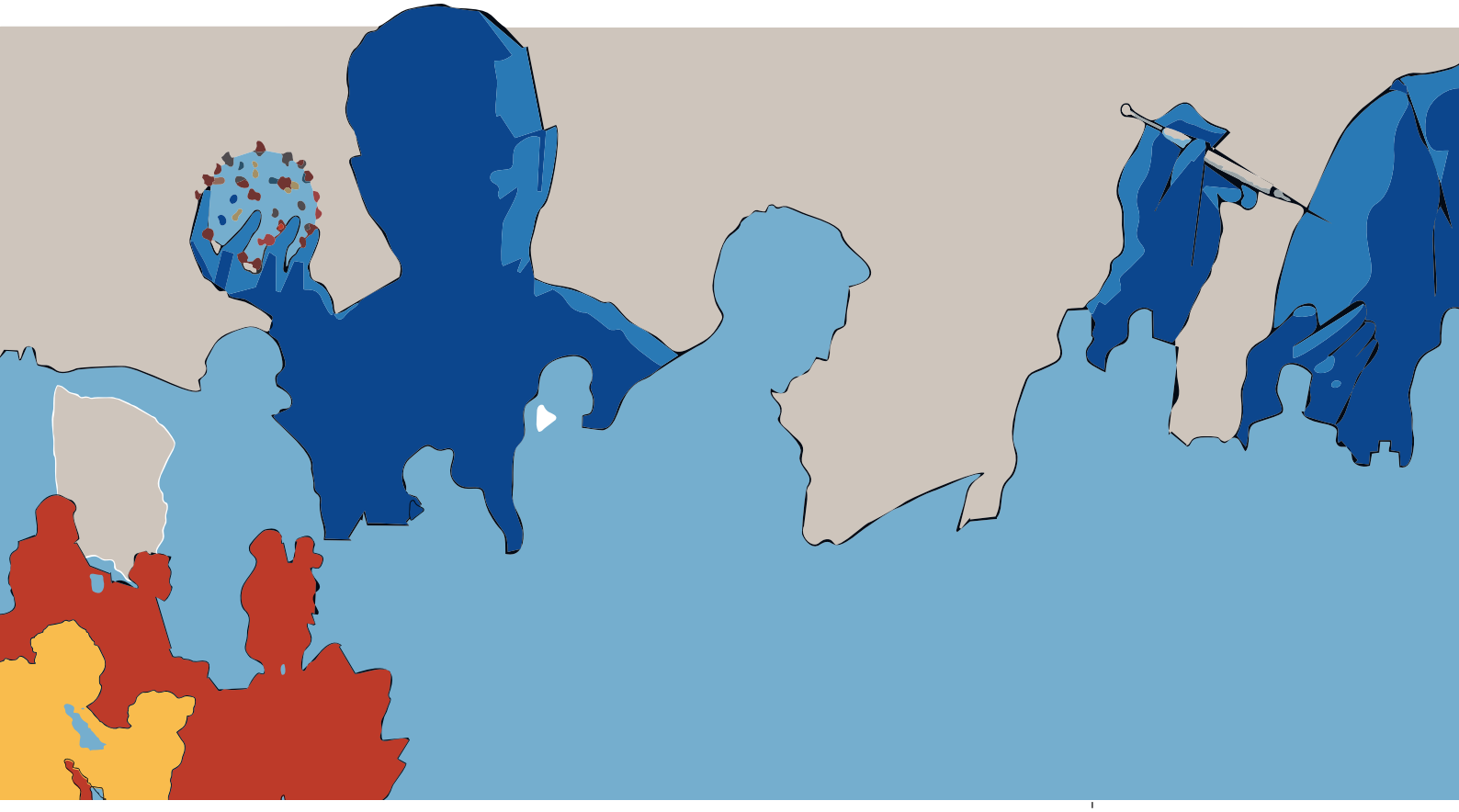
ROMACTED

Promoting good governance and Roma empowerment at local level



Assessment of the level of COVID-19 vaccination among Roma, Ashkali, and Egyptian communities: access, information, hesitancy and barriers

Report

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Report on assessment of the level of COVID-19 vaccination among Roma, Ashkali, and Egyptian communities: access, information, hesitancy and barriers

Promoting Good Governance and Roma Empowerment at Local Level

A European Union and Council of Europe Joint Programme

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Executive Summary

This Report on the assessment of the level of COVID-19 vaccination among Roma, Ashkali, and Egyptian communities: access, information, hesitancy and barriers was conducted within the framework of the ROMACTED II Programme in Kosovo[1]. The ROMACTED Programme started its implementation in 2017 as a regional intervention aiming to promote good governance and Roma empowerment at local level.

Phase II of the ROMACTED Programme will reflect the consequences resulting from the COVID-19 crisis as a regional component. The nature of the Programme is to empower communities and municipalities to improve the governance and the quality of responses of local authorities to the needs of Roma communities. The high level of vulnerability in which Roma communities live, from serious public health threats, such as the one caused by COVID-19, to environmental hazards (chemical pollution and air pollution, etc.) and to the negative consequences of natural disasters (floods, droughts, earthquakes, extreme temperatures, etc.), requires the development of sensitive, participatory and community-based disaster risk reduction (DRR) mechanisms.

The baseline overview of the situation of Roma, Ashkali, and Egyptian communities in partner municipalities of the ROMACTED Programme in Kosovo[2] indicates that, in the effort to contain the pandemic and ensure that the most vulnerable families within the Roma communities in ROMACTED beneficiaries are not left behind in the COVID-19 response, ROMACTED in Kosovo has been coordinating the efforts with the local authorities, community action groups, and international organisations. The overall assessment in the field has shown that the situation in the Roma, Ashkali, and Egyptian neighbourhoods puts the communities at the highest risk from COVID-19 infection because of the living conditions and their economic situation. Conversely, a long-time structural discrimination against Roma, Ashkali, and Egyptian communities has contributed to distrust in health institutions. Therefore, a need to tailor a different approach for inclusion of the smaller communities is paramount, especially during times such as the current COVID-19 pandemic.

At the outset of the COVID-19 pandemic in Kosovo, the overall misperception among the general population about Roma, Ashkali, and Egyptian communities vis-à-vis COVID-19 was that these communities were unlikely to become infected. The assumption in relation to this misconception was that, because of their living and hygiene conditions, they were immune to infection from such a virus.

During 2019-2020, ROMACTED I took action in each partner municipality by mapping the overall support offered by that respective municipality and other organisations (national and international) and, based on the needs, supported beneficiary municipalities and the Roma, Ashkali, and Egyptian communities with measures to lower the negative impact resulting from the pandemic.

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[*] This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.

[1] https://rm.coe.int/baseline-overview-eng/native/1680a1c9d0

This assessment report presents the data from relevant stakeholders and from the Roma, Ashkali, and Egyptian communities with regards to the vaccination rates, key challenges to access, information, hesitancy and barriers. The findings show that the level of vaccination among Roma, Ashkali and Egyptian communities increased during Autumn 2021 as a result of a higher number of people in the community infected with COVID-19 and increased death rates. It also shows that the percentage of the vaccinated Roma, Ashkali and Egyptian communities increased only after the extensive work of volunteers who worked directly with those communities in providing information and better access through collective registration for vaccination and mobile vaccination centres.

The report provides recommendations for a tailored approach based on the needs, as well as recommendations from the Roma, Ashkali, and Egyptian communities that could be used by the Ministry of Health, local health institutions, vaccination centres, etc., with regards to providing better healthcare services and in the effort to increase the number of vaccinations among Roma, Ashkali and Egyptian communities. Consequently, during endemic or pandemic situations, health institutions should take into consideration the human rights approach such as equality and equity in regard to the Roma, Ashkali and Egyptian communities. The former offers everyone the same starting line on a certain issue, whereas the latter makes sure to provide everyone, particularly the less advantaged, with a full range of opportunities and benefits to be ready for that same starting line.

The data collected through this assessment suggests that Roma, Ashkali and Egyptian communities require a specific approach in dealing with vaccination; tailored and community-based actions and campaigns with the participation of Roma, Ashkali and Egyptian communities are necessary; information from doctors and other health professionals needs to be shared through community meetings and/or television and radio programmes; temporary mobile vaccination sites need to be established in the Roma, Ashkali and Egyptian community neighbourhoods, and in those neighbourhoods where healthcare exists, they need to be activated for the purpose of providing access and information in regards to vaccination; the involvement of the community's political parties needs to be detached from the vaccination process in the community, as it undermines the work of the health institutions and gives a political connotation to what is instead a humanitarian issue.

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Acronyms

BSFK	Balkan Sunflowers Kosova
BCS	Bethany Christian Services
CAG	Community Action Group
CCC	Consultative Council for Communities
CNA	Community Needs Assessment
DCMAC	Deputy Chairpersons of Municipal Assemblies for Communities
DHSW	Department of Health and Social Welfare
DMC	Deputy Mayor for Communities
IWG	Institutional Working Group
LA	Local Authorities
LAP	Local Action Plan
MAC	Municipal Action Committee
MCC	Municipal Communities Committee
MCR	Ministry for Communities and Return
MEST	Ministry of Education, Science and Technology
MoH	Ministry of Health
MICS	Multiple Indicator Cluster Survey
MLGA	Ministry of Local Governance Administration
MLSW	Ministry of Labour and Social Welfare
MCNA	Municipal Capacity and Needs Assessment
MOCR	Municipal Office for Communities and Returnees
OCA	Office for Community Affairs
OMIK	OSCE Mission in Kosovo
OPM	Office of the Prime Minister
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

1. Introduction

This assessment report of the level of COVID-19 vaccination among Roma, Ashkali, and Egyptian [3] communities was commissioned within the framework of the Joint EU-CoE ROMACTED II Programme in Kosovo, with the aim of identifying key challenges in the access, information, hesitancy, and barriers to COVID-19 vaccinations in the Roma, Ashkali, and Egyptian communities residing in the 10 ROMACTED II beneficiary municipalities. Conversely, the assessment report aims to create awareness among the local and central institutions of the importance of creating community-based plans of action that contribute to increasing the level of vaccination among vulnerable groups.

Long-term structural discrimination has contributed to the lack of trust in public health institutions among ethnic groups [4]. Social disparities that smaller ethnic groups have been living with for some time have been associated with access to and acceptance of the vaccination . For years Roma, Ashkali, and Egyptian communities have been living on the margins of society with a high rate of illiteracy among adults and youth, high unemployment rate, difficult economic situation, income and wealth gap, lack of transportation and poor living conditions in the neighbourhoods. According to the Centre for Disease Control (CDC) and Prevention Assessment Guide [5] on COVID-19 vaccine equity, these factors create challenges on the access to and acceptance of the vaccination, which often affects ethnic groups. As a result they are more likely to be seriously affected by the consequences of COVID-19, therefore requiring specific measures to overcome the impact caused by it.

Over the last two years, the COVID-19 pandemic has impacted many vital areas of society in general, and has affected in particular vulnerable groups such as Roma, Ashkali, and Egyptians, who rely mainly on informal waste collection work. A lack of adequate electronic devices has made it more difficult for the children from the Roma, Ashkali, and Egyptian communities to keep up with their school education through e-learning. Employment opportunities in the Roma, Ashkali, and Egyptian families have become even fewer, even among those working in waste collection. Lack of income has made it more difficult for these families to provide themselves with basic food, such as wheat flour, and hygiene needs, such as masks and disinfectant. Considering these increased challenges that Roma, Ashkali, and Egyptian communities were faced with in the past two years, COVID-19 recovery measures will need to be examined and planned accordingly and with the participation of the community members at the local and central level. The report on the assessment of the level of COVID-19 vaccination amplifies the need for trusting the health institutions. For example, in situations whereby health professionals, institutions, community volunteers and community leaders were closer to the community, particularly in preparing community-based plans and holding community information sessions, the hesitancy, barriers and access to COVID-19 vaccination were alleviated among the target group of Roma, Ashkali, and Egyptian communities

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[3] In this assessment report, Roma is used as an umbrella term to include Roma, Ashkali and Egyptian communities, unless stated otherwise

[4] https://www.covidcollaborative.us/content/vaccine-treatments/coronavirus-vaccine-hesitancy-in-black-and-latinx-communities

[5] guide-awardees-community-driven-strategies.pdf

1.1. Methodology

The methodology of the assessment included primary and secondary data collection, with the aim of obtaining the necessary data with regards to the information, access, hesitancy, and barriers of Roma, Ashkali, and Egyptian communities in relation to COVID-19 vaccination. A desk review on the overall approach to COVID-19 vaccination, information, access, barriers, and hesitancy was firstly conducted, followed by the primary data collection, including both individual interviews[6] with the relevant stakeholders and 10 focus groups with 276 members of Roma, Ashkali and Egyptian communities in ten municipalities[7] .The assessment was carried out in the municipalities covered by the ROMACTED II Programme.[8] The selection of respondents was conducted in cooperation with the ROMACTED facilitators. The respondents were selected through a random sample model, and the criteria for selection included demographic representation, as well as the human rights approach, ensuring that all potential vulnerable groups within the communities were included in the assessment, with a particular focus on gender, disability, and age representation.

The number of Roma, Ashkali and Egyptian communities in the selected municipalities, as per the Kosovo Statistical Agency, was used as the basis for the sampling of the number of respondents.

Municipality	Roma	Ashkali	Egyptians	Total	Planned Respondents	Actual Respondents
Ferizaj/Uroševac	204	3629	24	3857	40	24
Fushë Kosovë/ Kosovo Polje	436	3230	282	3048	40	41
Gjakovë / Đakovica	738	613	5117	6468	50	51
Graçanicë/ Gračanica	745	104	3	852	15	20
Istog/Istok	39	111	1544	1694	10	10
Kamenicë / Kamenica	240	0	0	240	10	11
Lipjan / Lipljan	342	1812	4	2158	25	27
Mitrovicë/ Mitrovica South	528	647	6	1181	20	42
Obiliq/Obilić	661	578	27	1266	20	20
Prizren	2899	1350	168	4417	40	30
TOTAL					270	276

[6] The full list of interviews can be found in the Appendix to this Report
[7] The full list of focus groups can be found in the Appendix to this Report
[8] The full list of municipalities can be found in the Appendix to this Report

The main data collection tool used during the primary data collection phase was a semi-structured questionnaire, designed to obtain both qualitative and quantitative data. [9]

The data collection was followed by its compilation and thorough analysis with the aim of establishing patterns in the access, information, hesitancy and barriers of Roma, Ashkali, and Egyptian communities in regards to the COVID-19 vaccination. Based on the analysis, a set of conclusions was drawn, which led to a list of concrete recommendations on how these findings could contribute to informing local and central policymakers of how to offer better services and specific actions for the current and any future pandemic vis-à-vis vulnerable groups such as Roma, Ashkali, and Egyptians.

[9] The data collection tool can be found in the Appendix to this Report

2. Background on relevant institutional policies and other initiatives regarding Roma, Ashkali, and Egyptian communities in access to, information, and incentives for the COVID-19 vaccine

2.1 Government institutions

Since the first cases of infections were noted in March 2020, Kosovo society has been impacted by the COVID-19 pandemic on many levels. Different measures were introduced to contain the virus, including nationwide lockdowns and school closures. In December 2020, UNICEF Kosovo in collaboration with the National Institute of Public Health launched a U-Report poll on the perceptions around vaccines and COVID-19 vaccine acceptance. [10] Out of 1 454 respondents, 43% considered that vaccines were safe overall, while 66% declared that they had heard negative information about vaccines. Around half of the respondents (54%) stated that they had received information on vaccines through the internet (social media, google search, blogs), while other important sources of information identified were television and radio. In terms of vaccination acceptance, 40% of respondents stated that they would take the COVID-19 vaccine if available, with 25% stating that they would not take the vaccine, while 35% were indecisive. Regarding the reasons for vaccine refusal, the most frequent ones given were the lack of information on the vaccine and safety concerns. [11] Furthermore, this assessment found that social media and television are also widely used as a source of information on vaccines among the Roma population. Similarly, safety concerns and lack of information were also frequently cited as reasons for hesitation in getting vaccinated.

In February 2021, the Ministry of Health (MoH) adopted a National Vaccination Plan against COVID-19 [12] with the objective of defining phases and priority population groups for vaccination such as health sector employees, social care housing occupants and employees, all persons above 80 years old and persons with chronic diseases.

In their efforts to increase the vaccination rates, the MoH adopted an Action Plan of Mass Vaccination of Citizens against COVID-19 in May 2021. [13] Among the important actions outlined in the Action Plan were the strengthening of human capacities in fighting COVID-19 through vaccination, setting up of vaccination centres, and provision of protection equipment, as well as creation of an online platform to register for vaccination. In addition, the Action Plan provided for a rigorous information campaign to inform citizens all around Kosovo of the vaccination benefits. Improvement of institutional cooperation and coordination was a key area that the Action Plan emphasized.

In its efforts to further increase the number of vaccinations, the MoH recently launched a communication campaign in collaboration with UNICEF, the World Health Organization office

[10] UNICEF, U-Report, Perceptions on Vaccination, January 2021, available at: https://www.unicef.org/kosovoprogramme/media/1971/file/U-Report%20Vaccine%20Acceptance.pdf

[11] Id. Page 4

[12] https://msh.rks-gov.net/wp-content/uploads/2021/02/Plani-Shteteror-i-Vaksinimit-kunder-Covid-19.pdf

[13] https://msh.rks-gov.net/wp-content/uploads/2021/05/Plani-i-veprimit-per-vaksinimin-e-qytetareve-ne-mase-me-vaksinen-kunder-COVID-19.pdf

in Kosovo, the Accessible Quality Healthcare (AQH) project funded by the Swiss Agency for Development and Cooperation (SDC), Kosovo Red Cross, etc. In addition to the general population, an increase in the number of vaccinations was targeted especially among Roma, Ashkali and Egyptian communities where door-to-door information campaigns were organised. This was done by UNICEF in collaboration with the Kosovo Institute of Public Health and local community NGOs. Among other activities, training was delivered to volunteers on how to inform community members of the benefits of vaccination. In addition, community influencers were also engaged in achieving this goal. Finally, information sharing was done through different communication tools such as national public television, social media including Facebook and Twitter, as well as the social media pages of partner organisations such as UNICEF and AQH.

2.2 Other organisations

2.2.1 UNICEF

UNICEF, being one of the main actors in the vaccination campaign, expanded their project on immunisation towards the vaccination of Roma, Ashkali and Egyptian communities against the COVID-19 virus. They selected Balkan Sunflowers Kosova and Bethany Christian Service, the NGOs with whom they were working on the immunisation project, to work on awareness-raising and support. The project continued until the end of November 2021, and then was extended utill June 2022.

Balkan Sunflowers Kosova was engaged to work with the following 13 municipalities: Fushë Kosovë/Kosovo Polje, Lipjan/Lipljan, Obiliq/Obilić, Shtime/Stimlje, Ferizaj/Uroševac, Prizren, Mitrovicë/South Mitrovica, Podujevë/a, Pejë/Peć, Istog/Istok, Suharekë/a, Rahovec and Klinë/Klina. The objective was to reach 10 000 people from the Roma, Ashkali and Egyptian communities through awareness-raising activities on the importance of COVID-19 vaccination; direct support for online registration; and provision of COVID-19 vaccination through mobile vaccination teams (5 000 people from the Roma, Ashkali and Egyptian communities were vaccinated in this manner). In order to do this, Balkan Sunflowers Kosova engaged 35 outreach workers who were trained on COVID-19 vaccination, communication skills for vaccination, and outreach work, and 65 community leaders from Roma, Ashkali and Egyptian communities who were reached through community meetings held for sharing information on the COVID-19 vaccination campaign.

Bethany Christian Service was engaged to work only in Gjakova/Đakovica Municipality with the objective of reaching 2 500 persons over the age of 18 from Roma, Ashkali and Egyptian communities through awareness-raising activities on the importance of COVID-19 vaccination; direct support for online registration; and provision of COVID-19 vaccination through mobile vaccination teams (2 000 persons over the age of 18 from the Roma, Ashkali and Egyptian communities in Gjakova/Đakovica municipality were vaccinated through these mobile teams). 11 outreach community workers were trained on COVID-19 vaccination, communication skills for vaccination, and outreach work, and 30 community leaders from the Roma, Ashkali and Egyptian were reached through community meetings raising awareness of COVID-19 vaccinations.

2.2.2 Political parties

Political parties from the Roma, Ashkali and Egyptian communities were also active in supporting the vaccination campaign. In Ferizaj/Uroševac a political party mobilised a medical team who organised a mobile vaccination centre for a day in one of the neighbourhoods. However, during the focus group in Ferizaj/Uroševac, participants complained that physical distancing and other protective measures had not been respected, which created a risk of infection on site. Similarly, in Prizren Municipality, a community political party opened the offices of their headquarters where a mobile vaccination team offered the first dose of the COVID-19 vaccine, whereas for the second dose people were supposed to go to the vaccination centre.

3. Background of the Roma, Ashkali, and Egyptian communities in relation to COVID-19 vaccine access, information, hesitancy, and barriers

3.1. Access to information and hesitancy

The primary data collection phase resulted in the conclusion that the misinformation about the COVID-19 vaccines circulating on social media had a significant impact on the Roma, Ashkali and Egyptian communities. The main channels of information reaching the communities were social media, followed by television. Among the community members, 30% of the respondents claimed to have received various and confusing information. A similar statement was also given by even those who had received the vaccine, as their confusion and concerns about the negative effects of the vaccine remained.

Furthermore, the hesitancy and reluctancy for vaccination in the communities stemmed from varied types of misinformation about the side effects of vaccines, including a concern that the vaccine contained a microchip, that it could cause sterility (the reason for the lowest vaccination rate in the 20-30 age group), etc. For example, there were cases whereby the parents took the vaccine, but prevented their 20-30-year-old children from doing so. In some community neighbourhoods, the most radical misinformation about side effects was that vaccinated people would die six months to two years after receiving it. Additionally, some Roma, Ashkali and Egyptian community members were initially hesitant about the vaccination, but once it became a compulsory requirement for work or for accessing different public institutions (faculties, social welfare centres, etc.), they decided to get vaccinated.

These findings support the statement that access to information proved to be one of the most important factors for taking decisions about the vaccination. Fortunately, the data collected through primary data collection methods indicate that 50% of the respondents would like to have had doctors or other credible professionals provide information about the vaccine either in the neighbourhood, on television, or on different online platforms. Moreover, anecdotal evidence suggests that when they had a chance to discuss the process with a doctor, who explained about the vaccine and its benefits, there was an increase in the trust in both the vaccine and vaccination. Based on the qualitative data provided during the discussions in the communities, it can be noted that the organisation of visits from doctors in the neighbourhoods, collective registrations and provision of information, is highly recommended by the respondents who believe that in this way vaccination rates in the communities have increased or will increase. For example, respondents from Gjakova/Đakovica claimed that the frequent visits of volunteers from the NGO engaged through the UNICEF project made a difference and resulted in a higher percentage of vaccination. Prizren is another example of this, with a local radio programme in the Romani language offering discussions with various guests such as doctors, local government officials, influential Roma community leaders, etc. who provided information on the COVID-19 virus, vaccine and the importance of vaccination. However, although UNICEF project volunteers through the local NGO were also engaged in Fushë Kosovë/Kosovo Polje, the result was not the same as this municipality had the lowest vaccination rate. The respondents claimed that they did not have enough information, and they were concerned

about side effects. Most of them suggested visits from doctors in the neighbourhood and collective registration as a way of overcoming this. [14].

3.2 Access to vaccination

The data gathered through focus groups indicate that it was hard for the elderly, as well as for people without a smartphone and an email address, to register on the e-kosova [15] platform for the vaccine. Additionally, almost 50% of the vaccinated respondents claimed to have registered with the help of others and collectively, either through the mobile teams, the lists gathered by a local activist in the neighbourhood, or through the intervention of the Roma, Ashkali, and Egyptian political parties. These data indicate that access to registration, and as a result access to the vaccination, was not at the desired level due to restricted access to online registration.

Furthermore, physical distance of the communities and the vaccination centres represented another impediment in access to vaccination, at least among persons who had difficulty to move around and who could not afford transport. This limitation was mitigated by the medical mobile teams in the neighbourhoods or through the family medical centres. This also applied to the vaccination centres in municipalities such as Gracanicë/Gračanica, Obiliq/Obilić and Mitrovicë/Mitrovica South, where the medical centres provided vaccines from Serbia.

3.3 Barriers

The data from the respondents show that the main barriers towards getting vaccinated were registration on the e-kosova platform and dependency on organisations for healthcare issues. Although not many respondents mentioned the e-kosova platform as a barrier, almost half of the respondents claimed to have registered with the help of collective organisation, through simple lists, or by just going to the medical centre (these were the cases whereby Roma, Ashkali, and Egyptian communities were vaccinated through the Serbian healthcare system).

The other barrier was the reliance of the Roma, Ashkali, and Egyptian communities on international and local organisations with regards to healthcare, such as vaccination of children, medical check-ups like a mammography, etc. The fact that these projects are still ongoing and needed, together with responses such as, "no one came to my house about the vaccination", show that Roma, Ashkali, and Egyptian communities should be approached differently in order to offer them equal opportunities in creating a starting line that can overcome barriers. The interviews and discussions in the focus groups showed that most of the Roma communities became vaccinated after some kind of campaign was implemented in their respective municipalities. These campaigns were carried out by organisations that usually work with the Roma community, activists who are leaders in the Roma community or political parties.

[14] This is anecdotal evidence obtained through focus groups, no quantitative data were collected on the potential increase in vaccinations due to these actions.
[15] https://ekosova.rks-gov.net/

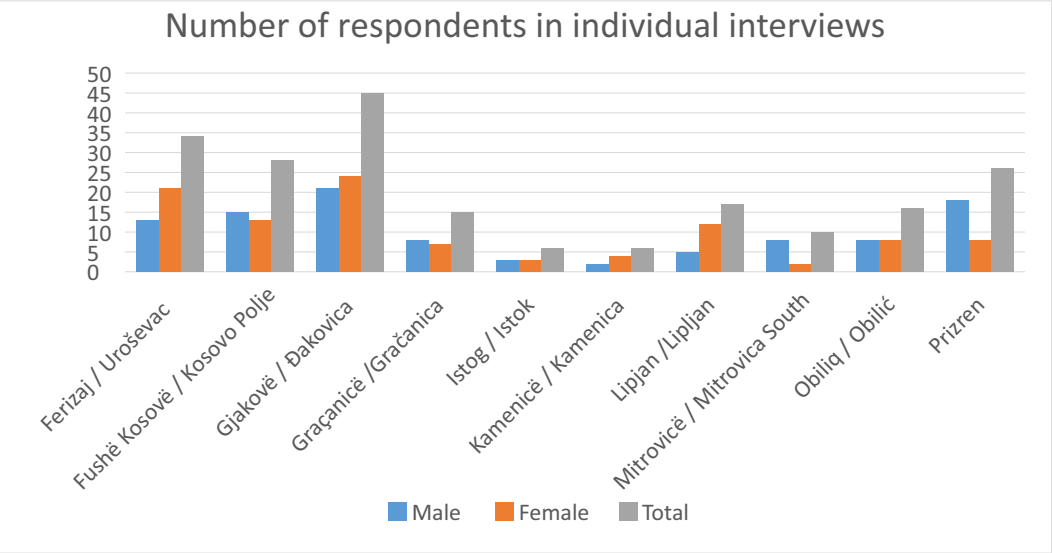
Furthermore, UNICEF extended their immunisation project towards COVID-19 vaccines until November 2021, then it extended until June 2022 thus offering the chance for the unvaccinated in the community to obtain their vaccination.

4. Findings

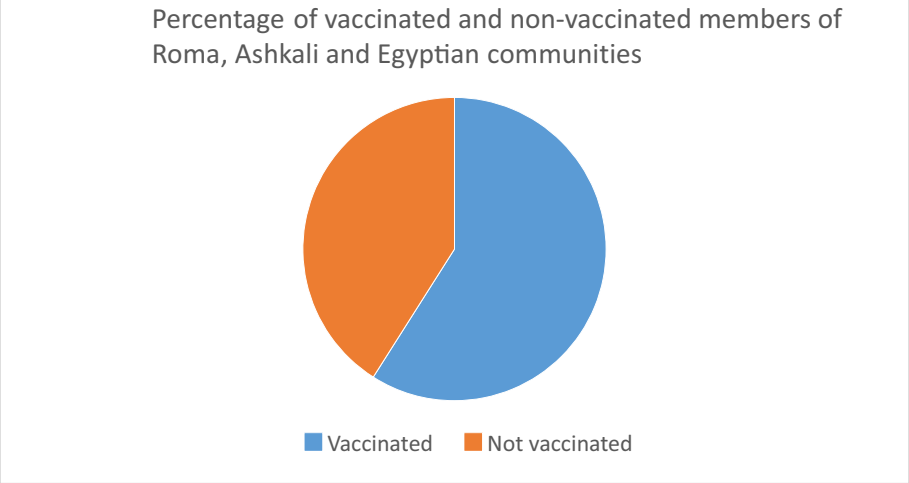
This assessment of the level of COVID-19 vaccination in Roma, Ashkali and Egyptian communities was mainly conducted through primary data collection that included 276 members of Roma, Ashkali and Egyptian communities in the 10 municipalities which are beneficiaries of the ROMACTED II Programme. Out of 276 respondents, 203 were interviewed individually, with the remaining 73 through focus groups. The findings below are provided both per data obtained through individual interviews and focus groups interviews, as well as per data obtained in each municipality.

4.1 Findings from the individual interviews

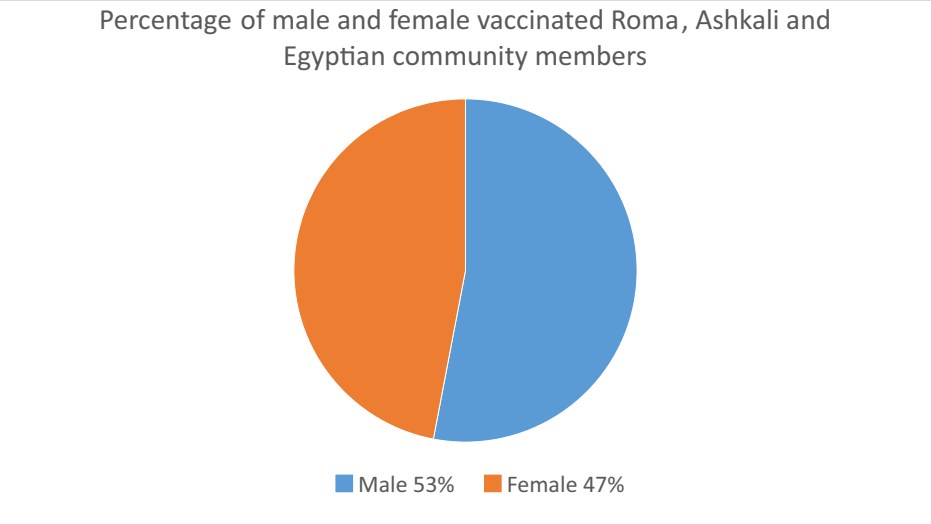
Out of the 203 members of the Roma, Ashkali and Egyptian communities who participated in this assessment through individual interviews, 101 were men and 102 were women.

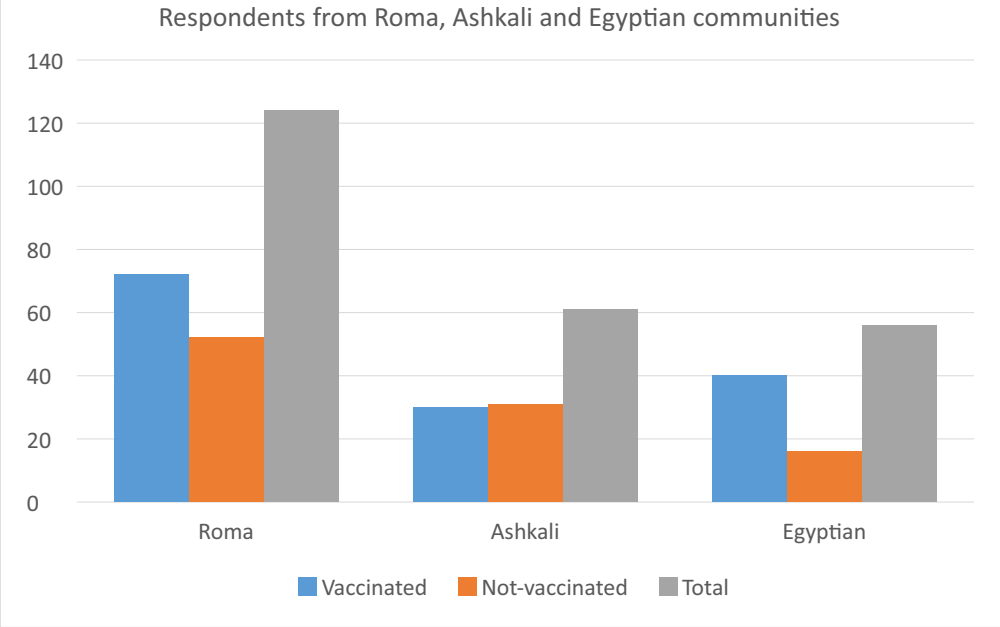


Vaccination rates in the communities included in this assessment indicate that 59% of the respondents were vaccinated, with almost 90% of them obtaining the vaccine in the period September-October 2021. There appear to be various reasons for this. The assumption is that, during the first COVID-19 wave in May 2020, not many Roma, Ashkali and Egyptian community members became infected, and so they did not find the vaccination to be a priority. However, during the second wave (July-August 2021), infection rates in these communities increased, which probably prompted people to get vaccinated. Additionally, data indicate that a proactive approach from doctors, volunteers and other involved parties who reached out to the communities about the vaccination influenced the community members to change their minds and get vaccinated.



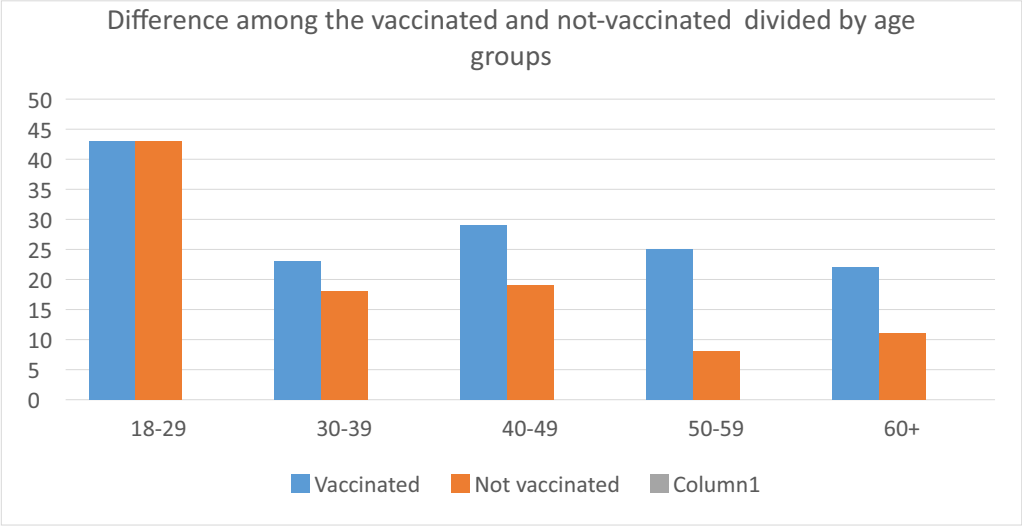
The collected data suggest that there is no significant difference in the vaccination rates of community members on the basis of gender: 53% male and 47% female.





The table above shows that 51% of the respondents were from the Roma community, 25% from the Ashkali community and 23% from the Egyptian community.

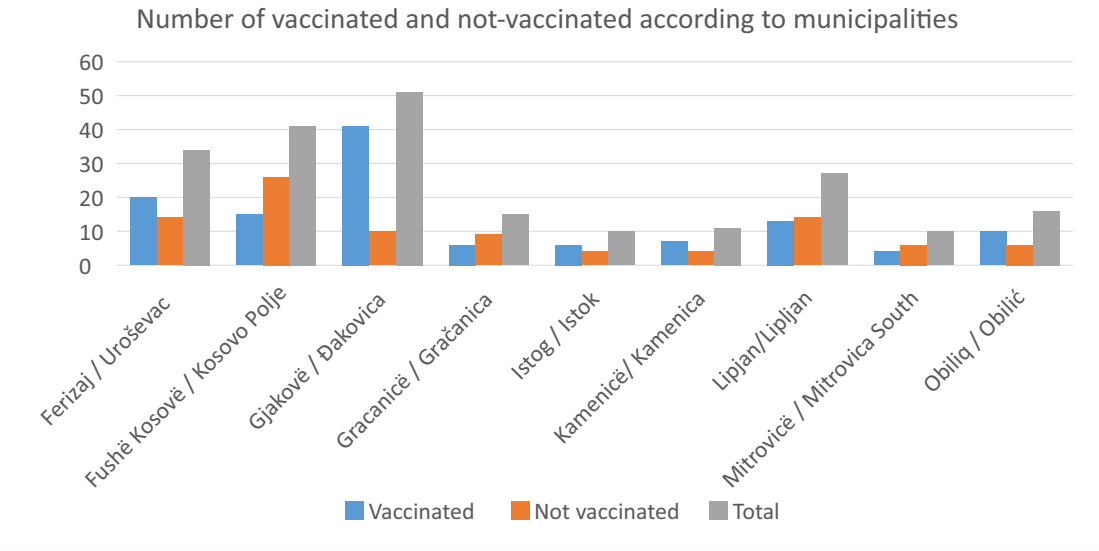
The ratio between the vaccinated and non-vaccinated is almost the same among the Ashkali community; in the Egyptian community the difference is noticeable with 72% vaccinated compared to 28% non-vaccinated; and the Roma community had 58% vaccinated and 42% non-vaccinated.



Analysis based on age indicates that half of the respondents wanted to get vaccinated because of the free public access to the vaccination scheme, while the other half was very concerned with the misinformation that the vaccine contained a microchip, caused infertility, or would kill the recipient within six months to two years after vaccination.

The rate of vaccination increases with age. For example, in the 50-59 age group, the vaccination rate is very high. Similar high vaccination rates were also found among the population with other medical conditions, which could also be an additional reason for higher vaccination rates among the older population in comparison with the 18-29 age group.

The difference based on municipalities is as follows:



From the table it can be noted that, out of the 10 assessed municipalities, Prizren and Gjakovë/Đjakovica have the highest rate of the vaccinated Roma, Ashkali and Egyptian population: Prizren with 77% and Gjakova/Đakovica with 80%. Ferizaj/Uroševac, Obiliq/Obilić, Kamenica and Istog/Istok also have a high percentage of vaccinated compared to the non-vaccinated population: Ferizaj/Uroševac with 59%, Obiliq/Obilić with 63%, Kamenica with 64%, and Istog/Istok with 60%. Fushë Kosova/Kosovo Polje has the lowest rate of the vaccinated Roma, Ashkali and Egyptian population (only 37%), followed by Mitrovicë/Mitrovica South and Gračanica with 40% each, and Lipjan/Lipljan with 48%.

Finally, data indicate that the level of education of the respondents made no difference in the vaccination rates.

4.2 Findings from focus groups

Focus groups proved to be a very effective data collection method in the context of this assessment. Apart from validating the data obtained through individual interviews, they also provided detailed qualitative data on the concerns and hesitancy regarding vaccination, as well as detailed information about collective initiatives related to vaccinations conducted by NGOs or political parties. The data collected through focus groups is broken down per municipality.

4.3 Main points in each municipality

4.3.1 Ferizaj/Uroševac

Out of the 42 respondents that participated in the assessment in Ferizaj/Uroševac, 34 took part in individual interviews and eight in the focus group discussion. Out of this number, 43% were not vaccinated, 71% of whom were women. In addition, 40% of the non-vaccinated were under 30 years of age. The main reason for hesitancy about the vaccination was the misinformation that the vaccine was not safe and it caused sterility, mainly the latter. Even in cases where parents got vaccinated, they hesitated to encourage their children to do so due to the misinformation about sterility spread through social media. Out of the total number of vaccinated respondents, 70% of those vaccinated did so in order to protect themselves and others from the virus, while 30% stated that they had the vaccine due to it being a requirement at the workplace, the faculty, driving school, or restaurants/markets.

Although 71% of respondents claimed to have had enough information on the virus and vaccine, the main concerns were various and confusing. As mentioned in the focus group and triangulated with the interviews, the work of NGOs in bringing doctors into the neighbourhoods and providing help with registration through simple lists proved to have increased the number of vaccinated persons [16]. This is important as one of the main obstacles mentioned was the difficulty to schedule an individual appointment through e-kosova given that many people did not have an email address and smartphone.

4.3.2 Fushe Kosove/Kosovo Polje

In Fushë Kosovë/Kosovo Polje Municipality, a total of 41 respondents participated in the assessment, 28 through individual interviews and 13 in a focus group. The sources of information received on the vaccine by respondents varied, ranging from television, social media, family/friends, etc. The NGO Balkan Sunflowers Kosova seems to have played an important role in informing the community members through its learning centres located in the neighbourhood: three respondents stated it as a source of information. The discussions included both women and men. Surprisingly, the number of vaccinated respondents was low compared to other municipalities as mentioned previously. Only one respondent found the registration through e-kosova online platform to be easy, while the others stated that the registration should be done door-to-door in the neighbourhoods, that training should be organised to teach people how to register, and that mobile vaccination units should be deployed to the communities to facilitate the vaccination process.

4.3.3 Gjakovë/Đakovica

In Gjakovë/Đakovica Municipality, a total of 51 respondents participated in the assessment, 45 of them through individual interviews and six in a focus group. In contrast to the other municipalities, 80% of the respondents from this municipality were vaccinated.

[16] As mentioned above, this is anecdotal qualitative data. Quantitative data on the actual increase of vaccinations due to the above reasons were not collected during this assessment.

The sources of information received on the vaccine by the respondents varied, ranging from television, social media, family/friends, and medical institutions, with six respondents also receiving information from different local NGOs. During discussions with the focus group, it transpired that there had been regular visits to community neighbourhoods in Gjakovë/Đakovica to provide information and equipment, as well as to conduct an assessment of the situation regarding vaccination and protection against COVID-19 amongst community members.

Out of the 51 respondents, only 11 expressed their concerns of possible side effects caused by the vaccine, only six believed that the vaccine was unsafe, and only two thought that the COVID-19 virus was not dangerous. Only five respondents considered that registering for the vaccine through the e-kosova online platform was easy, while other responses varied and included recommendations that registration should carried out door-to-door in neighbourhoods, that training to teach people how to register should be organised, and that deploying mobile vaccination units would facilitate the vaccination process.

4.3.4 Gracanicë/Gračanica

Gracanicë/Gračanica Municipality encompassed 20 respondents: 15 through individual interviews and five in a focus group. Only 30% of the respondents were vaccinated. The main hesitancy in Gracanicë/ Gračanica was based on the belief that the vaccine contained a microchip. 60% of the vaccinated respondents stated that they had had the vaccination as it was required for them to be able to go to work or to enter shops, while 40% said they got vaccinated for health reasons.

4.3.5 Istog/Istok

In Istog/Istok Municipality, a total of 10 respondents participated in the assessment (six through individual interviews and four in a focus group). In addition to other means of information such as social media, family/friends, all the respondents stated that television was a reliable source of information on vaccines against COVID-19. 60 % of the respondents were vaccinated. In terms of reasons for getting the vaccine, 30% declared the effectiveness of the vaccine in terms of protection against COVID-19, while 20 % expressed a more general view, explaining that they took it as it was good for their health. In contrast to Kamenicë/Kamenica, only three respondents stated that the e-kosova online platform was easy to use, while two respondents recommended arranging vaccination mobile units to be deployed in the communities. Another respondent's recommendation was to abolish the online setting up of appointments and instead letting everyone obtain the vaccine without any formalities.

4.3.6 Kamenicë/Kamenica

11 respondents participated in the assessment in Kamenicë/Kamenica Municipality, six through individual interviews and five in a focus group. Seven out of 11 respondents were vaccinated. It is worth noting that three vaccinated persons received their vaccine in Serbia which, according to the focus group discussions, was less formalistic compared to the process in Kosovo. According to respondents, Serbia incentivised vaccination by rewarding those vaccinated with a symbolic amount of money in return. The reasons why respondents

decided to get vaccinated differed from person to person and, in general, they considered that the vaccine protected against COVID-19 and was efficient in combating the symptoms. Concerns about the vaccines expressed by respondents also varied, with 30% being more concerned with side effects and 30 % with lack of information. Only four respondents believed that the registration process for getting the vaccine through e-kosova online platform was easy.

4.3.7 Lipjan/Lipljan

In Lipjan/Lipljan Municipality, 27 respondents participated in the assessment, 17 through individual interviews and 10 in a focus group. Only men participated in the focus group. In addition to other means of information such as social media, family/friends, 10 participants declared television as a reliable source from where they received information on the vaccines against COVID-19. Out of 27 respondents, only 13 were confirmed to be vaccinated. Registration for getting the vaccine through the e-kosova online platform was considered to be easy for only two respondents, while three of them recommended organising mobile vaccination units in neighbourhoods. A further three expressed the need for help with online registration through young members of the community assisting others.

4.3.8 Mitrovicë/Mitrovica South

In Mitrovicë/Mitrovica South Municipality, 24 respondents participated in the assessment (10 individual interviews and 14 in the focus groups), 46% of whom were vaccinated. 80% of the respondents claimed that they did not have enough information about the virus and the vaccine. As in other municipalities, in Mitrovicë/Mitrovica South, people started getting vaccinated around September 2021. When asked about the reason, they responded that the number of infections and deaths rates was increasing. Other reasons for getting the vaccine included the requirement to be vaccinated to access the Social Welfare Centre, the fact that the community leader was vaccinated so people in the community gained trust in the process, and because the vaccination was organised collectively which made it more accessible. It should also be noted that, during the interviews, a lot of Roma, Ashkali, and Egyptians requested to be enlisted for the vaccine, which confirmed an increased awareness of the people in this municipality of the need to be vaccinated. The main hesitancy for not getting vaccinated was the fear of dying within six months of doing so. All respondents claimed to have not encountered difficulties to access the vaccination as it was organised through NGOs and activists.

4.3.9 Obiliq/Obilić

In this municipality, 16 respondents participated in the individual interviews and four in the focus group. Out of 20 respondents, 60% were vaccinated. The non-vaccinated respondents believed that they would not contract the virus, because they maintained good hygiene, were generally in good shape, or were of Roma, Ashkali or Egyptian ethnicity. Half of the respondents thought that there was no need to make any improvements when it came to the vaccination process. All the vaccinated respondents got their vaccine in the medical centre in Obiliq / Obilić, and they stated that the process was easy as there was no need to register and make an appointment. When asked about the reasons why they got vaccinated, 40% responded that everyone was getting the vaccine so they also followed the flow, while 20%

claimed they got vaccinated to protect themselves and others. The hesitancy for taking the vaccine was based on misinformation about sterility, microchips and dying.

4.3.10 Prizren

Although initially 40 people were due to be included in the assessment in Prizren Municipality, only 30 agreed to participate in the end (26 through individual interviews and four in a focus group). Those who were reluctant to participate believed that a political party was somehow involved in the interviews, which they did not want to deal with. Only 20% of the respondents were not vaccinated, with the main reasons given being that it was neither safe nor compulsory. The 80% of respondents who were vaccinated stated that they were well informed about the vaccine - this might be due to the fact that the local radio station Romano Avazo had doctors, officials from the Health Department and psychologists as their guests on radio shows talking about the virus and the vaccine.

5. Conclusions and recommendations

5.1 Conclusions

The following conclusions can be drawn based on the data gathered and presented in this report:

- Vaccination plans prepared from the central and local institutions did not take into consideration special measures and plans on how to reach out and offer access to vaccinations for vulnerable groups such as Roma, Ashkali, and Egyptians;
- Awareness of the importance of vaccination against COVID-19 among Roma, Ashkali, and Egyptian communities increased only during the second COVID-19 wave (July-August 2021) when the number of infections and death rate increased exponentiality within the community;
- Lack of access to electronic devices and difficulty in accessing the e-kosova registration platform created a dependency among Roma, Ashkali, and Egyptian communities on the assistance of NGOs, community political parties, community volunteers, and so on;
- Misinformation about the COVID-19 vaccine in the community was widespread and mainly extracted from social media. However, examples of the tailor-made campaigns extended in the municipal neighbourhoods narrowed the gap on misinformation and eased the barriers and access to the vaccination;
- Online registration platforms for vaccination presented a barrier for the Roma, Ashkali, and Egyptian communities, especially for those who could not read and write and those for whom the e-kosova platform was not user friendly;
- Gender and education level made no difference to the decision to vaccinate or not, and the vaccination rates in the community;
- Mobility and access to vaccination sites was difficult, especially for more remote neighbourhoods that were further away from the vaccination sites, as well as for the elderly, persons with disabilities, and persons suffering from medical conditions.

5.2 Recommendations

The Report on the assessment of the level of COVID-19 vaccination among Roma, Ashkali, and Egyptian communities: access, information, hesitancies, and barriers, puts forward the following recommendations:

- Considering that Roma, Ashkali and Egyptians are Kosovo citizens and comprise a percentage of the Kosovo population, pandemic situations require a human rights-based approach of equity towards these vulnerable communities. The data collected

through this assessment suggest. that Roma, Ashkali and Egyptian communities require a specific approach in dealing with vaccination. This being said, while the elderly, persons with disabilities or people with chronic illnesses were considered with special care, there was little or no effort from the central and local institutions to adapt their actions and/or policies towards the Roma, Ashkali, and Egyptian communities;

- Tailored and community-based actions and campaigns with the participation of Roma, Ashkali and Egyptian community members need to be considered by the local and central health institutions when policies such as action plans for the eradication of the COVID-19 virus are prepared in the future. This recommendation came from the community respondents during the interviews and focus groups, and it was also confirmed by the increased vaccination rates among members of the community following the community-based actions organised by NGOs, volunteers, activists, and influential community leaders;
- Community information-sharing sessions need to be organised and maintained in the neighbourhoods with Roma, Ashkali, and Egyptians when such health crisis situations in the country emerge. Information provided by doctors and other health professionals is essential in making an informed decision regarding individual and community health among vulnerable groups. Although a considerable number of respondents claimed to be initially hesitant towards the vaccination, they were empowered to take a positive decision following a discussion with a doctor or a health professional;
- Temporary mobile vaccination sites should be established in the Roma, Ashkali and Egyptian community neighbourhoods with a plan for outreach, community information-sharing, and awareness-raising on pandemic and vaccination related issues. These mobile vaccinations sites could provide relevant and credible information about the vaccine and vaccination, and also provide registration on the spot;
- Involvement of community political parties in the vaccination process should be limited to the extent where their role does not undermine the work of the health professionals and give a political connotation to vaccination which is a humanitarian issue. While it might have made a difference in some cases, immunisation should remain in the hands of health professionals to avoid any misunderstanding regarding health issues, and also to avoid using community members for political gain during pandemics.

Appendices

Appendix 1 – Interviews with members of Roma, Ashkali and Egyptian Communities

Nr	Date	Municipality	Nr of interviews
1	09.10.2021	Ferizaj/Uroševac	34
2	26.10.2021	Fushë Kosovë/Kosovo Polje	28
3	30.10.2021	Gjakovë/Đakovica	45
4	18.10.2021	Graçanicë/Gračanica	15
5	23.10.2021	Istog/Istok	6
6	16.10.2021	Kamenicë/Kamenica	6
7	27.10.2021	Lipjan/Lipljan	17
8	10.10.2021	Mitrovicë/Mitrovica South	10
9	20.10.2021	Obiliq/Obilić	16
10	23.10.2021	Prizren	26
	Total		**203**

Appendix 2 - Focus groups with members of Roma, Ashkali and Egyptian Communities

Nr	Date	Municipality	Nr of participants in focus group
1	04.10.2021	Ferizaj/Uroševac	8
2	26.20.2021	Fushë Kosovë/Kosovo Polje	13
3	30.10.2021	Gjakovë/Đakovica	6
4	19.10.2021	Graçanicë/Gračanica	5
5	23.10.2021	Istog/Istok	4
6	29.10.2021	Kamenicë/Kamenica	5
7	27.10.2021	Lipjan/Lipljan	10
08	08.10.2021	Mitrovicë/Mitrovica South	14
9	21.10.2021	Obiliq/Obilić	4
10	22.10.2021	Prizren	4
	Total		**73**

Appendix 3 - Municipalities that took part in the assessment

Nr	Municipality
1	Ferizaj/Uroševac
2	Fushë Kosovë/Kosovo Polje
3	Gjakovë/Đakovica
4	Graçanicë/Gračanica
5	Istog/Istok
6	Kamenicë/Kamenica
7	Lipjan/Lipljan
8	Mitrovicë/Mitrovica South
9	Obiliq/Obilić
10	Prizren

Appendix 4 - Questionnaire for individual interviews

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Questionnaire regarding the situation created by COVID-19, vaccination and information

Questionnaire code _____

Name and surname of the respondent _____

Telephone number of the respondent _____

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PART 1: SOCIODEMOGRAPHIC DATA

1. Village/Town: _____
2. Municipality: _____
3. Age: 18-29___ 30-39___ 40-49___ 50-51___ 60+___
4. Gender: Male ___ Female ___
5. Community: Roma ___ Ashkali ___ Egyptian ___
6. Education: No education ___ Primary___ Secondary___ University___
7. Profession
    1. Medical ____
    2. Education ____
    3. Safety & Protection ____
    4. Industrial & Production ____
    5. Construction ____
    6. Management & Administration ____
    7. Services ____
    8. Student/e ____
    9. Retired ____
    10. Unemployed ____
8. How many members in your close family (live in the same house) _____

PART 2: MEDICAL CONDITIONS

1. Diabetes _____
2. Hypertension _____
3. Breathing condition _____
4. Kidney condition _____
5. Heart condition _____
6. Cancer _____
7. Special needs _____
8. Other (specify) _____

PART 3: INFORMATION

1. Where do you usually get informed about medical issues (vaccination, check-ups), etc.? (circle the options)
    a. Society/family
    b. Health institutions
    c. Religious institutions (Imam, etc.)
    d. Political parties or community leaders
    e. Learning centres
    f. TV
    g. Social media (Facebook, etc.)
    h. Other (specify)_____

2. How were you informed about corona virus COVID-19?

    _____

3. How were you informed about vaccination against COVID-19?

    _____

4. What information did you get about vaccination and vaccine?

_____

PART 4. AGREEING TO VACCINATE

5. Are you vaccinated? YES ___ NO ___

6. Why did you decide to get vaccinated? *(for respondents who answered YES to Question 5)*

_____

7. Do you have, or have you had, any concerns/doubts about the vaccine against COVID-19?

1. Lack of information	PO
	JO
2. Side effects	PO
	JO
3. Not safe	PO
	JO
4. Not effective	PO
	JO
5. COVID-19 is not dangerous	PO
	JO
6. Fear of injection	PO
	JO
7. I am generally against vaccines	PO
	JO
8. Religious reasons	PO
	JO

9. Other reasons (specify) _____

PART 5. ACCESS TO VACCINATION

For those who are vaccinated:

1. How was the process of registration for the appointment for vaccination?
   a. Easy _____
   b. Complicated _____

2. What were the difficulties you encountered during the registration for the appointment?
_____

3. Did you register yourselves or did someone help you?
   a. Self ____
   b. With help ____ Who helped you?_____

4. Which equipment did you use to register for the vaccine?
   a. Personal telephone / computer ____
   b. Someone else's telephone / computer ____ Whose? _____
   c. Other (specify) _____

5. Was the vaccination individual or through collective organisation?
   a. Individual ____
   b. Collective ____
      i. Who organised it:
         a. Health institution (which?) _____
         b. NGO _____
         c. Political party _____
         d. Other (specify) _____

PART 6. HOW SHOULD THE VACCINATION PROCESS BE ORGANISED IN NEIGHBOURHOODS WHERE THE COMMUNITIES LIVE

According to you, how should the processes below be organised?

1. Information

   _____
   _____
   _____

2. Increasing the number of vaccinated members of the communities

   _____
   _____
   _____

3. Registration for vaccine

   _____
   _____
   _____

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