in August 2020 by average amount of 8,146 MKD. Only 4% of women who earned income in both periods (n=358) reported an increase, averaging 1,846 MKD, for income earned in August 2020.

Negative change, i.e. a reduced number of employed women is observed across 16 of a total of 25 economy sectors. The sectors marked by the biggest decreases in number of employed women in August 2020 compared to February 2020 include state-owned enterprises (State Lottery, 2 out of 4 lost the job), hospitality businesses (6 out of 14 lost the job), textile industry (7 out of 17 lost the job), and among self-employed women (8 out of 20 lost the job) (Chart 4). These changes are indicative of the fact that women employed in these sectors are the most affected.

No changes in the period February-August 2020 were reported in respect of the number of women employed at betting houses, construction companies, security and surveillance companies, and courts. The biggest increase in the number of employed women in August 2020 is noted in the pharmaceutical sector (Chart 4).

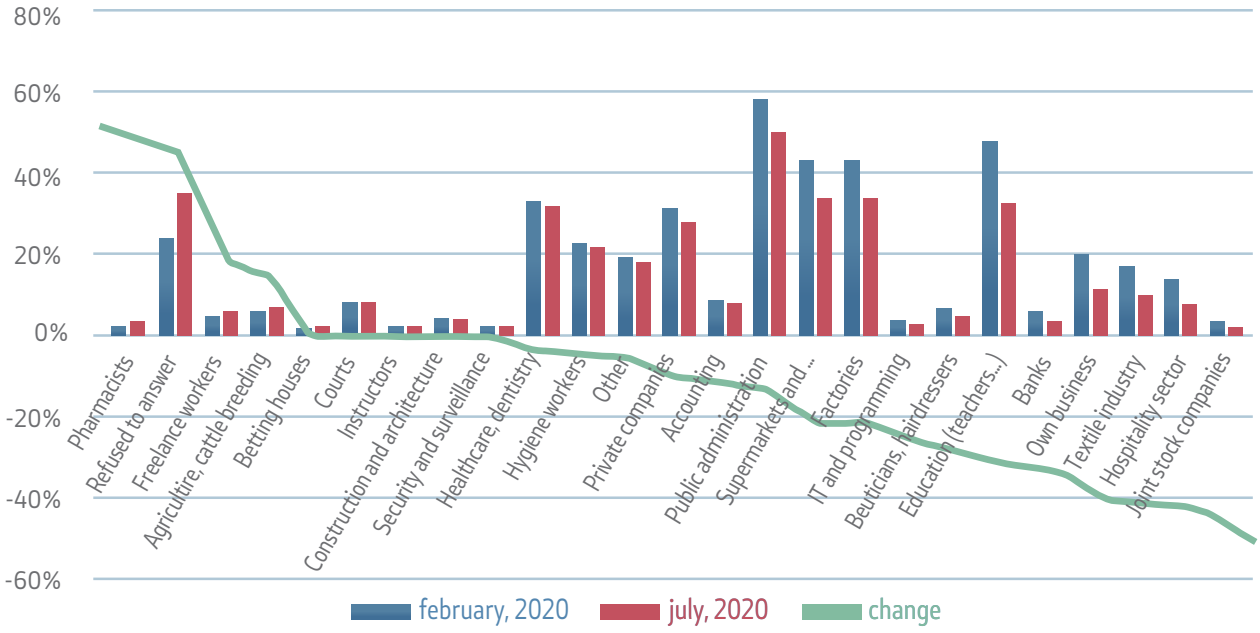


CHART 4: Overview of the number of employed women in February/August 2020 and changes thereto, according to economic sector

In addition to a reduced number of employees in most sectors, the negative economic effects of the global health crisis, i.e. the pandemic, also resulted in serious downgrades or changes to women's employment contracts. Overall, 55 of the total of 421 women who earned money in February reported a change to their employment contracts (Chart 5). More specifically, except for women employers, all other women who earned income in February 2020 suffered serious negative changes in August 2020. The biggest changes are noted among women who do not have permanent employment contracts, i.e. those under fixed-term employment contracts, task contracts or self-employed women. The highest decrease in the number of employed women is observed among those working under fixed-term contract in duration of less than 12 months (52%). Changes to the employment status are also noted with women under fixed-term contracts in duration of 12+ months, whereby 39% of women in this sample lost their jobs or continued to work but under less favourable employment contracts (shorter fixed-term contract or task contract that only implies payment of personal income tax).

It is important to note that the number of women who became unpaid family workers increased by 33%, which seriously affects the status of women both before and after the pandemic outbreak (Chart 5).

It is concerning that, in spite of the low share of decrease in number of employees within this sample, the highest number of changes to employment contact is recorded among women who work under a permanent employment contract (26 from the total of 312) (Chart 5).

CHART 5: Overview of changes to women's employment status and employment contract in August 2020 compared to February 2020

In August 2020, i.e. after the pandemic outbreak, changes are also observed in regard to women's work environment. In August 2020, 24 more women worked from home and 3 more women worked in agricultural fields compared to the situation in February 2020, i.e. before the pandemic. In the pre-pandemic period, these women worked in factories, healthcare facilities, schools or offices (Chart 6).

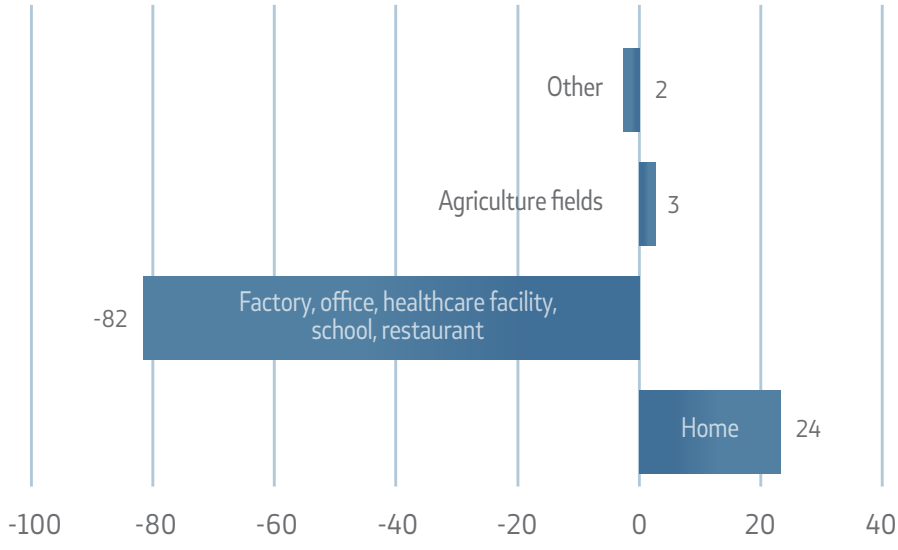


CHART 6: Overview of changes to women's work environment in August 2020 compared to February 2020

That the pandemic had great negative effects on women's economic status is evidenced by the fact that, in August 2020, 14% (n=144) of all surveyed women (n=1025) applied for and were awarded some type of state support, unlike the situation in February 2020 when only 7% (n=71) of them benefited from such support. These data show that the number of women who needed relief support and social welfare has increased by 100% compared to the pre-pandemic period. It should be noted that, in the case of 276 surveyed women, other household members also needed state support. 47 of these 276 women reported that, in addition to them, other family members also benefited from relief measures, while 229 of them indicated another family member as beneficiary of state support, but not them personally.

As regards the type of state support awarded to surveyed women in February 2020, dominant number of them benefited from minimum guaranteed allowance, accounting for 52% of women who benefited from any type of state support (n=71). In the pre-pandemic period, small number of women were awarded unemployment allowance (11%, n=71), education allowance (7%, n=71) and energy allowance (4%, n=71).

In August 2020, the number of women benefiting from minimum guaranteed allowance was reduced from 37 to 12, and the same situation is observed in respect of other types of traditional assistance, such as energy and education allowances. An uptake is noted in respect of social welfare awarded by the state in case of unemployment (salary support and unemployment allowance), whereby their number increased from 8 women in February 2020 to 20 women in August 2020 (Chart 7).

Except for social welfare, in August 2020, the highest number of surveyed women benefited from payment cards for purchase of domestic products, accounting for 63% of all women who were personally awarded state support (n=144). This is indicative of the fact that women and their families are facing significant financial hardships, i.e. they live in below-average income households. Moreover, fewer than half of women who were awarded any type of state support (53 from total of 144) received vacation vouchers. Relevant shares for other types of state support are insignificant, i.e. 9% of this sample was awarded youth vouchers, with other relief measures being used by 1 to 2 women each (Chart 7).

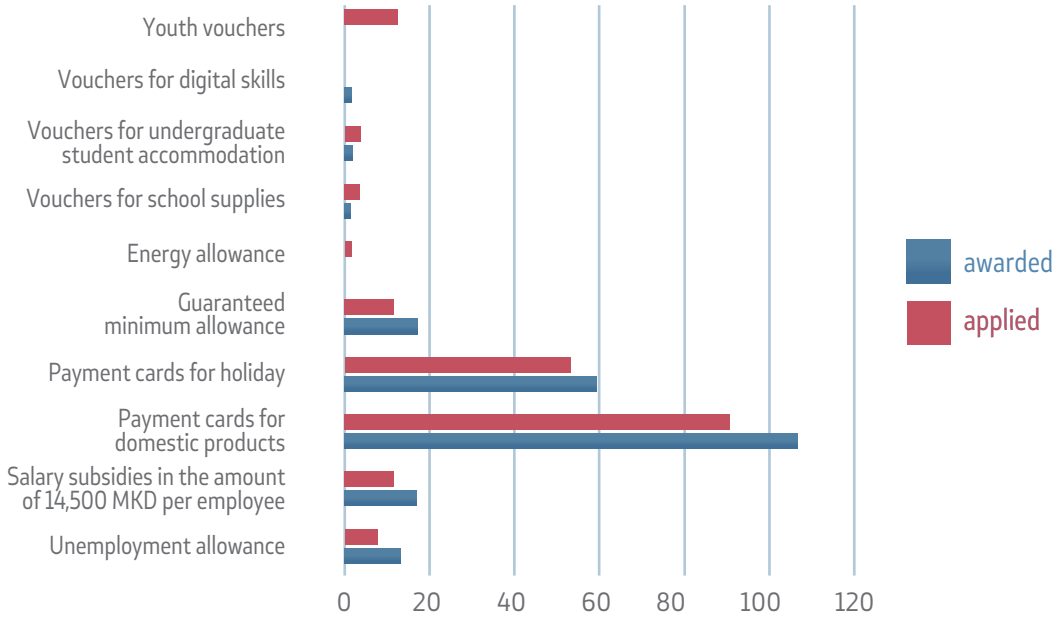


CHART 7: Overview of the number of women who applied for and were awarded relief measures in August 2020

It is especially concerning that 20 women who applied for relief measures did not receive any state support. These women applied for unemployment allowance (n=5), salary subsidies in the amount of 14,500 MKD per employee (n=5), guaranteed minimum allowance (n=5), payment cards for domestic products (n=15), vacation vouchers (n=6) and vouchers for digital skills (n=1) (Chart 7).

At the same time, some surveyed women did not apply for particular relief measures, but were still awarded state support, including youth vouchers (n=13), vouchers for school supplies (n=1), student accommodation for undergraduates (n=1) and energy allowance (n=1) (Chart 7).

In most cases, state support was also awarded to another household member, while a small share of households reported two or three additional members benefiting from relief measures. No households reported award of state support intended as pandemic relief to four or members at the same time. As regards the type of state support, no differences are observed in respect of type of relief measures awarded to surveyed women and their families. More specifically, the most frequently indicated relief measure were payment cards for purchase of domestic products and vacation vouchers (Chart 8).

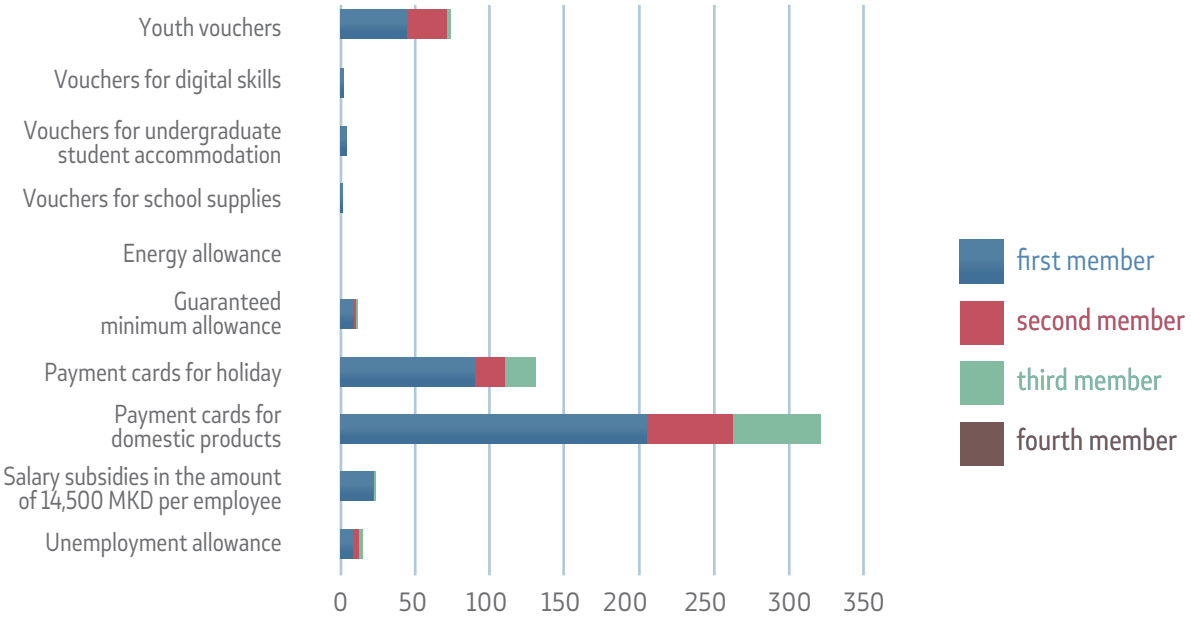


CHART 8: Overview of the number of household members awarded relief measures in August 2020

In addition to greater need for state support in August 2020 compared to February 2020, women also reported greater needs in respect of monetary assistance in the form of remittances from close relatives working outside the Republic of North Macedonia. Hence, 22 more women experienced this need in August 2020 compared to February 2020 (n=85).

Unfavourable economic status among women and insufficient state support have resulted in 72 households, i.e. 7% of surveyed women (n=85), experiencing hunger in August 2020, which means they lacked means to buy food. It should be noted that among these 72 households, 31 experienced hunger both in February 2020 and August 2020, while 41 of them fell into deep poverty in August 2020, but did not have this problem in February 2020. On the other hand, it should be stressed that 15 households experiencing hunger in February 2020 reported improved economic status after the pandemic outbreak, i.e. in August 2020. The data shows that many women are hungry even though they receive state support as social insurance. Morover, those who received social insurance in August 2020 but not in January were more likely to be hungry in August but not in January. Which indicates that the level of support received is not enough to cover their basic needs. (Chart 9)

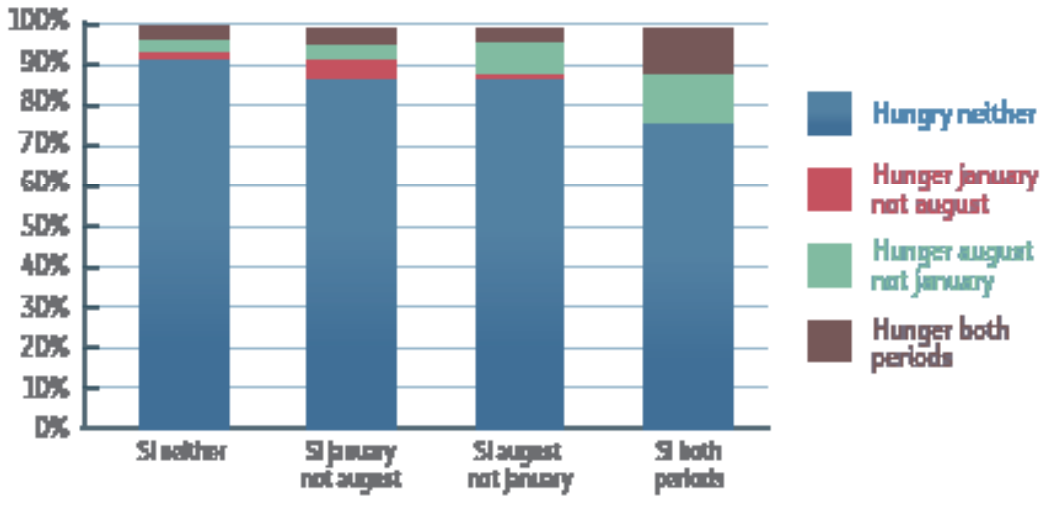


CHART 9: Overview of the number of women awarded with social insurance in January and August 2020 in comparison with the number of women who experienced hunger in both periods.

In the period when this survey was conducted, closure of schools and kindergartens contributed to women spending more time in providing child care, which had certain negative effect on 263 surveyed women (76%, n=344) with school-age children. In the case of 57% of women who spent more time providing child care (n=263), closure of kindergartens and schools implied spending significantly more time on this activity, while the remaining 43% reported low impact. The situation did not have any impact in this respect on one-quarter of women, i.e. 81 surveyed women (24%, n=344).

More time spent on child care resulted in reduced working hours and lower income due to sick leave, missed work opportunities or job dismissals. This was reported by 17% of women with school-age children who needed more time to care for them (n=282).

Of the total number of surveyed women (n=1025), 5% were personally or had family member infected with COVID-19, while 85% of them expressed fear of coronavirus infection.

2. IMPACT OF THE COVID-19 CRISIS ON OCCURRENCE OF DOMESTIC VIOLENCE AND AND WOMEN WHO SUFFERED THIS TYPE OF VIOLENCE

It seems that the pandemic did not affect reporting of domestic violence by women covered under this survey. In the pre-pandemic period, 18 women needed protection against domestic violence, and 12 reported such need after the pandemic outbreak. It should be noted that only 4 of these 12 women (one-third) also needed protection before the pandemic, while the remaining two-thirds of women indicated that such need emerged after the pandemic. On the other hand, 4 of 18 women who needed protection before the pandemic, i.e. slightly more than one-quarter of this sample, reported continued need for protection after the pandemic outbreak, while the remaining three-quarters did not need protection against domestic violence. According to women who needed protection against domestic violence in both periods, one respondent indicated better treatment on the part of state institutions after the pandemic outbreak, while the other 3 women believe there is no difference in this regard.

Women who reported need for protection against domestic violence after the pandemic outbreak are of different ethnic backgrounds, all levels of education and different places of residence. In particular, 7 women are Macedonians, 4 are Albanians and 1 is Roma (n=12). In respect of their education background, 1 woman does not have formal education, 2 completed primary education, 8 have completed secondary education or secondary vocational education, and 1 woman has a university degree, i.e. has completed higher education. According to their place of residence, half of them live in urban areas and the other live in rural areas. No need for this type of protection after the pandemic outbreak is observed among women from three regions (Northeast, East and Pelagonija). The greatest need for protection against domestic violence is reported by women in the Skopje region (n=4), Southwest (n=3), Vardar and Polog (n=2 each), and Southeast region (n=1). Domestic violence is present among women of all age groups, as follows: 1 woman each at the age of 28, 30, 39, 42, 43, 44, 51, 61, 67, and 68 years, and 2 women aged 49 years. In terms of household income level, this sample includes women of all categories, from lowest to highest income level (Chart 10).

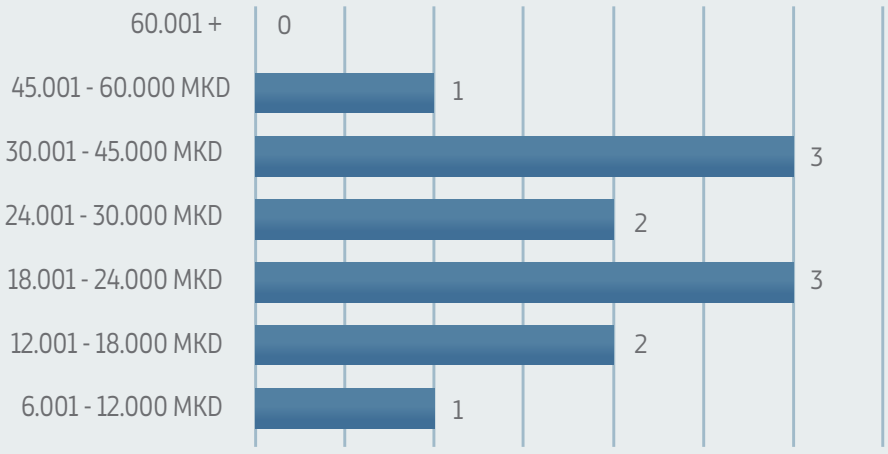


CHART 10: Overview of women who needed protection against domestic violence after the pandemic outbreak, according to household income level

All types of violence are represented in responses provided by women who needed protection after the pandemic outbreak, as follows: psychological and combined violence was reported by 3 women, while physical and economic violence was reported by 2 women. Two women refused to answer the question inquiring about the type of violence for which they needed protection. Necessary protection was obtained by 5 women, and the same number of them refused to answer this question. Two women had not managed to receive protection, of which 1 woman did not receive protection from the social work centre, and the other refused to answer this question.

The majority of the women (10 from total of 12) resolved this problem, while 2 of them refused to answer. Among them, 4 women live in urban areas and 6 women live in rural areas. As regards their ethnic background, 5 women are Macedonians, 4 are Albanians, and 1 is Roma. This means that only 2 women from urban areas and of Macedonian ethnic background were unable to have this problem resolved.

One-third or 28% of all women covered by this survey believe that the state takes adequate measures to protect women who suffer domestic violence, more than one-fifth (23%) indicated that the state does not take adequate measures and majority of them, accounting for half of the survey sample (49%), do not know and are not informed enough to make an assessment about women's treatment by institutions. Measures proposed by surveyed women and aimed at improved treatment by state institutions include: greater care and protection for victims (17%); education and encouragement to report violence (10%); more frequent and unannounced visits to families (9%); financial assistance and employment of victims (8%); stricter sanctions for offenders (7%); involvement and coordination among institutions (7%); better and more adequate measures and strategies (5%); greater engagement and focus on this issue (5%); more shelter centres (4%); and greater engagement on the part of social services (4%).

As regards the pandemic's impact on the status of women who needed protection against domestic violence after the outbreak, survey data allow the conclusion that their status does not differ from that of other women covered by this survey.

Eight women who need protection reported the same number of household members in February 2020 and on the day of survey interview, while 4 of them (one-third) indicated changes in the number of household members. In particular, 2 women indicated negative change due to death of household members, 1 woman indicated emigration abroad and 1 woman refused to answer the question asking about reasons behind changed number of household members.

The pandemic had an impact on household income among women who needed protection against domestic violence, i.e. after the pandemic outbreak, they reported lower number of income-earning household members. Two women indicated no income-earning household members in the pre-pandemic period (January/February 2020), including them; 4 women reported one income-earning household member, including them; 5 women reported two income-earning household members, and one woman reported three income-earning household members. In the period June-August 2020, a lower number of women reported two income-earning household members, i.e. 2 of them reported that one of their household members no longer earns income. Hence, in the period June-August 2020, the breakdown shows 2 households without any income-earning members, including surveyed women; 6 households with one income-earning member, 3 households with two income-earning members, and 1 household with three income-earning members.

The pandemic has not affected work engagement of women who needed protection against domestic violence after the pandemic outbreak. Half of them (n=6) worked and earned income in both periods, i.e. before and after the pandemic outbreak. Changes are observed in respect of work performed by women. In the pre-pandemic period, 1 woman worked as a public administration officer, 1 worked in a textile factory and 2 at unspecified factories, 1 worked at bank, and 1 woman refused to answer this question. In the period after the pandemic outbreak, 1 woman terminated her factory job and found employment in retail, i.e. supermarket or clothes store. No changes were reported in respect to employment contracts or place of work. Also, changes were not reported in regard to average net monthly salary (income earned by this sample ranges from 14,500 to 35,000 MKD), with 1 respondent refusing to answer the question inquiring about the level of income earned after the pandemic outbreak.

From this sample (n=12), 1 woman benefited from job security support or social welfare in January/February 2020 (before the pandemic), i.e. she benefited from guaranteed minimum allowance and energy allowance.

After the pandemic outbreak, 2 women personally applied for relief measures or social welfare, i.e. both of them applied for payment cards for procurement of domestic products. One of them had her application approved. More than half (n=7) of the women who needed protection against domestic violence indicated that other members of their households also benefited from state relief measures or social welfare, while 5 women said members of their households, did not receive such support. Among 7 women whose household members received state support under relief measures or social welfare, 3 reported that such assistance was awarded to one household member and 4 reported that assistance was awarded to two household members. The most common relief measure awarded concerns payment cards for purchase of domestic products (11 people in total), 6 people were awarded vacation vouchers and 2 people were awarded youth vouchers.

In the pre-pandemic period, 2 of these 12 women received remittances from close relatives abroad, and their number was increased by one additional woman after the pandemic outbreak. Moreover, 2 women responded that before the pandemic (January/February 2020) members of their households experienced hunger due to lack of means to buy food, and their number was reduced by one woman during the pandemic, i.e. June/August 2020.

The majority of women (n=7) who needed protection against domestic violence after the pandemic outbreak also reported that in February 2020 (before the pandemic) they did not have children attending school/kindergarten. Moreover, 3 women reported one child attending school and kindergarten, and 2 women lived in households with two children. One-third of women whose children attend school/kindergarten (n=4) indicated they do not spend more time on child care in spite of schools and kindergartens being closed, while 2 women spent less time providing care for children in their households. Both women who spent less time on child care reported that such engagement did not affect their work and income earned.

Only one of these woman was infected with COVID-19 and no household members were infected. The majority of them (n=10) reported they were not infected personally and that members of their households were not infected. One woman from this sample refused to answer this question. All 12 women are worried about the possibility of coronavirus infection.

3. IMPACT OF THE COVID-19 CRISIS ON NEED FOR AND ACCESS TO HEALTH PROTECTION AMONG WOMEN

3.1. Need for health protection

Among the total number of surveyed women (n=1,025), 45% needed healthcare services during the pandemic, i.e. in the period March-August 2020.

In terms of their ethnic background, the greatest need for healthcare services is found among Albanian and Roma women, followed by Turks and Macedonians, while the lowest health protection needs were reported by women from the Serbian community (Chart 11).

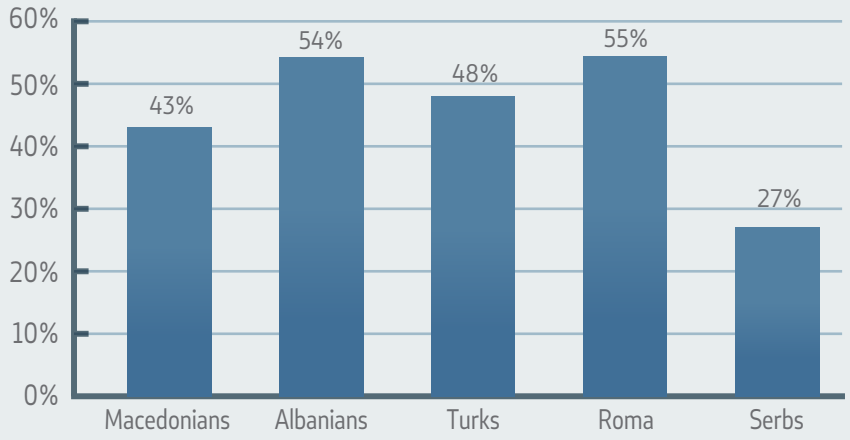


CHART 11: Overview of health protection needs among women from different ethnic communities (Macedonians n=712; Albanians n=241; Turks n=29; Roma n=11; Serbs n=15)

Differences in need for healthcare services are observed among women of different age groups. As expected, the greatest health protection needs were reported by women aged 55+ years, followed by women aged 35 to 54 years, while the lowest needs are observed among women aged 15 to 34 years (Chart 12).

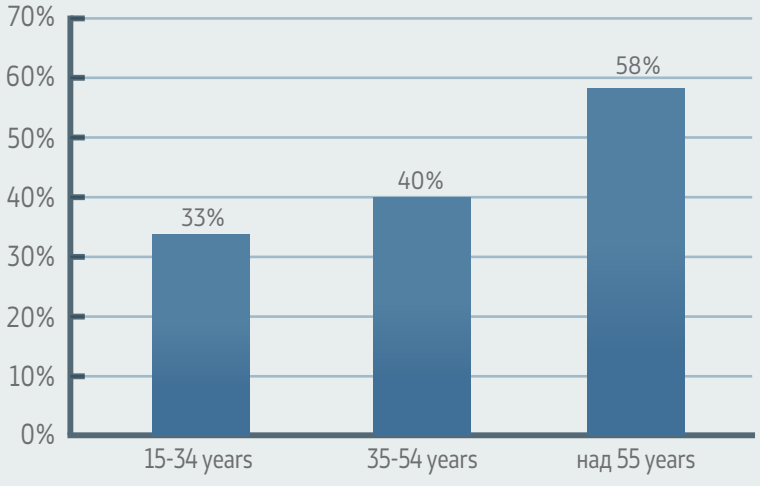


CHART 12: Overview of health protection needs among women, according to their age groups (15 to 34 years n=237; 35 to 54 years n=392; 55+ years n=396)

Differences in need for healthcare services are noted in respect of employment status of women. Notably, unemployed women reported a greater need for healthcare services (49%) than employed women (40%).

As regards their education background, i.e. highest level of education completed, in this period the need for healthcare services was most prominent among women with completed primary education or without any formal education (52%), followed by women with completed higher education or postgraduate education (46%), and women with completed secondary education (42%) (Chart 13).

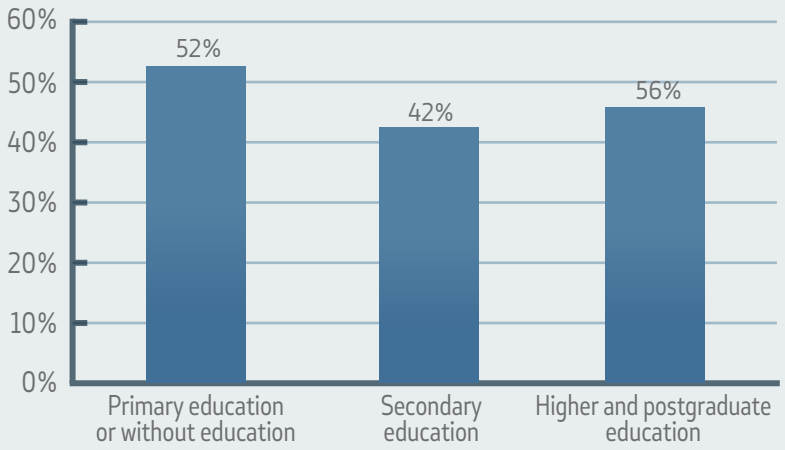


CHART 13: Overview of health protection need among women, according to their education backgrounds (without education or with primary education n=206; secondary education n=549; higher and postgraduate education n=270)

3.2. Exercise of the right to health protection

One-third of women who needed health protection (n=465) were unable to receive all the necessary services from their registered general practitioners or at public healthcare facilities (Chart 14). Further, 4% of women immediately visited private healthcare facilities to receive services.

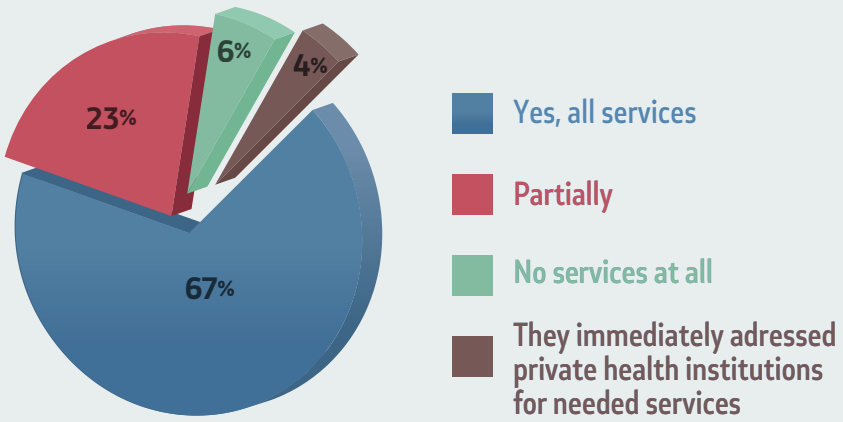


CHART 14: Overview of answers concerning ability/inability to receive all necessary healthcare services (n=465)

As regards reasons for inability to receive necessary healthcare services, 56% of the women offered reasons related to the healthcare facilities, while 42% of them reported they did not wish to visit healthcare facilities due to fear of COVID-19 infection. Hence, it could be concluded that changed work schedules at healthcare facilities and existing fear among the population of COVID-19 infection had an equally negative impact on access to healthcare services. It should be stressed that 85% of the total number of women respondents are worried about the possibility of COVID-19 infection.

There are significant differences among women of different age groups in respect of inability to receive all necessary healthcare services. The highest shares of women who did not receive all necessary healthcare services are noted among those aged 35 to 45 years (35%), followed by women aged 55+ years (29%), while women aged 15-34 years account for the lowest share of answers indicating inability to receive necessary healthcare services (18%).

At the same time, reasons behind inability to receive services relating to healthcare facilities were most often reported by women aged 35 to 54 years (58%).

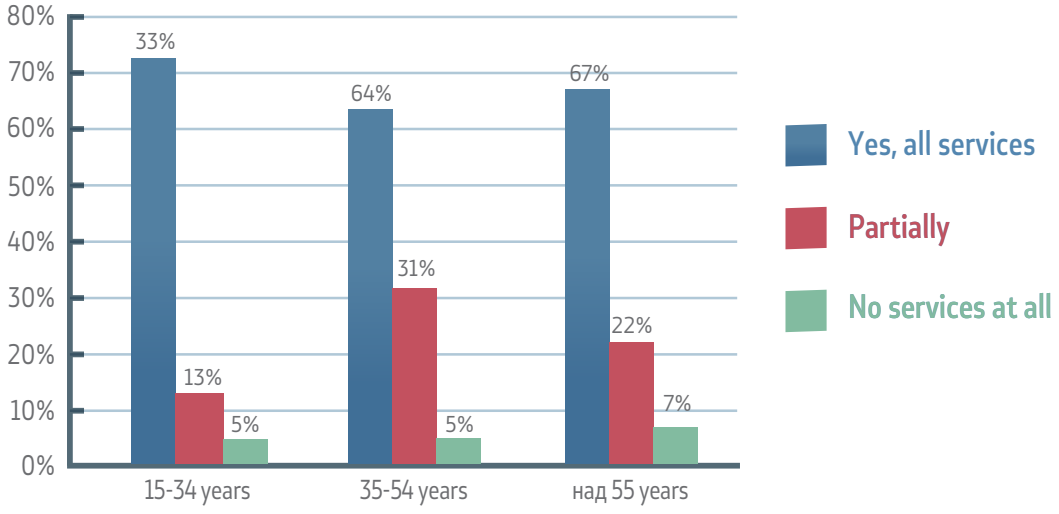


Chart 15: Overview of answers concerning ability/inability to receive all necessary healthcare services, according to their age groups (15 to 34 years n=78; 35 to 54 years n=156; 55+ years n=231)

As regards their ethnic background, the highest shares of women who did not receive all necessary healthcare services from registered general practitioners and at public healthcare facilities are noted among Albanians (42%), followed by Macedonians (25%), Turks (21%) and Roma (17%) (Chart 16).

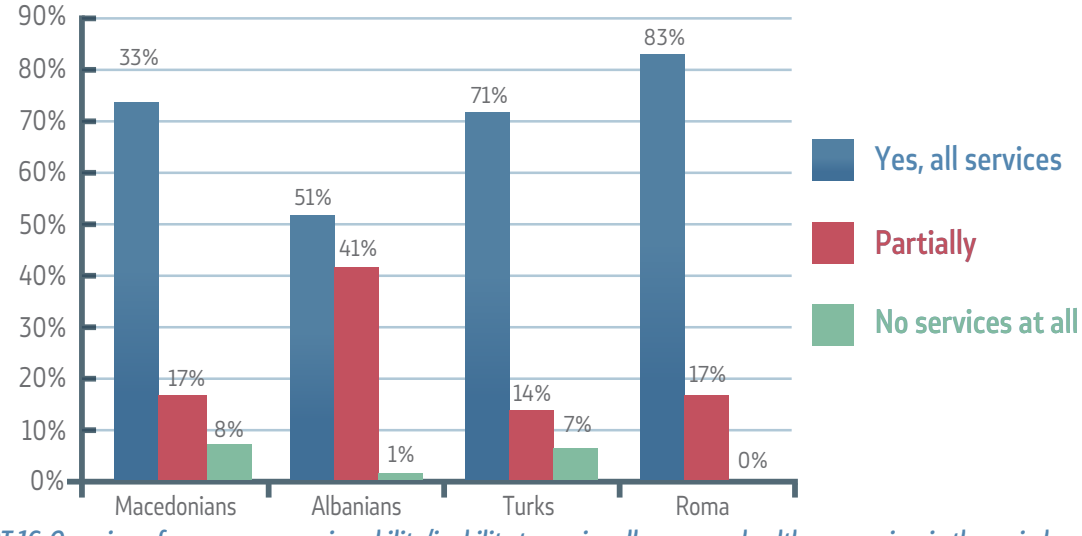


CHART 16: Overview of answers concerning ability/inability to receive all necessary healthcare services in the period March - August 2020, according to their ethnic background (Macedonians n=306; Albanians n=129; Turks n=14, Roma n=6).

A higher share of unemployed women (32%, n=296) reported inability to receive all necessary healthcare services than of employed women (25%, n=169).

Differences related to women's inability to receive all necessary healthcare services in the period March-August 2020 are also noted between those living in urban areas (n=268) and rural areas (n=197). More specifically, 32% of women from rural areas and 27% of women from urban areas were unable to receive all necessary healthcare services (Chart 17).

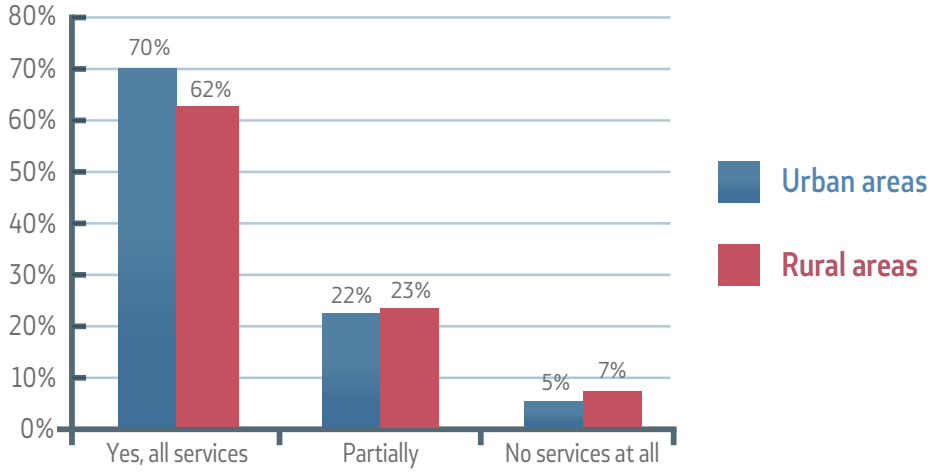


CHART 17: Overview of answers concerning ability/inability to receive all necessary healthcare services, according to their place of residence

(Note: Data presented in the chart do not include women who refused to answer or sought healthcare protection at private healthcare facilities.)

Women who provided reasons for their inability to receive services that related to healthcare facilities (n=76) were asked a follow-up question inquiring about the type of services they had been denied. Most of them were unable to receive healthcare services related to examination by specialist doctors (63%), followed by diagnostic tests (ultrasound, computerized tomography scans, magnetic resonance imaging and the like) and laboratory services (Chart 18). Some women were denied access to primary gynaecological health protection, i.e. 14% of them were not examined by registered gynaecologists, while 17% were not examined by registered general practitioners. In this period, 12% of women were unable to receive necessary surgical interventions, but due consideration should be made toof the fact that, in general, the need for surgical interventions is lower than for other healthcare services among the population. This means that, albeit in need thereof, a significant number of women was unable to undergo surgical interventions in the period March-August 2020.

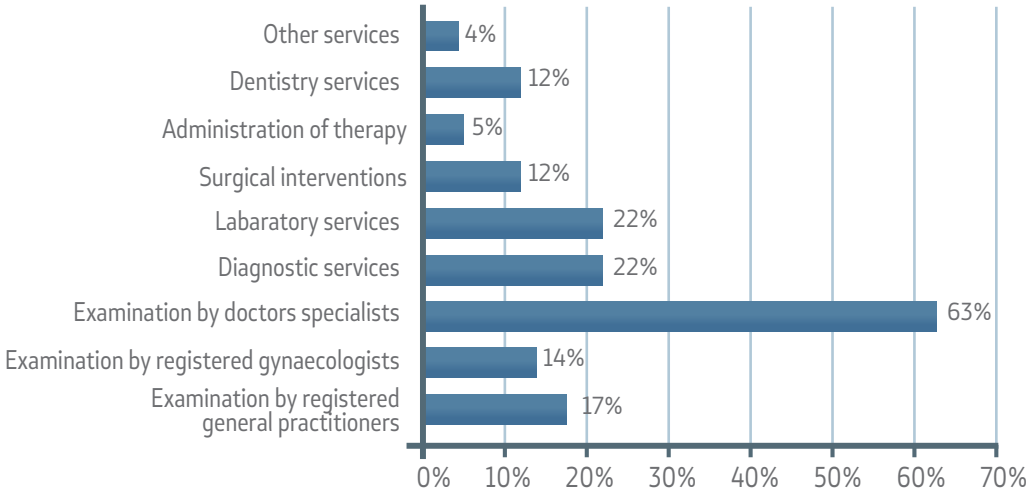


CHART 18: Overview of needed, but denied healthcare services in the period March-August 2020

(Note: Data presented in the chart concern answers by women who attributed reasons related to healthcare facilities, n=76.)

Another subject of analysis in this survey concerns the type of public or private healthcare facilities providing services under contract with HIFRNM where women were unable to receive necessary services. These data relate to women who attributed the reasons behind their inability to receive services to healthcare facilities (n=76). The highest number of cases concerns services denied by healthcare centres or policlinics (37%), general and clinical hospitals (37%) and university clinics (25%) (Chart 19). In analysing this situation, due consideration should be given to the fact that, even before the pandemic outbreak, most healthcare services denied to women were delivered as part of secondary healthcare, i.e. by healthcare centres and general and clinical hospitals, while a smaller share of such services were delivered as part of tertiary healthcare, i.e. by university clinics. [2] The lowest number of women reported inability to receive services at private healthcare facilities under contract with HIFRNM (only 4% of all cases). This raises a question about reasons behind such major discrepancies in non-provision of healthcare services by public compared to private facilities. It is evident that private healthcare facilities under contract with HIFRNM have adopted a more adequate approach to health protection during the pandemic.

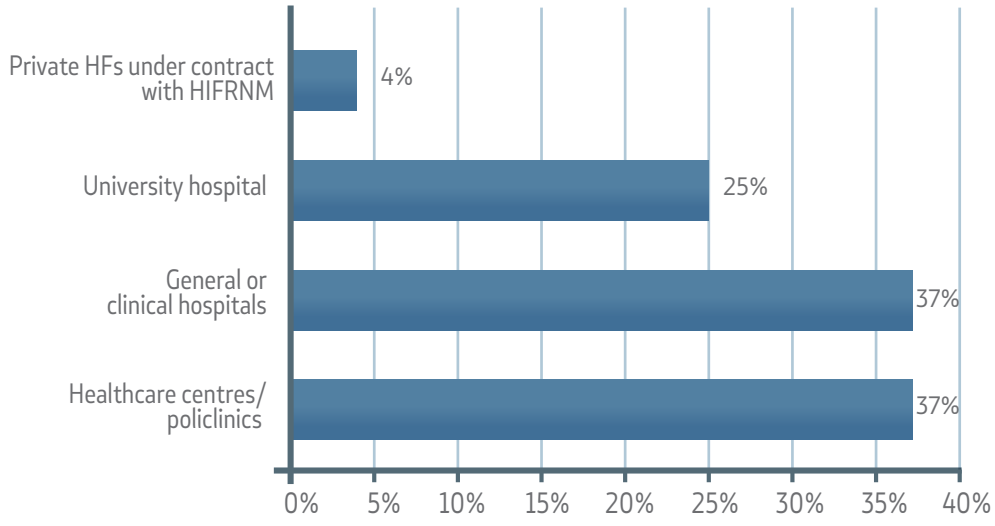


CHART 19: Overview of healthcare facilities were women were unable to receive necessary services

(Note: Data presented in the chart concern answers by women who attributed reasons for their inability to receive services to healthcare facilities, n=76).

3.3. Health protection during pregnancy

Only 5 women from the survey sample were pregnant in the period March - August 2020, of whom 4 reported inability to attend at least one regular pregnancy check-up on the account of reasons related to the pandemic. Although the sample includes a relatively small number of pregnant women in this period, it is concerning that 4 of the 5 women in this sample were unable to receive regular health check-ups during their pregnancy during the pandemic.

[2] In 2018, secondary healthcare services received account for a total of 3,631,786 visits to specialist doctors, while tertiary healthcare services account for total of 1,652,392 visits to specialist doctors. 2018 HEALTH CARD OF THE REPUBLIC OF NORTH MACEDONIA. Available at: http://iph.mk/wp-content/uploads/2014/09/ZK-MK-2019.pdf

3.4. Private payments as a result of women's inability to receive services at public healthcare facilities

On account of inability to receive necessary services at public healthcare facilities, 41% of the women were forced to pay from own pocket for such services at private healthcare facilities that are not under contract with HIFRNM.

The highest share of women aged 55+ years were forced to pay for healthcare services (46%), followed by women aged 35 to 54 years (38%), while the lowest share of women forced to make private payments for healthcare services is noted among those aged 15 to 34 years (25%). Women from older age groups reported greater need for healthcare services and therefore reasons related to the pandemic had a greater impact on private payments among these women.

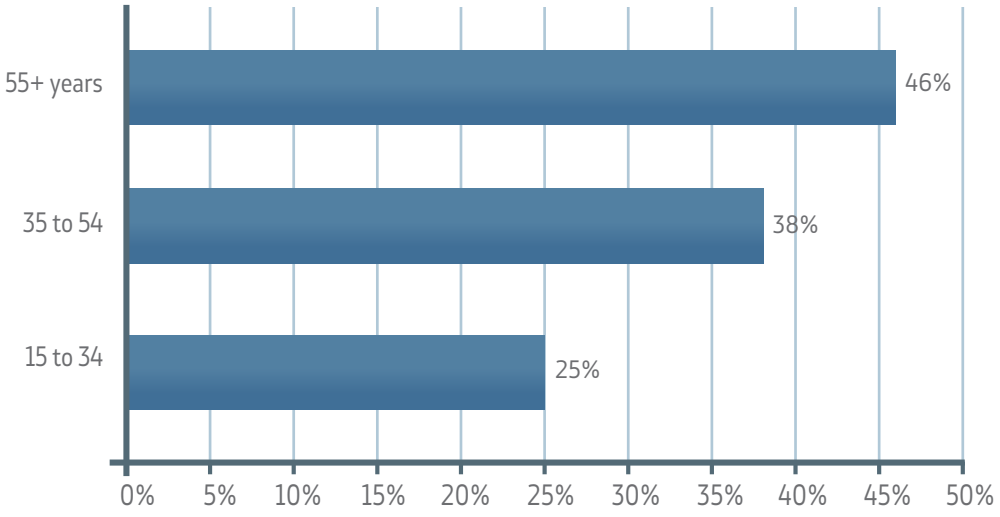


CHART 20: Overview of women forced to make private payments for healthcare services, according to their age groups (15 to 34 years n=8; 35 to 54 years n=34; 55+ years n=37)

As regards their ethnic background, a greater number of Albanian women were forced to pay from own pocket for healthcare services on account of reasons related to the pandemic. The share of women who made private payments for healthcare services is twice as high among Albanians as among Macedonians (Chart 21). No women from other ethnic communities made private payments for healthcare services.

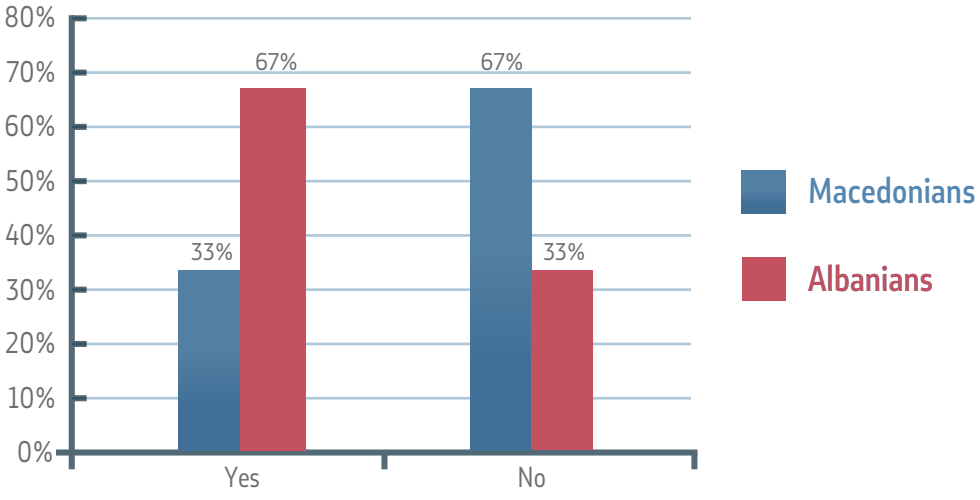


CHART 21: Overview of women forced to make private payments for healthcare services, according to their ethnic background (Macedonians n=52; Albanians n=21)

These answers were analysed against monthly household income level, having in mind the fact that women paid from own pocket for healthcare services they were unable to obtain at public healthcare facilities, i.e. under HIFRNM coverage. The distribution of their answers is analysed across two income groups: monthly household income below 24,000 MKD and monthly household income above 24,000 MKD. This division is made because an income level of 24,000 MKD is close to the average net monthly salary, which in November 2020 amounted to 27,588 MKD. [3] Hence, 40% of women from households with monthly income below 24,000 MKD (n=25) made private payments for healthcare services they were unable to receive under HIFRNM coverage, while their share among women from households with monthly income above 24,000 MKD (n=43) accounted for 49%. These data show the impact of women's economic status on the possibility of their exercising specific health-related rights during the COVID-19 pandemic. Namely, a higher share of women from high income households could afford to pay for healthcare services unlike those from low income households.

A higher share of employed women paid out of pocket for healthcare services (45%) they were unable to receive under HIFRNM coverage when compared to unemployed women (38%) (Chart 22). The employment status of women in this analysis concerns the time when they were interviewed, i.e. August 2020. These data show that, in addition to income level and financial dependence/independence, women's health is also affected by their ability to pay from own pocket for healthcare service they were unable to receive at public healthcare facilities during the pandemic.

It should be noted that women who paid out of pocket for healthcare services were exposed to additional costs they would not have incurred under non-pandemic conditions. These additional costs could result in borrowing and impoverishment of women and their families.

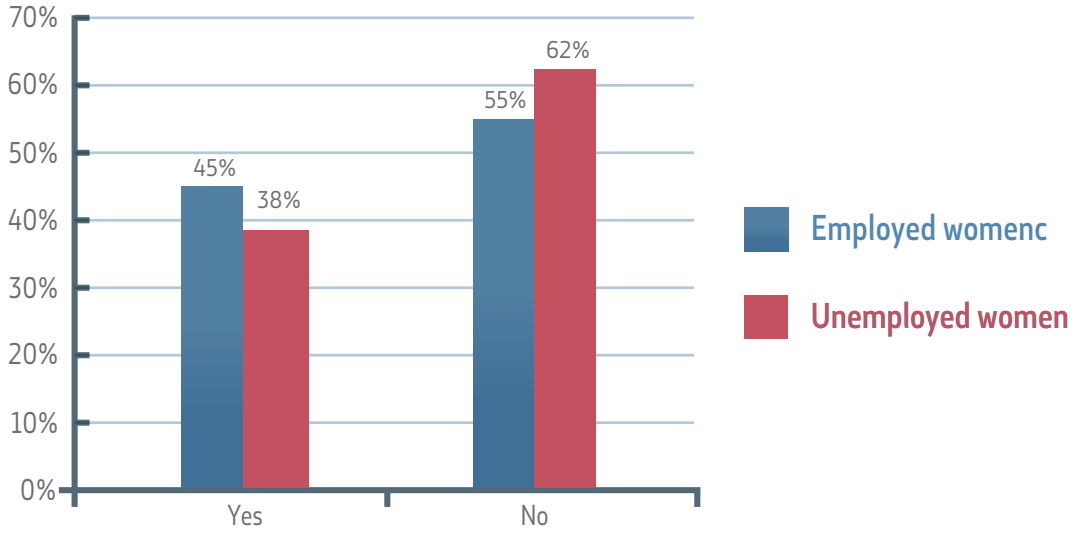


CHART 22: Overview of women forced to make private payments for healthcare services, according to their employment status (employed women n=29; unemployed women n=50).

[3] Source: State Statistical Office. Available at: https://www.stat.gov.mk/KlucniIndikatori.aspx

3.5. Impact of restricted access to health protection

This survey also inquired about the impact of restricted access to health protection on the health status of women who reported inability to receive necessary healthcare services, irrespective of the fact whether the reasons were attributed to healthcare facilities or fear of coronavirus infection. Due to their inability to receive healthcare services during the COVID-19 pandemic, one-fifth of women experienced deterioration of their health, while one-quarter of them are unable to assess whether their health has deteriorated or not (Chart 23).

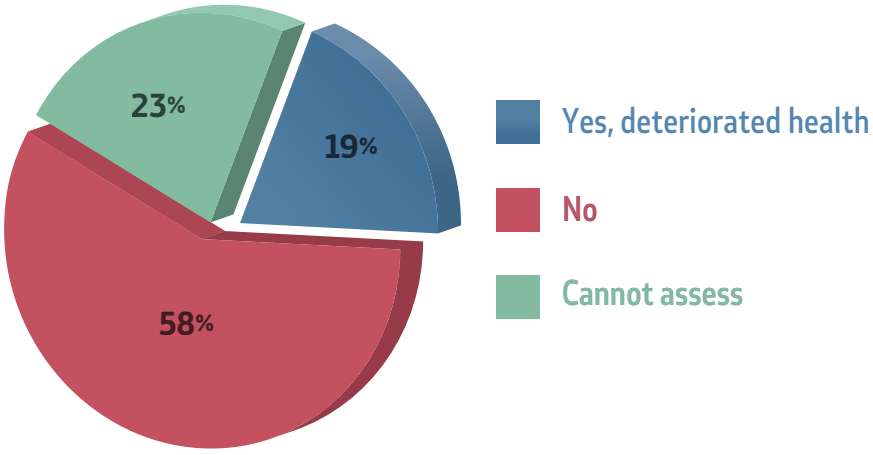


CHART 23: Overview of answers concerning health deterioration among women who were unable to receive all necessary healthcare services (n=140).

Among all women who were unable to receive healthcare services during the pandemic, a higher share of those living in rural areas (27%) experienced deterioration of their health compared to women living in urban areas (13%) (Chart 24).

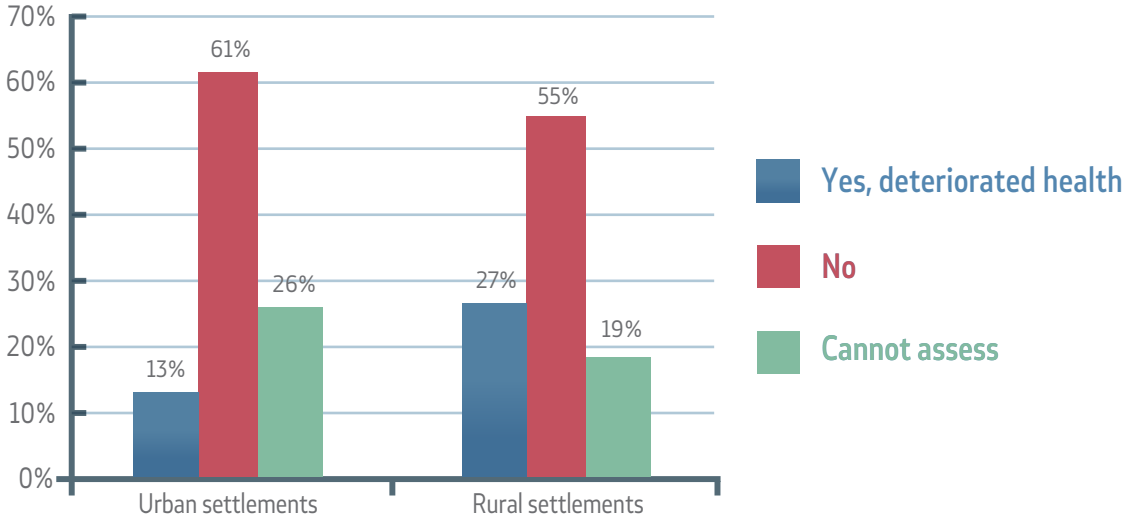


CHART 24: Overview of answers concerning health deterioration among women who were unable to receive necessary healthcare services, according to their place of residence

As regards their ethnic background, a larger share of Albanian women reported deterioration of their health (26%) compared to Macedonian women (16%) (Chart 25). A very low number of women from other ethnic groups was subject to this analysis because few had been unable to access services (Chart 25).

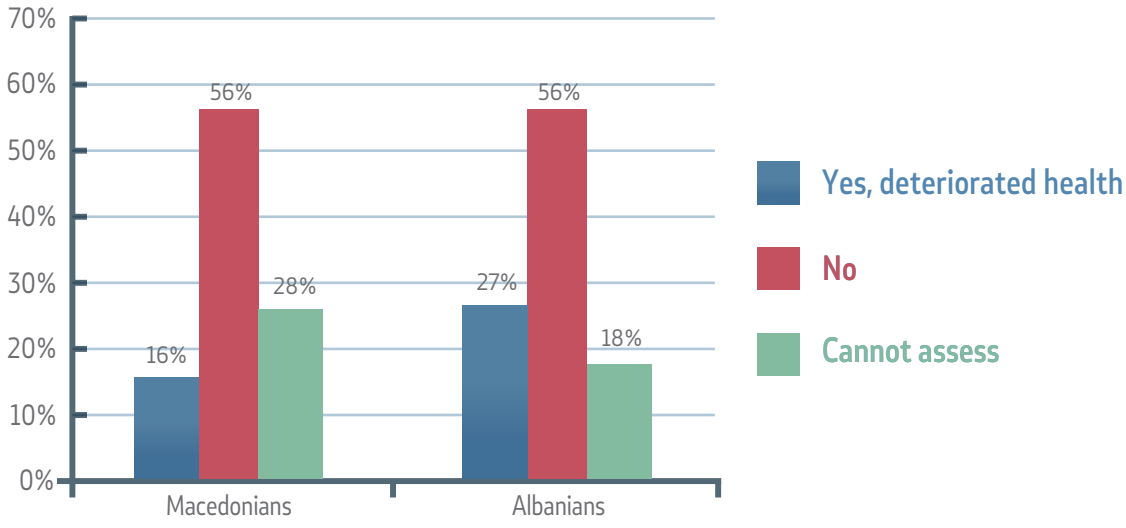


CHART 25: Overview of answers concerning health deterioration among women who were unable to receive all necessary healthcare services, according to their ethnic background (Macedonians n=78, Albanians n=55).

Analysed in terms of age groups of women who were unable to receive necessary healthcare services, the highest shares of answers indicating deteriorated health were reported by women aged 35 to 54 years (n=56), followed by women aged 55+ years (n=69), while the lowest share of such answers was reported by women aged 15 to 34 years (n=15) (Chart 26).

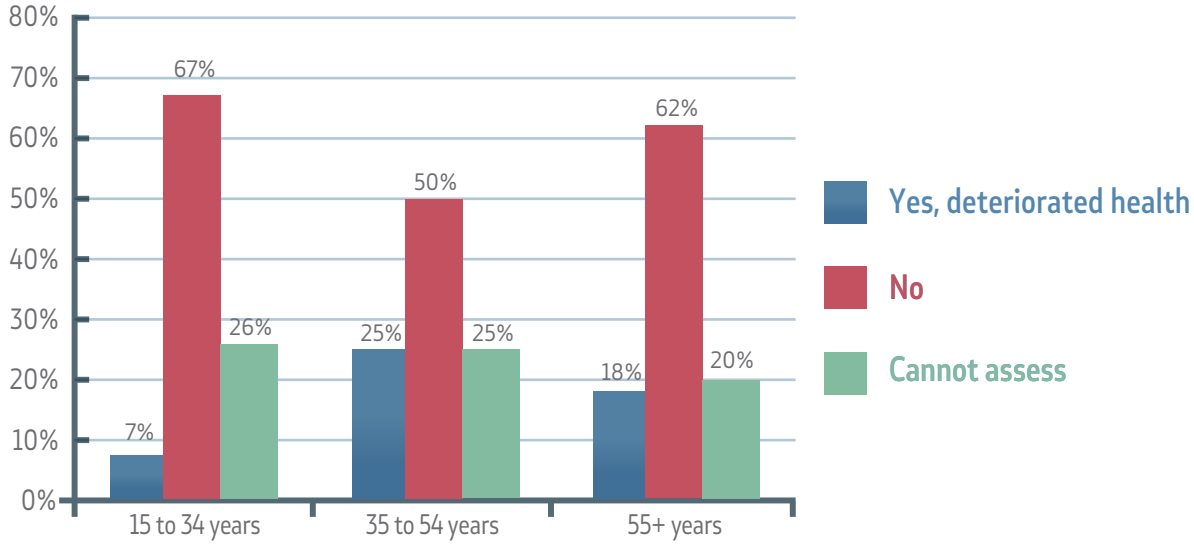


CHART 26: Overview of answers concerning health deterioration among women who were unable to receive necessary healthcare services, according to their age group

3.6. Access to health protection and other pandemic-related observations

Economic relief measures adopted by the government did not have any effect in terms of advancing access to health protection for women in the period March-August 2020, i.e. during the pandemic. In particular, both women who benefited from state support and those who did not benefit were equally unable to receive necessary healthcare services (Table 1).

	Received all necessary healthcare services	Did not receive all necessary healthcare services	Immediately visited private healthcare facility for necessary services	Refuses to answer	**Total**
Number of women who applied for and benefited from relief measures during the pandemic	35	14	3	0	**52**
Sample percentage:	67%	27%	6%	0%	**100.0%**
Number of women who did not apply for and did not benefit from relief measures during the pandemic	276	122	14	1	**413**
Sample percentage:	67%	30%	3%	0%	**100.0%**
Total number	311	136	17	1	**465**
Total percentage:	67%	30%	4%	0%	**100%**

TABLE 1: Access to healthcare services according to women's status in respect to benefiting from relief measures during the pandemic

Changes to women's work and employment status during the pandemic negatively affected their access to health protection. In particular, larger share of women who experienced changes in terms of work they performed in August 2020 compared to January/February 2020 faced problems in receiving all necessary healthcare services, unlike women who did not experience any work changes (Table 2). This situation is primarily due to the fact that, except for women employers, all other women who earned income in February 2020 experienced serious negative changes in respect to their employment status or employment contract. (For more information, see section 1, chart no. 5).

	Received all necessary healthcare services	Did not receive all necessary healthcare services	Immediately visited private healthcare facility for necessary services	Total
Number of women who perform same work compared to the pre-pandemic period	94	29	3	126
Sample percentage:	75%	23%	2%	100%
Number of women who do NOT perform same work compared to the pre-pandemic period	5	7	0	12
Sample percentage:	42%	58%	0%	100%
Total number:	99	36	3	138
Total percentage:	72%	21%	2%	100%

TABLE 2: Access to healthcare services in June/August 2020 compared to January/February 2020, according to changes in work performed by women

Both before and after the pandemic outbreak, poverty had an indisputable negative impact on health and health protection of indigenous people. At times of pandemic, poverty represents an additional barrier to exercise the right to health and further complicates access to health protection. Namely, women who experienced hunger in June/August 2020 due to lack of funds more frequently indicated inability to receive necessary healthcare services. At the same time, none of these women was able to seek health protection at public healthcare facilities (Table 3).

	Received all necessary healthcare services	Did not receive all necessary healthcare services	Immediately visited private healthcare facility for necessary services	Refuses to answer	**Total**
Number of women who experienced hunger due to lack of funds	26	14	0	0	**40**
Sample percentage:	65%	35%	0%	0%	**100%**
Number of women who did not experience hunger	285	122	17	1	**425**
Sample percentage:	67%	29%	4%	0%	**100%**
Total number:	311	136	17	1	**465**
Total percentage:	67%	29%	4%	0%	

TABLE 3: Access to healthcare services in June/August 2020 compared to January/February 2020 according to women's answers concerning statements on experiencing hunger due to lack of funds

Both before and after the pandemic outbreak, poverty had an indisputable negative impact on health and health protection of indigenous people. At times of pandemic, poverty represents an additional barrier to exercise the right to health and further complicates access to health protection. Namely, women who experienced hunger in June/August 2020 due to lack of funds more frequently indicated inability to receive necessary healthcare services. At the same time, none of these women was able to seek health protection at public healthcare facilities (Table 3).

Number of income-earning household members	Made private payments	Did not make private payments	Total
None	6	15	21
Sample percentage:	29%	71%	
One member	14	15	29
Sample percentage:	48%	52%	
Two members	9	13	22
Sample percentage:	41%	59%	
Three members	3	3	6
Sample percentage:	50%	50%	
Total	**32**	**46**	**78**

TABLE 4: Overview of answers concerning ability/inability to make private payments for healthcare services women did not receive under HIFRNM coverage, according to the number of income-earning household members in June/August 2020

4. IMPACT OF THE COVID-19 CRISIS ON ROMA WOMEN

Changes to the number of household members in Roma settlements do not significantly differ from those observed among general population women. In particular, changes to the number of household members were reported by 9% of surveyed women from Roma settlements (n=1247), an identical percentage to that observed in the survey conducted among the general population (n=1025). The only difference between Roma and the general population lies in shares of upward or downward change in number of household members. Namely, more general population households reported a lower number of household members rather than higher, while shares of Roma families with lower and higher number of household members are almost identical (Chart 27).

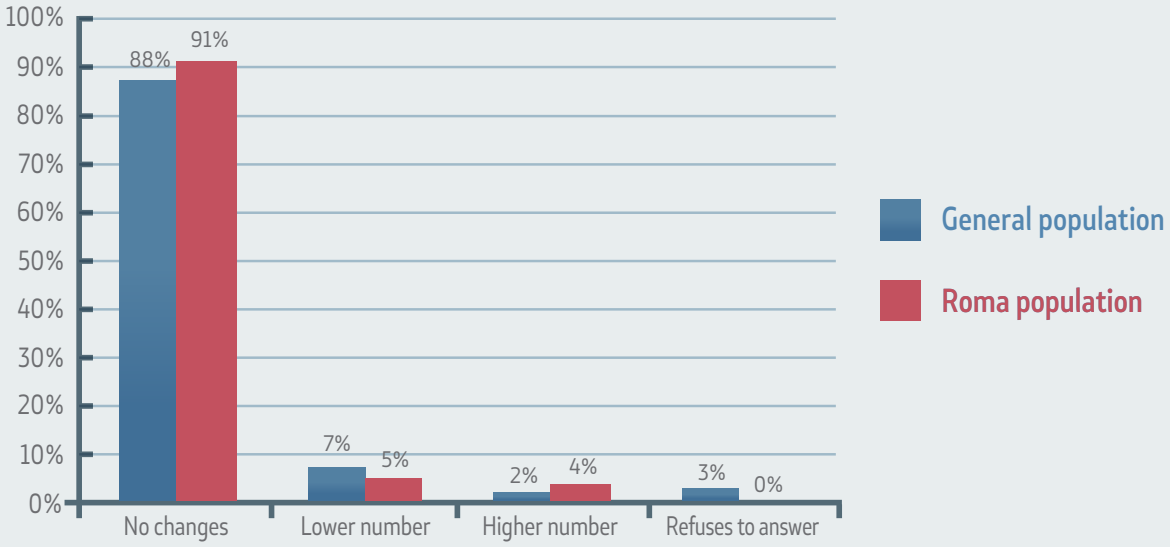


CHART 27: Changes to number of household members among Roma women versus general population women in August 2020 compared to February 2020

The main reasons for lower number of household members among the general population are emigration (32%, n=98) and death (31%, n=98), while in the case of Roma respondents changes to the number of household members concern newborns (36%, n=107) and death (33%, n=107) (Chart 28).

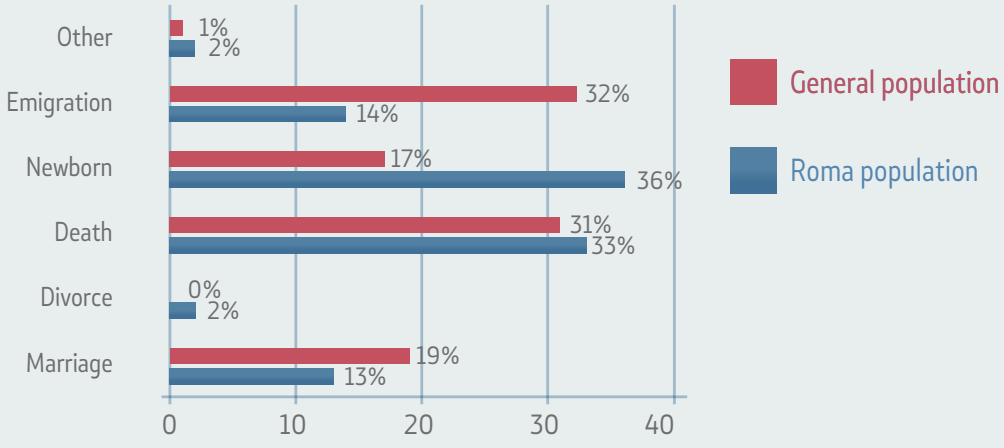


CHART 28: Overview of reasons for changed number of household members in August 2020 compared to February 2020 among Roma women versus general population women

The pandemic had lower impact on changes among Roma communities versus the general population in the number of income-earning household members in August 2020 compared to February 2020. More specifically, the pandemic did not result in a changed number of income-earning household members for 95% of Roma women, while the comparable share among the general population was for 83%. However, Roma people are marked by more prominent poor economic status compared to the general population. Namely, **63% of Roma women lived in households without income-earning members both in February 2020 and August 2020, unlike 20% of general population women who lived in households without any income-earning members.**

Also, 32% of Roma households reported the same number of employed members in February 2020 and August 2020.

Unlike the situation observed among general population women who reported higher number of employed household members (3%), an insignificant number of Roma women reported such an increase in August 2020.

As regards a lower number of income-earning members in August 2020 compared to February 2020, the situation is less favourable among the general population than among the Roma population. In particular, 14% of women in the national survey indicated that their households had a lower number of income-earning members, while this situation was reported by 3% of Roma women (Chart 28).

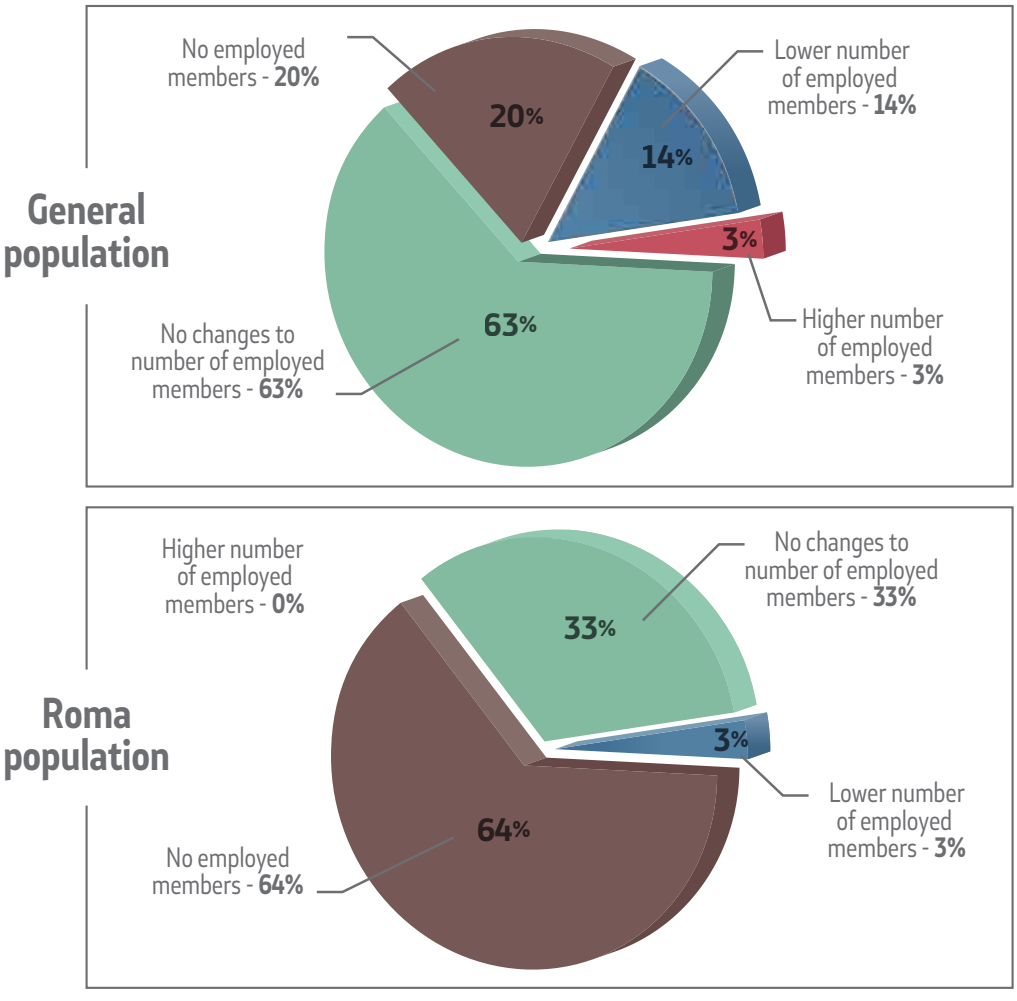


CHART 29: Changes to the number of income-earning household members among Roma communities and the general population, situation in August 2020 versus February 2020

Roma women earn significantly lower income compared to the average income earned by women at national level, irrespective of the analysed period, i.e. before or after the COVID-19 pandemic. More specifically, average income earned by Roma women in the pre-pandemic period (February 2020) amounted

to 15,098 MKD, 4,368 MKD lower than the national average, while in August 2020 Roma women earned an average income of 13,461 MKD, 5,667 MKD lower than the average income earned by general population women.

As regards the pandemic's impact on income earned by women, there is a major difference in damage suffered by Roma compared to other women. Notably, in August 2020, income earned by women at national level was 338 MKD lower than income earned in February 2020, while in the case of Roma women the difference in income earned is five times higher than the national average, at 1,637 MKD.

Unlike general population women who earned income from work in 25 economy sectors in February 2020, 40% of Roma women earned income as hygiene workers (n=191) irrespective of their status as employed or informal workers. In addition, 10% of this population earned income from work in textile industry. The remaining employed Roma women earned income in sectors such as retail, hairdressing, public service, waste collection, and panhandling It should be noted that, in February 2020, Roma women who panhandled or collected waste accounted for 9 of the total of 191 income-earning respondents. In August 2020, 20% of the total number of Roma women who earned income before the pandemic were left without income from these five work activities. General population women did not report work as waste collectors or panhandlers.

Analysed in terms of work activity, loss of income was reported by 35% of Roma women who worked as hygiene workers, 50% of informal workers such as waste collectors, 10% of those working in retail and less than 10% of those working in textile factories or at market stands. No changes were reported by Roma women working as public servants, hairdressers and self-employed.

Only 5, i.e. 3% of Roma women who worked both in February 2020 and August 2020 (n=144) reported a change in terms of their employment contract, which is four times lower than the share of women in the national survey (55 from 421). Changes from fixed-term employment contract with duration of 12+ months to fixed-term employment contract with duration of less than 12 months were reported by 3 Roma women, while opposite change was reported by 2 Roma women.

Unlike general population women, among Roma women. who worked in factories, offices, restaurants remained in the same work environment (115 of 144 Roma women), while Roma women who worked at home remained in the same environment with one of them reporting transfer to factory, restaurant, office and the like (3 of 144 Roma women).

That the pandemic had greater impact on the economic status of Roma women compared to other women is shown by the fact that twice as many Roma women benefited from state support compared to other women. In particular, 33% of Roma women applied for and benefited from various type of state support, while their share in the general population accounts for 14%. **It is important to note that both women and Roma women reported more prominent need for state support in August 2020 than in February 2020.** Unlike general population women among whom the need for state support doubled after the pandemic outbreak, in the case of Roma women this need increased by 19%. Hence, in February 2020, a total of 328 Roma women benefited from various types of state support, and the number increased to 408 in August 2020.

Before the pandemic outbreak, a very large share of Roma women benefited from guaranteed minimum allowance (278 from 328). In addition, 11% of Roma women were awarded unemployment allowance. A much smaller share (7%) were awarded energy allowance and education allowance.

After the pandemic outbreak, the number of Roma women who receive guaranteed minimum allowance was significantly reduced from 278 to 98, and the same is noted among those benefiting from unemployment allowance (from 37 to 29). At the same time, a significant number of Roma women qualified for economic relief measures in the form of payment cards for purchase of domestic products (235 of 408). A small number of Roma women benefited from other types of state support after the pandemic outbreak, such as vacation vouchers (26 of 408), salary subsidies in the amount of 14,500 MKD (5 of 408), and vouchers for student accommodation, digital skills and youth vouchers (15 of 408).

In most cases, in addition to surveyed Roma women, state support was also awarded to another member of their households (45%) or two other members of their households (35%). 20% of Roma women reported that, in addition to them, three to nine members of their households also qualified for and were awarded state

support. Other household members mainly benefited from guaranteed minimum allowance and payment cards for purchase of domestic products.

Due to the disadvantageous financial status of Roma women and their households, 9% of them (n=1247) needed additional support in the form of remittances from close relatives living abroad both in February 2020 and August 2020, while 4% of Roma women who did not receive such support in February 2020 reported the need for remittances in August 2020. In practice, remittances from close relatives abroad are not uncharacteristic among the general population, although they are less frequent compared to their incidence among Roma population. In August 2020, 22 additional women in the national survey needed such support from close relatives compared to the situation in February 2020, while such need emerged among 48 Roma women.

There is a minor difference in number of women from the general population and Roma communities who faced inability to secure food in August 2020 compared to February 2020 (7% among the general population and 8% among Roma population). More specifically, 2% of Roma households experienced hunger in both periods, which is one percentage point lower than for to the general population, while in August 2020 their share increased by six percentage points, making it two percentage points more than for general population women. As it was noted in the national survey, the situation is the same among Roma women. More precisely, Roma women are hungry even though they receive state support as social insurance. Moreover, those who received social insurance in August 2020 but not in January were more likely to be hungry in August but not in January. Which indicates that the level od support received is not enough to cover their basic needs. (Chart 29)

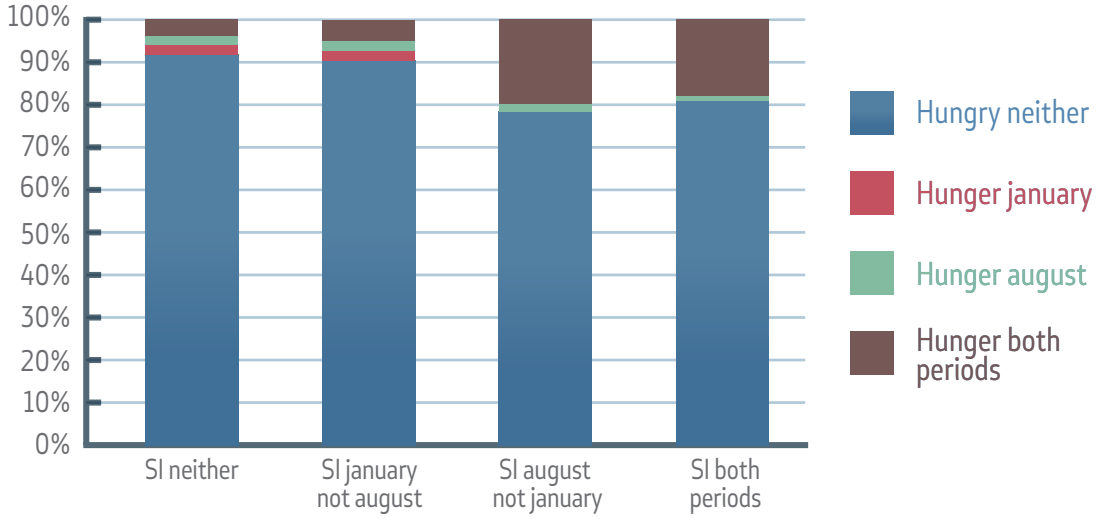


CHART 30: Overview of the number of Roma women awarded with social insurance in January and August 2020 in comparison with the number of Roma women who experienced hunger in both periods

Similar to the situation observed among general population women, the pandemic also contributed to increased need for additional child care among Roma women. In August 2020, 540 of the total survey population of 1,247 Roma women had school-age children. The pandemic had some impact on 82% of Roma women, but did not have any impact on 22% of them. The biggest impact was noted among Roma women with more than two school-age children.

4.1. Impact of the COVID-19 crisis on occurrence of domestic violence and Roma women who suffered this type of violence

3Contrary to national survey findings, where it seems that the pandemic had no impact on reporting of domestic violence by surveyed women, the pandemic had an exceptionally negative effect on Roma women, which suggests it led to increased occurrence of domestic violence cases. In particular, 14 Roma women reported the need for protection against domestic violence after the pandemic outbreak. Among them, only 2 Roma women reported they had suffered domestic violence also in the pre-pandemic period. Two Roma women refused to answer the question inquiring whether they suffered violence in both periods, which means that the number of women who suffered domestic violence in both periods is 4. Among 2 Roma women who suffered violence in both periods, one believes there is no difference in treatment on the part of institutions during both periods, and the other refused to answer the question. Hence, it can be concluded that the pandemic has contributed to a sevenfold increase in the number of Roma women who suffered domestic violence.

As regards geographical distribution (municipalities) of women who suffered domestic violence, 8 of them are from Shuto Orizari, 4 are from Delchevo and one each from Pehchevo and Vinica each. Compared to the total number of Roma women covered in this survey, the highest rates of domestic violence reports by Roma women are noted in the Municipality of Pehchevo (7%), followed by Delchevo (3%), Vinica (1%) and Shuto Orizari (0.8%).

Among these women, 13 live in urban areas and 1 woman lives in a rural area. At national level, half of women who suffered domestic violence live in urban areas, and the others live in rural areas.

Analysed in terms of age groups, domestic violence is present among Roma women of different ages, i.e. among women aged 20, 27, 28, 41, 44, 45, 46, 49, 50, 57, 63, 71 and 72 years. Compared to national survey findings, domestic violence among Roma women is also present among age groups below and above age groups of general population women who suffered violence (28 to 69 years).

Moreover, 6 of all Roma women who suffered domestic violence do not have formal education, 6 of them have completed primary education, and 2 have completed secondary vocational education. Unlike the situation among general population women who suffered domestic violence (1 woman does not have formal education, 2 have completed primary education, 8 have completed secondary education or secondary vocational education and 1 woman has completed higher education), the majority of Roma women do not have formal education or have completed primary education, i.e. overall, they have a lower level of education than their counterparts at national level.

In respect of their employment status, 1 Roma women is employed in the public sector, 2 of them work in the private sector, 2 women are housewives, 1 woman is retired, 7 are unemployed and 1 woman reported other. In terms of household income level, 2 Roma women come from households with income level below 6,000 MKD, 4 women belong to household income group 6,000 to 12,000 MKD, 1 woman belongs to the income group 12,001 to 18,000 MKD, 3 women - 18,001 to 24,000 MKD, 2 women - 24,001 to 30,000 MKD, 1 woman - 30,001 to 45,000 MKD and 1 woman refused to answer this question. Comparison of household income among Roma women and women in the national survey supports the conclusion that 50% of Roma women belong to the household income group below 18,001 MKD, while 50% of women in the national survey belong to the household income group below 24,001 MKD.

As regards the types of violence reported by Roma women who needed protection after the pandemic outbreak, 3 of them reported psychological violence, while the majority, i.e. 11 Roma women refused to answer this question. At national level, all types of violence were present among surveyed women. Among Roma women who suffered domestic violence, 1 received necessary protection, 3 of them did not receive protection and 10 women refused to answer. There are no major differences between answers received in the national survey and Roma survey in respect of women who were unable to receive protection against domestic violence. All Roma women who reported inability to receive necessary protection also refused to answer which institutions they had approached with such a request.

Only 3 Roma women from this sample (n=14) managed to have their problem resolved, 2 of them did not have the problem resolved, while 9 Roma women refused to answer. Excluding the rate of refused answers among Roma women, the number of those who managed to have this problem resolved is significantly lower than in the national survey 10 of 12 women had their problem resolved.

Only 4% of Roma women covered by the survey conducted at local level (n=1247) believe that the state takes adequate measures to protect women who have suffered domestic violence, 25% indicated the state does not take adequate measures and 71% do not know. Contrary to national survey findings where one-third of women believe that the state takes adequate protection measures, it seems that a lower share of Roma women believe that the formal system provides adequate protection for victims of domestic violence. The share of Roma women who do not known whether the state takes adequate measures is 20 percentage points higher than the share of women under the national survey who indicated the same answer (49% responded they do not know and/or are not sufficiently informed to make an assessment).

Among those who indicated that the state does not take adequate measures (n=308), only 46 also answered the question about which measures should be taken by the state, while 262 of them refused to answer. Measures proposed by Roma women who answered this question (n=46) include:

- ➔ increased number of shelter centres for women who suffered violence;
- ➔ better protection of women who suffered violence;
- ➔ enforcement of the law in practice;
- ➔ education for young people;
- ➔ stricter measures to sanction offenders.

The same measures were also proposed by women respondents under the national survey.

In respect of the pandemic's impact on Roma women, t previous differences noted in respect of ethnic background also impact the level of negative consequences caused by the pandemic on this vulnerable group of citizens, although - on the surface - it might seem that their status does not differ from that of women at national level.

At the time when this survey was conducted, only 1 Roma woman who suffered domestic violence (n=14) reported change in the number of household members in February 2020 as a result of household member death. On the contrary, one-third of general population women who suffered domestic violence reported changes due to death and emigration abroad.

The pandemic impacted household income level among Roma women who suffered domestic violence, i.e. 4 of them reported change in the number of income-earning household members in June/July 2020 compared to January/February 2020 in that 3 women indicated a lower number of income-earning household members, and 1 woman indicated a higher number, i.e. one household member found employment. More specifically, 3 Roma households did not have any income-earning members in the pre-pandemic period (January/February 2020), 4 households had one income-earning member, 2 households had three income-earning members and 1 household had as many as nine income-earning members. In June/July 2020, 2 Roma households did not have any income-earning members, 7 households had one income-earning member, 3 households had two income-earning members and 2 households had three such members. This situation does not differ significantly from women in the national survey who suffered domestic violence. Notably, the pandemic's impact among these women generally consists of a lower number of income-earning household members in both periods (before and after the pandemic outbreak).

Unlike general population women who suffered domestic violence, where the pandemic did not affect the number of work-engaged women, it affected work engagement among Roma women. In particular, 5 Roma women earned income before the pandemic, but their number was reduced to 3 after the pandemic outbreak. As regards work activity of income-earning Roma women, changes are noted between the period before and after the pandemic outbreak. Namely, in the pre-pandemic period, income-earning Roma women who suffered domestic violence (n=5) reported work at a civil society organization, textile industry, factory, and panhandler while one refused to answer. After the pandemic outbreak, continued work engagement was reported by those working at a civil society organization, as a woman-panhandler and the one who refused to answer, who indicated work as hygiene worker after the pandemic outbreak. Similar changes were also noted among general population women who suffered domestic violence, whereby women who worked in factories before the pandemic found jobs in retail, i.e. supermarket or clothing store, after the pandemic outbreak.

As regards employment contracts of Roma women who suffered domestic violence, changes were reported by those employed under fixed-term contract with duration of less than 12 months, whereby one of 3 women with such employment contracts before the pandemic did not have her employment contract changed. No change to employment contract was also reported by the Roma woman with permanent employment contract and the one who indicated "other" in response to this question. Unlike Roma women, women in the national survey who suffered domestic violence did not report changes to their employment contracts after the pandemic outbreak.

As a result of reduced number of employed Roma women who suffered domestic violence, changes are also observed in respect of the work environment before and after the pandemic. In particular, only 1 of 3 women who, before the pandemic, worked in a factory, shop, office, or restaurant continued to work in the same place after the pandemic, while the remaining 2 women had their employment terminated. At national level, women who suffered domestic violence did not report any changes in this regard.

While women in the national survey who suffered domestic violence did not report changes in respect of average net monthly salary (income earned by these women ranges from 14,500 to 35,000 MKD and 1 woman refused to answer), the pandemic resulted in loss of their jobs for 2 Roma women who earned income in the amount of 14,500 MKD. Other Roma women from this sample did not report changes to the amount of income earned. Namely, the Roma woman who works at a civil society organization earns a monthly salary of 20,000 MKD, the one who works as a panhandler earned 8,000 MKD in both periods, and the Roma woman who refused to indicate income earned before the pandemic stated that, after the pandemic outbreak, she earns a monthly income of 14,500 MKD.

Before the pandemic outbreak (January/February 2020), 2 Roma women were social welfare beneficiaries, one of whom was awarded two types of social assistance: unemployment allowance and guaranteed minimum allowance. Unlike Roma women, only one woman in the national survey benefited from social welfare in January/February 2020 (before the pandemic) and was awarded minimum guaranteed allowance and energy allowance.

After the pandemic outbreak, 3 Roma women who suffered domestic violence applied for state relief measures or social welfare and all of them received payment cards for purchase of domestic products. Moreover, 2 of them applied for unemployment allowance, of whom one was approved and the other was denied such allowance. Also, 2 Roma women applied for guaranteed minimum allowance and their applications were approved. In the national survey, after the pandemic outbreak 2 women who suffered domestic violence applied for relief measures, i.e. payment cards for purchase of domestic products, but only one of them was approved for such assistance.

Only 3 of the Roma women who suffered domestic violence (n=14) reported that other members of their households also received support in the form of state relief measures or social welfare. The number of household members benefiting from state support differs among them, i.e. 1 woman indicated one such member, one indicated two such members and 1 woman indicated three household members benefiting from state support. As regards the type of state support, the woman who reported one household member also indicated that it consisted of a payment card and other type of assistance, i.e. food packages. The Roma woman who reported two household members benefiting from state support also said they were awarded payment cards and guaranteed minimum allowance. The woman reporting three household members who benefited from state support indicated guaranteed minimum allowance. Moreover, this woman's household was awarded additional assistance, i.e. food and hygiene packages. Unlike Roma women who suffered domestic violence, a higher share of women in the national survey, i.e. their household members, received state support (half of them, i.e. 7 women). The situation is similar in respect of types of state support received by women's household members, in the form of payment cards for purchase of domestic products. Contrary to women in the national survey whose household members were awarded vacation vouchers and youth vouchers, household members of Roma women were awarded guaranteed minimum allowance and additional support in the form of food and hygiene packages.

Before the pandemic, only 1 of the 14 Roma women received remittances from close relatives working abroad and this number increased to 2 Roma women after the pandemic outbreak. This trend is also observed among women in the national survey who suffered domestic violence, whereby from 2 women receiving remittances from relatives abroad before the pandemic their number was increased to 3 after the pandemic outbreak.

The pandemic did not result in household members of Roma women experiencing hunger due to lack of means to buy food. Notably, 2 women reported lack of funds for food both before and after the pandemic outbreak. On the other hand, national survey findings imply reduction of the number in this situation among general population women. More specifically, two women reported hunger before the pandemic, but only one of them indicated that her household members experienced hunger due to lack of means to buy food after the pandemic outbreak.

In February 2020, 10 of 14 Roma women who suffered domestic violence had children attending kindergarten/school. More specifically, 4 women had one child each, 5 women had two children each, and 1 woman had three children. In February 2020, a smaller share of women in the national survey had school-age children, i.e. 3 women indicated one child attending school or kindergarten and 2 women had two children each.

Among Roma women with school-age children (n=10), 7 reported they needed to spend personal time with their children, as follows: 4 of them spent less time and 3 of them spent more time with children. Unlike women in the national survey, one-third of the Roma women spent more time on child care. While one-sixth of women in the national survey who suffered domestic violence spent less and one-sixth of them spent more time with children, one-third of Roma women spent less and one-fifth of them spent more time with children. One of the 7 Roma women who spent more or less time with children reported that this situation affected her income, contrary to women in the national survey who did not indicate that child care has affected their work and income level.

Among this sample, 2 Roma women or another member of their households were infected with COVID-19, accounting for a share of one-seventh, while at national level, one-twentieth of women or members of their household were infected with coronavirus. 12 of 14 Roma women are worried about possible infection (85%), while 2 of them did not express concerns in this regard. At national level, all 12 women from this sub-sample were worried about possible coronavirus infection.

4.2. Impact of the COVID-19 crisis on access to health protection among Roma women

Among all the surveyed Roma women (n=1247), 33% reported health protection needs unrelated to COVID-19 in the period after the pandemic outbreak in Macedonia, i.e. in the period March-August 2020. Throughout the pandemic period, the survey revealed unmet health protection needs among Roma women, as 19% of them (n=407) reported such needs but were unable to receive necessary healthcare services (Chart 30). These data concern healthcare services which women were unable to receive at public healthcare facilities or by registered general practitioners, i.e. under HIFRNM coverage. Compared to data collected in the national survey, Roma women less frequently reported health protection needs unrelated to COVID-19. Having in mind the significant difference between the Roma and other women, it can be assumed that Roma women less frequently recognize the need for health protection. This situation correlates to findings from previous surveys conducted by ESE in Roma settlements, allowing the conclusion that Roma women usually visit medical doctors when their disease has progressed and that women with chronic diseases do not go for regular check-ups for their health condition. This situation is a result of multiple factors, including poverty, distance from healthcare facilities, discrimination, lower quality of healthcare services and insufficient health education. [4]

At the same time, a lower share of Roma women reported unmet health protection needs compared to women in the national survey.

The most frequently indicated reasons for inability to receive healthcare services include fear among Roma women about coronavirus infection at healthcare facilities, as well as changed work schedules of healthcare facilities at times of pandemic (Chart 31). Compared to women in the national survey, fear of COVID-19 infection at healthcare facilities is more prominent among Roma women and accounts is the main reason behind their inability to receive healthcare service compared to other women.

[4] Pavlovski, B.; Antikj, D.; Frishchikj, J.; Gelevska, M.; Mishev, S.; Kasapinov, B. WE ARE ALL HUMAN: Healthcare for All People Regardless of Their Ethnicity, Health Status, Healthcare and Right to Health among Roma People in the Republic of Macedonia, FOSM, 2014. Available at: http://esem.org.mk/pdf/Publikacii/2014/%D0%A1%D0%B8%D1%82%D0%B5%20%D1%81%D0%BC%D0%B5%20%D0%BB%D1%83%D1%93%D0%B5.pdf

Women who gave reasons for their inability to receive necessary services from healthcare facilities were asked follow-up question inquiring about the type of healthcare services Roma women were unable to receive during the pandemic. Most frequently indicated answers among Roma women concern examination by registered general practitioners, followed by examination by specialist doctors. Less represented answers concern diagnostic tests (ultrasound, computerized tomography scans, magnetic resonance imaging and the like), and least represented are answers indicating examination by registered gynaecologists. In particular, registered general practitioners do not only provide primary healthcare, but also determine the need for diagnostic tests and referrals to secondary and tertiary healthcare. Hence, Roma women were unable to be referred to specialist doctors or diagnostic tests, resulting in lower frequency of answers indicating inability to receive such healthcare services. Difficult access to registered general practitioners is, in fact, a result of widespread problem in the Municipality of Shuto Orizari related to lack of general practices in the last year. Namely, several general practitioners have relocated their practices from this municipality, leaving large number of citizens without primary healthcare because the remaining general practices are not able to register all citizens who have lost their registered general practitioners within such a short period of time. This is confirmed by data whereby 73% of the total number of Roma women who were unable to be examined by general practitioners live in the Municipality of Shuto Orizari.

At the same time, 17% of women were unable to receive more than one healthcare service needed during the pandemic. Most frequently indicated answers in respect of inability to receive necessary healthcare services among women in the national survey concern examination by specialist doctors and diagnostic tests, while only one-tenth of general population women indicated lack of access to registered general practitioners. It is evident that the situation among Roma women is more unfavourable given the fact that the most prominent problem among them concerns access to primary healthcare, which should be available to everybody at all times, and also implies entrance to the healthcare system and a path towards other health protection levels.

In addition to their inability to exercise health protection with registered general practitioners, Roma women also reported inability to receive healthcare services provided by university clinics in Skopje, followed by healthcare centres or policlinics. The least common answers concern inability to receive services at general and clinical hospitals.

As regards social determinants of health, only employment status proved to have clear impact on Roma women's ability to receive necessary healthcare services amidst the pandemic. In this regard, more than one-third of employed and unemployed Roma women needed health protection in the period March-August 2020. However, employed women were more likely to obtain necessary healthcare services compared to unemployed women (Chart 33). This survey has not established significant impact by other social determinants, including age group, education background and household income level, on Roma women's ability to receive necessary healthcare services during the pandemic. In comparison, different social determinants had significant impact on the ability of general population women to receive health protection after the pandemic outbreak. Hence, it could be concluded that long-standing marginalization, discrimination and difficult access to healthcare services among Roma women have led to almost equally difficult access to health protection during the pandemic, irrespective of their socio-economic status.

A small share of Roma women who were unable to receive services at public healthcare facilities under HIFRNM coverage made private payments to receive necessary healthcare services. In particular, only 17% of this sample (n=29) were able to afford private payments for healthcare services. This is a significantly lower share compared to women in the national survey, as 41% of them made private payments for healthcare services they were unable to receive under HIFRNM coverage during the pandemic. Disadvantageous living conditions and poverty among Roma women affect their ability to pay for healthcare services and therefore when unable to receive health protection under HIFRNM coverage the majority of Roma women are left without necessary health protection.

Irrespective of reasons offer for their inability to receive necessary healthcare services (fear from coronavirus infection or reasons attributed to healthcare facilities), women were asked a follow-up question as to whether such inability has affected their health status. Here, 31% of Roma women who were unable to receive necessary healthcare services (n=78) reported deterioration of their health. This shows that conditions caused by the pandemic had a negative effect on Roma women's health. Reasons include changed work schedules at public healthcare facilities, fear among women to visit healthcare facilities during the pandemic, accompanied with their inability to make private payments for healthcare services they were

unable to receive within the public healthcare system. Lack of general practices had a particularly negative effect on health of Roma women in the Municipality of Shuto Orizari, whereby women from this municipality are denied access to the healthcare system for all services needed. Roma women who were unable to receive health protection more frequently reported deterioration of their health status compared to women in the national survey (23% of women under the national survey reported deterioration of their health). Notably, these data further confirm the previous conclusion whereby larger share of Roma women visit medical doctors when their health status has deteriorated, i.e. in more advanced stage of health conditions, and when they have urgent need for health protection.

The survey conducted in Roma settlements identified 5 women who were pregnant during the pandemic. 3 of them were unable to make at least one regular check-up during their pregnancy on account of pandemic-related conditions. The situation related to inability to exercise regular health check-ups during pregnancy is almost identical between Roma women and women in the national survey.

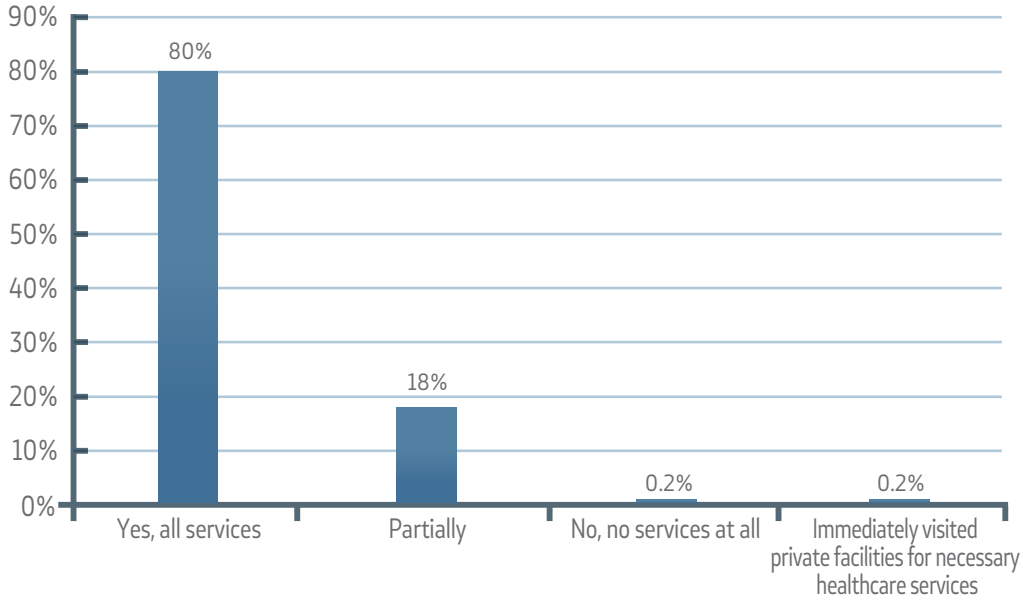


CHART 31: Overview of answers concerning ability/inability to receive all necessary healthcare service among Roma women who needed health protection (n=407) (Note: Data presented in the chart do not show women who refused to answer.)

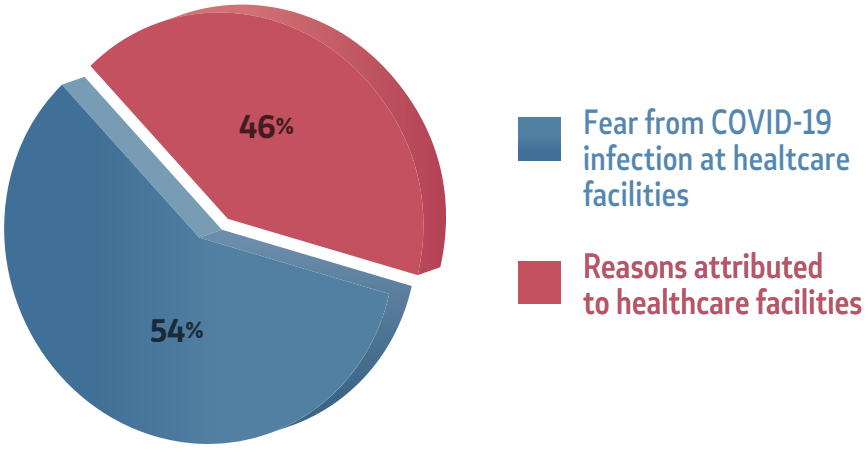


CHART 32: Main reasons indicated by Roma women for their inability to receive necessary healthcare services (n=76)

(Note: Data presented in the chart do not show women who were unable to indicate reasons thereof.)

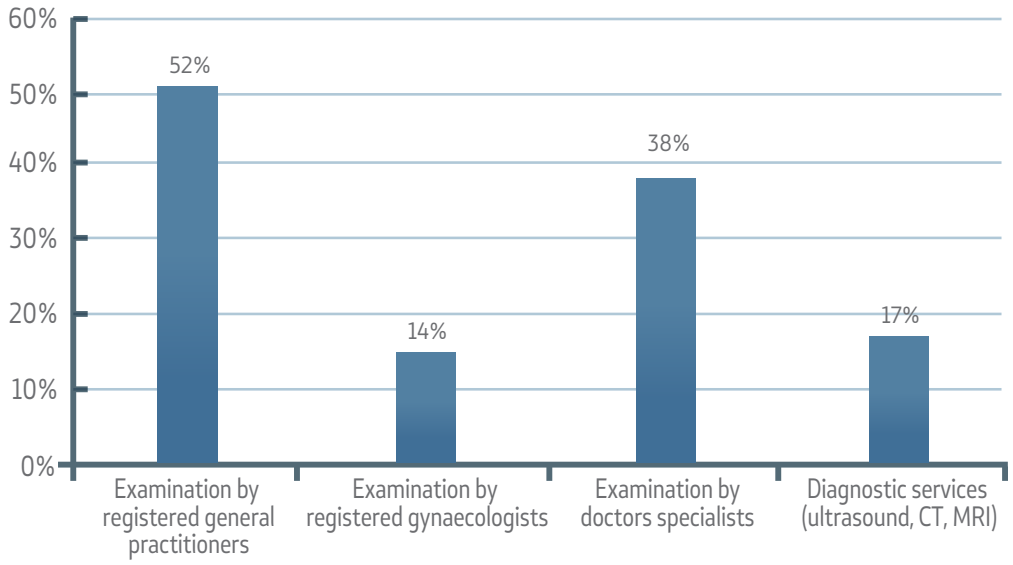


Chart 33: Overview of answers concerning type of healthcare services which Roma women were unable to receive during the pandemic due to reasons attributed to healthcare facilities (n=29)

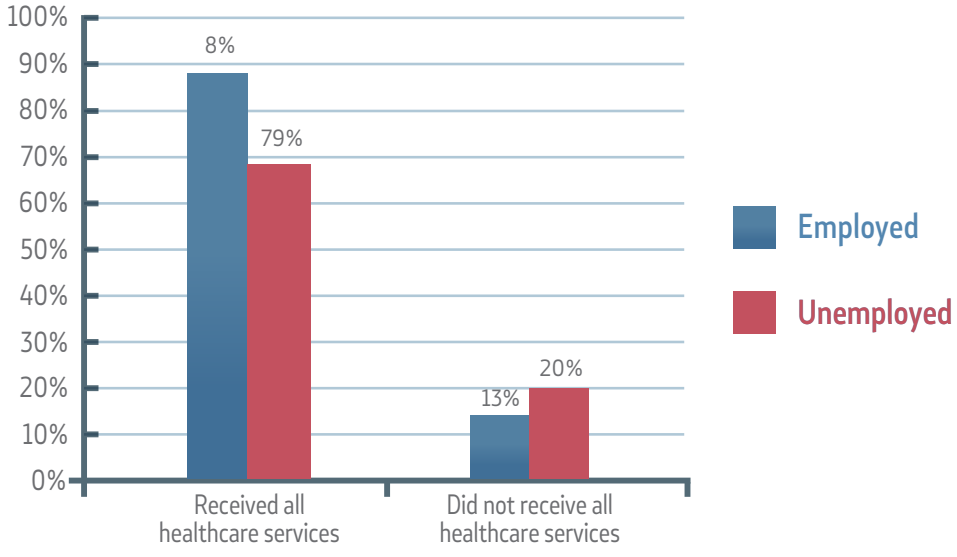
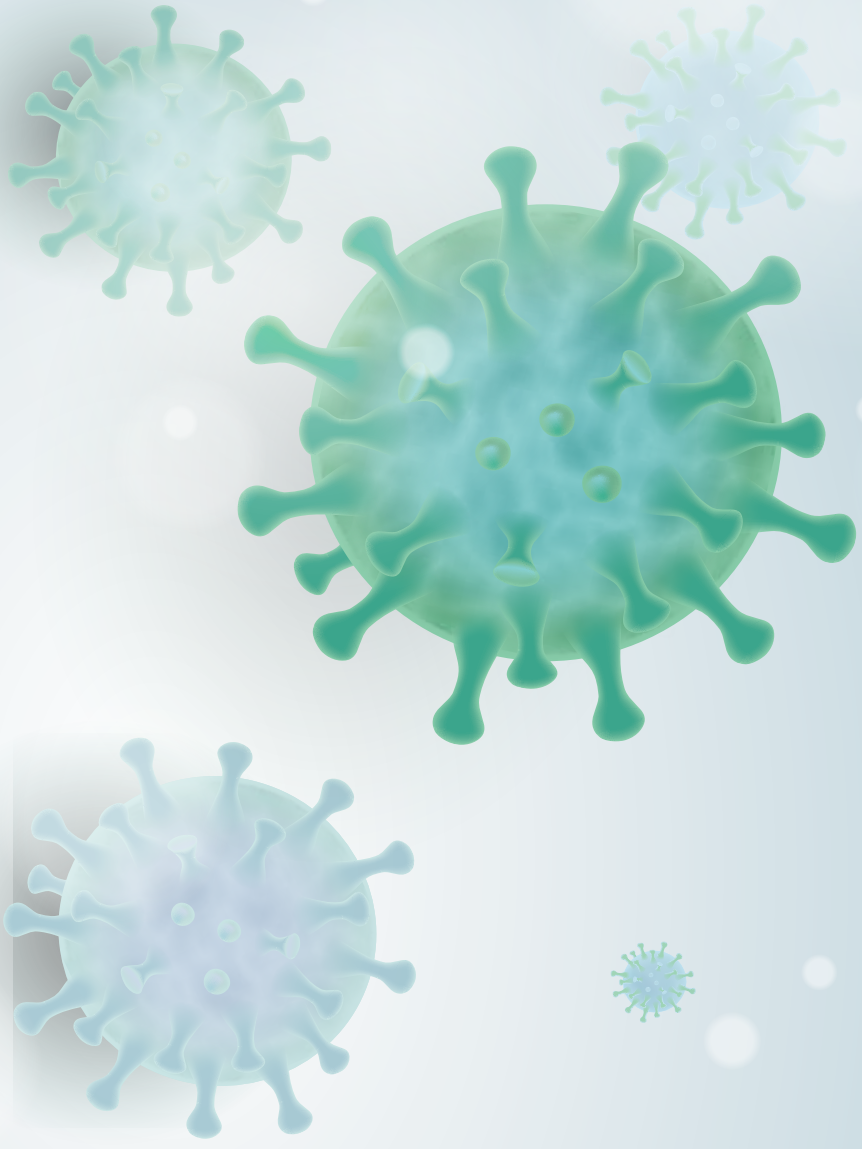


CHART 34: Overview of answers concerning ability/inability to receive all necessary healthcare services among Roma women, according to their employment status (employed n=48; unemployed n=341)



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