

Empowering the Roma community



INCEPTION REPORT

JULY 2020



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Summary Table

Title	Medi-Rom I "Towards equal access to health services - Empowering the Roma Community in Thessaloniki, Greece"	
Beneficiary region	Northern Greece Ampelokipoi, and Menemeni Municipalities, outreach to other nearby locations/settlements	
Beneficiary country	Greece	
Context	<p>Inherited inequalities among different segments of Greek society are reflected through ROMA issues. Years of neglect, partial and/or poorly implemented interventions and most importantly, political manipulations of a national and local system based on clientel relations have exacerbated the problems faced by ROMA communities instead of minimizing them.</p> <p>The recent socioeconomic crisis in Greece has also contributed towards increasing not only the ROMA communities' needs but also the mainstream Greek community's negative perceptions.</p>	
Project Objective(s)	<p>- Overall Objective: Contribute to ROMA inclusion by increasing and facilitating access to health and social care</p> <p>- Specific Objective: Develop a supportive framework of social interventions in the fields of health and social inclusion.</p>	
Outputs Outcomes Intermediate Results	<p>- Result 1: "Familiarization": Community Mapping, Mobilization and Appraisal</p> <p>- Result 2: "Engagement and Collaboration": Implementation of capacity building activities</p> <p>- Result 3: "Bridging the gap" – Provision of health services</p> <p>- Result 4: "Consolidation" - Deliverables and lessons learned</p>	
Risks and Assumptions	Risk	Mitigation
	Reluctance of Roma people/communities to participate to the suggested activities due to their personal beliefs and prejudice	<p>Cooperation between MdM and the Dentrepotamos Roma Women Association (Grassroots partner)</p> <p>Recruitment of cultural mediators for the local community</p> <p>Previous ground experience with ROMA populations and positive image of the organization due to previous medical interventions</p>
Partner organization	Dentrepotamos ROMA Women Association (DRWA)	
Project duration	12 months	
Total budget in EURO	EURO 123,977.35	

Summary Table (cont.)

Total Country population	Official number of Greek ROMA	Minimum Estimate	Maximum Estimate	Average Estimate	% of total population
10,722,816	No data available	180,000	350,000	265,000	2.47%

Table 1: Source: Council of Europe Roma and Travelers Division, September 2010

Profile and Demographics

Roma population in Greece is not an entirely homogeneous group, but it consists of different “tribes” of Roma people. The main categories of Roma in Greece are as follows¹: **(a)** domestic nomadic Roma (*albeit an extremely limited number*); **(b)** very long-term settled distinct Roma communities, very poor and excluded; **(c)** very long-term settled distinct Roma communities, a number of which are almost entirely unproblematic; **(d)** recent Roma migrants from new EU Member States (*mainly Bulgarian and Romanian Roma*); **(e)** completely integrated/assimilated Roma who may never even identify themselves as Romani; **(f)** Roma Muslims in Thrace, who benefit from the minority protections available under the peace treaties between Greece and Turkey following the Treaty of Lausanne. In addition, there are recent Roma migrants who are not EU nationals (*especially from Albania, but also from Kosovo and North Macedonia*) which fall within the responsibility of the migration policy.

The number of ROMA living in Greece today cannot be accurately calculated, because ROMA are recorded as Greek citizens in the national censuses without any other denotation. Large population concentrations (*over 1,000 families*) are found in four regions (*Eastern Macedonia (Thrace), Thessaly, Western Greece and Central Macedonia*). Some areas with large population concentration include Athens (*Ag. Varvara, Liossia, Zefyri, Aspropyrgos, ect.*) and Thessaloniki (*Dendropotamos, Eleftherio-Kordelio, Evosmos, Menemeni, Nymphopetra etc.*)².

The ROMA population of Greece is not a single cultural and linguistic entity. The differences are many and concern the countries of origin (*Romania, Albania, Tur-*

key, etc.), the degree of assimilation from Greek society, religion (*Christians, Muslims*), form of language spoken, type of settlement (*permanent houses or camps*) etc.

The socio-economic profile of people of Roma origin affects their health and contributes to ill health. Their life expectancy is 10–25 years lower and infant and child mortality are higher than those of the main Greek population³.

While there are very limited reliable quantitative data on ROMA in Greece, research in a number of settlements has shown high rates of hepatitis A and B, respiratory and cardiovascular diseases, obesity, alcohol and drug abuse⁴. Mdm-Greece previous experience with ROMA also indicates high numbers of non-vaccinated children. Like the rest of the population in Greece, the majority of Roma people use hospitals to obtain health services, given the fact that Greek health system is hospital-centered with generally weak and unresponsive Primary Health Care Units and services.

¹ [https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#%2242239786%22:\[0\]](https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#%2242239786%22:[0])

² Operational Action Plan for social inclusion of ROMA (2015): <http://www.pepkm.gr/attachments/stratigikes/Roma.pdf>

³ <https://diversityhealthcare.imedpub.com/the-medical-social-centres-in-support-of-roma-in-greece.php?aid=1705>

⁴ <https://diversityhealthcare.imedpub.com/the-medical-social-centres-in-support-of-roma-in-greece.pdf>

Greece's Funding for ROMA

For the 2014-2020 period, Greece was allocated a total of €15.11 billion in EU funds, out of which €11.86 billion came from ESF and ERDF. At least 28.1% of this amount was to be spent on the ESF, with at least 20% of that going towards promoting social inclusion and combating poverty. The latter amount could also be allocated to finance Roma-related measures⁶.

The EU Framework for National Roma Integration Strategies up to 2020 set out a comprehensive approach, where fighting discrimination of Roma and promoting their social and economic inclusion are closely interlinked. In line with the EU Framework, the Member States have adopted National Roma Integration Strategies (NRIS) tailored to the size and situation of their Roma populations. The 2013 Council Recommendation on effective Roma integration measures provides specific guidance to enhance and implement integration measures.

Although the integration of Roma is primarily the responsibility of the Member States, the European Commission has stepped up its policy support under the EU Framework and the European Semester of the Europe 2020 strategy and has linked EU funding to policy priorities⁷.

Still, the European Commission and the EU's financial institutions -for example, the European Investment Bank- should take additional responsibility for complementing the measures of national governments, both in the short and long term, especially in light of the COVID-19 pandemic. The expectation that EU structural funds alone would be an adequate instrument for mak-

ing a macroeconomic impact on Roma communities has proven to be far from realistic -and will remain so- if supervision over these funds is loosened. The measures we recommend can be effective if the EU institutions centrally allocate and manage targeted funds to maximize the potential of the Roma population⁸.

General and specific UN sustainable development Goals

General Goal 1: Eradicate poverty in all its manifestations everywhere.

Specific Goal 1: By 2030, eradicate the extreme poverty of all people everywhere — currently in extreme poverty is considered to be those living on less than \$1.25 a day.

Specific Goal 1: By 2030, progressively achieve and maintain a higher than the national average income growth rate of 40% of the poorest population.

Specific Goal 2: By 2030, the proportion of men, women and children of all ages living in poverty — in all its dimensions according to national definitions — will be reduced by at least half.

Specific Goal 3: Implement national social protection systems and measures for all, including minimum levels and, by 2030, achieve broad coverage of the poor and vulnerable.

General Goal 10: Reducing inequalities within and between countries.

⁶ https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/roma-and-eu/roma-integration-eu-country/roma-integration-greece_en

⁷ <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1481107022507&uri=CELEX:52015DC0299>

⁸ <https://reliefweb.int/report/italy/roma-covid-19-crisis-early-warning-six-eu-member-states>



National Strategy on Roma Inclusion 2012-2020 - Facts & Figures

Priority Axes

Housing and Basic Infrastructure, Promotion to Employment and Vocational Training, Education, Health & Social Care Health and Social Care problems: High mortality rates–short life expectancy, Inability to access the Healthcare system, Lack of Information, Social exclusion

Solutions/ Recommendations

Increase of vaccination frequency, Medical follow-up of women, Improvement of access to the Healthcare system, Healthcare education actions, Service provision for social inclusion

Measures

Access to PHC, particularly for children and women, to Health Education Programs and to field research programs of epidemiological data; ROMA and Vulnerable Groups Support Centers and Centers for the support of families and children; elaboration of actions to empower ROMA women

Since the project's onset and according to its rational, MdM-Greece has intensively worked towards familiarizing itself with the ROMA communities' realities and everyday life, starting by forging a strong relationship with the project's implementing partner, i.e. the Roma women association of Dendropotamos. Following discussions, dialogue and consensus with the project's selected mediators, with regard to needs and problems that the project can tackle, a cornerstone for further fruitful implementation was set. More concretely, MdM-Greece and its IP have started mapping the community's needs and human rights issues, developing

in parallel interventions such as open social events, needs-tailored trainings and health actions. In view of breaking the vicious circle of the community's isolation, stigma and segregation, the standard Christmas Communication Event of MdM-Greece "*The Milk Tree*" was organized this year in Dendropotamos neighborhood following the community's wish.

Project's Diary

Activities	Progress
<p>Capacity building trainings and exercises on health, hygiene and human rights topics</p>	<p>November 13: SRH session</p> <p>November 18: "Introduction to health Promotion" (<i>Part 1</i>)</p> <p>November 21: "Informed consent and health services"</p> <p>November 27: "Introduction to health Promotion" (<i>Part 2</i>)</p> <ul style="list-style-type: none"> - Factors that affect health - Inequality in health services - Health Promotion - Disease Prevention - Health Education <p>December: Conceptual Approaches to Health Health Education and Promotion</p> <p>January: Modern definition vs traditional definition The dimensions of health Key terms for Health Promotion: Empowerment, Enabling, Mediation, Advocacy</p> <p>February: Health Services and Informed Consent</p>
<p>Networking: state institutions' rapprochement: joint meetings and visits to public, municipal etc. health institutions</p>	<p>Indicatively:</p> <ul style="list-style-type: none"> • Municipality of Ampelokipon-Menemenis, Lazaros Kyrizoglou – Mayor, Vasilios Manolopoulos – Deputy • Region of Central Macedonia, Konstantinos Gioutikas-deputy leader of the development and environment of Central Macedonia region • Region of Central Macedonia, Directorate General for Public Health and Social Welfare • HELLAN PASSE (<i>Panhellenic Confederation of Greek Roma</i>), Vasilios Panzos – President, Ilias Giannopoulos – Legal Adviser • "Alexander the Great" Association (<i>Agia Sophia Camp</i>) Panagiotis Sambanis – president • Federation of Roma Macedonia Thrace and Epirus, Konstantinos Koukoumeras-president • "Lighthouse of the World", Archimandrite Athinagoras Loukataris, Giorgos Tsitiridis – Public relations manager • Cultural and Educational Association "the Union" (<i>Dendotopotamos</i>), Konstantinos Helium-president • Roma Association in Agia Sofia, Panagiotis Fragkoulis-president • Roma Association in Peraia, Gargounis George – president • Evangelia Tressou-Emeritus professor (<i>Aristotle University of Thessaloniki</i>) "Teachers' collaboration focusing on the development of the process of education of ROMA children in national school classes" • Georgios Papazisis, Assistant Professor of pharmacology-clinical pharmacology, psychiatrist, Aristotle University of Thessaloniki • Christos Hliadis, Programme Coordinator, JustRoM project, Council of Europe

Forging international exchanges	Participation CoE Forum (<i>Roma & Travelers' Team</i>) and presentation of MediRom project to the Council of Europe
Medical visits	Vaccination Campaign – January 2020 Vaccination Campaign follow – up – February 2020
Hygiene kits distributions	<p>Following the spread of COVID-19, the project's activities were modified in order to correspond to the new reality. Community actions were impossible to implement during the quarantine and lockdown period. Instead, MdM-Greece in collaboration with DRWA suggested to support the community in this difficult period by providing emergency support in the form of necessary and lacking health and hygiene items. Necessary material was procured and a total of 300 hygiene kits were formed. The kits were distributed as follows:</p> <ul style="list-style-type: none"> - 4 distributions took place in Dentropotamos community - 1 distribution took place in Tsairia community (<i>outreach</i>) - 1 distribution took place in Agia Sofia community (<i>outreach</i>)
Advocacy	<p>Enabling spaces for evidence-based advocacy and constructive dialogue with public decision-makers towards narrowing the health inequalities endured by Roma has been a cross-cutting element of the approach. Overall, MdM-Greece has provided support for citizen-based accountability and paralegal initiatives as means of challenging discrimination and improving access to quality health care services for Roma.</p> <p>Ground work has been driven by a conviction that building local capacities to collect and analyze evidence about the implementation (<i>or lack thereof</i>) of Roma inclusion policies related to health is the most effective and sustainable way of intervention. In collaboration with its local partner, DRWA, MdM-Greece has supported targeted quality and availability of health care services, availability of prevention programs and health education as means of community organizing for effective public health policy change.</p> <p>Greece has a responsibility to protect the rights of Roma citizens and other vulnerable populations, and to promote equality⁹. There should be no discrimination against the Greek Roma (<i>Decree 3304/ 05</i>), yet they experience prejudice and exclusion in various areas of their lives, including housing, employment and education¹⁰.</p> <p>The recent socioeconomic crisis in Greece has also contributed towards increasing not only the ROMA communities' needs but also the mainstream Greek community's negative perceptions.</p>

⁹ <https://www.hrw.org/legacy/wr2k1/europe/greece.html>

¹⁰ <https://diversityhealthcare.imedpub.com/the-medical-social-centres-in-support-of-roma-in-greece.pdf>

Body of Evidence - Ground Survey

At the project's initiation phase, a ground research/ community appraisal exercise took place.

Its objectives were:

- To familiarize MdM-Greece with the ground context
- To build and cultivate a relation of trust with the ROMA community that will facilitate future joint action
- To build bondages among the project's team (*ROMA and non-ROMA*) and among the project's team and the resident ROMA community
- To inform future advocacy action in support of human and legal rights of the resident ROMA community, mainly in regards to health
- To familiarize the resident ROMA community with the objectives of the project

Data & Statistics

- A total of 80% of Roma live on an income below the national poverty risk threshold. By comparison, on average in the EU 17% of the population was at risk of poverty in 2014.
- Roma population in Spain (**98%**), in Greece (**96%**) and in Croatia (**93%**), had an income below the national income poverty threshold.

Source: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_el.pdf

- To spot and highlight priority issues/problems of the resident ROMA community also elaborating on strategies to overcome them
- To increase participation and ownership of the research's and project's results by the resident ROMA community

Below are the ground research's main components.

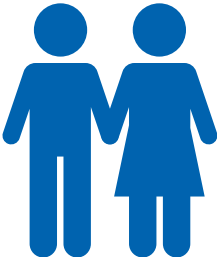


Scoring Cards

According to the methodology followed by ESE / N. Macedonia and demonstrated during the project's kick off meeting, MdM-Greece has developed 8 different scoring cards, each focusing on a different thematic, as follows:

1. Demographics: origin – sex - age segregation;
2. Citizenship status: nationality – existence of legal documents (ids etc) - voting rights (*regional and national level*)
3. Family status and HH composition: kinships
4. Residential status
5. Educational status
6. Employment status & quality of life
7. Access to health / health status
8. Access to sexual and reproductive health (*SRH*) / women's health status

The cards included on/off criteria (*yes/no questions*) and indicators than could be measured in a reliable way.



4,500
ROMA people
live in Dendropotamos

Calculation method

The basics of the calculation, follow the rational of security/risk related categorization to **red** = alarming, **orange** = concerns, **green** = OK. As most of the indicators included in the scoring cards are reflected by a percentage (*grouping of answers*), percentages from **0%-49%** were included in the RED category, percentages between **50%-70%** were included in the ORANGE category and percentages between **70%-100%** were included in the GREEN category.

On/off (*yes/no*) questions were included either in the GREEN or in the RED category (*there wasn't "in-between" scoring*).

Structured Questionnaire

In order to collect info on a HH level (*house to house / door to door*) a questionnaire was also produced and utilized by the Cultural Mediators for data collection, following relevant training.

Sampling

It is estimated that **4,500 ROMA people** live in Dendropotamos, a figure that is almost double than the official estimation¹¹. Opting for a minimum representational figure of 10%, ~ 450 individuals were considered as direct participants of the ground research. Estimating the number of individuals / family unit (*Household*) at ~ 4 / HH, it was planned to run the survey/questionnaire in a total of 100 HHs.

Dendropotamos

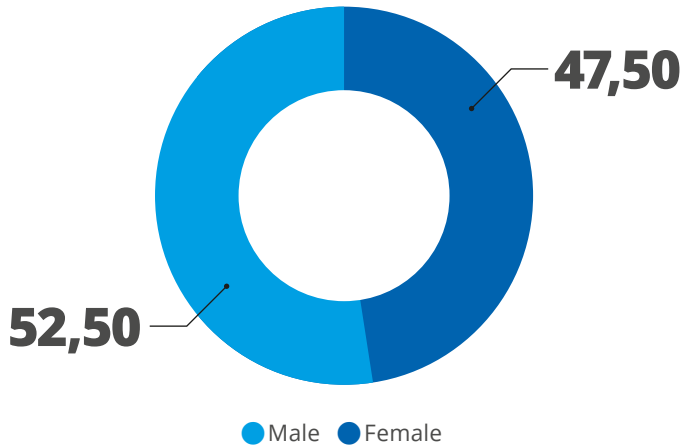
Thessaloniki

¹¹ Distribution of the Roma by Settlement - Municipality and Regional Unity in Central Macedonia Prefecture, Operational Action Plan for social inclusion of ROMA (2015): <http://www.pepkm.gr/attachments/stratigikes/Roma.pdf>, table 3, page 18

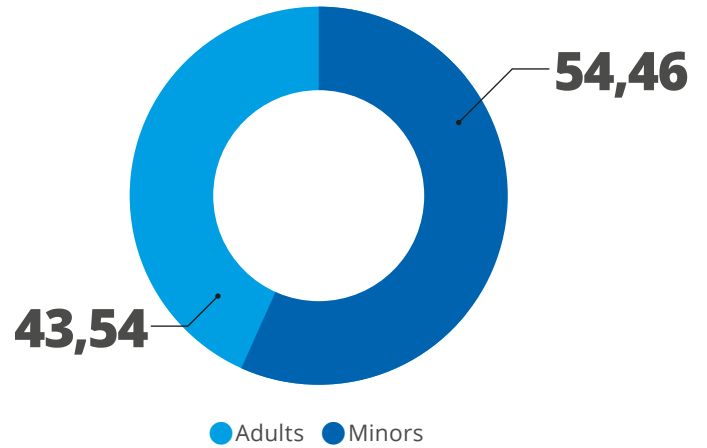
Findings of the Survey

Demographics

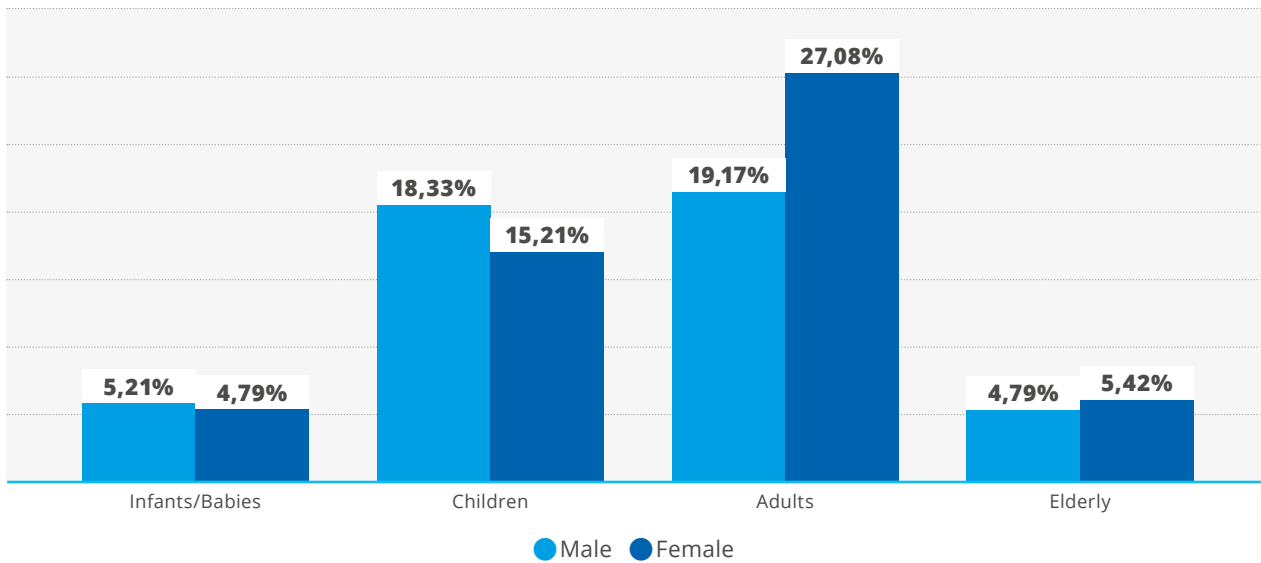
Gender



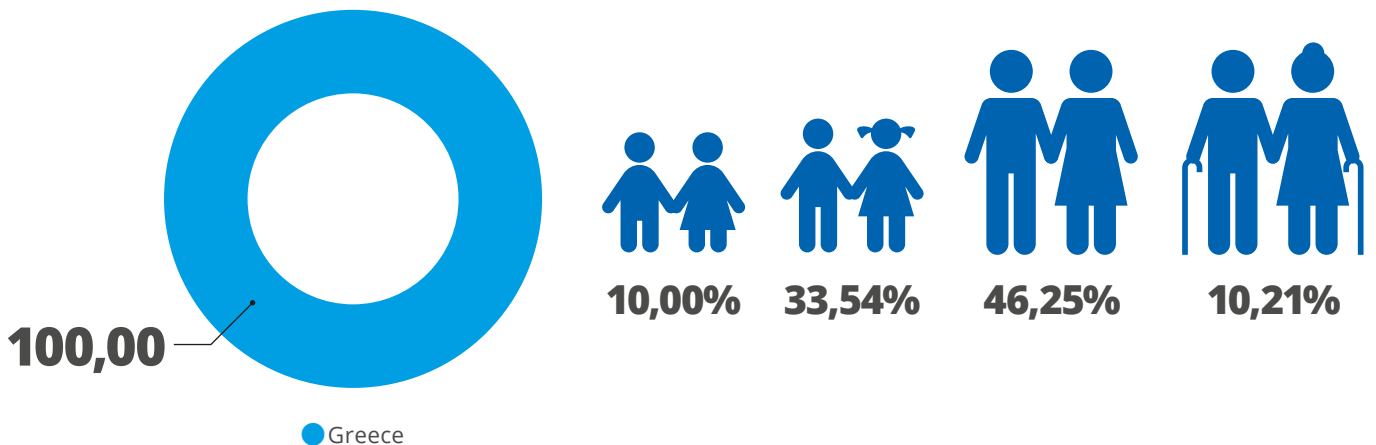
Age Group



Age Group



Country of origin

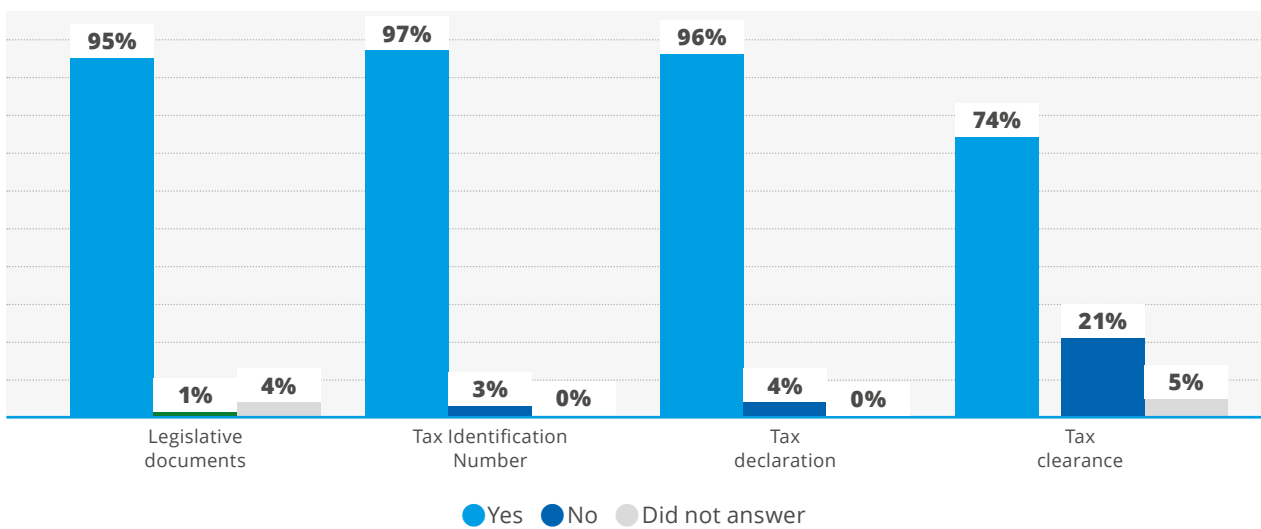


Citizenship

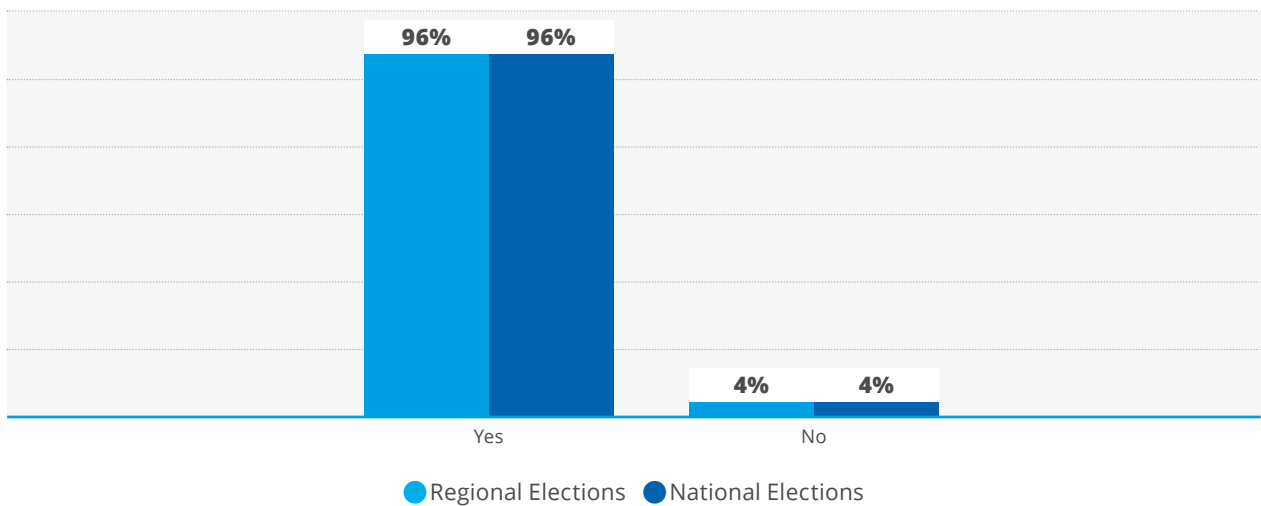
The presence of Roma or “Gypsies” – as there are still often called including by the community itself - can be traced back to the 14th century, though their Greek nationality was effectively given to them as late as in 1979. They like to be referred to as “Greek Roma”¹².

The survey revealed a rather uniformed picture in regard to citizens’ rights and obligations. The residents of Dentrepotamos community seem well integrated in this aspect: most of them exercise their voting rights to national and local elections, have legal documents such as IDs and are in compliance with their tax related obligations (e.g. annual tax statements etc.)

Legal Documents



Participation in elections



¹² [https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#\(2242239786%22:\[0\]\)](https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#(2242239786%22:[0]))

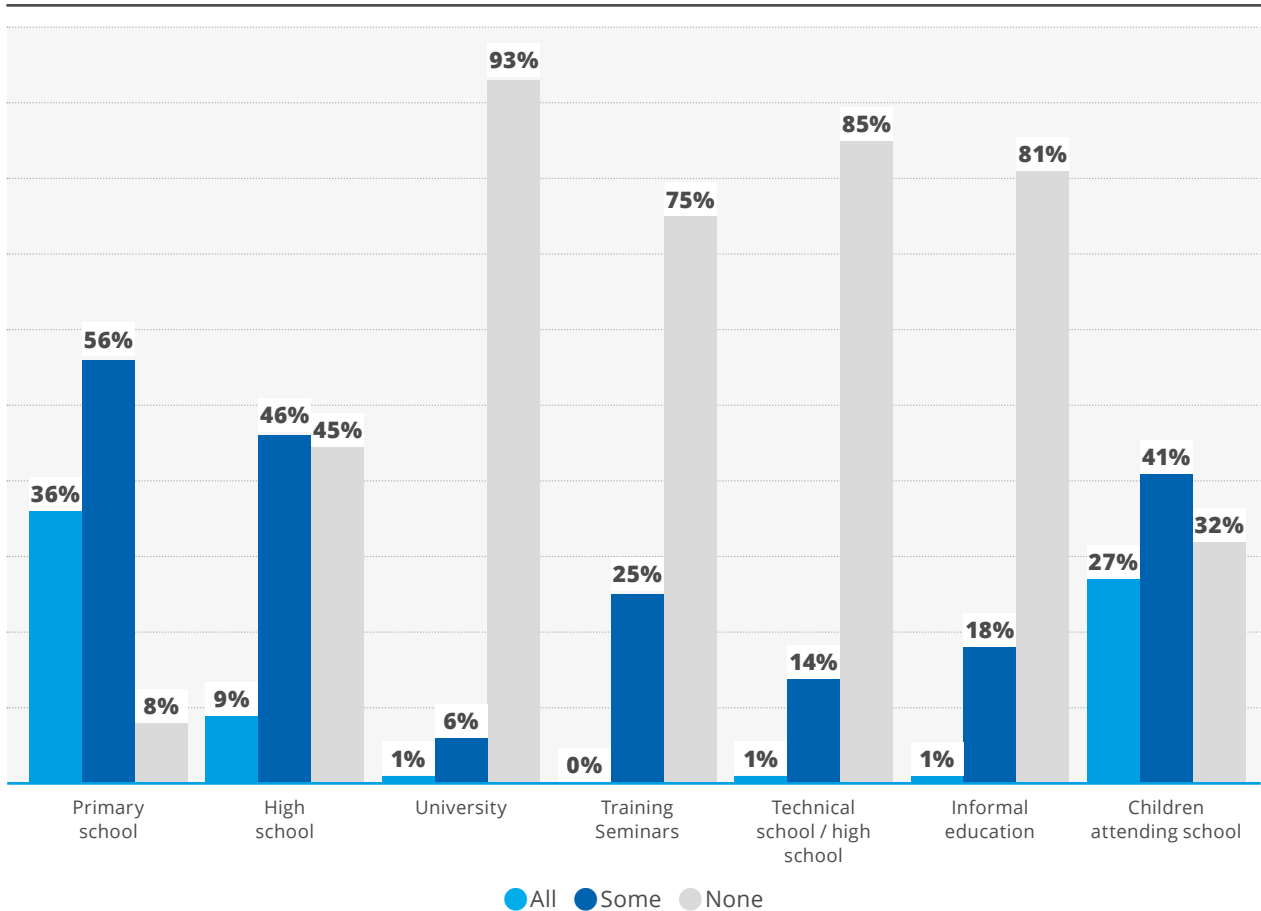
Education

Roma children remain among the lowest academic achievers in all European countries and the same is reported in Greece¹³.

The majority of the Roma population (*especially the older age groups*) continues to be illiterate, and although school attendance is more common among the younger Roma compared to their older counterparts, their involvement in the educational process is still characterized as insufficient to strengthen and improve their vocational status and mobility. Most Roma children aged 12 and above leave school in order to find work to supplement the family income¹⁴.

It is of no surprise that the field of education is one of the most problematic aspects of ROMA daily life. Very few attend schools while out of those that decide to attend, the majority drops out after a relevantly short period of time. The issue is of paramount importance as it's one of the basic factors that contribute to ROMA's underdevelopment and sustain the vicious circle of poverty, exclusion and discrimination. The ground survey verified the picture, signaling education as one of the main gaps and most pressing priorities for future interventions.

Education Status



¹³ emerald.com/insight/content/doi/10.1108/978-1-83867-263-820191008/full/html

¹⁴ [https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#%2242239786%22:\[1\]](https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#%2242239786%22:[1])

Accommodation /Housing / Living Conditions

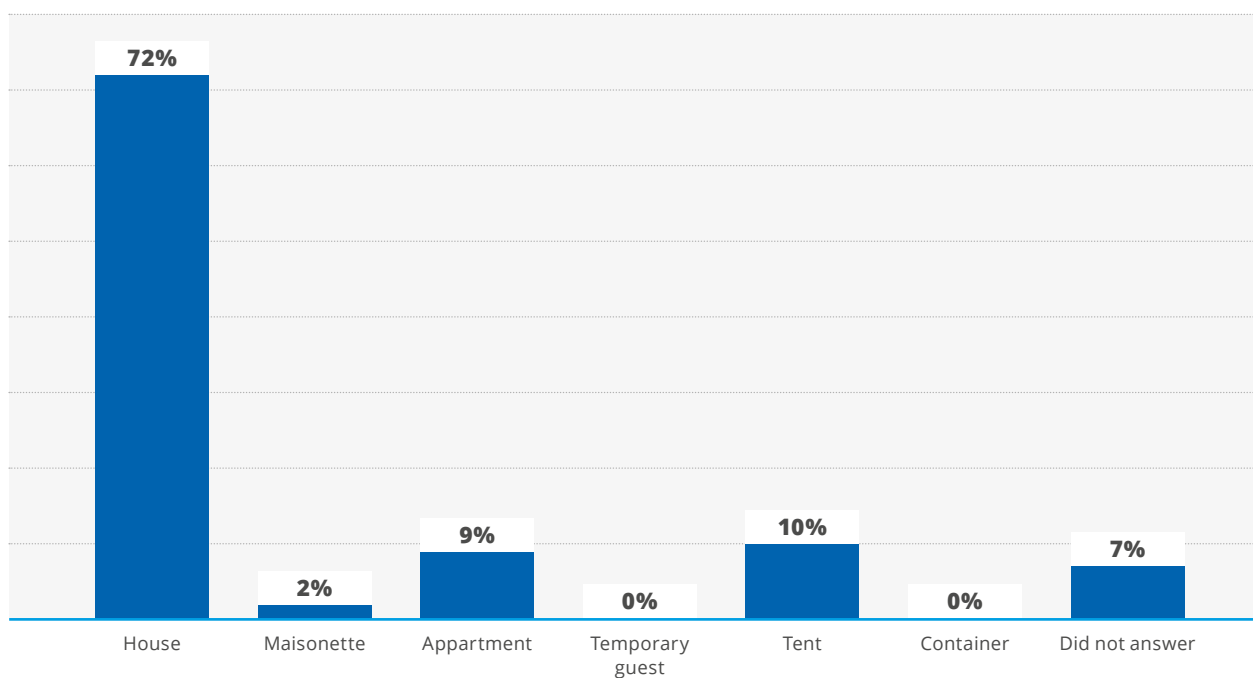
Housing is the Roma population’s main problem¹⁵ with the majority living in makeshift accommodation. Housing conditions (*with 50% of the population living in pre-fabricated homes, shacks, shanty dwellings and, in general, accommodation of a makeshift nature, in overcrowded conditions and without the basic technical and social infrastructure*) are a serious obstacle to providing the Roma a decent standard of living¹⁶.

There’s no unified picture in regard to accommodation and living conditions in Dentropotamos. There are some areas of the settlement that are better developed with decent houses that provide for adequate living conditions. Most of the settlement’s residents however do not live in these houses. The majority of accommodation structures are of average to poor quality with existing problems and gaps (*e.g. no electricity, no access to running water etc*). There are also few residents that live at the outskirts of the settlement in makeshift shelters of unacceptable condition.



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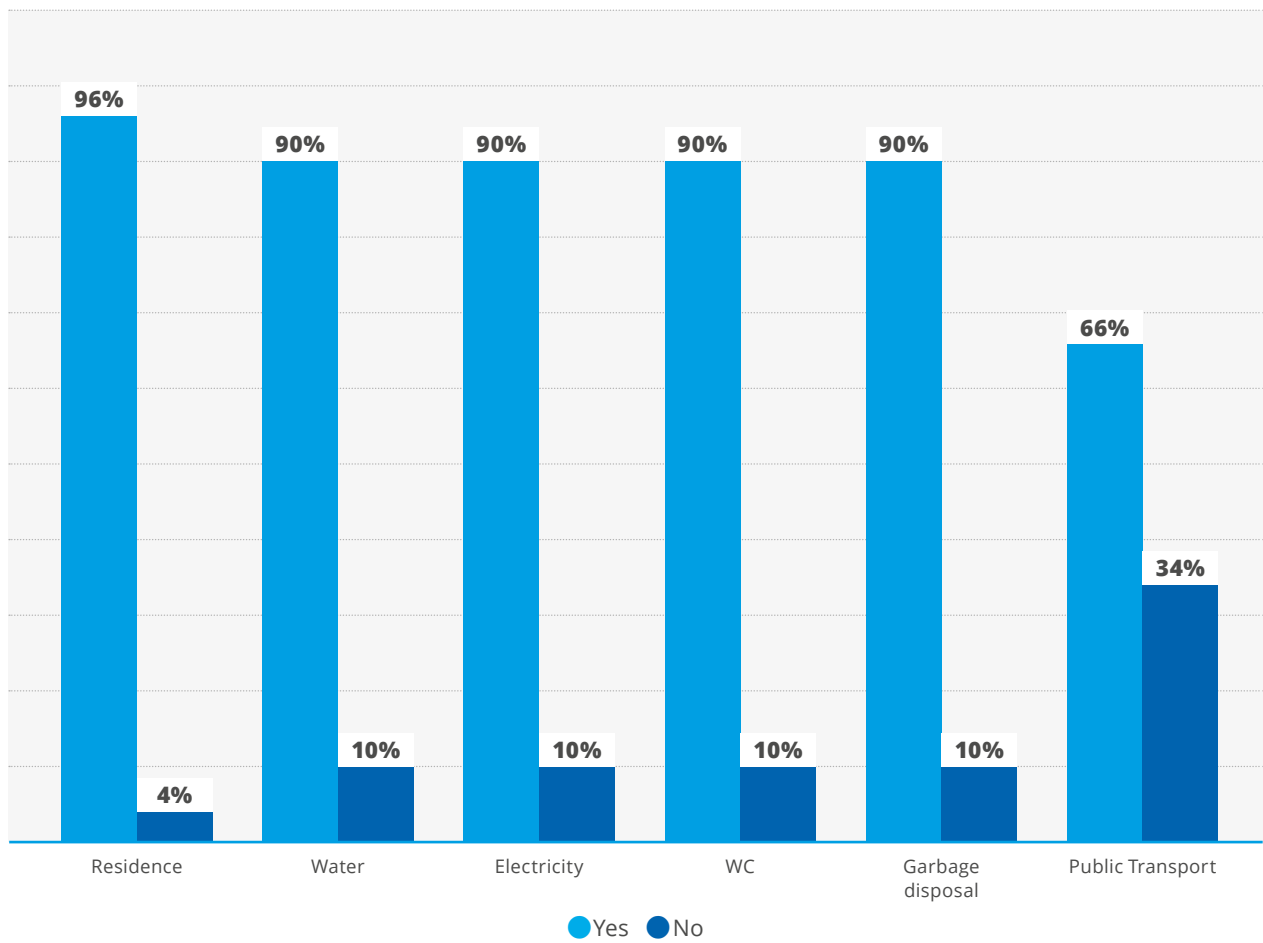
Type of housing



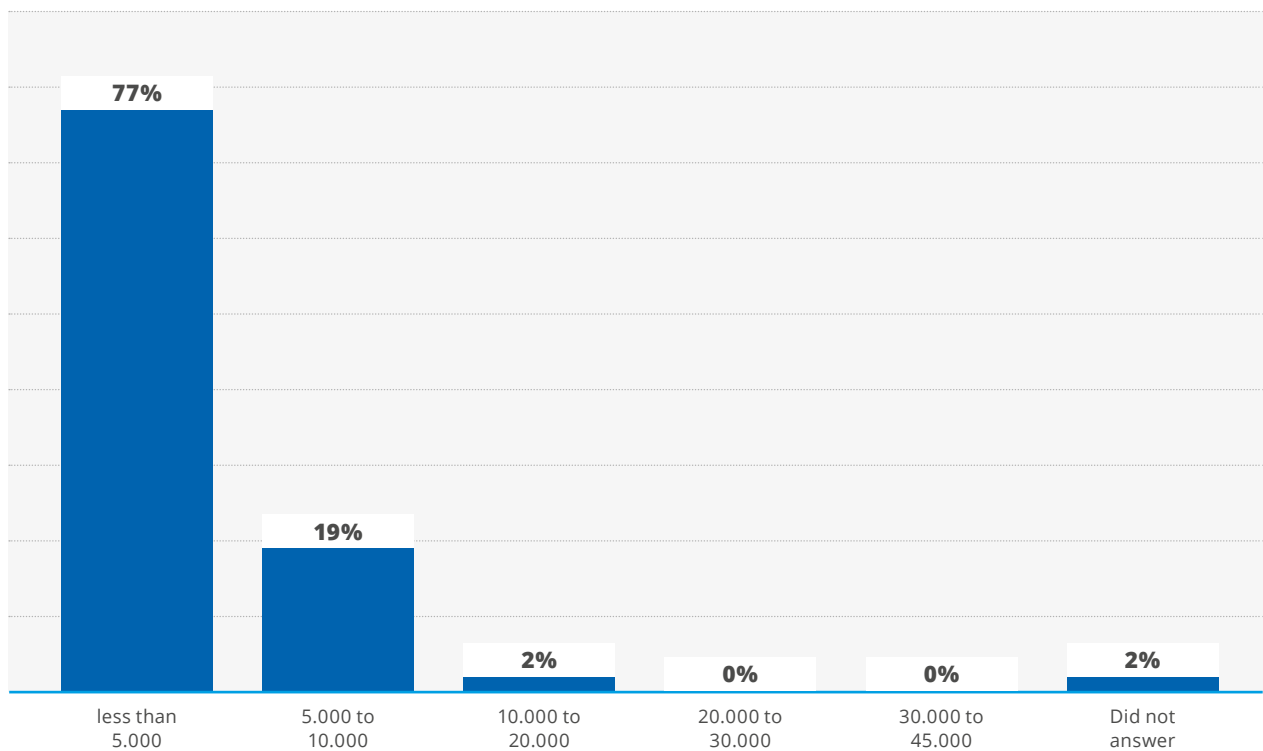
¹⁵ http://ec.europa.eu/justice/discrimination/files/roma_greece_strategy_en.pdf

¹⁶ [https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#{%2242239786%22:\[1\]}](https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#{%2242239786%22:[1])

Amenities and access



Amount of family income (%)

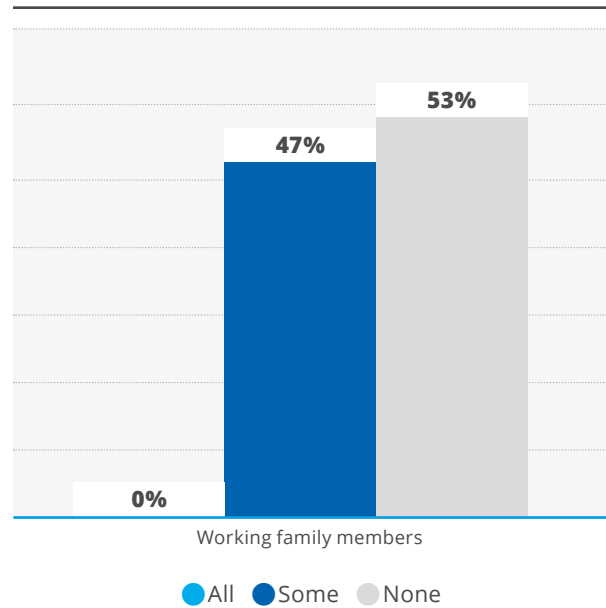


Employment and Quality of Life

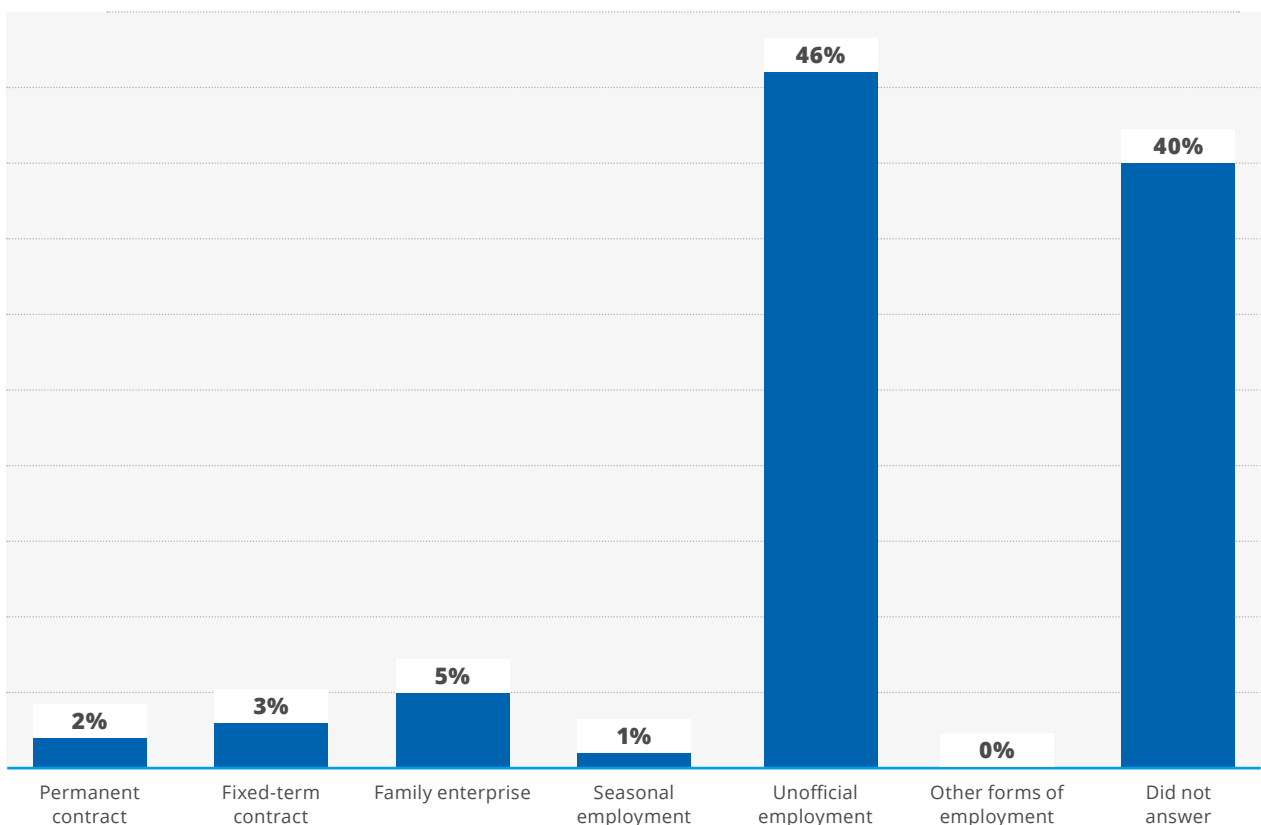
For the majority of the Roma, the main source of income is dependent on occupation, which is usually of a seasonal nature, often not covered by the safeguards of the formal labor market. Many households depend on the seasonal labor of just one member and on the welfare benefits they may be entitled to as large families or as families without means of leaving. In general, the Roma incomes are low, meaning that the majority of households live below the poverty threshold¹⁷.

Alongside education, employment is the other “red flag” of the survey. The majority of Dentrepotamos residents are unemployed and/or employed to seasonal work and/or illegally employed and/or working on itinerant trade, scrap metal and recycling, i.e. on hazardous and unstable occupations without social security and/or public benefits. The fact directly influences their quality of life in terms of material acquisitions, in terms of preparedness for sudden, catastrophic events -such as the COVID-19 pandemic- and also in terms of mental health, individual and community well-being.

Working family members



Type of work



¹⁷ [https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#%2242239786%22:\[1\]](https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#%2242239786%22:[1]) and NSFR 2011





Access to health services

The health problems of the Roma population are directly linked to their low socio-economic profile, poor living and working conditions and low level of education. All these factors lead to morbidity and ill health, a lower life expectation and high rates of child mortality¹⁸.

National health measures are inadequate for conditions of extreme poverty and are conditioned on health insurance coverage, which many Roma lack¹⁹.

The ones who are worst off are the Roma who are referred to as “tent-dwelling Roma”, who live in shantytowns outside the towns, without functioning water supplies, sewage systems, toilets and electricity, lacking all basic infrastructure. Their homes are barracks built from what they have found, on the bare soil that is flooded when it rains, and there is seldom any road system. These “settlements” are almost without exception hidden well away from the public eye, often situated on locations difficult to reach by public transport, and rarely entered by a non-Roma (a “balamo”) for other than professional rea-

sons. Since the normal refuse collection does not apply to Gypsy settlements, remaining garbage attracts rats, and in many places the water has to be transported from far away. The rough circumstances under which half of the Romani population live are alarming, and a threat to health in every respect. Effectively, almost 90% of the tent-dwelling Roma have hepatitis, and suffer from other illnesses that result from the unsanitary and rough conditions they live in, and 60 out of 1,000 Roma children die before the age of one²⁰.

Available studies on health have shown that ROMA experience higher prevalence of preventable communicable diseases such as HAV/HBV, greater levels of psychiatric symptoms and in general higher limitations in their daily lives²¹.

The picture in Dentrepotamos is not unified. Problems in terms of access persist however, especially with regards to SRH.



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¹⁸ [https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#%2422239786%22:\[1\]}](https://pjp-eu.coe.int/en/web/access-to-justice-for-roma-women/greece#%2422239786%22:[1]})

¹⁹ https://reliefweb.int/report/italy/roma-covid-19-crisis-early-warning-six-eu-member-states?utm_source=WHO%2FEurope+mailing+list&utm_campaign=b-4c5b7d2a8-EMAIL_CAMPAIGN_2020_06_19_10_59&utm_medium=email&utm_term=0_60241f4736-b4c5b7d2a8-110572345

²⁰ domresearchcenter.com/journal/16/greece6.html

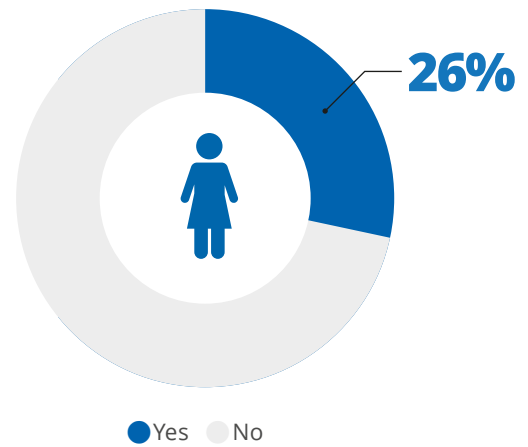
²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4483723/>

Sexual and Reproductive Health

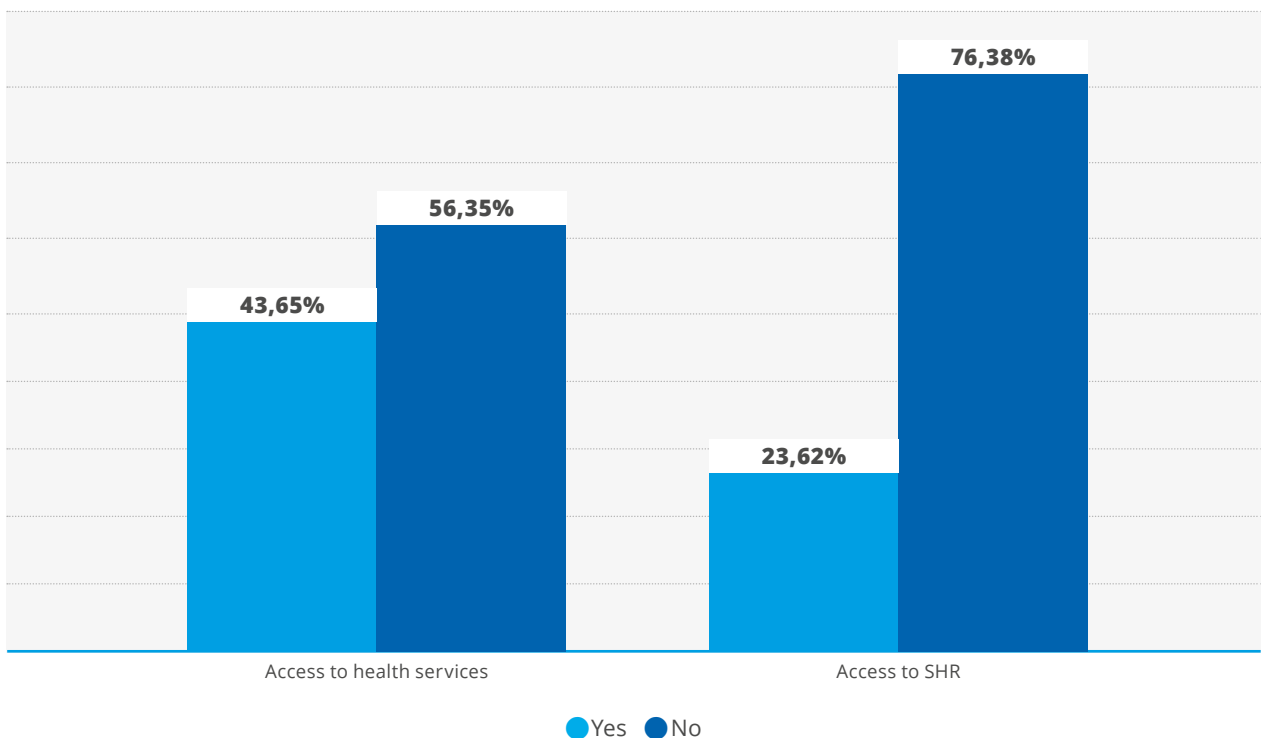
64% of surveyed women said they did not visit a gynecologist to perform a Pap test over the last year. Many of them also mentioned that they were never tested (*increased risk of cervical cancer*) and they are not aware of HPV testing.

Knowledge and/or use of contraceptives are extremely rare, to a large extent due to the fact that the ROMA society is a highly patriarchal one where such practices are frowned upon, as well as due to the lack of long-term medical outreach programmes for ROMA regarding Sexually Transmitted Diseases (STDs) or family planning²².

Test Pap



Access to health services



²² National Centre for Social Solidarity / EKKA, 2018

Data Analysis

Negative Perceptions

The 2006 and 2015 Eurobarometer stats on discrimination are indicative of the situation faced by Roma in Greece and generally in the EU. Both in 2006 and 2015, 80% of the general population perceives Roma status as a disadvantage, while about the same percentage of the general population states that they have no friends or know any person of Roma origin. When asked how they would feel if one of their colleagues in their work belonged to the Roma group, 34% of Greeks answered “not comfortable” versus 20% in the EU²³.

In Western Attica, a recent study by the Technological Educational Institute of Athens, Department of Social Work, about the attitudes of professionals (municipal services, health and education) showed that almost one in three acts with hostility, contempt or even hatred towards the Roma, while the media have their part on the shaping of the (*negative*) Roma image. The Roma

status has now been established in the public sphere as a synonym for criminal marginality. This makes the various and varied issues and problems that the Roma face invisible, facilitating verbal violence and hatred²⁴.

The police frequently carry through raids in the Roma settlements, which is a legitimate method to track people who sell drugs or have not paid their bills, but exclusively done in Roma settlements, and this in a violent fashion. They do not proceed by going from home to home, talking to the people concerned, but by arriving with an oversized troupe of policemen who encircle the settlement as not to let anybody escape, and then arresting every suspicious looking Rom. It is generally presumed that drug-trafficking is something typically Romani

Source: http://www.domresearchcenter.com/journal/16/greece6.html#fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_el.pdf



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²³ <https://medium.com/athenslivegr/roma-in-greece-another-story-of-invisibility-68fd91478832>

²⁴ Idem

Negative copying mechanisms

In parallel with the marginalization of ROMA communities by the mainstream while society, negative copying mechanisms on behalf of ROMA people have also emerged.

According to existing bibliography focusing on the Balkan area, sex work and mobility are parts of a coping strategy to deal with economic and social marginalization. The reasons for sex work and the mobility of ROMA women are deeply embedded in the macroeconomic, political and social exclusion²⁵. MDM-Greece's ground work and survey however did not reveal any such cases in AoR.

The vast majority of ROMA communities is based on and follows a restrictive patriarchic family and societal structure; women are discriminated within their community too, based on gender and honor related perceptions. Incidents of over-consumption of anti-depressants and benzodiazepines -mainly by women- have also been reported in relevant literature. Our survey didn't cover this scope thus no relevant findings are to be cited.

Strong family ties versus weak community networks²⁶: While family bonds are strong among ROMA populations, the same is not the case for community-based initiatives and/or organizations. In this respect, it is important to support CBOs like DRWA. Still, a careful assessment remains necessary, as there are also negative examples. Any analysis on civic engagement should always be context related. The client system prevailing in Greece for decades as well as proven discrepancies regarding EU Funds absorption and management have also influenced the sphere of ROMA CBOs. As is the case with several mainstream NGOs and organizations in Greece, ROMA grassroots organizations have also been used as vehicles

for personal ambitions and gains while some have operated without any kind of transparency and accountability. This has increased the wider ROMA community's suspicion for these organization and has thus also harmed a meaningful community representation.

Socialization as a negative influence²⁷: ROMA communities remain introvert and endogamous. And while this can be seen as a mechanism of self-defense against the discrimination they experience by the mainstream society, it is also a fact that further hampers inter and intra-community relations. Certain researchers in the urban space have mentioned that the ROMA -self and hetero-identified- can hardly be thought of as a community in the sense of consciously having a group identity and/or developing strong social networks²⁸.

Early marriages: A strategy followed by most introvert and endogamous societies as well as by "*communities in scarcity*" in an effort to maintain their identity and existence; early marriages are also financially motivated and used to control adolescence sexuality thus safeguarding the family's honor. Early marriages are a clear violation of the child's best interest, a human rights abuse and a health-damaging practice.

Social behavior and self-blaming: Poor education combined with exclusion greatly reflect upon ROMA's social behavior. There are cases where this (self)projection of naivety, hopelessness and inferiority is also used as an excuse mainly to provoke sentiments of pity, instead of being used as a starting point towards self-improvement. In general, years of neglect and injustice have in some cases contributed towards a community that remains passive and inactive.

²⁵ <https://core.ac.uk/download/pdf/33094795.pdf>

²⁶ https://books.google.gr/books?id=ck_kFYKjeBkC&pg=PA28&lpg=PA28&dq=ROMA+negative+coping+mechanisms&source=bl&ots=RfB8K5voKs&sig=AC-fU3U0P7UAkciHegfU6OgoPKib0NKosFA&hl=en&sa=X&ved=2ahUKewjzv--dqpXqAhUKxqYKHajCB5QQ6AEwAnoECAGQAQ#v=onepage&q=ROMA%20negative%20coping%20mechanisms&f=false

²⁷ Idem

²⁸ https://books.google.gr/books?id=ck_kFYKjeBkC&pg=PA28&lpg=PA28&dq=ROMA+negative+coping+mechanisms&source=bl&ots=RfB8K5voKs&sig=AC-fU3U0P7UAkciHegfU6OgoPKib0NKosFA&hl=en&sa=X&ved=2ahUKewjzv--dqpXqAhUKxqYKHajCB5QQ6AEwAnoECAGQAQ#v=onepage&q=ROMA%20negative%20coping%20mechanisms&f=false



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Criminality and delinquent behavior: High unemployment and criminality rates, linked to the deepening financial crisis and the ROMAs' involvement with dealing of illegal substances and guns are also a point of concern. While our survey did not cover this topic, drug abuse and drug selling cases have indirectly come to our knowledge from other ground initiatives and/or the media.

Fragmentation: Rather than a piling up approach combining all different actors (*i.e. state, civil society, grass-roots*) strengths and striving to translate the ground experiences and realities to meaningful policy reforms, a disconnected approach has been followed: the same circles of people and experts who a priori agree to the same views, are meeting, exchanging and internally circulating the same clichés. This mentality runs down to the communities' or rather the communities' leadership level: instead of a healthy core of a ROMA elite that would lead by example and inspire the new ROMA generations, as also envisaged by EC and others, what we actually have is an elite that has practically lost its

true representational power²⁹, it is consumed by itself and it's egoistic, indifferent and insensitive to its people's suffering.

In general, clientelism, political motivations and voting coalitions between local actors and the Roma elites, maintain inequalities and eventually restrain communities from having improved infrastructure, WASH facilities and public transport access to the villages and settlements. These inefficiencies function both as the justification and the result for Roma perennial segregation and social exclusion, thus afflicting the younger generations' integration and empowerment.

²⁹ EC evaluation of "Alan Koyu" settlement.

Partnership & Gender Mainstreaming

The collaboration between MDM-Greece and the Roma Women Association aims at facilitating MDM-Greece access in the Roma community but also at increasing the Roma Women Association operational capacity, gaining valuable knowledge and expertise. Following the implementation of Medi Rom project, the Roma Women Association will be able to support empowered ROMA women. Increasing the capacity of the ROMA Women Association of Dendropotamos translates into empowerment and grassroots mobilization of Roma as equal and active citizens, especially with a focus on women and young people as actors of change.

The fact that the Roma Women's Association has been involved in the project's implementation is also very encouraging for the gender dimension of the work at hand. The SRH thematic is inherently gender focused. The appointment of the Association as a special counsel to the working group for Roma issues of the Secretary General of Social Solidarity and Fight against Poverty and the election of Ms. Magga as Vice President of EL-LAN PASSE are strong opportunities to raise awareness on issues concerning Roma women.

In many cases the ROMA express different ideas concerning gender roles, reflected in the dominance of a patriarchic family structure³⁰. Typically, they marry early, usually under-age³¹ and have many children. They usually follow the practice of traditional ROMA wedding /tsiganikos gamos, that is not recognized by the Greek law³². As a result, these families are not eligible for allowances or other social benefits provided by the Greek state.

ROMA children become adolescents early by having many responsibilities; ROMA adolescence becomes become adults early by creating their own family; ROMA adults become grandparents before their 40's³³

³⁰ <https://books.google.gr/books?id=5vO7DwAAQBAJ&pg=PT57&lpg=PT57&dq=ROMA+Chatzisavvidis+2017&source=bl&ots=geRQXp7hxhD&sig=ACfU3U3zYX9y-5aR4fqLwV9-lhfSiajxYfg&hl=en&sa=X&ved=2ahUKEwjfsdP265zqAhVWR4sKHfHtA18Q6AEwAHoECAwQAQ#v=onepage&q=ROMA%20Chatzisavvidis%202017&f=false>

³¹ Idem

³² Idem

³³ Idem

COVID -19

Particular fears were expressed with regards to ROMA settlements and populations around Greece in view of the pandemic.

On March 16th VICE Specials presented a documentary entitled *"The invisible children of Mytilene"* highlighting the abhorrent living conditions – allegedly the worst in Greece - for Roma children living in Mytilene, in impromptu shacks, without water and electricity and cut off from basic education³⁴.

There is a dire need of *"immediate"* response to the problem of Covid-19 spreading in Greece's Roma settlements but also segregated areas such as Dendropotamos, where social distancing is almost impossible and access to Water and Sanitation is poor or non-existent.

Many of Roma residing in the settlements are already in a precarious health situation and, despite the measures taken by the Greek authorities, the overcrowding and the dire living conditions make it difficult to contain COVID-19.

The curfew imposed by the Greek Government, led to moderate shortages of food supplies, to severer shortages of health, hygiene and cleaning NFIs and in general further compromised access to basic goods and necessary services for ROMA populations throughout the country. People of Roma origin in Dendropotamos (*MdM-Greece Area of Responsibility/ AoR*) and in other settlements too, mostly work in itinerant trade, scrap metal and recycling; in their majority, they lack permit for these professions. Thus, they are not insured nor compensated by the social welfare measures enacted by the government. Moreover, these occupations are expected to be negatively impacted in the longer run by the Covid-19 crisis, something that will signify a further reduction to the income sources of vulnerable families.

Dendropotamos, our prime area of operation, where the Roma Women Association is situated, witnessed one of the first Covid-19 cases. Specifically, the 8th incident in Greece, a teacher of the 5th Multidisciplinary School of Menemeni (*Dendropotamos*) fall ill as early as

The virus does not discriminate, it affects us all. But most of all, it plagues the most vulnerable and marginalized like the ROMA, those that are homeless and cannot observe the lockdown; those that actually have no homes just makeshift shelters were social distancing and maintaining hygiene is an impossible task

—MdM - Greece field staff

29.02.2020. MdM-Greece mediators started receiving calls and requests for more information, especially from Roma women-mothers of students of the school. MdM-Greece legal empowerment officer, contacted the Mayor of Ampelokipi-Menemeni, who confirmed the incident and vouched that the schools will close as a precautionary measure. There was no general closure of schools at that time.

Ground communities that experience multiple vulnerabilities and exclusion should be supported in order to implement a wide range of emergency (*e.g. collective mechanisms of alert*) contingency (*e.g. pre-positioned stock*), protection (*e.g. health and hygiene*) and advocacy (*e.g. pleas for access to non-existent public infrastructure, increasing public accountability through pointing out malpractices i.e. complaint's desk*) related actions leading to a fairer treatment and a healthier life.

³⁴ <https://www.vice.com/gr/article/bvg38a/ta-aorata-paidia-ths-mytilhnhs-ayth-th-deytera-ston-ant1>

Response

In cooperation with its implementing partner, the ROMA Women's Association of Dentropotamos (*DRWA*), MdM-Greece has actively supported the population across 3 basic axes: **A.** access to necessary material, such as hygiene kits **B.** advocacy and **C.** info sharing

Information sharing and raising awareness

MdM-Greece personnel, together with ROMA residents of the area, translated the COVID-19 related instructions and protocols circulated by the Greek Government in Romanes in order to make them more accessible to ROMA people familiar only the Romanes dialect. The translated guidelines were distributed among ROMA people in Dentropotamos and nearby settlements (*e.g.* Tsairia) and were also circulated in audio format <https://youtu.be/gl4ul-whqCM>. The audio format was also uploaded to MdM-Greece and DWRA social media.

The content of the guidelines was adjusted to ground communities' perception i.e. it was formed in "do's" and "don'ts" in order to pass a more culturally-friendly and easily remembered message.

Advocacy & media awareness

Advocacy through Media awareness and strategic petitions has provided concrete results, translated into action from the central and local government. A letter dully signed by the Director General of the organization, making specific reference to relevant national law provisions and articles, has been sent to local Mayors and respective authorities including the vice-governor of Central Macedonia Region, the Secretary General for Social Solidarity and Poverty alleviation and the Secretary General of EODY/ MoH. Following its submission, the Secretary General for Social Solidarity dispatched specific instructions in regards to ROMA populations' protection to all respective Municipalities and Regions.

As a result, the Municipality of Thermaikos placed two garbage bins at the entrance of the camp and also visited the camp next morning for informing the population and distributing some hygiene products.

Distribution of Hygiene kits

Overall, 5 distributions took place in Dentropotamos, Tsairia and Agia Sofia localities. A total of 300 hygiene kits were distributed to the neediest families. MdM-Greece and DRWA members organized and oversaw the distributions, drafting and maintaining signed lists of goods' receivers.





Lessons Learned

Greece has faced the first wave of the Covid-19 quite successfully, perhaps due to the early lockdown and quarantine measures. Thankfully, Greece's weakened Public Health system was not needed to be tested. In the meantime, the early measures gave the government sufficient time to reinforce the Public Health system, but also learn more from the pandemic.

On the other hand, the marginalized Roma communities were labeled as a threat to Public Health thus becoming the scapegoats of this crisis from the Media and the public.

The major incidents that triggered this response were on April 11 in Larisa and in Xanthi. The settlement, which hosts around 3,000 people, was put on lockdown late on Thursday after a 32-year-old man tested positive for Covid-19. Subsequent tests on other residents at the camp revealed that at least 20 were infected. The health ministry spokesperson and the civil protection deputy minister countered racist tendencies towards the Roma community³⁵.

Right after this incident another incident occurred in Xanthi on April 12 that triggered the unrest of the residents of the Roma settlements in Drosero, Xanthi, the massive testing and the subsequent celebrations³⁶. This is a warning sign of the psychological impact that the collective attribution and labelling as "*hygiene bomb*" and expression of anti-Gypsism can have on the Roma communities.

Examples of rights infringements/over-policing:

- Complaint by a resident of Tsairia settlement of Peraia (*Municipality of Thermaikos*) that he was fined while trying to fill some empty bottles with water from the only water source of the settlement, a faucet that is located 50 meters from the entrance of the settlement (*it was more than 300 meters and the residents themselves used a hose to decrease the distance*)
- A case regarding a resident from the Tsairia settlement, experiencing Covid-19 symptoms alarmed the residents. The ambulance was not willing to enter the settlement, arguing that the road will damage the ambulance. Two residents needed to escort the resident with their truck at the entrance of the settlement and she was brought to AHEPA (*University*) hospital, which is the Covid-19 resource hospital. They wanted to file a lawsuit against the ambulance personnel for lack of due diligence and for endangering. Two days later however, she was found positive to the influenza virus and was released from the hospital.

Despite previous EU Commitments to reach the UN Sustainable Development Goals for ensuring healthy lives and promoting the well-being at all ages³⁷ and the inclusion of the principle of good health in the European Pillar of Social Rights, Universal Health Coverage, financial risk protection, access to quality healthcare and affordable essential medicines and vaccines are still unobtainable for many of the most deprived members of society, like the ROMA³⁸.

³⁵ <https://www.ekathimerini.com/251589/article/ekathimerini/news/alert-over-virus-outbreak-at-roma-camp>

³⁶ <https://www.sportime.gr/extratime/koinonia/koronoios-xefreni-panigirismi-sto-drosero-xanthis-arnitika-ta-test-vid/>

³⁷ <https://ec.europa.eu/eurostat/documents/3217494/9940483/KS-2-19-165-EN-N.pdf/1965d8f5-4532-49f9-98ca-5334b06552820>

³⁸ https://epha.org/wp-content/uploads/2020/04/epha-covid-statement-on-vulnerable-groups.pdf?utm_source=WHO%2FEurope+mailing+list&utm_campaign=b4c5b7d2a8-EMAIL_CAMPAIGN_2020_06_19_10_59&utm_medium=email&utm_term=0_60241f4736-b4c5b7d2a8-110572345

Conclusions - Recommendations

The most vulnerable populations, Roma, prisoners, homeless people, drug users, refugees and migrants are traditionally excluded from public national health systems because of their social, cultural or legal status and are the most exposed during health crises. Despite the widespread perception that there is a link between mobile populations and the introduction and/or spread of communicable diseases, however, there is no systematic correlation between the two, as the World Health Organization (WHO) and the entire medical scientific community argue. What has been proven, however, is that communicable diseases have a primary bearing on poverty, poor living conditions and exclusion from essential goods and services. Accordingly, the only scientific interest that the spread of cases within the ROMA settlement in Larissa presents is that in "*closed populations*", such as the ROMA camps, the virus can be transmitted rapidly compared to the rest of the population.

Now more than ever, the right to housing and the right to water and sanitation is very pertinent as they are strongly interlinked with the proliferation of the pandemic. Inadequate housing may not secure social distancing and adequate water and sanitation are the most important measures of prevention.

Access to affordable, accessible, available and quality health care to the Roma communities is a key element of safeguarding other human rights and not the opposite. The NHS instructions cannot be followed by the residents of a settlement that do not have access to basic sanitation and access to water and sanitation. A household with 5-6 people living in an area of 15-20 sq. cannot abide by social distancing. If someone gets sick, (s)he cannot be quarantined in such a limited space.

At the same time, safeguarding public health cannot not be used as an excuse of gross rights violations, excessive policing, racial profiling etc. that hinder social inclusion and increase stereotypes and anti-Gypsyism. The

logic of excluding an entire settlement -as it happened in the case of the ROMA settlement in Larissa- and consequently an entire social group from the rest of the community is at odds with the scientific as well as the economic aspect of Health. The health system wants the least possible cases and especially the least serious cases (*which need to be admitted to the ICU*) in order not to be burdened disproportionately.

Overall, the health status of the Roma population is worse than the rest of the population, mainly due to discrimination and exclusion, lack of access to health care and poor social determinants of health. Roma do not only marry at an early age but also have much higher mortality rates.

The inadequate education in combination with failed socialization and integration of Roma in Greek society contribute to their exclusion from their right to public health. The Roma population encounters difficulties accessing health care often due to lack of documentation, lack of resources to pay for services and medicines and also because of distance and lack of transportation.

Low living standards, lack of necessary goods, increased stress combined with ignorance of prevention are worsening health problems. Preventive health screening is essential to early diagnosis of a pathological condition at an early stage, thus protecting and giving higher chances of healing. However, in the Roma community the concept of prevention does not exist. Most Roma visit hospitals only for serious reasons and usually with deteriorating health. Thus, their poor health combined with delayed diagnosis significantly reduces healing rates.

The negative behavior they receive in hospitals, where the staff often either refuse to take care of Roma or do not give them the necessary attention, increase their distance to public health.

Social accountability initiatives can originate in state or social action, they require an active citizenry, which is informed, mobilized, and ready to engage with public institutions.

“Expected results of social accountability include a reduction in corruption, better governance and policy design, enhanced voice, empowerment and citizenship of marginalized groups, responsiveness of service providers and policy makers to citizens demands and ultimately the achievement of rights, health and developmental outcomes”³⁹

Legal empowerment has evolved in recent years as a reaction against the perceived limitations of the “*rule of law*” approaches that sought to reform state institutions and make justice more accessible through legal aid-type strategies that subsidized the costs of litigation, without challenging its basic premises.

Consequently, the road to making justice real for the marginalized has to involve confronting power and empowering people with information about their legal

rights and available avenues to seek justice for rights violations, especially vis-à-vis the state⁴⁰.

The Roma is the most vulnerable ethnic group facing multiple deprivation which encompasses serious inequity. Non-access to basic amenities along with lack of access to education and considerable prevalence of chronic diseases are the background causes which are considered unfair and unacceptable. Sex inequalities are also obvious. Policies should be part of a comprehensive and holistic strategy for the Roma through intervention to education, housing and public health. As it has been noticed, strong political commitment, inter-sectorial coordination and adequate financing are required in order to eliminate the social and health disparities in Roma population⁴¹.

Public health investment for vulnerable groups must be a top political priority, including funding specifically allocated to health prevention and protection, both physical and mental. There should be a common agreement on the need for reducing health inequalities and addressing all the socio-economic factors causing the gap in health. European and national policy makers must revise their priorities and ensure society becomes more inclusive and equitable, preventing further costs and irreversible damages caused by health disparities⁴².

The current crisis and the EU recovery plan present both the necessity and opportunity to consider the situation of Roma as a matter of fairness, rights, obligations, needs, and benefits for Roma communities.

Even without the COVID-19 crisis, the future of European economies was troubled due to aging populations and other negative demographic trends. At the same time, the Roma remain the youngest, most vibrant, and fastest growing segment of Europe’s population⁴³.

³⁹ Lodenstein et al., 2013

⁴⁰ Robb-Jackson, 2013

⁴¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4483723/>

⁴² https://epha.org/wp-content/uploads/2020/04/epha-covid-statement-on-vulnerable-groups.pdf?utm_source=WHO%2FEurope+mailing+list&utm_campaign=b4c5b7d2a8-EMAIL_CAMPAIGN_2020_06_19_10_59&utm_medium=email&utm_term=0_60241f4736-b4c5b7d2a8-110572345

⁴³ https://reliefweb.int/report/italy/roma-covid-19-crisis-early-warning-six-eu-member-states?utm_source=WHO%2FEurope+mailing+list&utm_campaign=b4c5b7d2a8-EMAIL_CAMPAIGN_2020_06_19_10_59&utm_medium=email&utm_term=0_60241f4736-b4c5b7d2a8-110572345

Voices from the field

“What they shared with us made me change many of my beliefs about the area I was born and grew up. Starting from the positive comments -that are few- I was very surprised by the fact that Roma, when they are properly treated in a hospital, they feel that this has to do with the kindness of the doctor and it is not their right. They feel lucky because the doctors did their job! This fact proves largely that Roma perceive the proper medical practice as a charity because of the negative behaviors that they encounter.

— Marianna Dimou

DRWA Intercultural Mediator

Access to healthcare – Testimonies during the field survey

#001 *The conduct of the doctor was rude, he told me that we have to raise a child and not only give birth*

#004 *When I was late for my appointment the doctor said “What do you think this is? A cafeteria?”*

#025 *There is no doctor within that distance (10km) and this is very damaging because there are women with young children in the neighborhood who find it difficult to commute*

#026 *Wouldn't it be proper for a neighborhood where women give birth since 15 to have a gynecologist?*

#048 *10km away for us (to visit a gynecologist) is a far distance*

#072 *They did not give me my results back. They probably lost them and they said, I am not going to need the results since I do not pay*

#086 *I have not visited a gynecologist over the last year due to shame and fear*

#093 *I have never done a Pap Test. I think that they conduct testing only when you have an issue.... I almost gave birth at home, I had nowhere to leave the children.... My daughter is very young; she will do it when she grows up (HPV Vaccine) if she is not married young.*

#095 *The doctor did not examine me at first and told me to go elsewhere. He made me feel uncomfortable and put alcohol solution everywhere.*

#099 *Roma women who come from Bulgaria without papers, give birth at home.*

List of Abbreviations

DRWA	Dentropotamos ROMA Women Association
EU	European Union
ESF	European Social Fund
ERDF	European Regional Development Fund
NRIS	National Roma Integration Strategies
PHC	Primary Health Care
IP	Implementing Partner
SHR	Sexual & Reproductive Health
CoE	Council of Europe
HH	Household
ID(s)	Identity Card(s)
HPV	Human Papillomavirus
Pap Test	Papanicolaou test (also known as Pap smear (AE), cervical smear (BE), cervical screening (BE), or smear test (BE))
STDs	Sexually Transmitted Diseases
AoR	Area of Responsibility
EODY/MoH	National Public Health Organization / Ministry of Health
AHEPA	University General Hospital of Thessaloniki
UN	United Nations
WHO	World Health Organization
NHS	National Health System
ICU	Intensive Care Unit



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