



ACTION PLAN 2022 – 2026

Network of practitioners working on fiscal transparency in sectors of social and economic rights of citizens



The project is implemented by:



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INTRODUCTION

Network of practitioners working on fiscal transparency in sectors of social and economic rights of citizens (the Network) consists of 11 CSO from Albania, Kosovo, Montenegro, North Macedonia, Romania, and Serbia, presented in the table below:

Network of practitioners from	CSO
Albania	1. Qendra Për Advokim
Kosovo	2. Labyrinth Center
Montenegro	3. Juventas
North Macedonia	4. (20+) Romano Chachipe 5. ESE 6. Kham Delcevo 7. Станица ПЕТ
Romania	8. ROMAJUST – Asociatia Juristilor Romi - Prima pagina
Serbia	9. Europolis – Centar za razvoj demokratskog društva 10. Media Education Centre 11. GAJP - Grupa za analizu i kreiranje javnih politika

During the two-day workshop, held in Ohrid, N. Macedonia in June 2022, the abovementioned organizations developed the action plan for **defining the issues** related to transparency of institutions, inclusion, and participation of stakeholders, and fiscal and budget challenges for improving the access to public health services, labor market, and social protection, with focus on vulnerable/marginalized groups. For each of these three areas, organizations developed one key priority issue in order to define the joint actions and approaches for addressing the identified priorities in the areas of transparency of institutions, inclusion, and participation of stakeholders, and fiscal and budget challenges. Further, during the workshop organizations identified their strengths and weaknesses for addressing the identified priorities in the above-mentioned areas, and accordingly proposed the activities for sharing knowledge and capacity buildings within the network essential for strengthening their joint efforts, which seem essential components for strengthening their joint efforts.

The action plan presented in this document foresees activities that need to be addressed in the longer period, and a six months action plan is presented in a separate document.

This document can serve as a starting point for defining the long-term strategy of the Network, and for identifying the potential areas of work for developing the regional programs.

ACCESS TO PUBLIC HEALTH SERVICES with a focus on vulnerable/marginalized groups			
Priority: <ul style="list-style-type: none"> • 5 A - Availability, accessibility, adequacy, affordability, and appropriateness of primary health care in rural areas¹ • Increased coverage of primary health care doctors (family doctors, gynecologists, pediatricians) in rural and poor areas • Improve the access to the medical care system for Roma 			
Problem Area	Transparency	Inclusion/participation	Fiscal/Budget
Problems defined in the Problem Area	<ul style="list-style-type: none"> • distance of households from the primary health care institution (temporal and spatial) • unavailability of relevant data about primary health care • data is not free of charge • no information about the number of places/municipalities without primary health care • No sufficient data regarding the project rural doctor • No transparency for subsidies for doctors that should work in rural and poor areas • Lack of information about the budget of family doctors (only the total budget is available). 	<ul style="list-style-type: none"> • Local residents and vulnerable groups do not participate in launching initiatives (they do not have the capacity) to address this problem • lack of consultative mechanisms – distance households need support for advocating • Lack of interest of the relevant institutions on a national and local levels to include communities in the decision-making process for health care • Family doctors are not allowed to accept people without health insurance into the medical care system • People need to know their rights 	<ul style="list-style-type: none"> - limited resources – no resources to build primary health care institutions -unpredictable inflow of funds – distribution of funds is based on the advocating powers of the local municipalities - distribution of funds based on the political affiliation of the municipality <ul style="list-style-type: none"> • The local government should allocate a budget to increase the primary health care coverage • Insufficient funds for subsidies for doctors working in these areas <p>How we can find if family medics receive a budget for persons without insurance</p>
Actions to take for addressing the problems	<ol style="list-style-type: none"> 1. Look at the EU project Medical Deserts similar objective already implemented in other countries 2. In Sept 2022, research on the access and quality of service of 	<ul style="list-style-type: none"> • Motivation package for population (hygienic packages like soap, dental sets, etc.) • MoH, Red Cross, Directory of Public Health for Screening caravan for free services for pulmonary disease, cancer 	<ol style="list-style-type: none"> 1. Monitoring budget state, municipal (and regional in Romania) 2. Analyze budget 3. Present budget 4. Advocating for budget for

	<p>PHC in rural and Roma communities in 2 municipalities of NM, Serbia & Romania.</p> <ol style="list-style-type: none"> Identification of rural communities with/without MD, FM, and facilities and amenities Request from HIF and MoH for data on availability. of PHC (MDs in NM, family doctors) Analyze data Ppresent the results to the Medical Assistant Communautaire and Health Mediator Make a plan on how to advocate for regular publishing of disaggregated data for the targeted population (Roma) 	<p>diseases,</p> <ul style="list-style-type: none"> Ask Health Mediators and NGOs experts to make 30 minutes of education on the information of rural and Roma population on health rights (e.g., how to get health insurance, how to get emergency treatment, what means emergency, how and where to make complaints if a case of discrimination or low quality of services...). Ask Health Mediators and NGO experts to make a campaign (30-sec spot, film, etc.) to advocate with local municipalities and other authorities on the information of rural and Roma population health rights and cases of discrimination or low quality of health care. Present the rights of Roma population and empower Roma and rural population to advocate Ask for feedback Confirm participation 	<p>targeted services – primary care services and emergency services from MD, and family doctors.</p> <ol style="list-style-type: none"> Advocate with local municipalities and other authorities
Timeline	<p>6 months of action:</p> <ul style="list-style-type: none"> agree on the indicators, identify communities ESE undertaken survey in NM MEC / medical deserts in Serbia 	<p>6 months of action:</p> <ul style="list-style-type: none"> identify rights for which need to advocate plan communication and education 	<p>6 months of action:</p> <ul style="list-style-type: none"> Identify common tools for budget monitoring and advocacy on a local level

Tools/Methods	<ul style="list-style-type: none"> Methodology of the EU project Medical deserts www.ahead.health Methodology of ESE research use open data, design and use surveys and questionnaires for focus groups and interviews Undertake data research at the municipality level / ask authorities and municipality Request financial data from Health Insurance Fond and MoH= data on subsidies and budget for MD and FD in a rural areas, for Roma people, and for people who are not insured. 	<ul style="list-style-type: none"> Monitoring in the targeted population (ESE) Methodology for Social Accountability (ESE) 	<ul style="list-style-type: none"> Methodology for monitoring budget and program implementation of Ministry of Health Share the survey tools
Local Yes/No Responsible?	ESE, MEC, Romajust, Romano cacipe	ESE, MEC, Romajust, Romano Cacipe, communities, and other partners	ESE, MEC, Romajust, Romano Cacipe, communities, and other partners
Regional Responsible	NM- ESE	NM- ESE	NM-ESE
Provide capacity building?	<ul style="list-style-type: none"> Share the survey tools ESE undertake research ESE, RomaJust, and Roma cacipe analysis, interpretation MEC mapping, MEC visualization MEC, Montenegro Present data to the institution 	<ul style="list-style-type: none"> Motivation package Screening caravan make 30 minutes of education (Serbia, Tamara) spot, film, etc. Barometer indicators at ESE/COPASAH web platform 	<ul style="list-style-type: none"> Share the tools

¹Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. Int J Equity Health. 2013 Mar 11;12:18. doi: 10.1186/1475-9276-12-18. PMID: 23496984; PMCID: PMC3610159.

ACCESS TO LABOR MARKET with a focus on vulnerable/marginalized groups			
Priority: Increased coverage with readmission programs (requalification, trainings, startup, etc.) with a focus on Roma emigrates.			
Problem Area	Transparency	Inclusion/participation	Fiscal/Budget
Problems defined in the Problem Area	<ul style="list-style-type: none"> • No official data on how many Roma individuals came from emigration in the country. • No data on how many emigrants are registered as unemployed • There are no clear procedures of how they are mapped, targeted, involved, etc. • No data on how much funds are spent for readmission. 	<ul style="list-style-type: none"> • No mechanism for consultation, development programs, or employment with a focus on Roma emigrants. 	<ul style="list-style-type: none"> • No specific budget for employing Roma emigrants
Actions to take <i>Think of actions that would address the problems</i>	<ol style="list-style-type: none"> 1. Identifying the accurate number of Roma emigrants that came back to the countries 2. Conducting policy analysis in order to identify the procedures and programs. 3. Conducting budget and program analysis in order to identify how much funds were spent and how many people were involved (if no data then we will ask for a list of people from the Roma population covered and see if they are in our communities). 4. Identifying other organizations working on this issue. 	<ol style="list-style-type: none"> 1. Organize one event (zoom) to discuss the issue with other CSOs and responsible institutions and come with recommendations. 	<ol style="list-style-type: none"> 1. Same as activity 3 in the transparency section. 2. Organize one advocacy event to promote the findings from the program and budget analysis.

Timeline	<ol style="list-style-type: none"> 1. September – December 2022 2. September 2022 – December 2023 3. January – June 2023 4. September – December 2022 	1. September – December 2022	1. January – June 2023
Tools/Methods	<ol style="list-style-type: none"> 1. Request for information from MOI and MLSP. (Community House) 2. Request for information and desk analysis (policies from MLSP) (KHAM) 3. Request for information and desk analysis on the programs and reports adopted and executed. (MLSP) (ESE, all will send and o the analysis) 4. Analyzing collected data. (ESE, all will apply) 5. Preparation of final report. (ESE, Europol, Community House, KHAM) 6. Contacts with others and internet search. (ESE, Europol, Community House, KHAM) 	1. Facilitation of the event and preparation of conclusions and recommendations (Europol)	1. Facilitation of the event and preparation of conclusions and recommendations (Europol)
Local Yes/No Responsible?	ESE, KHAM, Europol, Community House	Europol	Europol
Regional Responsible	North Macedonia, Serbia, and Albania	Serbia	Serbia

Provide capacity building?	<ul style="list-style-type: none"> • Sharing tools for conducting budget and policy analysis. • Support in conducting FOI procedures. • Tools for data interpretation. 	<ul style="list-style-type: none"> • Support in the facilitation of the event and inviting speakers and guests. 	<ul style="list-style-type: none"> • Support in the facilitation of the event and inviting speakers and guests.
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SOCIAL PROTECTION with a focus on vulnerable/marginalized groups			
Priority: Strengthening the capacity of Police for anti-repressive treatment towards persons at risk of social exclusion (especially on the person who use drugs and Roma people)			
Inclusion/ Participation	Transparency	Inclusion/participation	Fiscal/Budget
Problems defined in the Problem Area	<p>“Discrimination against drug users in Southeast Europe” posted on DPNSEE website</p> <p>No official data on the repressive treating the Roma community, by police.</p>	<ul style="list-style-type: none"> • Violation of the rights of a person at risk of social exclusion during contact with the police, by police officers • Uninformed community on their rights during contact with police • Decreased respect for the dignity of the personality of persons – members of community by police officers • Persons are not encouraged to report the problem 	<ul style="list-style-type: none"> • Nonexistent of an official school/university program on the proper treatment of police officers towards human rights of persons at risk of social exclusion. • Lack of training for police officers to work with specific groups such as persons at risk of social exclusion • Limited access to support programs for people at risk and low impact of their implementation
Actions to take <i>Think of actions that would address the problems</i>	<ul style="list-style-type: none"> • Measure stigma index in the population • Monitoring situation of police treating drug users analysis and case study in a period of 1 year • Desk research on the situation in 2 years before. (Conducted by Kosovo, Serbia, and Montenegro) 	<ul style="list-style-type: none"> • Advocating for a clearly defined legal and normative framework regarding the treatment of persons at risk by the police • Making campaigns on right-info (publications, SM activity, info days, info caravans) adapted to target groups • Including profession “Associate in Social Inclusion” in action and advocating for including this profession in the National Framework of 	<ul style="list-style-type: none"> • Signing the Memorandum of cooperation or Memorandum of understanding between NGO and Police Academy • Establishing well cooperation with teachers of Police Academy arranged on subject Human Rights and providing for them study visit for learning examples well practices around the world. • Advocating for adopting/making

		Professional Qualification <ul style="list-style-type: none"> Establishing the contact line for reporting problems managed by NGOs with the long-term goal of persons to be institutionalized 	school curriculum regarding promoting human rights of persons in risk of social exclusion. <ul style="list-style-type: none"> Conducting training on sensibilization working with the community by NGO for police officers. Conducting cost-benefit analyses on completed projects and research on the needs of target groups and making a report with recommendations.
Timeline	12 months	12 months	12 months
Tools/Methods	<ul style="list-style-type: none"> Focus groups Interviews Questionnaire Content analyses Request for free access to information 	<ul style="list-style-type: none"> Peer making the content for info-material Legal framework analyses 	<ul style="list-style-type: none"> Project funding searching ☺
Local Yes/No Responsible?	National <i>(Serbia, Montenegro, and Kosovo)</i>	National <i>(Serbia, Montenegro, and Kosovo)</i>	National <i>(Serbia, Montenegro, and Kosovo)</i>
Regional Responsible	<ul style="list-style-type: none"> Serbian organization will share the methodology 	<ul style="list-style-type: none"> Montenegro will make the printing publication 	<ul style="list-style-type: none"> Kosovo will sign the Memorandum with Police Academy
Provide capacity building?	YES	YES	YES