Report on healthcare services for Roma communities in the commune of Shushicë, Vlorë

BEST PRACTICES
for
ROMA INTEGRATION
in the Western Balkans

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Research Advisor: Alban Nelaj, M.P.P.

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Bledar comes from Fier, Albania. After studying economics at Bicoca University (Italy) and Marin Barleti University in Tirana, he pursued master studies in European and Public Administration. Bledar is also the head of a local youth organisation called the Institute of Romani Culture in Albania (IRCA), which focuses on human rights advocacy for the Roma. Bledar is active in mobilising the Roma youth to participate in decision-making processes and public life – and this study is another tool for his advocacy work.

Alban Nelaj is a public policy researcher who graduated from the philosophy department at the University of Tirana and public policy at Willy Brandt School of Public Policy in Germany. His preferred field of research is the European Social Survey and Comparative Candidates Survey. He believes working with young Roma researchers is particularly important for improving the quality and availability of data in the field of social inclusion and human rights.

Shushicë is a commune about 11 km from Vlorë, Albania, with the population of 8,200 inhabitants, of whom 420 belong to the Roma minority and 1,840 to the Egyptian community. It is an agricultural area and prior to 1990, during the communist regime, Shushicë was an area where the regime dissidents where sent in internment, given that it was quite remote and with limited services. Due to its geographic and social isolation, until recently various development organisations have not extended their support to the Roma and Egyptians living in the Shushicë commune. Most Roma and Egyptians live in separated quarters of the commune with little interaction with the majority population. The long-lasting isolation of this area and segregation of the Roma and Egyptians has created double barriers for these communities to access standard public services. Moreover, recent studies on the situation of the Roma/Egyptians have quite superficially focused on the access to health care services, and have generally not analysed the data on Shushicë. Therefore, it has become necessary to examine closely the health situation of these marginalised Roma/Egyptian communities in Shushicë, as well as the level and quality of access to standard health services.

Contents

Abbreviations and acronyms

BPRI	Best Practices for Roma Integration
CSO	Civil society organisation
GoA	Government of Albania
KII	Key informant interviews
NRE	Non-Roma and non-Egyptian communities
ODIHR	Office for Democratic Institutions and Human Rights
OSCE	Organization for Security and Co-operation in Europe
PAPI	Paper and pencil interviewing
UNDP	United Nations Development Program

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Executive summary

Conducted during September–December 2012 in the commune of Shushicë, Vlorë, Albania, this study explores public healthcare services for Roma communities in the health centre of the commune and the hospital of the city of Vlorë.

The study applies a quantitative and qualitative approach. The techniques used were literature review, documentary analysis, face-to-face interviews in households, in-depth interviews (key informant interviews) and a focus group.

The universe of the study consists of all residents of the area administered by the commune of Shushicë in the district of Vlorë, Albania. All inhabitants (whether or not formally registered in the commune) living in the area over the last 6 consecutive months are considered residents. The universe is made up of approximately 8,200 individuals, of whom 420 are Roma, 1,840 Egyptians, and the rest non-Roma and non-Egyptians.

Using a comparative approach, the study provides representative findings with three samples. The first sample includes all Roma residents aged 15+ (175 individuals). The second sample includes 112 Egyptian residents aged 15+, and the third sample includes 108 non-Roma, non-Egyptian residents aged 15+. To have a higher statistical precision for the universe given, the study also offers a merged sample of total 395 residents of the commune of Shushicë in the district of Vlorë, aged 15+.

The key findings of the study are:

1. Lack of health cards in Roma and Egyptian communities is the key obstacle for accessing public health services. Overall, 79 per cent of Roma respondents and 63 per cent of Egyptian respondents do not have a health card.
2. Seventy-seven per cent (77 per cent) of Roma community respondents and 67 per cent of Egyptian community respondents assess the hygiene of their neighbourhood as poor or very poor. This figure for non-Roma and non-Egyptian (NRE) respondents is 13 per cent.
3. Seventy-five per cent (75 per cent) of Roma community respondents and 67 per cent of Egyptian community respondents are dissatisfied with waste removal in the neighbourhood. This figure for the NRE is 11 per cent.
4. Seventy-eight per cent (78 per cent) of Roma respondents and 71 per cent of Egyptian community respondents are not satisfied with the performance of the local government. This figure for NRE respondents is 14 per cent.
5. Forty-one per cent (41 per cent) of Roma respondents and 16 per cent of Egyptian respondents consider themselves belonging to a discriminated group.
6. The entire NRE community of Shushicë perceives no discriminatory treatment by the staff of the Vlorë hospital. However, 31 per cent of the Roma and 16 per cent of Egyptians feel there is a different treatment for different ethnic and cultural groups.
7. Of 21 per cent of the Roma in Shushicë who possess a health card, 25 per cent have bribed local officials to get it. Of 37 per cent of Egyptians in Shushicë who possess a health card, 21 per cent have bribed local officials to obtain it. In the case of NRE communities, of 82 per cent of them who possess a health card, no one bribed officials to get it.
8. The Roma report a higher bribe fee than Egyptians to get the health card, but a lower bribe fee for being provided with medical services by the staff of the health centre of the commune of Shushicë.
9. The main reason why Roma and Egyptian respondents bribe the staff of the health centre of the commune of Shushicë is to receive a higher quality service (40 per cent of Egyptians and 35 per cent of the Roma). The second main reason is because they have no health card (30 per cent of the Roma and 20 per cent of Egyptians).
10. The group best located in terms of distance from the commune's health centre are the Roma, followed by the non-Roma and non-Egyptians listed second, and Egyptians listed the last.

11. The group with the best road infrastructure to go to the health centre are the Roma, followed by the non-Roma and non-Egyptian community, and the Egyptian community in the last place.
12. Egyptian community members visit the doctor more often. The second most frequent users of healthcare services are Roma respondents, followed by non-Roma and non-Egyptians.
13. Roma respondents assess their own health conditions as the worst. They are followed by Egyptians and non-Roma and non-Egyptians whose self-assessment of health conditions is better.

1. INTRODUCTION

This report has been produced within the framework of Best Practices for Roma Integration (BPRI), a project implemented by the OSCE Office for Democratic Institutions and Human Rights in the Western Balkans in 2012–2013, funded by the European Union and OSCE participating states for the purpose of contributing to the integration of Roma in the region. Targeting Albania, Bosnia and Herzegovina, Croatia, Kosovo* , the former Yugoslav Republic of Macedonia, Montenegro and Serbia, the project seeks to assist these seven jurisdictions in delivering on commitments made as OSCE participating states and with the aim to join the EU.

BPRI has four main components:

1. Participation in political and public life and decision-making
2. Support to governments in legalisation of housing and settlements
3. Combating discrimination and promoting visibility for Romani communities
4. Regional co-operation.

The purpose of this report is to provide findings and recommendations generated through a field study that examined national policies on the provision of

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/99 and the ICJ Opinion on the Kosovo declaration of independence.

public healthcare services, their implementation in the commune of Shushicë and the city of Vlorë, and their impact on health conditions of Roma and Egyptian communities in the commune of Shushicë.

Conducted during September–December 2012, this study explores public healthcare services for Roma communities in the health centre of the commune of Shushicë and the hospital of the city of Vlorë. The four main subtopics examined are:

a. Access to healthcare services
   - Frequency of using healthcare services
   - Geographical accessibility of healthcare centres
   - Health insurance
   - Bureaucracy

b. Perceptions towards healthcare services
   - Fair medical treatment
   - Discrimination
   - Corruption

c. Health conditions
   - Physical condition
   - Use of tobacco, alcohol and drugs
   - Effects of working activity on health conditions
   - Effects of dwelling and neighbourhood hygienic situation on health conditions
   - Stress
   - Happiness

d. Sport activities
   - Enrolment in sport clubs
   - Sport activities

The quantitative part of the study tested the following four research hypotheses:

a. Maternal education level affects children's health
b. Medical staff's discriminative approach leads to Roma self-exclusion from accessing public health services
c. Lack of Roma participation in the healthcare workforce leads to less access of the Roma to public health services
d. Bribery in public healthcare discourages the Roma from accessing public healthcare services.

The qualitative component of the study explores four research questions, specifically:

a. How does the lack of health insurance affect the provision of medication to Roma people?
b. How do administrative barriers, road infrastructure, distance from public health facilities and discrimination affect the access of Roma people to public health services?
c. How do household and neighbourhood hygienic conditions affect the health of Roma people?
d. Is there a gap in the design and implementation of policies addressing public health services for Roma communities?

2. Methodology

The study applies a quantitative and qualitative approach. The techniques used were literature review, documentary analysis, face-to-face interviews in households, in-depth interviews (key informant interviews – KII) and a focus group.

2.1. Research instruments

The qualitative study was conducted by means of questionnaires administered during face-to-face interviews in households of the commune of Shushicë. The quantitative study was conducted using questionnaires for the KII and the Focus Group Discussion Facilitation Guide. The questionnaire of the door-to-door survey consisted mainly of closed-ended questions aiming to gather quantitative data. The KII questionnaire contained open-ended questions that gathered qualitative information.

All research instruments focused on the topic of the study and its subtopics. Furthermore, special attention was given to measuring the impact of the Roma Decade Action Plan, specifically the following activities: "Conducting informative campaigns with the Roma community about the procedures for obtaining the necessary documentation to benefit from healthcare services of all categories;

establishing a code of ethical communication and training personnel to provide quality and equal healthcare service to the Roma population"[1].

The questionnaire of the door-to-door survey was composed of the following five sections: a) Demographics, b) Access to healthcare services, c) Perception of healthcare services, d) Medical conditions, and e) Sport activities. The questionnaire contained 50 questions, of which 42 were closed-ended and 8 open-ended. Each face-to-face interview in households lasted 15–20 minutes.

The KII questionnaire was composed of the same five sections. It contained 20 questions, of which 12 demography questions were closed-ended and the remaining 8 questions were open-ended. Each KII lasted 45–60 minutes. Six individuals interviewed included three nurses at the health centre of the commune of Shushicë and the hospital of Vlorë, Vice-Chair of the commune, Director and a teacher at the local public school.

The Focus Group Discussion Facilitation Guide contained the following four sections: a) Access to healthcare services, b) Perception of healthcare services, c) Medical conditions, and d) Sport activities. It contained 20 subtopics provided to trigger group discussion. The focus group discussion lasted 90 minutes, with each section about 22 minutes long. It was attended by 7 local inhabitants.

2.2. Study universe and sample

The study universe is made up of all residents of the area administered by the commune of Shushicë in the district of Vlorë, Albania. All inhabitants (whether or not formally registered in the commune) living in the area over the last 6 consecutive months are considered residents. The universe is made up of approximately 8,200 individuals, of whom 420 are Roma, 1,840 Egyptians, and the rest non-Roma and non-Egyptians citizens.

Using a comparative approach, the study provides representative findings with three samples. The first sample includes all Roma residents aged 15+ (175 individuals). The second sample includes 112 Egyptian residents aged 15+, and the third sample includes 108 non-Roma, non-Egyptian residents aged 15+. To have a higher statistical precision for the universe, the study also offers a merged sample of total 395 residents of the commune of Shushicë in the district of Vlorë, aged 15+.

The whole population of Roma residents aged 15+ was interviewed. The sample of Egyptian residents was designed based on random selection of Roma

1 GoA, *Roma Decade Action Plan*, 2009, pp.12–13.

households, using the random route and last birthday technique. In the same way, the sample of non-Roma and non-Egyptian residents was designed based on random selection of households of non-Roma and non-Egyptian households.

The qualitative part of the study did not seek to provide representative findings. Instead, it provided explanations and an in-depth examination of research questions. The KIIs addressed eight respondents, including community activists, local and regional policy-makers, staff of local and regional institutions of public education, and staff of local and regional institutions of public healthcare.

The focus group discussion was attended by eight participants, Roma and Egyptian residents. Participants were chosen with consideration of the age group, gender, education level and other demographic characteristics.

2.3. Data collection

All data were collected through fieldwork. Face-to-face interviews in households and KIIs were conducted using paper and pencil interviewing (PAPI). The local researcher was trained to administer the questionnaire, pose questions and take note of answers. The focus group discussion session was taped (after obtaining permission from participants) and transcribed by the researcher.

2.4. Data entering and cleaning

The quantitative data collected were entered in an online form created to facilitate data entry. Afterwards, the populated dataset was exported to SPSS. All data were submitted to statistical control procedures in order to clean inconsistent cases and to correct outliers. The paper and audio information gathered by KIIs and focus group discussions was entered in electronic format. The local researcher received 60 hours of training on use of SPSS for data entry and analysis. The SPSS dataset was built by the researcher, who also entered all the data.

2.5. Data analysis

Quantitative data were analysed using SPSS. After building variables and their features, the dataset was populated importing data from the online application. After applying the data cleaning procedure, the local researcher and the consultant produced charts of relevant findings.

2.6. Legislative and policy framework

The latest estimations suggest that the number of Roma citizens residing in Albania is about 120,000–150,000, while the Egyptian population exceeds 200,000 people[2]. A recent study focusing on social inclusion of children has provided data on Roma community members residing in 99 communes/municipalities across Albania. Nevertheless, the data are of no practical use for a nationwide approach as they do not reveal the number of Roma citizens for the country as a whole[3]. According to the 2011 census, the number of Roma residents in Albania is 8,301, and the figure for Egyptian residents is 3,368. Disagreements between CSOs and the Institute of Statistics, on the number of the Roma and Egyptians in Albania, still persist.

According to the Albanian Law on Social Insurance, public healthcare is funded by obligatory health insurance, the state, direct payments by citizens and voluntary supplementary health insurance. Furthermore, social insurance is paid by the government for all individuals, such as pre-university and university students, retired people, unemployed, mothers on birth leave, and all those receiving economic assistance[4].

To build the legal grounds for a non-discriminatory society, the Constitution of Albania states that "no one may be unjustly discriminated against for reasons such as gender, race, religion, ethnicity, language, political, religious or philosophical beliefs, economic condition, education, social status, or ancestry"[5].

A law introduced in 2009 makes it clear that services of public health institutions should be equally provided to all individuals regardless of the population group they belong to. The Public Health Institute carries out special programmes to promote healthcare for members of groups with a low level of access to public healthcare[6].

According to the system or reference, the family doctor is the first public health service point for all insured individuals seeking non-emergency service. Family doctors are located in areas where citizens are registered as residents and they are the only medical staff with the right to authorise citizens to access the services of a regional hospital nearby or a more specialised hospital in another region[7]. As a result, failing to be registered as a resident of an area or having no health insurance leads to the failure in accessing public healthcare services. Emergency

2 Soto et al., *Roma and Egyptians in Albania: From Social Exclusion to Social Inclusion*, 2005.
3 UNICEF, Social inclusion data in Albania, 2011.
4 Parliament of Albania, Law on Social Insurance, 1994, art. 38.
5 Constitution of Albania, 1998, art. 18.
6 Parliament of Albania, Law on Public Health, 2009, art. 1, 11, 28, 48 and 50.
7 Ministry of Health, Directive on Implementing the Reference System in Public Healthcare Services, 2009.

service is excluded as the law does not clearly require official residency or health insurance as binding criteria for accessing emergency services.

The 2010 Anti-Discrimination Law provides a wider legal basis to discourage discriminatory approaches within Albanian society[8]. In order to improve Roma living standards, the health situation and economic status, the GoA launched in 2003 the *National Strategy for Roma*[9], which was followed in 2009 by the *Roma Decade Action Plan*[10]. The improvement of health conditions of the Roma population in Albania is stressed also in the 2009–2013 government agenda, pointing out the government's commitment to inform Roma communities about their right to access public healthcare services[11].

2.7. Background

Public healthcare for the Roma in Albania is difficult to assess mainly due to the lack of reliable data on the number and residency of Roma people in the country and non-registration of ethnicity for citizens accessing public healthcare services. Most issues that Albania's Roma communities face in healthcare are similar to the problems of Roma communities living in other parts of Europe. Nevertheless, differences exist and therefore a careful examination of local characteristics and the impact is essential.

A Word Bank paper reveals that Roma life expectancy in Europe is about 10 years lower than in the non-Roma population[12]. Over the last 20 years, the Roma in Albania have faced the same issues as Albanians, but at the same time they also had to cope with additional, specific challenges. A 2003 GoA key policy document assesses the Roma economic situation, living conditions and health situation in Albania as the worst ever[13].

The government findings are confirmed by the perception of Roma people. Self-assessment of own health conditions made by Roma and non-Roma people reveals that Roma people perceive worse health conditions than non-Roma people[14].

A 2012 study conducted in Albania reveals that 83 per cent of Roma citizens are not happy with the public healthcare service. The figure is 26 per cent higher

8 Parliament of Albania, Anti-Discrimination Law, 2010.
9 OSCE, *National Strategy for Improving Roma Living Conditions*, 2003.
10 GoA, *Roma Decade Action Plan*, 2009.
11 GoA, *2009–2013 Political Program of the Government of Albania*, 2009.
12 Ringold et al., *Roma in an Expanding Europe: Breaking the Poverty Cycle*, 2005.
13 OSCE, *National Strategy for Improving Roma Living Conditions*, 2003, p. 7.
14 UNDP Albania, *At risk: The Social Vulnerability of Roma in Albania*, 2006, pp. 17-18.

compared to the perception of non-Roma people using the same services[15]. These figures lead us to the assumption that institutions may approach Roma people differently than non-Roma people. Studies show that the most common direct and indirect forms of discrimination in accessing healthcare are the "refusal of assistance by general practitioners or healthcare institutions; segregation in healthcare facilities; inferior and degrading treatment; and difficulties in accessing emergency care imposed as a result of their ethnicity"[16].

When it comes to the provision of public health services in Albania, Roma citizens perceive themselves as being subject to discrimination. Hence 71 per cent of them feel that differentiations are made in the provision of public health services[17]. Discrimination by medical staff may lead to self-exclusion of Roma people from accessing public health services. Within this framework researchers found that discrimination by medical personnel is also an obstacle for the Roma to access public health services[18].

A recent comparative study in the region reveals that Albania is among the top three countries according to the gap between the Roma and non-Roma population in accessing health services[19]. Only 75 per cent of Roma households reported having access to healthcare services when needed, compared to 85 per cent of non-Roma households living in the vicinity. In the region, only Roma households in Bosnia and Herzegovina reported less access to healthcare services.

These findings lead to the assumption that discrimination triggers self-exclusion. Hence a 2005 UNDP study shows that "Roma seek medical assistance less often than non-Roma"[20]. Nevertheless, further studies are needed to better explore the factors for Roma's low rate in seeking medical services.

The recent data confirm that Roma communities in Albania have a higher rate in assessing themselves as being in a bad health condition. This figure is 3.1 per cent higher for Roma communities compared to non-Roma[21].

Corruption in healthcare seems to be another major factor that discourages access to public healthcare services. The UNDP's *Regional Human Development Report* found that "tolerance of corruption worsens exclusion outcomes"[22]. According to this study, "the magnitude of social exclusion is nine times higher in villages and seven times higher in small towns where the majority of respondents

15 Kaçiu et al., *Faktorët që ndikojnë në integrimin e Romëve në Shqipëri: Një studim krahasues*, 2012, pp. 60-61.
16 European Monitoring Centre on Racism and Xenophobia, *Breaking the Barriers: Romani Women and Access to Public Health Care*, 2003, p. 6.
17 Kaçiu et al., *Faktorët që ndikojnë në integrimin e Romëve në Shqipëri: Një studim krahasues*, 2012, pp. 62-64.
18 Soto et al., *Roma and Egyptians in Albania: From Social Exclusion to Social Inclusion*, 2005, pp. 136-137.
19 UNDP et al., *Data on Vulnerability of Roma*, 2011.
20 UNDP Albania, *At risk: The Social Vulnerability of Roma in Albania*, 2006, p. 20.
21 UNDP et al., Data on Vulnerability of Roma, 2011.
22 UNDP, *Regional Human Development Report, "Beyond Transition: Towards Inclusive Societies"*, 2011, p. 4.

tolerate informal payments"[23]. A recent study in Albania also showed that 83 per cent of Roma citizens bribed medical staff in order to be provided with public health services[24]. As the purchasing power of the Roma is noticeably lower than among non-Roma people, the inability to provide this type of informal service payment might also be a crucial barrier to public healthcare services.

Access to public health services does not start at the entrance to medical centres. Bad infrastructure in Roma neighbourhoods appears to be the major factor of poor health conditions. Roma people face bad hygienic conditions of dwellings and neighbourhoods and bad road infrastructure. These factors lead to higher health risks for Roma community members and difficulties in getting emergency medical service, or travelling to get medical service at medical centres[25].

Administrative roadblocks also decrease the access of Roma people to public health services. In Europe, the comparison between Roma and non-Roma people shows that only 45 per cent of Roma people have health insurance. The same figure for non-Roma people is 40 per cent higher[26].

Regional findings show that 66 per cent of Roma people face difficulties in affording the prescribed medicines. This figure is 27 per cent higher than for non-Roma people[27]. The ability to purchase prescribed medications is affected by two main drivers: the lower purchasing power of Roma people compared with non-Roma, and the lack of health insurance that forces the Roma to pay higher prices for prescribed medication.

Cultural factors are essential in obstructing or promoting access of Roma people to public health services. Medical staff's intercultural skills may lead to public health access improvement or deterioration. Researchers have found out that healthcare professionals who lack understanding of the Roma cultural context discourage Roma citizens from visiting a health service centre[28].

Sport activities are believed to have a positive impact on health in general. Government data show that the involvement of Roma communities in sport activities is very limited. As a result, national government policies seek to "(i) create clubs for the various types of sports; (ii) create sports terrains for training purposes and play, and (iii) prepare coaches for the Roma teams"[29].

23 *Ibid*, p. 4.
24 Gedeshi and Miluka, *Needs Assessment Study on Roma and Egyptians Communities in Albania*, 2012, p. 27.
25 UNDP Albania, *At risk: The Social Vulnerability of Roma in Albania*, 2006, pp. 19-20.
26 UNDP, *The Situation of Roma in 11 EU Member States*, 2012, p. 31.
27 Collins et al., *At Risk: Roma and the Displaced in Southeast Europe*, 2006, p. 56.
28 Hajioff and McKee, *The health of the Roma people: A review of the published literature*. Epidemiol Community Health, 2000, p. 867.
29 OSCE, *National Strategy for Improving Roma Living Conditions*, 2003, p. 19.

3. Analysis of data Collected in the Field

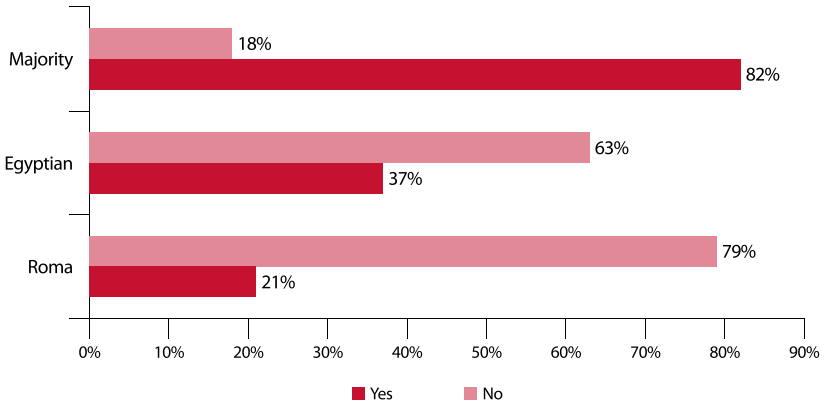
3.1. Access to health services

This study examines access to health service, focusing on two indicators: a) geographical accessibility of healthcare centres and b) possession of a health card. The Roma community of Shushicë has the best location with the mean distance of 321 meters between homes and the village health centre. The second best located are the NRE inhabitants with the mean distance of 901 meters from the village health centre. The worst located are the Egyptian community members with the mean distance of 1.9 km from the village health centre.

Besides distance, the road infrastructure is another factor that affects the ease of access to the local public health facility. This indicator is measured with the scale from 0 to 10, with 0 meaning very easy access, and 10 meaning very difficult access through road infrastructure. The Roma community has the best road infrastructure for accessing the local public healthcare facility with average difficulty of 3.7. The second group having less trouble with road infrastructure is the NRE community with an average difficulty level of 4.2. The Egyptian community has the worst road infrastructure with the difficulty level of 5.9.

The lack of health cards is the key obstacle for Roma and Egyptian communities to access public healthcare services. The study reveals that 79 per cent of Roma respondents and 63 per cent of Egyptian respondents do not have a health card (Graph 1).

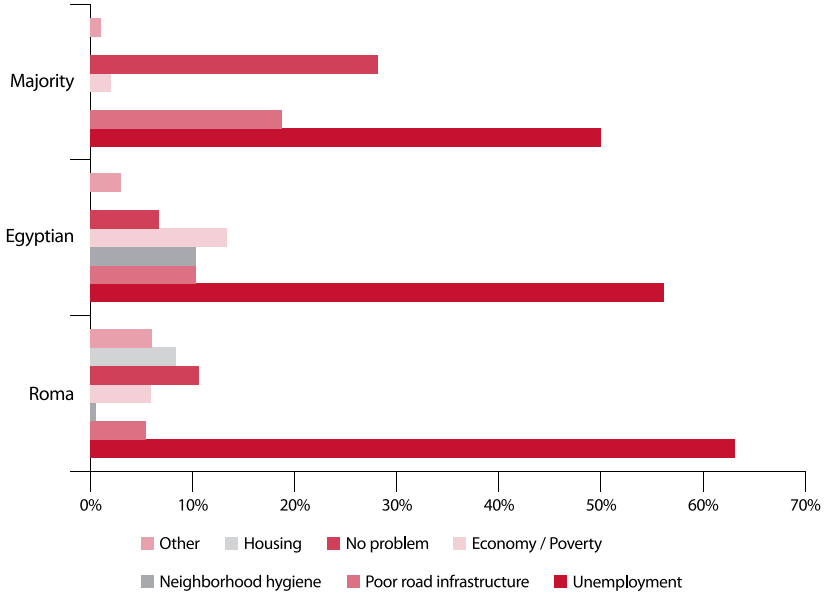
Graph 1: Possession of a haelth card



3.2. Satisfaction and expectations from the local government

Although the local government is not in charge of managing public health services, it plays the key role in facilitating access as it issues registration documents to local residents. Asked about key problems, most respondents list unemployment as the top issue (63 per cent of the Roma, 56 per cent of Egyptians and 50 per cent of the NRE community). The second issue listed by Roma respondents is housing (8 per cent), while the neighbourhood hygiene is also important for the Egyptian community (10 per cent) (see Graph 2 for details).

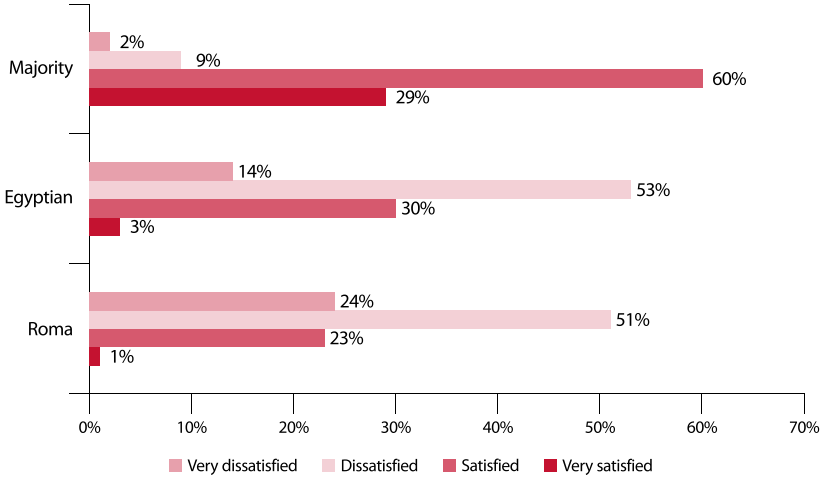
Graph 2: Perception of main problems in the commune of Shushicë



The neighbourhood hygiene is a common problem for areas where Roma and Egyptian communities live. Hence, 77 per cent of Roma respondents and 67 per cent of Egyptian respondents assess their neighbourhood hygiene as poor or very poor. This figure for NRE respondents is 13 per cent.

Dissatisfaction with waste management in the neighbourhood is higher for Roma and Egyptian communities compared to the NRE community. Figures reveal that 75 per cent of Roma community respondents and 67 per cent of Egyptian community respondents are 'dissatisfied' or 'very dissatisfied' with waste removal in the neighbourhood. This figure for the NRE is 11 per cent (Graph 3).

Graph 3: Satisfaction with waste removal in the neighborhood



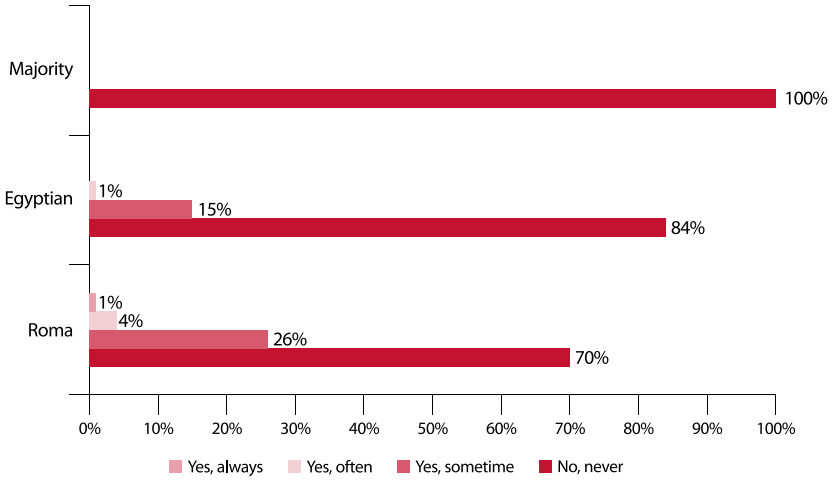
Figures for Roma and Egyptian respondents' satisfaction with the performance of the commune of Shushicë confirm dissatisfaction with the neighbourhood hygiene conditions. As a result, 78 per cent of Roma respondents and 71 per cent of the Egyptian community are not satisfied with the performance of the local government. This figure for NRE respondents is 14 per cent.

3.3. Discrimination

The group considering itself the most discriminated against is the Roma community with 41 per cent of respondents. The second group self-perceived as the most discriminated against is the Egyptian community with 16 per cent of respondents.

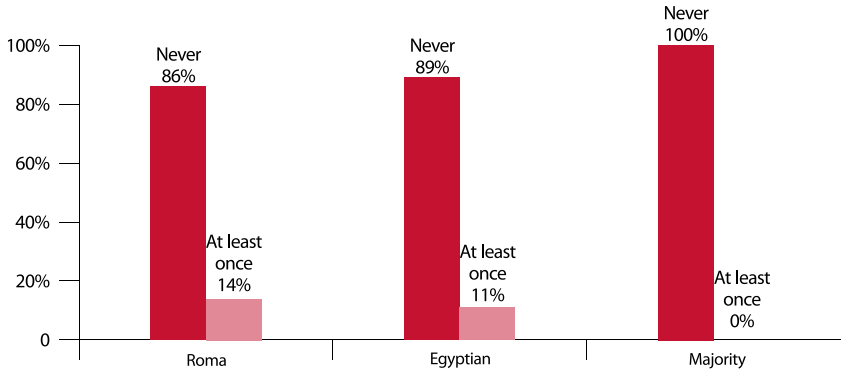
The entire NRE community of Shushicë perceives no discriminatory treatment by the staff of the Vlorë hospital. The situation is different for the Roma and Egyptian community with 31 per cent of the Roma and 16 per cent of Egyptians perceiving a different treatment of different ethnic and cultural groups ('sometime', 'often' or 'always' – see Graph 4).

Graph 4: Are patients of different ethnic or cultural groups treated differently by the staff of the hospital of Vlorë?



Roma and Egyptian community members face a higher refusal rate from the medical staff of the Vlorë hospital. Figures reveal that 14 per cent of the Roma and 11 per cent of Egyptians have been refused a medical service because they had no money to bribe or because of their ethnicity (Graph 5).

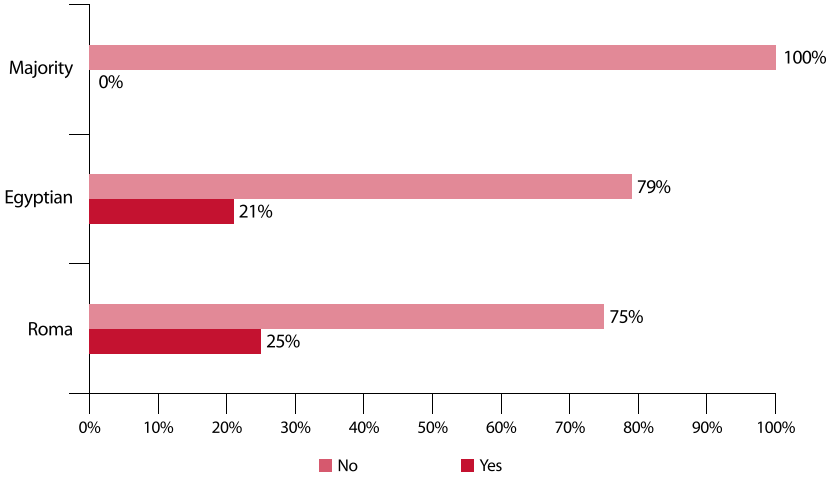
Graph 5: Instances of refusal of medical services at the hospital of Vlorë



3.4. Corruption

The widespread bribery is another roadblock for equal access to public healthcare services. The crucial role of a health card for enabling access to public services is revealed through the abusive situation in the provision of health cards. Among the Roma from Shushicë who possess a health card, 25 per cent reported bribing local officials to get this document. Furthermore, among Egyptians who possess a health card, 21 per cent reported bribing local officials to get it. None of the respondents from the NRE communities reported using bribe to obtain their health card.

Graph 6: Reported use of bribe to obtain a health card



The average bribe fee reportedly paid by Roma respondents to get the health card is EUR 3.9, which is EUR 0.4 higher than paid by Egyptian respondents.

Fourteen per cent (14 per cent) of Roma respondents and 5 per cent of Egyptian respondents report that they have bribed at least once the staff of the commune's medical centres. It is interesting to notice that NRE respondents declare to have never bribed staff of the commune's health centre. This confirms that the lack of healthcare access for Roma and Egyptian communities leads them to bribery. The average bribe fee reported by the Roma is EUR 2.2, while Egyptian respondents reported a three times higher fee (EUR 6.9).

Seeking a higher quality of service and the lack of a health card are the two main drivers encouraging Roma and Egyptian community members to bribe the staff of the health centre of the commune of Shushicë. Hence, 35 per cent of the Roma

and 40 per cent of Egyptians bribe in order to get a higher quality of service, and 30 per cent of the Roma and 20 per cent of Egyptians bribe because they have no health card. Interestingly, none of the KII respondents accept the fact that there is bribery in the health centre of the commune of Shushicë.

The average bribe in the Vlorë hospital is higher than at the health centre of the commune of Shushicë. Findings show that 52 per cent of Roma respondents have given a bribe at the hospital of Vlorë at least once. For Egyptian respondents this figure is 48 per cent and for NRE respondents 4 per cent. Findings of the focus group discussion with the Roma and Egyptians confirm that corruption is widespread at the hospital of Vlorë, especially for medical services such as surgery during birth or specialised visits. On the other hand, all KII respondents state no corruption at all at the Vlorë hospital.

Similarly to the situation at the health centre, at the Vlorë hospital, the highest average bribe fee reported by survey respondents is paid by Egyptians, in the amount of EUR 22.4 per service. This is followed by bribe fees reported by Roma patients (average EUR 18.2 per service). The group reporting the lowest bribe fees are NRE inhabitants, with EUR 8 per service.

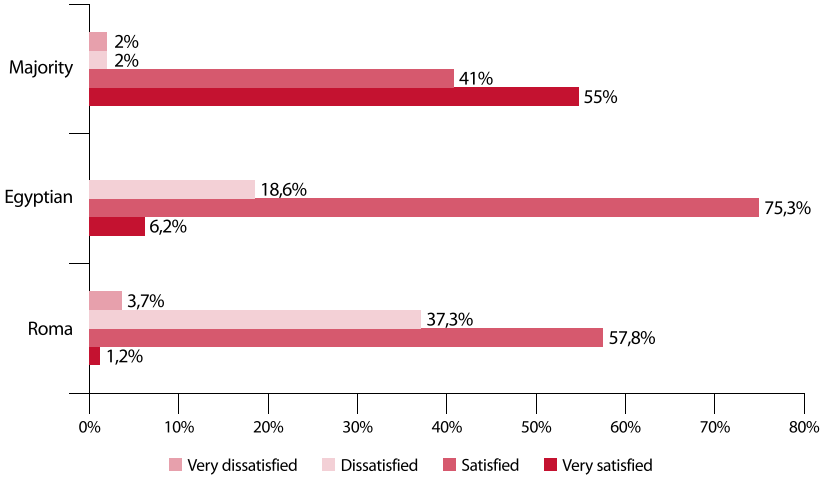
3.5. Satisfaction with public healthcare services

Fifty-seven per cent of Egyptian respondents and 50 per cent of Roma respondents think that the range of health services offered by the health centre of the commune of Shushicë is not appropriate. On the other hand, 94 per cent of NRE respondents assess the variety of services as appropriate. Taking into account the self-assessment of health status, it can be assumed that Roma and Egyptian community members are dissatisfied with the range of health services because their health condition requires more specialised care.

Roma residents are the most dissatisfied with working hours of the health centre of the commune of Shushicë. Eighty-five (85) per cent of them are very dissatisfied or dissatisfied. This figure for the Egyptian community is 50 per cent and for NRE respondents 7 per cent.

Forty-one (41) per cent of Roma respondents and 19 per cent of Egyptian respondents are 'very dissatisfied' or 'dissatisfied' with the quality of service offered by the local health centre of the commune of Shushicë. This figure for NRE respondents is 4 per cent (Graph 7).

Graph 7: Satisfaction with the quality of service provided by the local health centre in Shushicë



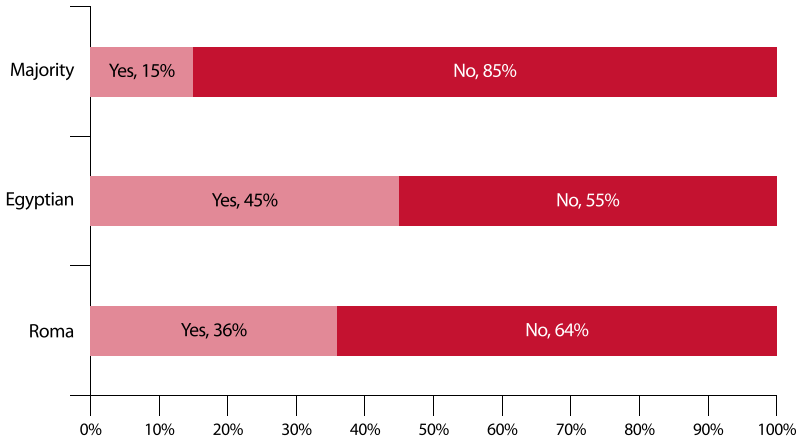
Egyptian community members visit the doctor more often. On average, in the last 6 months Egyptian respondents have visited the doctor 2.2 times. Roma respondents are the second frequent users of healthcare services. On average, in the last 6 months they visited the doctor 1.8 times. This figure for NRE respondents is 0.4 times, which is in line with the self-assessment of their health status. At the same time, 23 per cent of NRE respondents have also used healthcare services in the private sector, compared to only 7–10% Egyptians and the Roma.

3.6. Health conditions

Forty-seven per cent of Roma respondents assess their own health condition as very poor or poor. This figure is 41 per cent for Egyptian respondents and 7 per cent for NRE respondents. These findings reveal a significant gap between the self-perceived health condition of Roma and Egyptian community members and NRE community members.

The group most affected by bad health conditions is the Egyptian community. Forty-five per cent of Egyptian respondents admit having a health issue that prevents them from performing daily activities. This figure for Roma respondents is 36 per cent and for NRE respondents 15 per cent.

Graph 8: Reports on health issues preventing the respondent from performing daily activities



Nineteen per cent of Roma parents assess the health condition of their children (aged under 15) as very poor or poor. This figure is 4 per cent for Egyptian parents and 5 per cent for NRE parents.

Compared to other groups, the Roma community is more prone to the frequent consumption of alcohol, with 33 per cent of respondents having used alcohol in the last month. This figure is 19 per cent for Egyptian respondents and 12 per cent for NRE respondents. The Roma community also has the biggest number of drug users, with 13 per cent of respondents having used drugs in the last month. This figure is 5 per cent for the Egyptian community and 0 per cent for the NRE community.

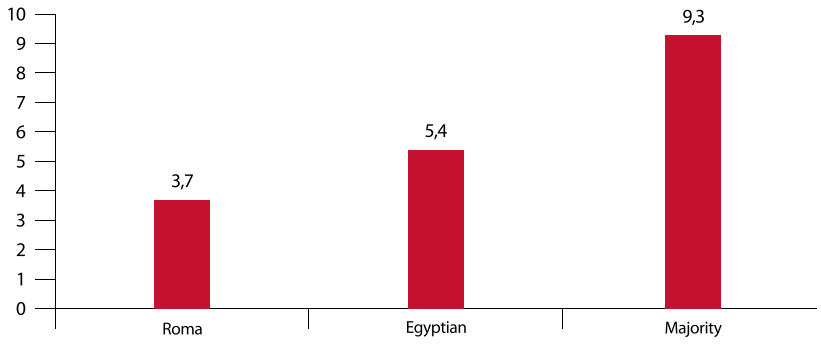
Roma community members experience the strongest stress symptoms. In the last month, 64 per cent of them felt sad, 63 per cent felt frustration or anger, 56 per cent had the lack of interest, motivation or energy, 49 per cent felt nervous or anxious, and 39 per cent felt like crying. These figures are about two times lower for Egyptian community members and 5 times lower for NRE community members.

3.7. Work and life satisfaction

NRE respondents work longer than Roma and Egyptian respondents. Thus, NRE respondents work on average 8.3 hours/day, Egyptian respondents 7.8 hours/day, and Roma respondents 7.0 hours/day.

NRE respondents are the most satisfied with their lives. On the scale from 0 to 10, with 0 being extremely dissatisfied and 10 extremely satisfied, NRE respondents have an average satisfaction level of 9.3, followed by Egyptian respondents with the satisfaction level of 5.4, and Roma respondents with the satisfaction level of 3.7 (Graph 9).

Graph 9: Level of satisfaction (mean)



4. Conclusions

1. According to Albanian law, social insurance is paid by the government for all individuals including pre-university and university students, retired people, unemployed, mothers on birth leave and recipients of financial assistance[30]. The study at hand revealed that 79 per cent of Roma respondents and 63 per cent of Egyptian respondents in the commune of Shushicë do not have health insurance. This confirms that the lack of health insurance leads to more bribery and higher bribery fees for Roma and Egyptian communities in accessing public health services.
2. The Constitution of Albania states that "no one may be unjustly discriminated against for reasons such as gender, race, religion, ethnicity, language, political beliefs, religious or philosophical beliefs, economic condition, education, social status, or ancestry"[31]. A law introduced in 2009 makes it clear that services of public health institutions should be equally provided to all individuals regardless of the population group they belong to. The Public Health Institute conducts special programmes to promote healthcare for members of groups with a low level of access to public healthcare[32]. This study revealed that 41 per cent of Roma respondents and 16 per cent of Egyptian respond-

30 Parliament of Albania, Law on Social Insurance, 1994, art. 38.
31 Constitution of Albania, 1998, art. 18.
32 Parliament of Albania, Law on Public Health, 2009, art. 1, 11, 28, 48, and 50.

ents consider themselves belonging to a discriminated group. On the one hand, the entire NRE community of Shushicë perceives no discriminatory treatment by staff of the Vlorë hospital and, on the other hand, 31 per cent of the Roma and 16 per cent of Egyptians feel that the hospital does not treat different ethnic and cultural groups equally. In addition, the study found that 14 per cent of Roma inhabitants and 11 per cent of Egyptian inhabitants have been refused medical services at least once, by staff of the Vlorë hospital.

3. In order to improve the living standards, health situation and economic status of the Roma, the GoA launched the *National Strategy for Roma*[33] in 2003, which was followed by the *Roma Decade Action Plan*[34] in 2009. The need to improve health conditions of the Roma is also stressed in the 2009–2013 government agenda, pointing out the government's commitment to inform Roma communities about their right to access public healthcare services[35]. Findings of this study reveal that the Roma and Egyptians self-assess their medical condition as two to three times worse than non-Roma and non-Egyptian inhabitants. In addition, the stress level among the Roma and Egyptians is three to five times higher than among the non-Roma and non-Egyptian inhabitants.

33 OSCE, *National Strategy for Improving Roma Living Conditions*, 2003.
34 GoA, *Roma Decade Action Plan*, 2009.
35 GoA, *2009–2013 Political Program of the Government of Albania*, 2009.

5. Recommendations

1. The central government needs to make amendments to the Law no. 7870 on health insurance in Albania and the bylaws deriving from it, by ensuring that every resident of the Republic of Albania is entitled to universal healthcare even if unemployed and not registered in the government employment agency.
2. The central government should introduce an electronic health card instead of the paper booklet currently in use, and guarantee access to public healthcare for every resident of the country no matter in which area they are formally registered as residents.
3. The Ministry of Health and the local government of Vlorë should plan and implement a training programme to improve intercultural skills of medical staff in the Vlorë hospital.
4. CSOs working with the Roma and non-Roma must advocate together towards government healthcare agencies to guarantee access and equitable health service both for the Roma and non-Roma.
5. CSOs should work with the Roma and Egyptian community to encourage reporting on corruption cases they face in the healthcare system.
6. CSOs should promote the education of young Roma and Egyptian community members in the field of medicine and healthcare management.

7. CSOs and government agencies should focus their programmes on supporting and making aware Roma and Egyptian communities of the appropriate steps to follow in order to take care of their health situation.
8. The leading Roma CSOs should facilitate co-operation between the Roma community, local government units, schools and health centres in order to develop a local plan for healthcare of the Roma community.

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Appendixes

I. List of meetings with government officials and staff of public institutions

- Meeting with Astrit Aliraj, Vice-Chair of the commune of Shushicë
- Meeting with Irena Danaj, Director of the local public school
- Meeting with Lefter Sadiku, Chief Nurse at the health centre of the commune of Shushicë

II. Questionnaire for face-to-face interviews in households

Research on the provision of healthcare services for Roma and Egyptians in the commune of Shushicë, Vlorë

This survey is carried out in the framework of a sociological study conducted by OSCE ODIHR, which aims to measure the perceptions of Roma and Egyptians of the commune of Shushicë towards provision of public healthcare services. Your opinion is very important. You have been randomly selected among all the citizens of the commune of Shushicë, aged 15+. The information you provide will remain anonymous and confidential.

H1. HOUSEHOLD:

H2. QUESTIONNAIRE ID:

H3. Ethnicity/cultural group of the respondents

1. Roma
2. Egyptian
3. Other

H 4. Relation of the interviewer with the head of the family

☐ The head of the family himself _____

H 5. Place of interview (village, location description)_____

_____

H 6. Approximate distance from the house to the health center of the commune:

about _____ meters

H 7. Level of difficulty in accessing the local health center from home by road:

(Very easy)										(Very difficult)	(Do not know)	(No answer)
0	1	2	3	4	5	6	7	8	9	10	88	99

H 8. Interviewer: _____

H 9. Gender of the interviewer: F ☐ M ☐

H10. Date of interview: ☐☐/☐☐/☐☐☐☐ (dd/mm/vv)

H11. Time the interview starts: ☐☐:☐☐ (Use 24-hour system)

PART I - GENERAL ATTITUDES TOWARD THE SITUATION IN THE COMMUNE OF SHUSHICE

1. In your opinion, which are the three main problems people face in the community of Shushice, nowadays?
   1_____
   2_____
   3_____
   88. Voluntarily: Do not know
   99. Voluntarily: Refused

2. How satisfied are you with the work of the executives and employees of the commune of Shushicë?
   1. Very satisfied
   2. Satisfied
   3. Not satisfied
   4. Not satisfied at all
   88. Voluntarily: Do not know
   99. Voluntarily: Refused

3. How would you describe the hygiene of your neighborhood?
   1. Very good
   2. Good
   3. Poor
   4. Very poor
   88. Voluntarily: Do not know
   99. Voluntarily: Refused

4. How would you describe the hygiene of your home?
   1. Very good
   2. Good
   3. Poor
   4. Very poor
   88. Voluntarily: Do not know
   99. Voluntarily: Refused

5. How satisfied are you with waste management in your neighborhood?
   1. Very satisfied
   2. Satisfied
   3. Not satisfied
   4. Not satisfied at all
   88. Voluntarily: Do not know
   99. Voluntarily: Refused

6. All things considered, how satisfied are you with your life in general, nowadays?

Extremely dissatisfied										Extremely satisfied	Do not know	Unanswerable
0	1	2	3	4	5	6	7	8	9	10	88	99

7. Would you describe yourself as a member of a group that is discriminated against in the community of Shushicë?

1. Yes
2. No → GO TO QUESTION A 8

88. Voluntarily: Do not know
99. Voluntarily: Refused

7.1. On what grounds is your group discriminated against?

A. Color or race
B. By nationality
C. Religion
D. Language
E. Ethnicity
F. Age
G. Gender
H. Sexuality
I. Disability
J. Financial capabilities
K. Other_____
L. Voluntarily: Do not know
M. Voluntarily: Refused

PART I - ACCESS TO HEALTH SERVICES

8. In the last 6 months, how often did you visit a doctor?

_____ Times → If visited 0 times GO TO QUESTION 9

88. Voluntarily: Do not know → GO TO QUESTION 9
99. Voluntarily: Refused → GO TO QUESTION 9

8.1. Did you go to a public or private clinic?

1. Public → GO TO QUESTION 9
2. Private

88. Voluntarily: Do not know
99. Voluntarily: Refused

8.2. Why did you go to a private clinic rather than public one?

_____

_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

9. Do you have a health booklet?

1. Yes → GO TO QUESTION 10
2. No
88. Voluntarily: Do not know
99. Voluntarily: Refused

9.1. Why don't you have a health booklet? (AFRER THIS QUESTION GO TO QUESTION 11)

_____

_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

10. Did you pay a bribe to obtain a health booklet?

1. Yes
2. No → GO TO QUESTION 11
88. Voluntarily: Do not know
99. Voluntarily: Refused

10.1. How much did you pay?

_____ (Write in old currency or other currencies)

88. Voluntarily: Do not know
99. Voluntarily: Refused

11. How many times were you refused medical service by the doctor of the health center of the commune of Shushice?

_____ Times → If 0 times go TO QUESTION 12
88. Voluntarily: Do not know
99. Voluntarily: Refused

11.1. Why did he/she refuse to provide you medical service?

_____

_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

12. How many times did the doctor of the hospital of Vlore refuse to provide you medical service?

_____ Times → If 0 times TO QUESTION 12

88. Voluntarily: Do not know
99. Voluntarily: Refused

12.1. Why did he/she refuse to provide you medical service?

_____

_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

PART III - ATTITUDES TOWARDS PUBLIC AND PRIVATE HEALTH SERVICES

13. Is the health center of the commune of Shushice far or close to your home?

1. Very close
2. Close
3. Far way
4. Very far away

88. Voluntarily: Do not know
99. Voluntarily: Refused

14. What is the condition of the road you take from your home to go the health center of the commune of Shushicë?

1. Very good
2. Good
3. Poor
4. Very poor

88. Voluntarily: Do not know
99. Voluntarily: Refused

15. Is the variety of health services provided by the health center of the commune of Shushice broad enough?

1. Yes
2. No

88. Voluntarily: Do not know
99. Voluntarily: Refused

16. How satisfied are you with the working hours of the health center of the commune of Shushicë?
    1. Very satisfied
    2. Satisfied
    3. Dissatisfied
    4. Very dissatisfied
    88. Voluntarily: Do not know
    99 Voluntarily: Refused

17. How satisfied are you with the quality of services provided at the health center of the commune of Shushicë?
    1. Very satisfied
    2. Satisfied
    3. Dissatisfied
    4. Very dissatisfied
    88. Voluntarily: Do not know
    99. Voluntarily: Refused

18. Does the medical staff of the medical center of commune of Shushice treat patients differently, based on the ethnic/ cultural group they belong to?
    1. No, never → GO TO QUESTION 19
    2. Yes, often
    3. Yes, often
    4. Yes, always
    88. Voluntarily: Do not know
    99. Voluntarily: Refused

    18.1. Which ethnic/ cultural groups are treated better by the medical staff (doctors, nurses, etc.) of the health center of the commune of Shushice (ENTER NUMBERS BY RANKING)?
        A. Roma
        B. Egyptian
        C. Others
        D. Voluntarily: Do not know
        E. Voluntarily: Refused

19. Does the medical staff of the hospital of Vlore treat patients differently, based on ethnic/ cultural group they belong to?
    1. No, never → GO TO QUESTION 19
    2. Yes, often
    3. Yes, often
    4. Yes, always
    88. Voluntarily: Do not know
    99. Voluntarily: Refused

19.1. Which ethnic/ cultural groups are treated better by the medical staff (doctors, nurses, etc.) of the hospital of Vlore (ENTER NUMBERS BY RANKING)?

A. Roma
B. Egyptian
C. Others
D. Voluntarily: Do not know
E. Voluntarily: Refused

20. Have you ever paid a bribe at the health center of the commune of Shushice?

1. No, never → GO TO QUESTION 21
2. Yes, sometimes
3. Yes, often
4. Yes, always

88. Voluntarily: Do not know
99. Voluntarily: Refused

20.1. Why did you have to pay a bribe at the health center of the commune of Shushice?

_____

_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

20.2. For which services did you pay a bribe at the health center of the commune of Shushice?

Service	Amount in old currency
1._____	_____
2._____	_____
3._____	_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

21. Have you ever paid a bribe at the hospital of Vlore?

1. No, never → GO TO QUESTION 21
2. Yes, sometimes
3. Yes, often
4. Yes, always

88. Voluntarily: Do not know
99. Voluntarily: Refused

21.1. Why did you have to pay a bribe at the hospital of Vlore?

_____

_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

21.2. For which services did you pay a bribe at the hospital of Vlore?

	Service	Amount in old currency
1.	_____	_____
2.	_____	_____
3.	_____	_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

PART IV - HEALTH SITUTATION

22. How is your health in general?
1. Very good
2. Good
3. Poor
4. Very poor
88. Voluntarily: Do not know
99. Voluntarily: Refused

23. How is the health of your children (those aged under 15)?
1. Very good
2. Good
3. Poor
4. Very poor
88. Voluntarily: Do not know
99. Voluntarily: Refused

24. Are you hampered in your daily activities in any way by any health problem?
1. Yes
2. No → GO TO QUESTION 25
88. Voluntarily: Do not know
99. Voluntarily: Refused

24.1. What is wrong with your health?

_____

_____

99. Voluntarily: Refused

25. Did you smoke in the past month?

1. Yes
2. No → GO TO QUESTION 26

88. Voluntarily: Do not know
99. Voluntarily: Refused

25.1. How many cigarettes did you smoke in the past month?

About _____ cigarettes

88. Voluntarily: Do not know
99. Voluntarily: Refused

26. Did you drink alcohol in the past month?

1. Yes
2. No → GO TO QUESTION 27

88. Voluntarily: Do not know
99. Voluntarily: Refused

26.1. How much alcohol did you drink in the past month?

About _____ ml

88. Voluntarily: Do not know
99. Voluntarily: Refused

27. Did you use any kind of drugs in the past month?

1. Yes
2. No → GO TO QUESTION 28

88. Voluntarily: Do not know
99. Voluntarily: Refused

27.1. What kind of drug did you use?

A. Cannabis sativa (marihuana/weed)
B. Cannabis sativa (Chocolate)
C. Intravenous heroin (red dust injected using syringe)
D. Heroin in other forms (red dust)
E. Cocaine (white dust)
F. Next _____
G. Voluntarily: Do not know
H. Voluntarily: Refused

27.2. How many times did you use drugs in the last month?

_____ Times per month

88. Voluntarily: Do not know
99. Voluntarily: Refused

28. Taking all things together, how happy would you say you are?

Extremely unhappy										Extremely happy	Do not know	No answer
0	1	2	3	4	5	6	7	8	9	10	88	99

29. In the last six months, have you experienced any of the following concerns?

Concern	Always	Very often	Often	Rarely	Very rarely	Never	Do not know	No answer
1. You felt anger	1	2	3	4	5	6	88	99
2. You had a lack of interest, motivation or energy	1	2	3	4	5	6	88	99
3. You felt nervous or anxious	1	2	3	4	5	6	88	99
4. You felt very disappointed	1	2	3	4	5	6	88	99
5. You felt like crying	1	2	3	4	5	6	88	99

PART V - SPORT ACTIVITIES

30. To what extend do you like doing sports?

1. Very much
2. Somewhat
3. Not much
4. Not at all

88. Voluntarily: Do not know
99. Voluntarily: Refused

30.1. What sport do you like the most?

_____

88. Voluntarily: Do not know
99. Voluntarily: Refused

31. How many hours per month do you spend on sports?

_____ hours per month

88. Voluntarily: Do not know
99. Voluntarily: Refused

PART VI - DEMOGRAPHICS

D1. Gender

1. Male
2. Female

D2. Age _____ years

999. Voluntarily: Refused

D3. Social status

A. Non university student
B. University student (full time)
C. University student (part time)
D. Employed in the private sector (full time)
E. Employed in the private sector (part time)
F. Self-employed (full time)
G. Self-employed (part time)
H. Employment in the public sector (central government administration)
I. Employment in the public sector (local government administration)
J. Employment in other institutions of the public sector (eg education, health, police, army, etc.)
K. Employed in the NGO sector
L. Doing housework, looking after children or other persons
M. Unemployed
N. Retired
O. Other _____
P. Voluntarily: Do not know
Q. Voluntarily: Refused

D4. What do you exactly do in your job?

99. Voluntarily: Refused

D5. How many days per month do you work?

_____ Days

88. Voluntarily: Do not know
99. Voluntarily: Refused

D6. When you work, how many hours a day do you work?

_____ Hours

88. Voluntarily: Do not know

99. Voluntarily: Refused

D7. Civil Status

1. Single
2. Cohabiting
3. Married
4. Separated (still legally married)
5. Divorced
6. Widow

99. Voluntarily: Refused

D8. Number of children under 15 years of age: _____

99. Voluntarily: Refused

D9. Number of children 15 years of age and over: _____

99. Voluntarily: Refused

D10. City/Village of birth _____

88. Voluntarily: Do not know

99. Voluntarily: Refused

D11. Country of birth _____

88. Voluntarily: Do not know

99. Voluntarily: Refused

D12. Citizenship _____

99. Voluntarily: Refused

D13. Highest educational level

1. No school
2. Completed primary
3. Dropped primary school
4. Attending 9 years school
5. Dropped 8/9 years school
6. Completed 8/9 years
7. Attending high school
8. Dropped high school
9. Completed high school
10. Attending undergraduate studies
11. Dropped undergraduate studies
12. Completed undergraduate studies
13. Attending master studies
14. Dropped master studies
15. Completed master studies
16. Ph.D. in progress
17. Ph.D. interrupted
18. Ph.D. completed

88. Voluntarily: Do not know
99. Voluntarily: Refused

D14. Number of total school years completed: _____ years

88. Voluntarily: Do not know
99. Voluntarily: Refused

D15. Main language spoken at home: _____

88. Voluntarily: Do not know
99. Voluntarily: Refused

D16. Religion (if any): _____

88. Voluntarily: Do not know
99. Voluntarily: Refused

D17. Mobile phone number (if any): _____

TO BE COMPLETED BY INTERVIEWER

M1. Ending time of the interview: (Use the 24-hour system)

M2. How often did respondent asked for clarification of any of the questions?

1. Never
2. Almost never
3. Occasionally
4. Often
5. Very often

M3. How often did you have the feeling that the respondent was unwilling to answer any of the questions?

1. Never
2. Almost never
3. Occasionally
4. Often
5. Very often
88. Do not know

M4. Overall, how often did you have the feeling that the respondent understood the questions?

1. Never
2. Almost never
3. Occasionally
4. Often
5. Very often
88. Do not know

M5. Was anyone else present in the course of the interview, which intervened in the interview?

1. Yes
2. Not

M6. Who was it?

1. Husband / wife / partner
2. Son / daughter
3. Parent / Grandfather / Grandmother / Mother / mother in law
4. Other people close
5. Other people not related
88. Do not know

III. Focus group facilitation guide and questionnaire

Research on the provision of healthcare services for Roma and Egyptians in the commune of Shushicë

First name of person interviewed _____

Las name of person interviewed _____

Job title of the responder _____

1. Are there differences in the treatment provided at the health center of Shushicë? Are Roma and Egyptian patients treated the same or different from majority patients? If yes, what differences are in place? Who is treated better and who is treated worse?

2. Does healthcare booklet play any role in accessing health services provided by the health center of the commune of Shushicë?

3. Does healthcare booklet play any role in accessing health services provided by the hospital of Vlore?

4. How would you rate hygiene in the neighborhoods with high density of Roma inhabitants? How about hygiene in the neighborhoods with high density of Egyptian inhabitants? How would you rate waste management in neighborhoods with high density of Roma & Egyptians?

5. Is corruption present in the health center of the commune of Shushicë. If yes, what are bribed paid for?

6. Is corruption present in the hospital of Vlore. If yes, what are bribed paid for?

7. How does the education level of Roma and Egyptian mothers impact childcare?