

SOCIALLY INCLUSIVE COVID-19 VACCINATION IN UKRAINE

Reaching the Least Protected
Roma Population in
Zakarpattia



KEY MESSAGES

- Financed by the World Bank Fund “Roma Inclusion Challenge”, the non-governmental organization “CHESNO Movement” successfully implemented a socially inclusive COVID-19 vaccination study with the Roma population in Zakarpattia Oblast in the Western Ukraine.
- The vaccination study has not only identified the main barriers to vaccination of Roma and measures increasing the readiness of Roma communities to receive vaccinations, but has also increased the COVID-19 vaccination rate of the least protected Roma population in Zakarpattia Oblast.

According to national COVID-19 vaccination data in Ukraine, the share of the population vaccinat-

ed with at least one dose is 38 percent. Vaccination rates in Ukraine vary significantly between regions and are lower among vulnerable people. Zakarpattia Oblast, in the Western Ukraine, is a region with one of the lowest vaccination rates in the country (with less than 30 percent). This poses a significant risk of recurrence of the epidemic in the region, especially due to displacement of the population to the western regions due to the war.

Unofficial estimates state, that 50,000–100,000 Roma live in the Zakarpattia Oblast. Roma settlements constitute a significant part of the oblast's population, which affects its socio-demographic and economic characteristics.

STUDY METHODOLOGY & SCALE

The study was implemented by the non-governmental organization “CHESNO Movement” and comprised two components: an analytical (collecting data and analysis), and a practical (involving representatives of Roma communities to increase the COVID-19 vaccination rate of Roma communities). 11 interviews were conducted (with Roma community leaders and family physicians, who provide medical services to Roma), as well

as a qualitative survey with 32 Roma community members, and monitoring of the Roma vaccination process. The study took place in six settlements and IDP camps in the Berehovo and Uzhhorod districts of the Zakarpattia Oblast in April and May 2022. In total, 169 patients received a first dose, 94 received a second dose, and 31 received the booster shot.

SOCIO-ECONOMIC CHALLENGES OF DISPLACED ROMA

The study was implemented under martial law due to the Russian-Ukrainian war. Forced relocation of Roma communities from the eastern regions of Ukraine, in particular Kharkiv and Donetsk regions, has increased the demand for basic goods in Roma settlements in the Zakarpattia Oblast. In addition, the restrictions on travel abroad, as well as the inability of people to cross

the border on a daily basis (due to restrictions at checkpoints), has effectively deprived Roma communities of their main source of income (petty trade abroad was a typical economic activity for the Roma). Roma communities became particularly vulnerable during the war, while economic activity and income opportunities are virtually disappearing.



↑ A Roma leader received a first dose during field vaccination in the village of Bereguifalu.

COVID-19 VACCINATION & HUMANITARIAN AID

Results of this study showed, that the provision of humanitarian aid was an important factor in motivating Roma to receive COVID-19 vaccinations. However, despite the fact that vaccination was motivated by these pragmatic considerations and the need to receive humanitarian aid, the study also contributed to a positive change of the general attitude of Roma towards vaccination — summarized in the following:

- Roma have been informed about the possibility of receiving vaccinations without documents (of what many of them have not been aware of);
- Roma have been informed that vaccination is important to protect against the complex course of COVID-19;
- Examples of demonstrated mass vaccination in Roma settlements has helped to combat the biased attitude of the community against vaccination in general.

However, vaccination in exchange for humanitarian aid is not a sufficient measure to significantly and massively change the behavior of Roma in vaccination-related matters. The vaccination campaign should be accompanied by both educational activities aimed at raising Roma awareness of the benefits of vaccination (not limited to COVID-19) and overcoming prejudices among physicians towards Roma patients.



↑ Vaccination from COVID-19 in the village Gat.

COMMON CHALLENGES

Based on the results of field visits and vaccinations in the settlements, the following common challenges have been observed:

Main responsibility for “medical inclusion” remains with individual local community doctors. The Vaccination Coordinator in Zakarpattia Oblast, who was interviewed in this study, is aware of the need for close cooperation between local governments and Roma leaders and is convinced that “...*the decision to get vaccinated in Roma settlements is made by the leader, who has a significant impact on all community members.*” Nevertheless, there is very limited systematic work aimed at attracting Roma to health services (and vaccination) at the level of public (local) authorities. Roma access to the medical system largely depends on the engagement

and activity of local medical staff. Therefore, the main burden to vaccinate members of Roma communities falls on individual local community doctors.

Local community doctors often do not speak any of the languages understood by the local Roma. In these communities, where the doctor does not speak Hungarian (Roma’s main language of communication), the proportion of those willing to be vaccinated was lower. This situation has posed a serious challenge to expanding Roma communities’ access to health care, as many residents in the settlement do not speak Ukrainian.

In general, interviewed Roma have mentioned as main source of information about vaccination

their local community doctors. Currently, regular monitoring and consultation visits for basic health care and vaccination take place exclusively in those communities where local doctors independently take the initiative and voluntarily organize the vaccination of Roma in the settlements.

Pejudices and conscious bias towards Roma patients are a barrier to regular doctor consultations. The study showed that Roma access to health services varies significantly — depending on their place of residence. It is mainly related to the willingness (or unwillingness) of local community doctors to care for undocumented patients. While in some settlements most (up to 80 percent) residents have documents and special declarations with doctors (to be treated/vaccinated without documents), in others there are many people who do not have documents or declarations. The decision to provide services, including vaccination, depends on the willingness of the doctor working in the community.

The lack of documents hinders Roma, in particular children, to apply for medical services.

In the absence of documents and declarations with local doctors, the doctors cannot receive compensation for medical services and vaccinations. This creates a barrier to mass vaccination of Roma, especially in settlements where many residents do not have documents.

Missing statistical data on Roma makes it impossible to assess the status of Roma access to health services and vaccination programs.

There is a lack of up-to-date statistics on the number of Roma in the Zakarpattian Oblast, as a whole and in individual districts. The study showed that community doctors can estimate both the number of Roma living in the settlements and the proportion of those vaccinated. Therefore, the collection of such data (even if there are errors) is practically possible, but requires a more systematic approach and interest of the regional authorities in collecting and summarizing such data to develop better policies and programs.

↓ *Vaccination from COVID-19 in the village Badalovo.*



RECOMMENDATIONS & THE WAY FORWARD

Overcoming the challenges will require the implementation of systematic measures at the level of various actors — from health policy makers to representatives of local governments. In the following is a summary of the nine most important recommendations the study is providing:

1. the systematic and regular organization of “medical hours” directly in the settlements where Roma live — for the provision of medical services and preventive examinations, including vaccinations (as Roma are not inclined to regularly visit medical facilities, especially for preventive services and vaccinations);
2. the development of transparent and understandable compensation mechanisms for local community doctors when providing medical services and vaccinations to undocumented persons;

*Timika was vaccinated
a second time after her close relatives did. ↓*



3. the provision of medical services in Hungarian or any other language that will allow doctors to communicate with Roma (or the availability of medical staff who can assist with translation when working with patients from a minority group), as well as the provision of a consultation hotline and preparation of information materials in Hungarian, in particular on the need for vaccination and the possibility of receiving vaccinations without identity documents;
4. the implementation of programs aimed at overcoming prejudices against ethnic minorities, including the Roma — to ensure equal treatment of all groups of the population;
5. the development of comprehensive programs aimed at issuing identity documents to Roma communities, including newborns — which could encourage members of the Roma community, including mothers with newborns, to seek medical services;
6. the systematic and integrated data collection on Roma communities and their access to health services within the region to monitor progress of any program;
7. the interaction with outpatient clinics and local governments to establish effective cooperation with the Roma leaders in the settlements and to ensure access of Roma communities to local clinics;
8. the planning and monitoring of medical programs, particularly vaccination programs, in a participatory and inclusive manner — hence, taking into account and addressing the needs and interests of Roma in the development of programs at the regional level; and
9. finally, attracting support from international donors and partners to improve the humanitarian situation in Roma settlements and to provide basic needs, such as access to food and hygiene.



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