



**ANNUAL  
REPORT  
2014**

# ANNUAL REPORT 2014

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Sexual and  
Reproductive Health

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Sexual Rights

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Civil Platforms

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Solidarity

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HERA – Health Education and Research Association  
February 2014

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**X. E. P. A.**  
асоцијација за здравствена едукација и истражување



A Member Association of



**IPPF**  
European Network

International  
Planned Parenthood  
Federation

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# Dear readers,

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You have HERA 2014 Annual Report in front of you. This was a year we focused on network cooperation, establishing and participating in civil platforms and strengthening solidarity among non-governmental organisations for promoting sexual and reproductive health policies and sexual rights. Together with 15 civil organisations we established the *Platform on Sustainability of HIV Prevention and Support Services*. This Platform achieved its first success within the framework of the 2015 Preventive Programme on Protection of the Population from HIV/AIDS, where accreditation of the civil sector has been planned for, including the first albeit minimal funds for providing services for the key populations. This could be interpreted as the first step in providing financial sustainability and recognising the civil organisations in the state budgets on HIV prevention among socially isolated groups having in mind the closing of the Global Fund on HIV/AIDS and Tuberculosis in December 2016. In addition, together with eight civil organisations working on promotion of the rights of persons with disabilities, we initiated the *Platform on Promoting Sexual and Reproductive Health and Rights of Persons with Disabilities* in order to improve state policies by implementing the obligations imposed by the Convention on the Rights of Persons with Disabilities. We have become members of the newly established *Gender Platform*, consisting of 21 non-governmental organisations committed to work on building an equal society and promoting gender equality. Six strategic areas have been defined within the framework of the *Gender Platform*, and HERA will be committed to defending and promoting the right to abortion as part of the strategic area on Reproductive Health and Rights.

Our efforts to promote comprehensive sexual education (CSE) continued. We strengthened the capacities of a youth group of volunteers by means of reviewing and drafting a new CSE programme, including new trainings on peer education and piloting an education course on CSE, consisting of 7 workshops in 2 schools. We should not forget our services including *I Want to Know* youth centres, mobile clinics for HIV testing and gynaecology and the First Family Centre of the City of Skopje, which, in more than 20,000 instances provided services to 4,735 citizens, 70% of which belonged to socially excluded groups, in the course of 2014.

Last year was marked by political crisis, having the Parliament working without the MPs from the social-democratic opposition. This had an impact on the democratic representation on sexual and reproductive rights in the parliamentary Commissions formerly used by civil organisations. The political environment regarding respect of sexual and reproductive rights continued to be

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unfavourable. A rulebook was adopted on counselling on termination of pregnancy the contents of which are bias. Rather than ensuring professionalism, validity of information and the right of patients to be properly informed, this Rulebook is full of information that is not related to evidence based medicine and have a tendency to discourage women to have an abortion. The Government of the Republic of Macedonia has proposed constitutional changes to define marriage and common law marriage to be exclusively between heterosexual partners; in the meantime, in October 2014, upon marking of the first year anniversary of the LGBT Support Centre of the Helsinki Committee of Human Rights of the Republic of Macedonia, a group of masked vandals physically assaulted the guests at *Damar* bar. Additionally, the civil sector was excluded from the consultation process on drafting the Law on Prevention and Protection against Domestic Violence, despite attempts to propose constructive solutions and to get involved in an essential debate.

In July, at the Annual Assembly of HERA, a new 2014-2017 Strategic Framework on Organisation was adopted, continuing our vision on *promoting human rights of all people in the area of sexual and reproductive health, based on the principles of social justice and gender equality*. This Strategic Framework will act in several aspects towards achieving sexual and reproductive rights of all citizens, with priority on advocacy and provision of education and services, including strengthening institutional capacities, research activities and mobilising resources of the organisation itself.

Finally we would like to thank all of our volunteers, associates and partners on their contribution and trust invested in us in the past year.

**Enjoy reading!**

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Ninoslav Mladenovik  
**President**

Bojan Jovanovski  
**Executive Director**

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# ID

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## VISION

HERA is committed to a free and fair society free of discrimination where sexual and reproductive rights are ensured for all, as well as a society where the right to a free choice is respected.

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## MISSION

HERA is committed to promoting human rights of all people in the field of sexual and reproductive health, based on the principles of social justice and gender equality, using strategies on advocacy, provision of education and services, as well as continuous systemic development and research.

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## VALUES:

- Sexual and reproductive rights are **inseparable from the human rights**
  - Any **discrimination and stigmatisation**, particularly on grounds of HIV, sexual orientation and gender identity, related to social status and gender violence, is a **main obstacle to reaching higher standards** on SRH
  - Any individual **has a right to a personal gender identity and freedom of expression**
  - **Respect for and enjoyment of sexuality** is essential for achieving full mental, physical and social well-being
  - All people should have an **equal and timely access to social and health services** in accordance with the latest scientific achievements
  - **Children and youth have their own sexual rights**, and their development capacities and needs should be seriously taken into account
  - Social inclusion of deprived groups of citizens and **allowing gender equality as grounds for social justice is a prerequisite for societal development**
  - Any individual has a **right to choose independently about their reproductive life**, partnership or marriage, as well as if, when and how many children will they have
  - Programmes and services are most efficient only if based on the principle of human rights and **mutual integration and linking of the concepts of SRH and HIV**
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- For truly effective SRH programmes, it is essential that **users be fully involved** in all stages of their planning, implementation and monitoring
  - All commitments and measures to improve SRH should be based on **scientific evidence**
  - For **some groups of individuals exposed to long and systematic discrimination** and injustice, such as women, lesbian, gay, bisexual, transsexual, queer and intersex individuals, people living with HIV, persons with disabilities, drug users, Roma, sex workers and others, **there is justification for affirmative measures**
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# STRATEGIC AREAS:

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## **ADVOCACY**

Objective 1: Legislation, strategies and budgets of the Republic of Macedonia largely ensure enjoyment of sexual rights, freedom of choice and social equality.

Objective 2: HERA plays an active role in protecting sexual rights, freedom of personal choice and social equality in the European region, particularly the Western Balkans.

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## **EDUCATION AND SERVICES**

Objective 1: HERA provides accessible and high-quality services on sexual and reproductive health, with special attention to socially excluded groups.

Objective 2: HERA provides high-quality and comprehensive sexual education.

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## **DEVELOPMENT AND RESEARCH**

Objective 1: Strengthened capacities of institutions and civil organisations for promotion and education on sexual and reproductive health and sexual rights.

Objective 2: HERA has built capacities on advocacy and mobilisation of resources, as well as for application of methodology based research.

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## **MOBILISATION OF RESOURCES**

Objective 1: HERA can guarantee transparency and accountability of its operations.

Objective 2: There is a continuous and upwards trend of collecting funds to provide sustainable programme and financial development of the organisation.

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# MEMBERSHIP AND NETWORKS

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## @ national level

- Coalition for Sexual and Health Rights of Marginalised Communities
- Gender Platform
- Voice against Violence – National network for eliminating violence against women and domestic violence
- National Youth Council
- Antidiscrimination Network
- Macedonian Platform against Poverty
- Y-PEER Macedonia



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## @ international level

- International Parenthood Planned Federation
- ASTRA Network
- Women's Global Network for Reproductive Rights
- International Campaign for Women's Right to Safe Abortion
- AIDS Action Europe
- Y-SAFE
- Y-PEER
- MenEngage



# More about HERA at

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**WEB PAGE**[www.hera.org.mk](http://www.hera.org.mk)**FACEBOOK**[www.facebook.com/hera.macedonia](http://www.facebook.com/hera.macedonia)**TWITTER**[www.twitter.com/hera\\_mkd](http://www.twitter.com/hera_mkd)**YouTube**[www.youtube.com/HERAMacedonia](http://www.youtube.com/HERAMacedonia)**Адреса и телефон**

Дебарца 56, 1000 Скопје, 02 3290 295

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## FREE AND CONFIDENTIAL SERVICES

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condoms, oral contraception, IUD, testing for HIV and STI, gynaecological exams, PAP tests, ultrasound exams, dermatological services, sexual and health counselling, psycho-social support and treatment of victims of gender based and domestic violence

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# OUR SERVICES

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**1****I Want to Know – Youth Centre for Sexual and Reproductive Health**

- primary Health Home Vodno – 2 Elisije Popovski St.,
- phone 3176 950
- primary Health Home Šuto Orizari - Šuto Orizari bb,
- phone 2 651 955



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**[contact@sakamdaznam.org.mk](mailto:contact@sakamdaznam.org.mk)**

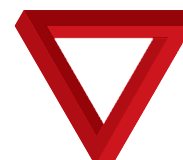
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**2****Mobile ambulance for HIV counselling and testing**

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**[testiranje@hera.org.mk](mailto:testiranje@hera.org.mk)**

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**3****First Family Centre of the City of Skopje against Domestic Violence, 02 321 5 905, 51 Kosturski Heroi St.**

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**[infopsc@hera.org.mk](mailto:infopsc@hera.org.mk)**

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**4****Counselling for assistance and support to people living with HIV**

In cooperation with the Clinic for Infectious Diseases and Febrile Conditions, phone 3147 752; In cooperation with Stronger Together

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**[zaedno.posilni@hera.org.mk](mailto:zaedno.posilni@hera.org.mk)**

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**5****Free legal assistance and counselling**

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**[pravo@hera.org.mk](mailto:pravo@hera.org.mk)**

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**6****Mobile gynaecological ambulance**

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**[hera@hera.org.mk](mailto:hera@hera.org.mk)**

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# ADVOCACY

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# ADVOCACY

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## Platform on Sustainability of Services on HIV Prevention and Support

In partnership with 15 civil organisations – *HOPS, Stronger Together, EGAL, Doverba, STAR-STAR, Red Cross, Opcija – Ohrid, Zona – Kavadarci, Centre on Development and Promotion of Public Life – Tetovo, HELP – Gostivar, Youth Club – Štip, Izbor – Strumica, PULS – Kumanovo, Inter Ethnic Project – Gostivar and Via Vita – Bitola*, HERA established the Platform on Sustainability of Services on HIV Prevention and Support. The goal of this Platform is to advocate for providing financial sustainability of services on HIV prevention, care and support after the Global Fund Project will end in December 2016, by means of their integration into the existing national prevention programmes and programmes of local self-governments. A coordinative body was established within the framework of this Platform, consisting of 5 organisations, followed by a plan on advocacy activities. In the course of the year, the Platform held meetings with representatives of key institutions, organised media activities, press conferences and a round table with MPs, and actively participated in key bodies responsible for the National Response to HIV – the Country Coordinative Mechanism, the National HIV Commission and the National Body on HIV Sustainability.

As a result of the activities of the Platform, the 2015 Programme on Protection of the Population against HIV/AIDS included an activity on accreditation of civil organisations (drafting standards and setting up a registry of civil associations), including planned funds for 14 civil organisations to carry out activities related to HIV among marginalised communities.



**ПЛАТФОРМА**  
ЗА ОДРЖЛИВОСТ НА СЕРВИСИТЕ  
ЗА ПРЕВЕНЦИЈА И ПОДДРШКА ЗА ХИВ



Press conference of the HIV Platform

## The Parliament and HIV

"The Parliament and HIV" round table was organised by HERA and *Stronger Together* in December with 7 current female MPs and the resigning female MPs. In the course of the discussion, the MPs together with civil sector representatives, UN representatives in Macedonia and members of the Country Coordinative Mechanism, adopted the following conclusions:

1. The composition of the Interparty Parliamentary Group on HIV should be renewed at the beginning of 2015;
2. Priority tasks of the new Interparty Parliamentary Group on HIV should be in favour of:
  - Providing a sustainable mechanism for continuous provision of antiretroviral therapy for people living with HIV;
  - Providing funds from state budgets for HIV services currently provided by the state in partnership with NGOs, once the Global Fund on Fight against AIDS, Tuberculosis and Malaria donation ends in 2016;
  - Overcoming discrimination related to HIV by means of improving education and having a multidisciplinary approach to include all responsible line institutions, basing it on scientific evidence rather than ideologies.



"The Parliament and HIV" round table



# Testimonial

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Igor is a person living with HIV. Upon a visit to a health facility to have a surgery, he was tested for HIV without being informed thereof or being asked for consent. Once his HIV status was disclosed, Igor became a victim of numerous acts of discrimination by health workers and his health rights were severely violated. He was isolated in a separate room marked by protecting ribbon stating “ENTRANCE FORBIDDEN” at the door of the room, having the health and technical personnel in the hospital entering his room in protective suits, protective masks, gloves and disinfecting solution and special bags for his clothes and bedding. His HIV status was communicated within and out of this health institution. In the course of the several days he was a patient in this health facility, an nurse called him 'the one with AIDS', and oftentimes he was subjected to rough, discriminatory and humiliating treatment by the rest of the health personnel. He has stated the following:

*“Upon a standard and routine application of a venous cannula by one of the nurses, the top came out and fell down, so I asked for it to be replaced, since on the ground it was exposed to bacteria. The nurse refused to replace it under the excuse that I had already been infected”.*

As a result of the unprofessional behaviour of employees at the health facility and violations to the health rights of this patient, information on his HIV positive status spread outside the hospital and reached his mother, friends, neighbours and his close family and resulted in disturbance and irreversible damage to his privacy, violation to his personal identity and extremely negative stigmatising changes in his daily life.

Igor addressed HERA to get free legal assistance to ask for protection of his health rights and protection against discrimination. HERA in cooperation with members of the Network on Protection against Discrimination lodged a complaint to the Ombudsman, the Commission on Protection against Discrimination, the State Sanitary and Health Inspectorate and the Directorate on Protection of Personal Data. The Ombudsman found discrimination and violation of health rights in this case in terms of privacy and confidentiality of personal data. Following the recommendations by the Ombudsman, the health facility where Igor was a patient obliged to prevent discrimination against patients living with HIV in the future.

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## Defending the right of choice

### ***Constitutional Court of Macedonia – the Law on Abortion is not against the Constitution***

The Constitutional Court dismissed the initiative for assessment of constitutionality and legality of several articles in the Law on Termination of Pregnancy, submitted a year ago by HERA, the Helsinki Committee on Human Rights, Reactor, the Coalition Sexual and Health Rights and Professor Risova-Asterud. Most Judges decided not to proceed with the initiative of the civil associations disputing 16 articles restricting the right of choice, particularly articles referring to submitting a request for service provision, compulsory counselling followed by 3 days of waiting. The Constitutional Court considered that the new legislation is not affecting freedom of choice but rather, it regulates the way this procedure is carried out within the framework of the health institutions.



Press conference – Reaction to the decision of the Constitutional Court

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The coalition of the organisations that submitted the application held a press conference to express their disappointment regarding the debate among the Judges, pointing out that it was not suited for an institution that is supposed to defend the constitutional foundations of the Republic of Macedonia. Rather than legal arguments for the disputed articles, the debate was full of personal beliefs: abortion is murder; personal experience and positions: examples of relations between parents and children; questioning the morality: linking abortion to adultery; ideological beliefs: linking abortion to 'liberal values' and to same sex marriage that threatens the survival of the nation. Representatives of civil organisations presented 3 case studies at the press conferences, as examples for degradation, inhumane treatment and torture the new legislation has imposed to women who have decided to terminate their pregnancy. In addition, the cases presented how administrative procedures of the new legislation threaten both the health and the lives of women. HERA in cooperation with partnership organisations will use all remaining international mechanisms in the upcoming period to protect the right of women to abortion. Additionally, all women who have faced obstacles and irregularities regarding their guaranteed right to abortion are urged to contact us for medical, psycho-social and legal support.

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# Testimonial

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Lenka was 42 when she became pregnant and was living alone. Upon a standard gynaecological exam her foetus was discovered to have malformations. She told the doctors who informed her about the diagnosis that she wanted to have an abortion immediately; however they advised her to return in a month for control examination so that the diagnosis was confirmed. They also advised her to obtain second opinion from other health facilities. In this period Lenka obtained two opinions from facilities that perform termination of pregnancy, confirming the initial diagnosis. After a month and having two additional and identical findings, she submitted a request for termination of pregnancy and was referred to the first instance commission for counselling. The counselling was unprofessional, subjective, humiliating and was not based on evidence based medicine. Rather than being counselled on possible risks and advantages of abortion and child bearing, according to the prescribed legislation, the counsellor attempted to make Lenka change her decision. As she stated herself:

*“During the counselling, a woman who introduced herself as a social worker asked me whether I was aware that abortion is murder. She told me that the child might not be physically beautiful, but it would be very smart. She said she had a friend with curved legs, but other than that, she was OK”.*

Following the counselling, the first instance commission failing to decide upon this case, pronounced itself incompetent and referred Lenka to the second instance commission at the Ministry of Health where she was refused the request to terminate her pregnancy.

HERA provided Lenka with psycho-social support and free legal assistance. In cooperation with a lawyer from a partnership organisation, an administrative dispute was initiated against the decision of the second instance commission refusing Lenka to have an abortion. The Administrative Court has failed to decide yet, and Lenka, waiting in the meantime, having her right to choice and abortion violated, was forced to have the child. She has decided to use all national and international legal remedies to get her justice.

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## ***Rulebook on the Methodology and the Form of Counselling of Pregnant Women on Termination of Pregnancy***

In October the Health Ministry, as part of the secondary legislation related to the new abortion law, adopted a rulebook for counselling of pregnant women on termination of pregnancy. HERA supported the Centre on Reproductive Rights in producing an analysis on the contents and the text of the rulebook and provided the following comments:

- The Rulebook contains articles in disagreement with evidence based medicine referred to in WHO recommendations on safe abortion – “in counselling, women should get information on ‘psychological effects after the intervention’”.
- The Rulebook contains insufficiently precise, understated and ambiguous articles – “in counselling women should get detailed oral and written information on immediate and long-term consequences on her health...”
- The right to information is restricted in the Rulebook, lacking impartiality and in disagreement with some of the human rights conventions and recommendations provided by the human rights committees – “in counselling, the doctor should inform women about the precise gestation week of the foetus, as well as about all anatomical and physiological characteristics of the foetus”
- The Rulebook contains partial information in order to discourage women from having an abortion – “in counselling, ultrasound exam of the pregnant woman should be performed, presenting her the dynamic ultrasound image of the foetus with its descriptions and allowing her to hear the heartbeat of the foetus”

In November HERA organised a meeting with representatives of civil organisations, representatives of state and private health institutions and clinics on gynaecology and obstetrics, representatives of international organisations and MPs to present its findings and to discuss the contents and the text of this Rulebook. The conclusion was that the rulebook should be subjected to a revision in order to ensure that information and counselling provided to women who want to terminate their pregnancy are impartial, professional, valid and in line with the right of patients to be appropriately informed, free from partiality and wrong presentation of medical and science based information. It was also requested that counselling should be optional for women who want to terminate their pregnancy, but also information provided in the course of the counselling should emphasise both risks and advantages of termination as well as of keeping the pregnancy. The request for revision of the rulebook including the detailed analysis and comments were delivered to the Ministry of Health.

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## ***Presidential candidates Stevo Pendarovski and Zoran Popovski against further legal restrictions of the independent right of women to abortion***

In the course of the Presidential Election Campaign of the Republic of Macedonia, HERA asked all candidates, if elected for a State President, to commit that *“they will oppose any legal decision which would additionally (with regards to the 2014 Law) restrict the constitutional right of women to termination of pregnancy, they will return it to the Parliament for revision and they will initiate a public campaign for its withdrawal”*.

Two presidential candidates, Mr Stevo Pendarovski and Mr Zoran Popovski, submitted written replies to this request. Both expressed their support for the individual right of any woman to decide to terminate her pregnancy and promised to oppose any newly proposed legal decision that would restrict the right of women to abortion.

## ***Gender platform – 21 organisations associated in a Platform for Gender Equality and Protection of Women's Rights***

The Platform for Gender Equality and Protection of Women's Rights was established by 21 organisations in December.

This Platform is an independent and informal network of Macedonian non-governmental organisations, representatives of the civil society and individuals committed to building an equal society and promotion of gender equality.

This association came as a reaction of ever present patriarchal values, the gap in the distribution of social goods and powers, and the marginalised social, economic and political status and position of women in Macedonia. In the past several years the equal position of women in society was under question because of the following:

- The Law and secondary legislation on termination of pregnancy
  - Media campaigns against abortion
  - The Law on Prevention and Protection against Domestic Violence
  - Legal amendments for paying health insurance on intellectual property and service delivery contracts.
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The Platform will act in six areas including Economy, Education, Reproductive Rights and Health, Gender Based Violence, Access to Services after being subjected to violence, Social Policy and Women's Participation into Politics.

By publicly signing a Declaration on Gender Equality, the organisations formally became members of the Platform on Gender Equality.

HERA as a member of the Platform will work on defending and promoting the right to abortion as part of the strategic area on Reproductive Health and Rights. In the course of the year, civil organisations working on women's rights were extensively mapped, in order to identify their capacities and expertise on defending the right on abortion. The results of the mapping were used as basis to develop the Women Choose! The Decision is Mine! Strategic Action Framework. This strategic framework identifies three key areas the Platform will focus in the future: Right to abortion; Conditions at maternity hospitals and treatment of women in terms of abortion; and Access to health services by implementing activities on building the capacities of organisations, advocacy and establishing mechanisms of cooperation with the stakeholders. More about the Platform at <http://rodovaplatforma.mk/>



Signing the Gender Platform Declaration

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## ***Abortion and International Human Rights Instruments***

In 2014, HERA strengthened its work on protection of sexual rights by using UN human rights mechanisms.

In June, Draško Kostovski, HERA Programme Director, together with the International Planned Parenthood Federation, addressed the UN Human Rights Council in Geneva on its 26th Session, regarding the second Universal Periodic Review on Macedonia. The statement emphasised concern for several aspects of sexual and reproductive health and rights, based on comments from member-states of the Council, but it also welcomed the obvious progress in some areas, such as increased funds for antiretroviral therapy. HERA asked for the numerous comments on flaws in the legislation and protection against discrimination on grounds of gender identity and sexual orientation not to be disregarded.

In the course of the year, HERA together with Reactor, the Coalition Sexual and Health Rights of Marginalised Communities and the Helsinki Committee on Human Rights of the Republic of Macedonia, drafted comments for the third report on Macedonia, for the International Covenant on Civil and Political Rights. The situation with women's rights was emphasised on, particularly their decline in view of the continuous Government campaign against abortion and the restrictive changes in the Law on Termination of Pregnancy (2013). Headed by the Irish Family Planning Association (Dublin), the Centre for Reproductive Rights (Geneva) and the Centre on Civil and Political Rights (Geneva) provided training and continuous support. HERA also met for consultations with the Secretary of the Human Rights Committee in Geneva.

In October 2014, following the additional information upon drafting the list of questions, the Human Rights Committee asked Macedonia the following:

*Please provide your response regarding the concerns whether the Law on Termination of Pregnancy and the newly introduced compulsory counselling and period of waiting, as well as the public campaigns of the Government to restrict the right to abortion are in agreement with the Covenant. Please inform us about the measures undertaken to enhance the access to contraception and to reduce the infant mortality rate.*

The cooperation with the Human Rights Committee will continue in 2015 when final comments of the report on the Republic of Macedonia are expected.

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Addressing the 26th Session of the UN Human Rights Council in Geneva regarding the findings in the second Universal Periodic Report on the Republic of Macedonia

## Family Planning Bulletin

The first Family Planning Bulletin for MPs was published by HERA in September. The goal of this publication is to offer expert analysis supported by facts which are significant prerequisites for successful family planning and parenthood. The analysis should assist MPs to enhance their knowledge, to encourage them for future actions as legislators and public promoters, as well as to better monitor implementation of state policies and to propose new measures. The need for the Bulletin resulted from the fact that in the past several years we have been witnessing increase in public debates, campaigns and political measures for improving family planning and reproductive health. However the question remains whether this is sufficient to have the right effect, whether this is the right direction and what more could be done to improve health and status of families in society, without forgetting to protect the dignity and rights of individuals, particularly women as main pillars in family planning. Below you can find analysis and topics we discussed in the first two editions of the Family Planning Bulletin <http://hera.org.mk/?p=2990> and <http://hera.org.mk/?p=3107>



## Platform on Promoting SRHR of Persons with Disabilities

Upon HERA's initiative, the Platform on Promoting SRHR of Persons with Disabilities was established in May 2014 by several civil associations headed by or working with persons with disabilities (*National Centre for Support of Persons with Learning Disabilities – PORAKA; Mobility Challenge; Polio Plus; Our Message-Kumanovo; Solem; Association of Blind and Visually Impaired People of Macedonia – Luj Braj; National Union of People with Physical Disabilities of Macedonia – Mobility; and Association of Students and Youth with Disability*). The Platform held several meetings and two round tables in 2015 with participants from the Parliament, the Ministry of Labour and Social Policy, the Faculty of Philosophy, the National Coordination Body on Protection of the Rights of Persons with Disabilities, daily centres and special facilities for persons with disabilities, as well as representatives from other civil associations. Conclusions and recommendations from the meetings and the round tables refer to measures on improving access to services and strengthening the capacities of the health sector in providing universal access to services for persons with disabilities, as well as drafting and actively

supporting education programmes to provide conditions for these persons to know their rights, to recognise discrimination, exploitation and abuse as well as the mechanisms for protection, and to strengthen their own capacities. The Platform on SRH and persons with disabilities drafted its own advocacy document whose goal is to have the Ministry of Labour and Social Policy, the Ministry of Health and the Ministry of Education and Science provide proper access to information and services on sexual and reproductive health for persons with disabilities in Macedonia by the end of 2018. In addition, HERA signed a memorandum of understanding with the Office for Social Activities in order to improve the education process on SRH for persons with disabilities; the activities for achieving this goal will begin in 2015.

## **Network against Homophobia and Transphobia – Article 3 and the Constitution**

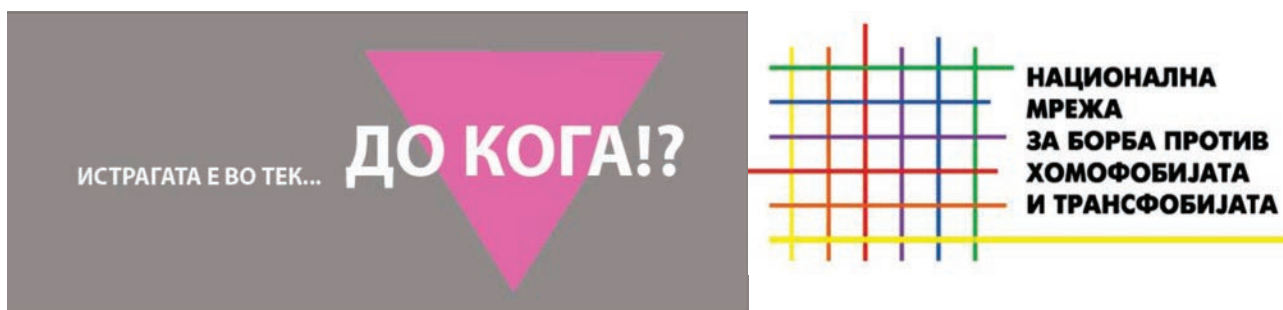
In 2014 HERA was part of the newly established National Network against Homophobia and Transphobia. Even though it is informal, this network succeeded for the first time in uniting twenty organisations and informal activists' groups working to different extents on protection of LGBT rights. The Network adopted its own Code of Ethics and statute, and it selected five members to establish a coordinative body.



First debate of the Platform on SRH and persons with disabilities

The Network began its work with the *Say No to Homophobia and Transphobia* campaign, supported by public personalities. In addition, media activities were organised for amending and modifying Article 3 of the Law on Prevention and Protection against Discrimination, to include sexual orientation and gender identity as grounds for discrimination. The Network succeeded in publicly marking the International Day against Homophobia and Transphobia (IDAHOT) by organising an event at the City Park in Skopje. HERA got involved in the current operations on planning and implementing some activities and decisions. For Pride Week, HERA organised a workshop on the significance of comprehensive sexual education in prevention and protection against homophobic violence at schools.

In the second part of the year, the Network was focused on preventing constitutional changes on defining marriage and common law marriage exclusively between heterosexual partners. By working intensely with some MPs, it contributed to stopping the proposal on constitutional definition of common law marriage exclusively as a union of heterosexual partners. Yet, the campaign of the Government to define marriage in the Constitution of the Republic of Macedonia has not been stopped and the changes to the Constitution are expected to be adopted in 2015.



The Network organised weekly protests, performances and blockades in front of the Macedonian Public Prosecutor's Office in the course of several months related to the most violent attack so far on LGBT citizens and supporters; in October 2014, upon marking the anniversary of the LGBT Centre for Support of the Macedonian Helsinki Committee on Human Rights a group of masked vandals physically attacked guests at Damar bar celebration venue. By the end of the year, state bodies, primarily the Public Prosecutor's Office, failed to identify and prosecute those who committed the violence.

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## **A new Law on Prevention and Protection against Domestic Violence – how did the process unfold**

27 organisations comprising the National Network on against Domestic Violence and Violence against Women, where HERA is a member of the Management board, were denied access into the working group tasked with drafting the new Law on Prevention and Protection against Domestic Violence.

The Network had serious remarks on the methodology used to draft the proposed legislation as well as on the exclusion of the Network from the consultation process, despite its several attempts to propose constructive solutions and to initiate a thorough debate. Generally, in all aspects this legislation has failed to provide improved protection of victims of domestic violence, particularly female victims, nor has it provided for prevention at higher levels for the purpose of stopping future violence.

Even though we were tendentiously excluded from the legislation drafting process, the National Network remained constructive in support of protection of victims and contributed with general remarks on the law which is not even close to the needs of Macedonia regarding full protection of domestic violence victims. The comments of the Network were the following:

1. There was no prior analysis of the current capacities in Macedonia for prevention and protection against domestic violence to serve as grounds for this law to provide for a comprehensive response to existing weaknesses in different sectors treating domestic violence.
2. The law is not gender sensitive, failing to define domestic violence as gender based violence and failing to recognise girls and women as a separate group vulnerable to gender based violence.
3. The law has failed to offer new improved solutions to the problem of domestic violence, both in the aspect of prevention, as well as in the aspect of protection of victims, compared to existing national protocols on prevention and protection against domestic violence; it has failed to prescribe measures to strengthen institutional capacities for care, support and treatment in domestic violence cases, and these remain to be the key weaknesses in the national response to domestic violence.
4. The role of the associations in offering protection against domestic violence is not clearly defined in the existing law.

This law was adopted without accepting any suggestion from the civil associations. Its implementation began on 1st January 2015.

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# INFORMATION AND EDUCATION

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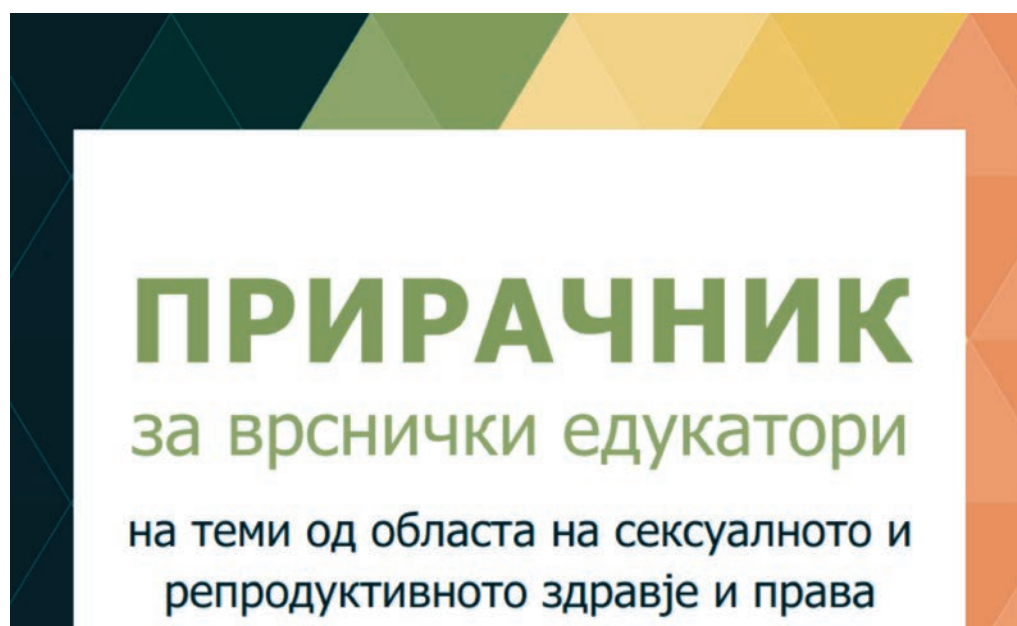


# INFORMATION AND EDUCATION

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## Comprehensive sexual education

- A new peer education programme on comprehensive sexual education was revised and drafted in cooperation with Faculty of Philosophy professors Nikolina Kenig and Aleksandra Ristovska, as well as peer educators from HERA and Y-PEER,
- Peer education handbook was drafted in accordance with the framework of the International Planned Parenthood Federation on comprehensive sexual education on the following topics: sexual and reproductive health, gender, civil aspects, violence, relationships, pleasure and diversity.



- 34 young people were trained in two pilot peer education trainings carried out according to the new programme on comprehensive sexual education; one of the two trainings was in cooperation with Y-PEER network and HERA volunteers, as well as the Red Cross, the Theatre of Shadows and Clouds, the Young Can, Multiculture and CRUJX Tetovo.
  - 72 students attended 7 workshops on comprehensive sexual education as part of the pilot education courses in 3 schools in Skopje – the Building Construction Secondary School Zdravko Cvetkovski, the American Highschool Nova and the Secondary School of the City of Skopje Braka Miladinovci.
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Photographs from the two pilot training on comprehensive sexual education, Mavrovo

## Prevention of tuberculosis in socially deprived groups

- 12 Roma health mediators and 53 social workers and expert associates from state centres on social work and the institutions on social care for children were trained to carry out education on prevention of tuberculosis among families at high social risk.
- 323 individuals out of which 161 children and youth attended education workshops carried out by the centres on social work and were informed about the character, the symptoms and the way tuberculosis is transmitted and treated.
- Roma health mediators visited 572 families at social risk, including families with members infected with tuberculosis, and provided them with preventive health education, including assessment of potential infection with tuberculosis.
- 285 individuals, primarily of the Roma population, underwent a fluorography screening for tuberculosis, as an activity of the specialised mobile ambulance, in cooperation with the Tuberculosis and Lung Diseases Institute and the health mediators outreach work.



On spot education of the Roma population about tuberculosis



## Sexual and reproductive health of persons with disabilities

■ In cooperation with the PORAKA NEGOTINO centre on support of persons with learning disabilities, the Public Institute for Rehabilitation of Children and Youth Skopje and the OPEN THE WINDOWS civil association, 35 education workshops were held on sexual abuse and violence; 22 persons with learning disabilities were trained at the workshops.

■ 25 parents had an opportunity to get introduced to HERA's programme on sexual education of persons with learning disabilities. Dr Snezana Georgieva Janevska, gynaecologist, talked about the significance of practicing regular gynaecological counselling and examinations regardless of the type of learning disability a person has, stressing that puberty as a hormonally dependent process does appear, regardless of approval or disapproval of the environment of the disabled person.



Workshop on sexual abuse of persons with learning disabilities

# Testimonial

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Before the workshop Marko, a 28 year old participant, in a discussion with the educator said *'We'll talk about love!? I won't, that is not for us'* referring to persons with disabilities. However, following the workshop his opinion changed and he expressed his satisfaction *'I really feel nice that we can talk about love and relationships. You know, at the beginning I was ashamed to discuss this, and I have never really discussed about girls with anyone...now I can talk with my friends how to get a girlfriend, how to treat her nicely so that we both feel nice!'*



## 16 Days Activism against Gender Based Violence

- This year, the campaign 16 Days Activism against Gender Based Violence was carried out in cooperation with the National Network against Domestic Violence and Violence against Women. The goal of this campaign was to raise the awareness on the phenomenon of gender based violence among the general population, particularly among young people.
- The campaign started with a protest and a march under the slogan '16 Days for 16 Victims' on behalf of victims who lost their lives as victims of domestic violence, but also as victims of insufficient and improper reactions of institutions in the past 6 years.
- 218 secondary school students participated at 8 debates on intimate partner violence in different cities in Macedonia organised by the Network members.
- A general conclusion from the debates is that most young people in Macedonia are capable of recognising violence in relationships, but fail to report it to the authorities, primarily because they lack trust in mechanisms for protection of victims of domestic and gender based violence stating inefficiency to be the cause.
- Several internet portals published 10 reports produced by activists and members of civil organisations on topics on 'forgotten' forms of violence against women.

### Што е интимно партнерско насилство?

Насилство од страна на интимен партнер без разлика дали живеете во заедница или не, е образец на контролирачко однесување кое вклучува физичка, психичка, емоционална, вербална, сексуална и/или економска злоупотреба.

**МНОГУ Е ЛЕСНО ДА ЗАГЛАВИШ ВО НАСИЛНА ВРСКА!**

На почетокот може да изгледа дека личноста со која се забавуваш само ти покажува љубов и внимание. Тоа е ласкаво и предизвикува пријатни чувства. Но, ако вниманието почнува да биде застрашувачко и те прави да се чувствуваш заробено, личноста со која се забавуваш може да се обидува да те контролира.

**НЕ МОЖЕШ ДА ЈА СМЕНИШ НЕГОВАТА ЛИЧНОСТ.**

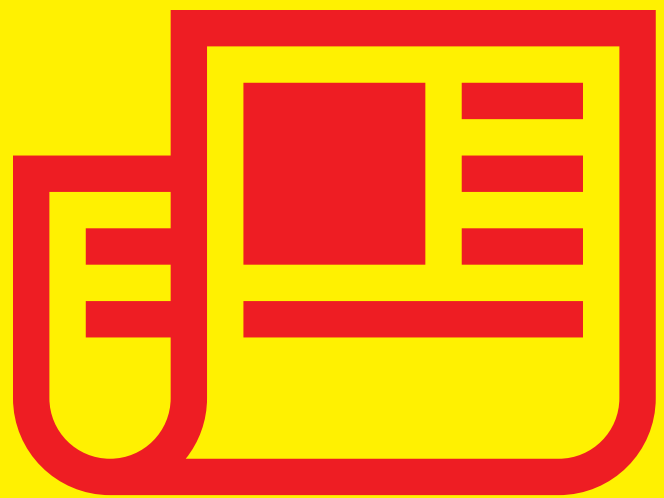
### Дали твојот дечко....

- Често се лути или е љубоморен?
- Ти го ограничува контактот со пријателите или те спречува во другите активности?
- Контролира со кого се гледаш и каде одиш?
  - Ти кажува како да се облекуваш?
- Те критикува или понижува пред другите?
  - Те присилува да имате секс?
  - Те проверува?
  - Те следи или демне?
- Вози опасно за да те исплаши?
- Те обвинува тебе или други за неговиот темперамент?
- Постојано ветува дека ќе се смени?
- Физички те повредува или ти се заканува дека ќе те повреди?
- Се заканува со самоубиство?

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- <http://www.glasprotivnasilstvo.org.mk/04-12-2014-intimno-partnersko-nasilstvo-i-semejno-nasilstvo/>
  - <http://psihologija.com.mk/seksualno-nasilstvo-vrz-zheni-i-siluvanje/>
  - <http://www.glasprotivnasilstvo.org.mk/26-12-2014-znachen-eto-na-kampan-ata-16-dena-aktivizam-protiv-nasilstvo-vrz-zhenite/>
  - <http://psihologija.com.mk/maloletnichki-brakovi>
  - <http://psihologija.com.mk/zhenite-so-poprechenost-imaat-pogolema-verojatnost-da-dozhiveat-nasilstvo/>
  - [http://www.fakulteti.mk/news/14-12-09/demnenjeto\\_kako\\_oblik\\_na\\_rodovo\\_bazirano\\_nasilstvo.aspx](http://www.fakulteti.mk/news/14-12-09/demnenjeto_kako_oblik_na_rodovo_bazirano_nasilstvo.aspx)
  - [http://www.fakulteti.mk/news/14-12-11/tinejdzherski\\_nasilni\\_vrski.aspx](http://www.fakulteti.mk/news/14-12-11/tinejdzherski_nasilni_vrski.aspx)
  - <http://www.glasprotivnasilstvo.org.mk/10-12-2014-zaboraveni-formi-na-nasilstvo-vrz-zhenite-i-devojchin-ata-prinudni-i-dogovoreni-brakovi/>
  - <http://www.glasprotivnasilstvo.org.mk/07-12-2014-zaboraveni-formi-na-nasilstvo-vrz-zheni-prisilna-sterilizatsija-i-prisilen-abortus/>
  - <http://www.glasprotivnasilstvo.org.mk/05-12-2014-fizichko-nasilstvo-i-femitsid/>
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# THE MEDIA AND THE CAMPAIGNS

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# THE MEDIA AND THE CAMPAIGNS

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## @ Maria Vaginologist

Maria Vaginologist is a virtual character on the social networks, created in April this year, in order to inform girls aged between 14 and 25 about their sexual and reproductive health, breaking all prejudice and taboos regarding modern contraception, the menstrual cycle and sexually transmitted infections. Maria Vaginologists also encourages girls to take regular consultations and examinations at their family gynaecologist.

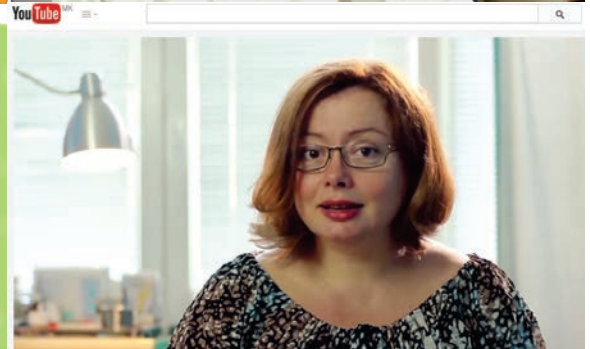
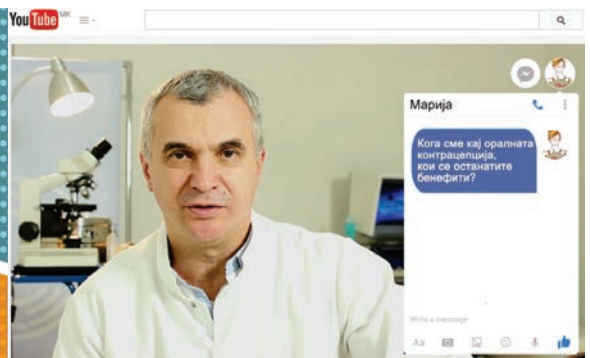
Maria Vaginologist is on Facebook and Twitter ([www.facebook.com/vvv.marija](http://www.facebook.com/vvv.marija) and @MarijaVaginolog). 51 texts have been published at [vaginolog.wordpress.com](http://vaginolog.wordpress.com) on topics related to sexual and reproductive health of girls. Contacts with fans are on daily basis by publishing texts and news, as well as replies to their questions, mostly on irregular menstruation cycles, sexually transmitted infections and contraception. Also surveys are conducted to research the attitudes and the behaviour of girls in Macedonia regarding their health.

The Facebook fun page has come to 9,713 Likes in only 9 months and the blog has a total of 57,772 views.

Most popular articles on the blog are *Mister Condom*, *My First Menstruation*, *Miss Femidom*, *No to Natural Methods*, *What Should You Know about HPV*. 3 interviews were presented on Maria Vaginologist with specialists-gynaecologists who responded to questions of most interest to young women. In the video of the interview with Dr Daniela Ivanova Panova, she states that "Girls should have more trust in their gynaecologists and ask about things they are not sure of". A frequent message sent by Maria Vaginologist is that Modern Girls Use Modern Contraception.

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## Sexy Neighbourhood radio programme

■ In 2014 HERA's young volunteers produced 17 new *Sexy Neighbourhood* radio shows; various topics in the field of sexual and reproductive health and sexual rights were discussed. *Sexy Neighbourhood* has been on air for 3 years so that #HERAyoung could easily express their positions and act towards changes in the awareness and attitudes of other young people.

■ Renowned journalists and media workers held a series of workshops to train the 12 volunteers of the *Sexy Neighbourhood* team on working in the media, to improve their knowledge and skills for the future.



The Sexy Neighbourhood team celebrating its 3 birthday

## Girls Decide – Week of Sexual and Reproductive Health and Rights and Persons with Disabilities

The Week of SRH and Persons with Disabilities was marked between 17 and 21 March, as part of the Girls Decide Initiative supported by the International Planned Parenthood Federation, in order to raise awareness on the rights and care for reproductive rights of persons with disabilities according to the Convention on the Rights of Persons with Disabilities, ratified by Macedonia on 5th December 2011.

The Week was marked by several activities – press conference, photo-exhibition, internet campaign, medical exams and education at the *I Want to Know* youth centres and an event on marking the World Down Syndrome Day. Speakers on the press conference were MPs, representatives of relevant state institutions and civil organisations, as well as professors from the Philosophy Faculty. They urged institutions to increase the scope of education on sexual and reproductive health of persons with disabilities and their families in order to strengthen the confidence of these persons and to prevent sexual abuse, as well as to provide accessible medical services on reproductive health.



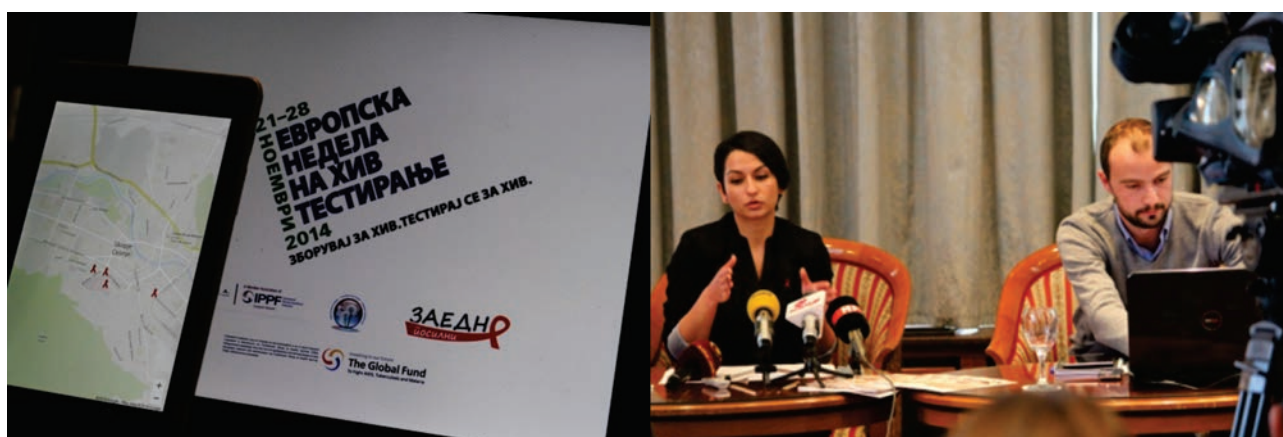
15 photographs from the *Guardian* photo collection project in Macedonia, in cooperation with Poraka-Skopje Day Care Centre for persons with disabilities and the Gostivar State Day Care Centre for persons with disabilities were exhibited at the *Kocho Racin* Culture Centre. A photo catalogue was also designed <http://hera.org.mk/?p=2726>. The Week of SRH and Persons with Disabilities was also promoted with an on-line Facebook campaign, which in 10 days generated 5456 Post engagements, 4535 Clicks and 324.958 Reach. The *Guardian* photo collection and the text on persons with disabilities and their SRH in Macedonia were published in *Nova Makedonija*, Net Press and on numerous internet portals. 24 persons with Down syndrome were given medical exams and underwent educational workshops in the course of the Week, at the *I Want to Know* youth centre, in cooperation with *Trisomija 21*. The end of the SRH and Persons with Disabilities Week was marked by a debate on the occasion of the World Down Syndrome Day to discuss the significance of health care and sexual and reproductive health of persons with Down syndrome.



Photo exhibition. Marking the Week on Sexual and Reproductive Health and Rights of Persons with Disabilities

## European HIV Testing Week

HERA joined the marking of the European HIV Testing Week (21-28 November) initiated by more than 680 organisations working on HIV prevention throughout Europe. *Talk HIV. Test HIV.* slogan was used in the campaign in Macedonia to raise the public awareness on advantages of HIV testing, as well as to encourage as many citizens as possible to undergo testing and learn about their HIV status. At the press conference on 21 November, HERA urged all citizens, particularly those who have had sex without condoms, to get HIV tested, since the sexual transmission of HIV remains to be the dominant way of transmission in Macedonia. It was stressed that HIV testing should always be voluntary and confidential. A promotion video on HIV was presented at the press conference - <http://hera.org.mk/?p=3074>; HIV test mobile application available at <https://play.google.com/store/apps/details?id=com.hera.hivtest&hl=en> was also presented at the press conference, intended to help citizens by means of Q&A to learn if and where they should get HIV tested. In addition, throughout the Week, 122 individuals got tested for HIV free of charge, at the I Want to Know youth centre in cooperation with Star-Star Association on Advocacy for Sex Workers' Rights.



Photos from the press conference on marking the European HIV Testing Week

## 28 September – Global Day of Action for Access to Safe and Legal Abortion

### “Imagine a world free from abortion stigma”

The Global Day of Action for Access to Safe and Legal Abortion was marked for the second time on 28 September. The campaign included a press conference, an educational debate, activities on the social network and distribution of flyers and posters. The Global Campaign Macedonia was supported by civil associations including *Reaktor*, the National Network Against Domestic Violence and Violence against Women, the Coalition Health and Sexual Rights of Marginalised Communities, National Council on Gender Equality – SOZM, ECE – Association on Emancipation, Solidarity and Equality of Women, the Helsinki Committee on Human Rights in Macedonia, *Akcija Zdruzenska* and *Borise Zenski*.



Press Conference 28 September - Global Day of Action for Access to Safe and Legal Abortion

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The slogan *Imagine a World Free of Abortion Stigma* points out to the fact that one in three women have abortion in their lifetime and yet in 66 countries legislation either prohibits or makes it difficult to have an abortion contributing to these interventions being performed outside medical facilities illegally and unprofessionally, jeopardising lives of millions of women throughout the world.

Unfortunately, last year the abortion law in Macedonia changed for the worse in terms of restricting women to choose to have abortion independently and freely. The three restricting articles in the new legislation require for women to submit a request for this service and to undergo obligatory counselling followed by 3 days of waiting.

On the press conference we pointed out that on daily basis the legal and administrative labyrinth jeopardises lives of women and girls who want to have an abortion. Their stories have demonstrated that the process of counselling and waiting in hospital corridors violates their dignity and discriminates them.

Upon the marking of the Global Day of Action for Access to Safe and Legal Abortion, HERA publicly urged all women who have been violated their guaranteed right to abortion and their dignity by facing obstacles and irregularities to contact HERA for medical, psycho-social and legal support.

## **We demand a community gynaecologist! Health of women in Šuto Orizari has a different price**

In June 2014, female Roma activists – paralegals and 'community monitors', in cooperation with Roma medical specialists, technically supported by HERA and the Roma Resource Centre, started an initiative for collecting signatures to petition for re-establishing a community gynaecologist's practice in the Municipality of Šuto Orizari. The initiative started with a public event in Šuto Orizari. Main slogans were – *More than 8000 women in reproductive period, 0 community gynaecologists!* and *We demand high quality gynaecology services in Šuto Orizari now!*. More than 2300 signatures were collected to petition for a community gynaecologist in Šuto Orizari. The event was supported by local NGOs – Ambrela and Cdrim, as well as the band Shutka Roma Rap. As a result of the community demands, after a 6 months delay the Health Ministry initiated an interim measure of offering gynaecological services in Šuto Orizari once a week; this measure was planned in the Programme on Health Care for Mothers and Children. The petitioning for a gynaecologist continued and in December we launched a media campaign – *Health of women in Šuto Orizari has a different price!*. The campaign targeted decision makers, but it also informed the public in Macedonia about the incomparably larger impact the challenges of accessing gynaecological services have on socially marginalised groups such as the women of Šuto Orizari.

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The campaign was carried out in series of activities created by the Initiative of Women of Šuto Orizari. It involved social media, internet portals and traditional media at national and local level, including media in Roma. Billboards were erected at key locations in the vicinity of the Municipality of Šuto Orizari. News about the need of women to have a gynaecologist in Šuto Orizari was broadcast in more than 10 TV reports, including 30 internet articles and 7 print media. About 6000 people got involved differently in campaign activities on Facebook.




Бараме **КВАЛИТЕТНИ**  
**ГИНЕКОЛОШКИ УСЛУГИ**  
во Шуто Оризари

**ВЕДНАШ!**

**8,000** жени  
во репродуктивен период, а **0** **ГИНЕКОЛОЗИ!**

Иницијатива на жените од општина Шуто Оризари и медицинарите Роми  
Настанот е организиран со поддршка на РРЦ и КЗРА.

ПОВЕЌЕ ОД 8000 ЖЕНИ ВО  
РЕПРОДУКТИВЕН ПЕРИОД, О МАТИЧНИ  
ГИНЕКОЛОЗИ.

ЗДРАВЈЕТО НА ЖЕНАТА  
ВО ШУТО ОРИЗАРИ ИМА ДРУГА ЦЕНА!

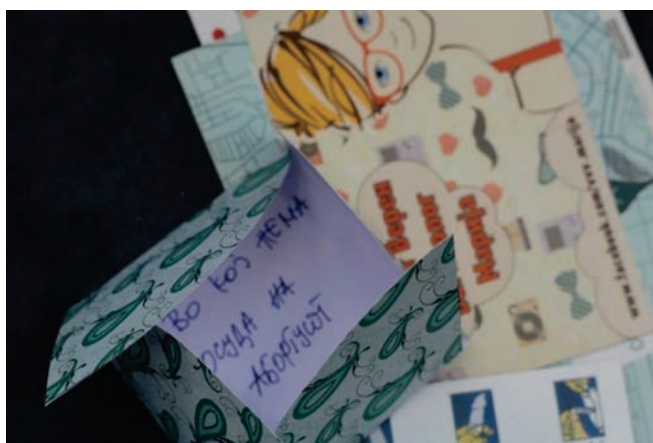
БАРАМЕ МАТИЧЕН  
ГИНЕКОЛОГ ВЕДНАШ!



## Vision 2020

In 2013 the International Planned Parenthood Federation (IPPF) promoted Vision 2020. This manifesto on sexual and reproductive health and rights contains ten fields IPPF and its members will work on to achieve the goals. Vision 2020 was created to guide future development throughout the world for the single purpose of improving and promoting sexual and reproductive health. In addition, Vision 2020 has set up demands for sexual and reproductive health to be included in the future global development goals to be set beyond 2015.

In 2014, Vision 2020 was marked in Macedonia by promoting the right to choice and opportunity for individuals to independently decide about their bodies. As in other aspects of HERA's work, the importance to include young people was stressed in this case as well. The youth group #HERAyoung launched the *I Decide* campaign. In order to encourage young people and make more room for them to express their creativity, at the beginning of the year, this youth group announced an internal competition for a mini grant for promotion of the right to choice. The winner was a design of little boxes containing messages on the right of abortion and women's rights in general. The designed boxes were later handed to visitors to the Skopje Street Festival where #HERAyoung presented a series of short films followed by a discussion. A youth debate was also organised on the occasion of the Global Day of Action for Access to Safe and Legal Abortion. The *I Decide* Campaign was also promoted at a public event where representatives of HERA, UNFPA and other relevant organisations and personalities in the field of SRH addressed the public. The idea was to raise the awareness of all stakeholders and interested parties, as well as to collect signatures for *I Decide* for My Future petition to be handed to Ban Ki-moon, UN Secretary-General. Volunteers from #HERAyoung collected signatures for this petition with additional street activities and on-line campaign.



Little boxes with messages on the right to abortion



#HERAyoung supporting the *I Decide* Campaign



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## Social Media

  
**twitter**  
**1357**  
**followers**

**10923**   
**likes**

**facebook**

**You Tube**   
**28130**  
**views**



# RESEARCH

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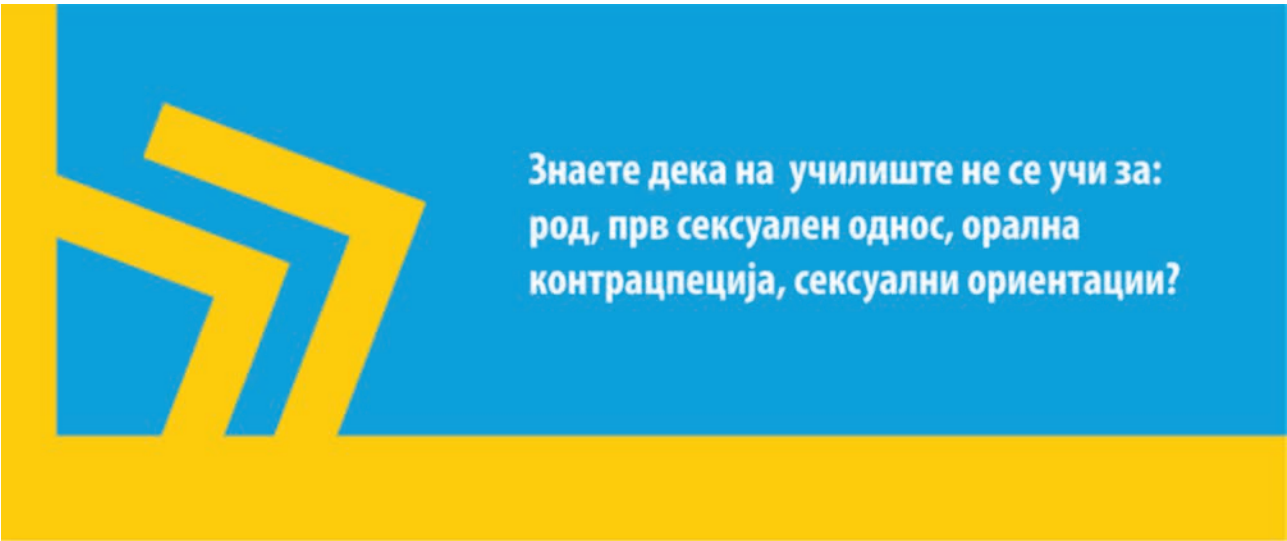


# RESEARCH

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## Knowledge on Sexual and Reproductive Health in Schools

- In the course of 2014 HERA in cooperation with the Centre on Vocational Education and Training carried out a research on the opportunities for pupils to learn about topics in the field reproductive health and protection at schools. The research covered 330 pupils and 110 teachers in secondary schools in Skopje.
- ·63% of the students have learnt about HIV protection at biology classes, but only 21% of those have learnt about condom use at the same classes.
- ·Over 50% have stated that it is good to learn about human rights at life skills classes, but only 13% have learnt about condoms, and merely 2% have learnt about oral contraception.
- ·Gender, first sexual intercourse, sexual orientation and use of oral contraception are the least covered topics.
- Concerns have been raised about the general conclusion that both male and female students from the Albanian community have more restricted access to SRH information. For example, at biology classes only 13% of Albanian students have learnt about condom use compared to 24% of Macedonian students.



Знаете дека на училиште не се учи за:  
род, прв сексуален однос, орална  
контрацепција, сексуални ориентации?

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■ More than 50% of the teachers have requested:

- Additional material for students
- Additional aids and handbooks for teachers
- Additional training for knowledge and skills on teaching SRH related topics.

In order to respond to the requests of teachers, HERA made the SRHR Handbook for Primary School Teachers available on <http://hera.org.mk/?p=3136>. In less than a month about 2000 users viewed the handbook on-line.

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## Sexual and reproductive health of persons with disabilities

**Goal:** To produce an overview of documents, national programmes, policies and conventions related to sexual and reproductive health and rights and education of persons with disabilities, as well as to make an analysis on implementation of the ratified Convention on the Rights of Persons with Disabilities, particularly focusing on Articles 9, 16, 22, 23 and 25.

**Methodology:** Data were obtained by analysing documents and questionnaires filled in by persons with disabilities (28), parents of persons with disabilities (10), experts employed at the day care centres and facilities for persons with disabilities (10) and representatives of the Faculty of Philosophy (8), the Ministry of Labour and Social Policy, the Health Ministry (9), MPs and political parties representatives (7). The methodology used for data processing was structural analysis, as well as descriptive and comparative analysis.

**Results:** Findings from the analysis of the documents have shown the overall system is lacking a tool for licencing, training, monitoring and evaluation, accessibility to health services at primary, secondary and tertiary level, related to sexual and reproductive health of persons with disabilities. In addition, it was identified that no education programmes on SRH for persons with disabilities and their families exist, nor they have actively participated in drafting such programmes. It was also identified that expert staff lacks sufficient skills and education to discuss this topic with persons with disabilities; persons with disabilities have also demonstrated low degree of knowledge in the area of SRH, despite claiming they have been informed about SRH.

**Conclusion:** Sex life of persons with disabilities is a taboo in the society, and people are embarrassed to discuss about sex, while moral and religious factors add to the inaccessibility to proper sexuality information. Therefore it is necessary to introduce a programme for sexual education of persons with disabilities, tailored to their needs, which would include transfer of knowledge in a way acceptable to them.

This research is available on <http://hera.org.mk/?p=3082>

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## Roma Community Antenatal Evaluation Card

**Goal:** To allow female Roma living in Šuto Orizari to evaluate the quality and the access to services during pregnancy and in the antenatal period.

**Methodology:** An evaluation card was designed to measure the quality of services during pregnancy, taking into account the findings from semi-structured interviews with Roma women (68), family gynaecologists (7) and community nurses (3). The card design is in the colours of traffic lights where red is for positive answers up to 50%, yellow is for positive answers between 50% and 75%, and green is for positive answers over 75%,

**Results:** the Roma female community from Šuto Orizari evaluated accessibility and quality of antenatal health services as follows:

FIELD	First evaluation card (June 2013)	Second evaluation card (March 2013)	Change
FAMILY DOCTOR COVERAGE	85,7 %	89,1 %	▲ 3,4%
INFORMATION ROMA WOMEN HAVE RECEIVED ON COSTS AND HEALTH SERVICES DURING PREGNANCY	48,4 %	39,3 %	▼ 9,1%
PRACTICES OF ROMA WOMEN REGARDING HEALTHCARE DURING PREGNANCY	76,3 %	78,9 %	▲ 2,6%
COOPERATION OF COMMUNITY NURSES WITH MATERNITY WARDS AND FAMILY GYNAECOLOGISTS	44,4 %	69,4 %	▲ 25%
COSTS OF SERVICES DURING PREGNANCY	45,6 %	51,1 %	▲ 5,5%
SCOPE OF SERVICES OFFERED BY FAMILY GYNAECOLOGISTS DURING PREGNANCY	66,2 %	66,3 %	▲ 0,1%
COMMUNICATION OF HEALTH WORKERS WITH ROMA WOMEN AT THE GYNAECOLOGIST' PRACTICE	66,1 %	66,3 %	▲ 0,2%
COMMUNITY NURSES VISITS	44,5 %	47,2 %	▲ 2,7%
SCOPE AND QUALITY OF SERVICES PROVIDED BY COMMUNITY NURSES	65,4 %	47,2 %	▲ 2,2%

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**Conclusion:** The community gives red light again for coverage of community nurses visits of Roma women in Šuto Orizari during pregnancy and in the antenatal period, because visits are not carried out in practice according to the Health Ministry programmes.

Evaluation regarding costs during pregnancy has improved, compared to results of the previous evaluation card and have transformed from red into yellow now, still a large percentage of Roma women are charged illegally for services they receive at family gynaecological practices, even though such services are covered by their health insurance.

Recommendations remain that measures and policies are necessary to be implemented within the health system in order to improve the coverage of community nurses visiting Roma women in Šuto Orizari for the purpose of increasing the level of information they receive about health services during pregnancy. In addition, the community has recommended that secondary legislation for charging and offering high quality services by family gynaecologists should be fully respected so that Roma women are provided with improved health care as particularly socially vulnerable group of citizens.

The community evaluation card is available at <http://hera.org.mk/?p=2835>

## **Budget analysis for Roma health**

In order to assess the direct link between preventive programmes implemented by the Health Ministry and the health of the Roma population, an analysis was conducted on *Support and Promotion of Roma Health Mediators in Macedonia*.

This analysis also covered the process of designing prevention programmes regarding their application and method of implementation of planned services, as well as monitoring and evaluation of expected outcomes from the programmes. Thus the analysis, despite being primarily for the Roma population, allowed for an initial evaluation of the system within which prevention programmes of the Health Ministry are planned, applied and evaluated.

Key findings from the analysis have identified restriction in many aspects of linking preventive programme effects over target populations. Health statistical data in Macedonia are not separated by ethnic background, resulting in health institutions lacking proper data on the Roma health status. In addition, there is no method in place to monitor if programme funds intended for the Roma population are actually intended for them. The only sources of data on the current status of the Roma population in Macedonia are research and data collected in the course of the work of the

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non-governmental sector. Lack of data on the Roma population prevents solutions for providing access to health services for the Roma people.

Finally, findings point out to the need for overall revision of the approach used for designing and applying the preventive measures in the Ministry of Health. The need for such changes is obvious primarily in terms of documenting and evaluating results from planned activities, as well as in terms of proper positioning of future funds for precise target groups. Yet, for a detailed elaboration of a new concept, it is necessary to have an overall support from key decision makers from the Health Ministry and the Government.

The following recommendations resulted from the analysis:

- Categorisation of health statistical data by ethnic background
- Introduction of control mechanisms and methods for monitoring funds in programmes intended for the Roma community
- Increase in number of research projects on the current status of the Roma population in the Republic of Macedonia.

## **Research about needs of people living with HIV in Macedonia 2014**

Second research was conducted about needs of people living with HIV in Macedonia in partnership with *Stronger Together* association for support of PLHIV. It would be used as grounds for advocacy and improving programmes and activities for support of PLHIV.

This research was conducted on a suitable sample of 40 respondents. In order to increase representation, the population of 100 available individuals was stratified according to 9 significant demographic and social features, including defining categories for each of the nine variables. Interviews were proportionally distributed according to proper sub-groups in each of the nine variables. Data processing was descriptive, including relevant cross-sectioning. If possible, current findings were compared to those from the first PLHIV needs assessment implemented by HERA in 2009. PLHIV were involved in all stages of this research.

This research has identified that no person with HIV in Macedonia has publicly disclosed their HIV status. PLHIV frequently face gossiping, and are offended, mistreated or threatened and sexually refused. As much as a quarter of the respondents reported situations where they were refused to be provided health services; disclosing the HIV status to third parties without consent is as frequent. Unfortunately they rarely find courage to use existing mechanisms that protect their rights being

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afraid of additional disclosures of their HIV status in further procedures or are lacking trust in a positive outcome. Regarding access to treatment and therapy, problems identified include the time interval therapy is available in and centralised distribution, as well as travelling costs for visiting the Skopje Clinic for persons in less favourable social circumstances. Some PLHIV obviously need to enjoy their reproductive rights free of risk for transmitting the virus to their partner or to the child.

<http://hera.org.mk/?cat=224>

# ИСТРАЖУВАЊЕ НА ПОТРЕБИТЕ НА ЛУЃЕТО ШТО ЖИВЕАТ СО ХИВ ВО МАКЕДОНИЈА 2014

– информативна карта за донесувачи на одлуки и активисти

Оваа карта ги содржи клучните наоди од истражувањето на потребите на луѓето што живеат со ХИВ (ЛЖХИВ) во Македонија спроведено во 2014 година од страна на здруженијата ХЕРА и ЗАЕДНО ПОСИЛНИ во соработка со ТИМ Институт. Ова е второ истражување од ваков вид кај нас, што овозможи споредба на тенденциите од последните 5 години со оние утврдени при првата проценка на потребите на лицата со ХИВ во Македонија спроведена во 2009 година.

Добиените податоци треба да послужат за подобрување на постоечките, како и осмислување на нови програми и активности за поддршка на ЛЖХИВ што ги спроведуваат здруженијата во земјата. Наодите од истражувањето исто така ќе бидат користени како основа за застапување со цел да се обезбедат подобри системски решенија кои се однесуваат на оваа група граѓани.

## РЕЗИМЕ НА КЛУЧНИТЕ НАОДИ

И по повеќе од три децении од појавувањето на ХИВ во светот, во Македонија сè уште ниту едно лице со ХИВ јавно не го споделува својот ХИВ статус. Луѓето кои живеат со овој вирус не можат отворено и слободно да разговараат за тоа дури и во најблиската средина. Така на пример, повеќе од половина од лицата со ХИВ го немаат споделено ХИВ-статусот со своите родители и со најблиските пријатели. Додека

луѓе без согласност на самото лице, како и недискретното посочување на оваа информација пред трети лица кои чекаат на преглед. **И во ова истражување како најчести прекршители на правата на лицата со ХИВ се јавуваат здравствени установи и вработени во здравствениот сектор**, при што се забележани сериозни случаи на навредлив и непрофесионален однос и дискриминација. Овие понекогаш доведоа и до непоправливи последици по социјалниот живот на лицето со ХИВ.

И покрај тенденцијата на намалување на степенот на автостигма во споредба со претходното истражување, однесувањата кои се последица на автостигмата остануваат високи и не се во склад со современите научни сознанија за ХИВ. **Така, 43% од лицата со ХИВ одлучиле да немаат (повеќе) деца (наспроти 67% во 2009 год.). 38% – да не**

## The 2nd MenEngage Global Symposium

The 2nd MenEngage Global Symposium was held in New Delhi in November 2014 gathering around 1200 activists, advocates, researchers and professionals working on gender justice and coming from 94 countries. The theme of the Symposium was 'Men and Boys for Gender Justice'. It encompasses a holistic approach to understanding masculinities in different domains in a globalizing world. The main objective of the meeting was to identify the directions on how men and boys can creatively contribute to gender equality, the new development paradigm beyond the



### 2nd MenEngage Global Symposium 2014

10-13 November | India Habitat Centre | New Delhi

MDG framework, and towards the new vision of social justice.

The outcome of this Global four day meeting was the Delhi Declaration and Call to Action available at: <http://www.menengagedilli2014.net/delhi-declaration-and-call-to-action.html>

HERA has been a member of the MenEngage (<http://menengage.org/>) since 2009. In the framework of the Symposium track on *Sexualities, Identities, – moving beyond the gender binary, privileges, vulnerabilities, subordination, hegemonies, LGBTI, homo/trans phobia, disabilities, alternate/non-conformist men*, the Programme Director Drashko Kostovski had the opportunity to present the findings from the Community based study “Society, gender, sexuality, sexual health and MSM in Macedonia” available at [http://hera.org.mk/wp-content/uploads/2012/02/msm12\\_en.pdf](http://hera.org.mk/wp-content/uploads/2012/02/msm12_en.pdf)







# CAPACITY BUILDING

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# CAPACITY BUILDING

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## Secretariat of the Country Coordinative Mechanism (CCM) on HIV and TB

### 1. Sustainability of HIV and TB Programmes

- Consensus has been reached on the key priorities as well as the guidelines for drafting a HIV and TB Programmes Sustainability Plan after finalisation of the funding by the Global Fund to Fight HIV and TB, in addition to defining the key activities.
- A CCM coordination body for sustainability was introduced, tasked to coordinate the national process for sustainability of HIV and TB programmes. Within the framework of its activities, this body contracted a consultancy company which will draft an operative analysis for implementation of the Sustainability Plan.
- A National HIV and TB Programmes Sustainability Conference was held (3-7 June, 2014) introducing the Macedonian context and impact on HIV and TB programmes, to each of the key stakeholders. The work performed during the conference was directed towards reaching a joint understanding regarding the various necessary to be undertaken in order to draft such a Sustainability Plan, while each of the participating stakeholders agreed on the concept for introducing a Sustainability Strategy in Macedonia, in addition to an implementation process which, in the future, will be in accord with the drafting of the Sustainability Plan.
- In December, for its members, **the Country Coordinative Mechanism** organised an organisational retreat exercise, in order to discuss its new initiatives: drafting a National Fundraising Strategy, Fundraising Strategy and Action Plan with a Calendar for communicating with each of the persons involved in the fundraising and sustainability activities.

### 2. On-going oversight of HIV and TB Programmes supported by the Global Fund

- In February 2014, an Oversight Plan for On-Site Inspection Visits was adopted and implemented by the Oversight Committee. The Committee realized 5 on-site inspection visits of the primary and secondary HIV and TB programmes fund recipients supported by the Global Fund and recommended that the modern and effective treatments against Hepatitis C infections need improvement, as well as the need to reallocate the savings from the Hepatitis C treatments for treating more such patients and the introduction of more contemporary drugs for such treatment,
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in addition to improving the mechanisms of selection of new secondary funding recipients for implementation of HIV and TB programmes supported by the Global Fund.

■ The Checklists for follow-up of the implementation of HIV and TB programmes supported by the Global Fund were drafted and published on the CCM website [www.nkm.mk](http://www.nkm.mk)

### **3. Phase 2 of the Global Fund-financed HIV Programme, approved**

■ A working group within the CCM was established to draft the application for the 2015-2016 Phase 2 of the Global Fund-financed HIV Programme. This working group drafted a well-documented application which was adopted at the CCM level, and further approved by the Global Fund Secretariat.

## **Roma Health Mediators**

During 2014, HERA continued its provision of technical support for the Ministry of Health, implementing the Roma Health Mediators programme. Such support included administering the working group for monitoring and organising on-site visits, in co-operation with the Institute for Public Health, improving the system for inputting data relating to the work performed by the mediators, as well as organising additional sexual and reproductive health training and early detection of children with learning disabilities, in partnership with the Obstetrics Service. Mentorship support for the mediators recruited in 2014 was also provided via the peer education model and in addition to this, a working group for the review of the Strategic Framework for Roma Health Mediators, was introduced.

In 2014, the Ministry of Health approved and signed 9 new contracts for recruiting health mediators in 6 municipalities throughout Macedonia: Kumanovo, Delčevo, Gjorče Petrov, Gazi Baba, Gostivar and Tetovo. During the course of the year, a total of 3786 Roma patients in 10 municipalities were covered by the activities of the Roma health mediators. Their activities ranged from efforts to promote the health of the Roma community with on-site visits, accompanying patients while they receive medical services or vaccines for their children in medical facilities or while submitting claims for obtaining health insurance benefits and while selecting their own designated family gynaecologists. The Roma Health Mediators Bulletin No. 4 was also published and distributed to relevant institutions, civil society organizations and donors, covering issues such as the good practices and the importance of health mediators in their provision of improved access to health services for the Roma community. The bulletin is published at [http://hera.org.mk/wp-content/uploads/2014/12/bilten\\_1.pdf](http://hera.org.mk/wp-content/uploads/2014/12/bilten_1.pdf)





Training on sexual and reproductive health among Roma mediators

# Testimonial

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## „The power of health mediation“

M.N. is a 16 year old Roma, married in Šuto Orizari. She, like her sisters, has never been registered and has no birth certificate thus she does not possess any personal identification documents.

When she became pregnant she was not able to visit a gynaecologist for regular check-ups since she had no medical insurance. Therefore she contacted the Roma health mediator from Šuto Orizari, Ms Ljatifë Šikovska.

“She received us well, she listened to our problem and said that it is a difficult problem and it will need time for the problem to be resolved. First she took me to the I Want to Know Youth Centre – a service administered by HERA, to speak with a social worker. The social worker helped me to make appointments with a gynaecologist, free of charge. Then, with the help of Ljatifë, we compiled all the necessary documents for starting the procedure for registration in the Ledger of Births.

While we waited for the birth certificate, early one morning, I went into labour and, together with my family we went to the Gynaecology Clinic. The doctor there refused to admit me since I had no health documentation. My father in law tried to explain to her what my situation really was, but she was still unwilling to do anything and ordered us to leave her office. I was very scared and helpless. We were standing in front of the hospital, however my contractions started to persist. Since we were not sure what to do, my father in law contacted Ljatifë and she came to the clinic as soon as possible. She had a conversation with the doctor and she suddenly admitted me into the hospital and provided care. 20 minutes after I delivered a healthy baby girl. I was more than happy. If there wasn't for Ljatifë, I really cannot imagine what would have happened to me and to my baby.

My registration procedure to obtain a birth certificate lasted for almost 1 year. Thanks to Ljatifë and her responsibility and persistence now I have a birth certificate, an ID and health insurance for me and my daughter. I also claimed my right to receive welfare benefits.

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## **Integrating legal empowerment and social accountability for Roma reproductive health**

In 2014, HERA in partnership with the Roma Resource Centre and AMBRELA launched the programme for integrating the access to paralegal aid and community monitoring with an objective to improve the reproductive health of Roma women residing in Skopje's Šuto Orizari neighbourhood. With the assistance of the outreach activities the trained women-leaders recruited for the *Community Monitoring* programme trained a total of 923 women by on-site visits (197 pregnant and 726 in their reproductive years). In addition to this, 97 clients got support from a legal counsellor, 163 Roma men got a paralegal counsel provided by women counsellors and 87 Roma women visited the 3 local community fora. 12 of the trained activists recruited for both initiatives also took part in the organization of 9 public events, 8 direct meetings with decision makers and key institutions, 6 direct mediation and negotiation exercises with health service providers, implementation of community appraisal, media campaigns and investigative reporting, 10 official communiqués addressed to institutions and 7 complaints submitted to institutions. The inclusion of Roma women in representation processes resulted in decreased or completely



**Community Forum – Roma women together with a representative of the Health Insurance Fund discussing the tools available to women to enjoy their right to health.**

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eradicated practices of illegal charging for services which form part of the daily business of family doctors or designated gynaecologists, in addition to implementing a measure for delivering gynaecologic services in Šuto Orizari once per week and raising the awareness among Roma women to report any disenfranchisement of their health or social rights. Institutional responsibility and measure implementation remains a challenge because the institutions have failed to introduce even a single gynaecologic outpatient office with a designated gynaecologist in Šuto Orizari, the largest Roma community neighbourhood in Skopje; in addition, the illegal charging of services by designated gynaecologists, which must be provided to every woman throughout the country, free-of-charge, remains a challenge. During the forthcoming year the Roma women activists will continue to provide further training and mobilization throughout the community, with on-site monitoring and gathering evidence and use of legal tools entail seeking accountability and justice from the line institutions whose main business is provision and protection of women's reproductive rights.

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# Testimonial

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Silvija is a 34 year old Roma woman, in receipt of financial aid for her third child, a benefit she received for the past 4 years, unhindered. However 8 months after her last periodic registration for confirming her right to receive such benefit, the Centre for Social Affairs informed her that she failed to present a valid confirmatory document that her pregnancy was regularly followed by a gynaecologist, as one of many compulsory documents for claiming the right to receive the benefit, and that she must submit such a confirmation to them. Otherwise she must refund all benefits received for a third child parental aid during the 4 year period and that she will no longer be eligible for such aid.

Silvija contacted HERA's *I Want to Know* youth centre located in Šuto Orizari to address this problem, requesting free legal aid. Her case was taken by the paralegal women who work in the centre. During an interview with Silvija the paralegals found that she is unable to obtain a medical Confirmation for regular follow-up of her pregnancy since she had minor misunderstanding with one of the nurses in attendance with her designated gynaecologist. After she shared this problem with the paralegals they made an appointment for a meeting with Centre for Social Affairs. During the meeting they were informed that Silvija must produce the Confirmation in order to meet the legal eligibility requirements to claim her benefits for third child parental aid. Thereafter, the paralegals met with Silvija's designated gynaecologist, informing and reminding him that he is bound by the law to issue such a Confirmation for regular follow-up during Silvija's pregnancy and that he must produce such a document for her, without regard to any misunderstanding that might have occurred with his nurse. The gynaecologist did issue the confirmation after the meeting and Silvija submitted it in the Centre for Social Affairs. Thanks to the paralegals determination and timely reaction Silvija is still in receipt of third child parental aid benefits.



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## Partnership with the community of people with HIV

During the course of 2014 HERA continued to support the work of the civil society organization *Stronger Together*, as independent organization of the community of people living with HIV and their close supporters. The administrative assistance provided by HERA contributed to a successful finalisation of the third consecutive year since the Organisational Strengthening for People Living with HIV Project, was launched. In practice, this project was implemented by the very community of people with HIV, i.e. by its civil society organization *Stronger Together*. During the upcoming 2 year period, this 5 year project, implemented by *Stronger Together*, will become completely self-sustainable.

Among the other activities of this project, in October *Stronger Together* convened a regional meeting entitled *Access to HIV Therapy in Central and South East Europe*. This meeting in addition to the outcome for achieving networking among 18 different countries included another important tool for capacity building for its participants in the context of advocating for improved access to HIV therapy.

With regard to the efforts for capacity building, HERA provided a 3 day strategic planning workshop for each of the *Stronger Together* members. This was an important opportunity for strengthening the character of such a grassroots organisation as *Stronger Together*, enabling a more coordinated approach for enrolling new members. The workshop participants produced a joint assessment regarding the achievements arising from the first strategic plan of *Stronger Together* (2012-2013) and set the framework for drafting its first Strategy, since its independence.

The partnership between both organizations was also evident via a number of other joint initiatives, most importantly, *inter alia*, the needs assessment for people living with HIV, the joint active advocating for sustainability of programmes for HIV prevention, care and support, as well as jointly implementing activities to raise the public awareness in Macedonia, regarding HIV.

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## **The Middle East and Central-and-South-Eastern Europe**

### **Interregional Cooperation and Exchange**

#### **Istanbul 14 – 16 October**

HERA, in a capacity of a partner, took part in an interregional cooperation and exchange project financed by a grant from the ViiV pharmaceutical company and administered by the UK based International HIV Partnerships, together with the Lebanese Sexual Health Centre, MARSA and the organization for support of people living with HIV, Stronger Together of Macedonia. The main objective of this project was to strengthen the response to HIV, Hepatitis and other medical conditions related to sexual and mental health, by the communities in the countries with low HIV prevalence from the Middle East and Central-and-South-Eastern Europe, primarily via interregional cooperation and exchange, networking, capacity building and training efforts. HERA, as equal partner in the project, played an active role in organising a coordinating this regional meeting among the activists from the Middle East and Central-and-South-eastern Europe, taking place on 14-16 November, in Istanbul, Turkey.

The following specific goals were agreed during the meeting: promote better understanding on how the low HIV prevalence negatively influences the community response to HIV in the Middle Eastern and Central and South-eastern European countries; address any obstacles for greater inclusion of people vulnerable to HIV or living with HIV and Hepatitis, in order to undertake active role for improving their overall health, treatment and care; extend the on-going activities among activists from the Middle Eastern and Central and South-eastern countries; promote a greater cooperation, exchange and activism both at national and international levels; strengthen HIV activism within communities, as well as stimulate more extensive cooperation and sharing of skills; enrich experiences and stimulate greater participation of people living with HIV and Hepatitis, in view of the scarcity of activist openly discussing their health status.

In general, the participation in this project exceeded the initial expectations and confirmed our determination to develop dialogue among activists from the regions with low HIV prevalence. Notwithstanding the goals and objectives being set rather high, they were fully achieved. The introduction of the exchange and cooperation platform, serving as a framework for achievement of future project objectives, significantly contributed to the outcomes of this meeting.

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## Youth Advocacy and Management

Thirteen representatives, volunteers and executive directors from member organizations of the International Planned Parenthood Federation's (IPPF) European Network (EN), from Albania, Ukraine, Kyrgyzstan, Germany, Cyprus and Macedonia, from 7 to 9 October 2014, attended a Strengthening Youth Participation in the Advocacy and Management Processes. HERA was among the facilitator organisations for this training, presenting the models of youth advocates for introducing comprehensive sex education and the right of women to make free choice whether to end a pregnancy. In addition to this, the open day concept was presented "HERA Saturday," as good practice for inclusion of new youth volunteers. The need for persistent investment in volunteers was emphasised during the training, as well as their more extensive inclusion in the important processes of the organization, such as advocating for sexual and reproductive health and rights and increasing youth participation in the governing bodies of the very organizations.



From the Youth Participation and Advocacy training, Cypress 7-9 October

## “Keep me safe”

Within the framework of the *Keep me safe* project implemented by the IPPF, UK's Family Planning Association organised a 2 day training on sex and reproductive health and rights for persons with learning disabilities, for HERA's staff and volunteers. This training was part of the technical support assistance shared among IPPF members. The international expert on sex education Mr Miguel Tudela de la Fuente had an opportunity to present basic information and principles governing the work of a trainer of persons with learning disabilities. As part of this regional project a Good Practice Guidelines were published covering the design, implementation and evaluation of programmes for sexual and human rights for young persons with learning disabilities which was translated into Macedonian.



Persons with learning disabilities and their sexuality – Training for HERA's staff and volunteers, Skopje

The *Keep me safe* project also organized a final conference held in Madrid 11-12 December where representatives and members of the association shared their achievements and discussed any possibilities for continuation of activities after finalization of the project. In addition to this, representatives of the European Parliament, WHO, the European Disability Forum and the Council of Europe, took part in the development of recommendations for the IPPF for making policies for improving SRH and rights among persons with learning disabilities <http://www.ippfen.org/resources/preventing-sexual-abuse-and-violence-against-young-people-learning-disabilities-policy-rec>



Keep me safe – Final Conference, Brussels

## Family planning and health service providers

HERA in cooperation with the East European Institute for Reproductive Health of Romania and the Family Medicine Centre based at the Medical Faculty in Skopje produced a Training Guidebook for primary health service providers. This Guidebook, drafted by a working group consisting of medical specialists – gynaecologists, as well as public health and family medicine experts, covers 5 thematic areas: public health aspects of family planning, counselling, methods of family planning, ethics and professionalism and basic logistic systems for provision of contraception <http://hera.org.mk/?p=3259>



In October, the working group, together with a Romanian and a British trainer, headed by the East European Institute for Reproductive Health based in Romania, organized a 3 day course for training 19 family planning trainers. This family planning capacity building process aimed at the health care was supported by the UN Population Fund (UNFPA), while HERA during the past 2 year period acts as a partner in the implementation of such activities. This primary health care providers training received accreditation from the Macedonian Chamber of Medicine which delegated the implementation of this activity to the Family Medicine Centre in collaboration with HERA. During the next 2 years, 19 accredited family planning trainers will be engaged in the implementation of the training for family doctors, nurses, and obstetricians and health mediators throughout Macedonia. These training courses are supported by the Ministry of Health which resulted in signing a Memorandum of Cooperation between the Ministry and UNFPA for improving the access to quality family planning services.



The first family planning training course was held in December enrolling 16 family doctors from Skopje. Visual aids were also provided for this family planning training for health care providers, *inter alia* a Medical Eligibility Wheel for Contraceptive Use, developed by the World Health Organization, setting the criteria for use of contraceptives.



Training of Family Planning Trainers, Skopje



Family planning training for family doctors, Skopje

# SERVICES

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# SERVICES

During the course of 2014, a total of 4735 clients were provided with medical services, psycho-social support and counselling, in addition to legal aid relating to sexual and reproductive health issues and rights via our service centres, with a total of 7571 reported visits. 52% of the clients were women and 47.6% were men, while 0.4 were transgender people. 71% of our clients belong to impoverished and marginalized communities or groups, including Roma communities, sex workers, men who have sex with men, injecting drug users, prisoners, people with disabilities, people living with HIV, which represents a 9% increase in comparison with 2013. We provide the largest extent of the services by direct cooperation with civil society organizations which are working with such groups or we recruit contact persons or leaders in the very communities or groups.

## 2014 CLIENT STATISTIC

Service	Number of clients	
Youth Centre "I Want to Know – Vodno "	764	
Youth Centre "I Want to Know – Šuto Orizari"	1229	
Mobile Voluntary Counselling and Testing (VCT)	1546	
Counselling service (VCT)	203	
Centre for people who live with HIV	167	
<i>Stronger Together Service</i>	29	
First Family Centre Service	183	
Mobile Gynaecology Clinic	613	
<b>TOTAL</b>	<b>4735</b>	



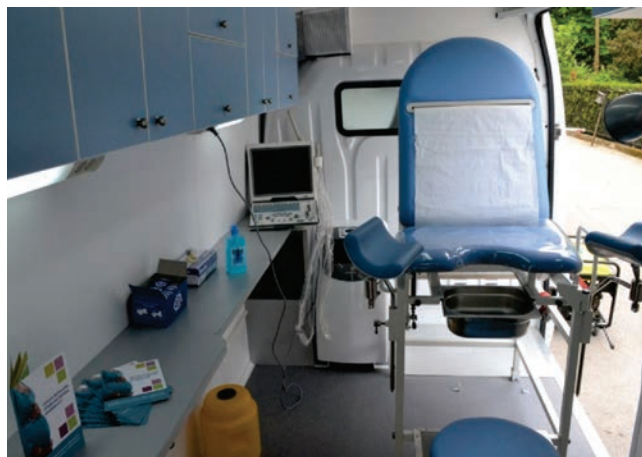
## 2014 TOP 10 SERVICES AS PROVIDED BY HERA

Type of service	Number of services provided
HIV testing	1940
STIs testing (Chlamydia, Mycoplasma, Ureoplasma, Candida, Trihomonas)	1031
HCV Testing (Hepatitis)	1198
Oral contraceptives distributed	132
Insertion of IUD	9
Condoms distributed	24.770
Counselling for psychosocial support for people living with HIV	857
PAP smear test	463
Counselling against family and gender-based violence	687
Legal aid	115

## Mobile Gynaecologic Clinic

During the course of 2014, the mobile gynaecologic clinic collaborated with seven local organisations by performing outreach activities in the following towns and cities: Kumanovo, Tetovo, Gostivar, Ohrid, Struga, Strumica, Delčevo and Vinica. PAP Smear tests, ultrasound imaging tests and microbiological smear samples obtained for testing Chlamydia, in addition to distribution of free contraception and advise on sexual and reproductive health issues, were performed on a total of 425 women and girls, out of whom 205 sex workers and injecting drug users and 220 coming from a rural community. The established cooperation with the Roma NGO KHAM from Vinica is of great importance because with their support 120 women had a gynaecologic examination during a 2 month period, which represents 1/3 of the female Roma population of the town of Vinica.

By the end of November, a training course for health providers on staff of the Mobile Gynaecologic Clinic was performed extending the medical professional team of this service with 5 new gynaecologists and nurses, who, in following period will be tasked to perform on-site outreach activities in 5 new identified regions throughout the country, namely: Gevgelija, Prilep, Štip, Kočani and Bitola.



## Mobile HIV Counselling and Testing

- The Mobile Clinic service also includes voluntary HIV counselling and testing. In 2014, a total of 1,937 HIV tests were performed. 76% of the tests were performed on communities who are particularly vulnerable to HIV, such as men who have sex with men, sex workers, injecting drug users and prisoners.
- 26 persons from the civil society sector were trained and received accreditation becoming Voluntary HIV Counselling and Testing Counsellors.
- An HIV testing brochure was published entitled *HIV Concerns Us All! Have your HIV Test Now!* This served as advocacy material for the needs of the outreach efforts of the Mobile HIV Testing service, as well as the services offered in the youth-friendly Centres. <http://hera.org.mk/?p=3270>



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## **Youth-Friendly Centres *I Want to Know***

In 2014, the 2 youth-friendly centres *I Want to Know* based in Skopje's Vodno and Šuto Orizari neighbourhoods provided its services to 1,993 clients. In collaboration with partner-organizations representing marginalized groups, such as EGAL, STAR-STAR and DOVERBA, with the use of peer education principles, 30 HIV and Reproductive Health training workshops, enrolling 171 persons, were implemented. In addition to this, the youth-friendly centres together with HERA's peer educators, in cooperation with primary and secondary schools in Skopje, enrolled 829 young people who were trained in topics covering sexual and reproductive health and sexual rights. The youth-friendly centres provided 2 other training courses for marginalized groups covering sexual and reproductive health issue, enrolling 37 health service providers. One of the training courses was implemented together with gynaecologists and obstetricians from the Association of Privately-Owned Gynaecology Practices.

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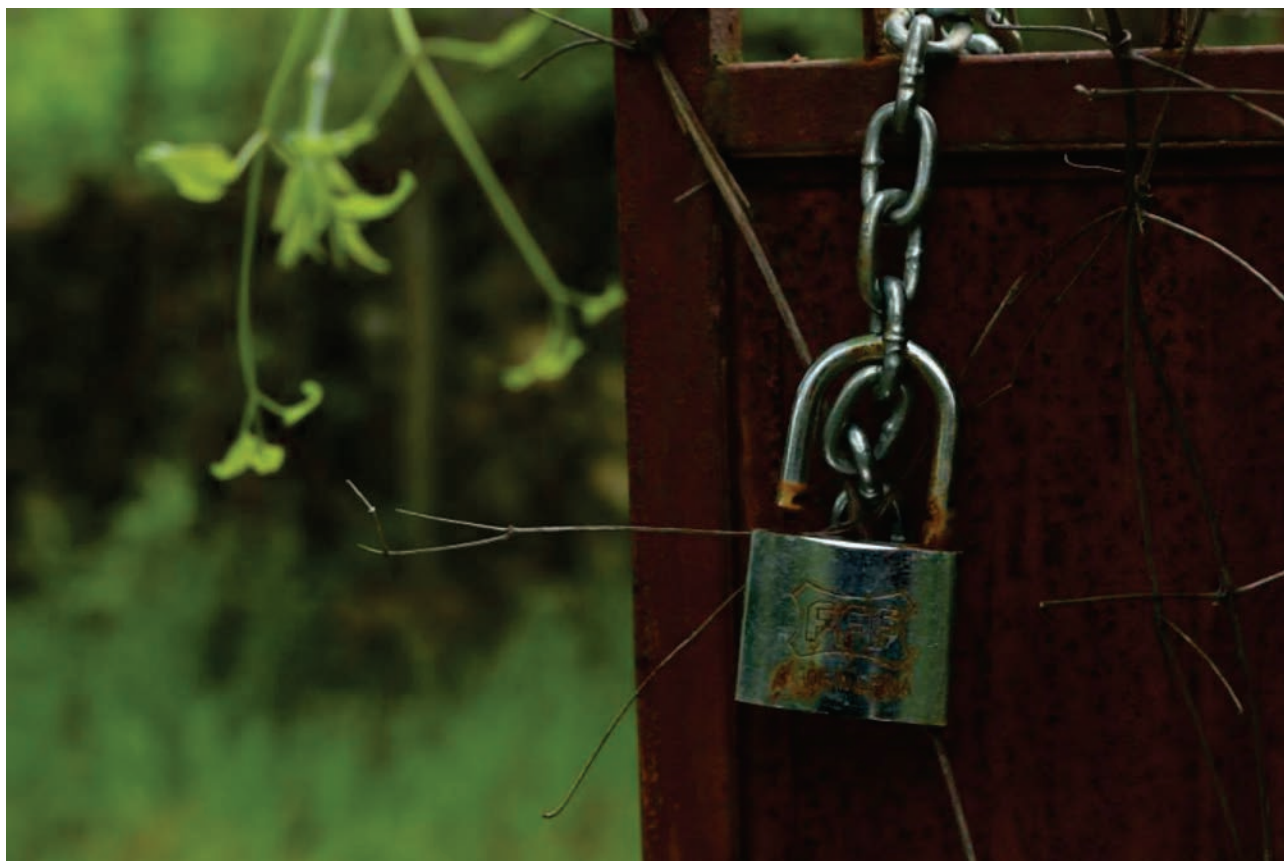
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## Youth Counselling for Prevention of Drug Use

■ In 2013, a 354 people, most of them young and to a certain extent parents of young people, visited the youth counselling service for prevention of drug use which forms integral part of the youth-friendly service *I Want to Know* implemented with the support of the Skopje City Council.

■ In cooperation with 12 secondary schools throughout Skopje, a training course for 12 drug prevention peer educators was implemented. In addition to this, within the framework of the activities of this counselling service, 3,950 young people were enrolled in preventive activities such as awareness raising for pursuing healthy lifestyles.

■ The City of Skopje organised an competition among the 12 selected high schools to select the best photographs on a topic entitled “This is Me,” – what are the things that fill my soul, my body and make me smile. 60 photographs were submitted in the competition and the winning photograph was entitled “Open Happiness,” by Kristina Pančevska, a high school student who received the 1st prize, a bicycle.



The winning photograph of the “This is me” Award

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## First Family Centre of the Skopje City Council

During the course of 2014, the Counselling Service for Victims and Perpetrators of Family Violence, which is the single such service in Macedonia, provided its services to 171 persons. A total of 40 families completed the counselling for psycho-social support, out of which, according to characterization of the addressed issues, 62 were victims and 20 perpetrators of family violence. 51 of them were juveniles and 38 other family members who took part in the counselling support.

After 1 full year of operation the team of the Centre observed in all clients who completed the psychosocial treatment, a trend of positive behavioural changes. In women victims of family violence the archived positive changes included increased self-confidence and enhanced self-image, as well as increased personal responsibility for their own lives and cessation of violent relationships. It was observed that their functioning in the community improved and, primarily in terms of the relationships with their spouses, their children and the other members of their families. In children who were identified as either direct or indirect victims of family violence the work mainly consisted of achieving liberation from their negative experiences and establishing appropriate emotional relationship with the offending parent, directing them to concentrate on children's games, befriending with their peers and performing the tasks in school. In the perpetrators of family violence the positive achievement was marked by changes in their behaviour, i.e. without relapsing into violence during the forthcoming 6 month period after completing treatment. An achievement which is worth emphasizing is the work performed with one person with total hearing disability in whom the psycho-social treatment was assisted by an interpreter of sign language. This case is perhaps the only case in the Balkans which included cooperation between government and nongovernment organizations for provision of a sign language interpreter to successfully perform counselling for a perpetrator of family violence with disabilities.

The 2014 operations of the First Family Centre were funded with the support of the City of Skopje and Komercijalna Bank.



# Testimonial

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## **„A cage instead of a home“**

K.M. (23) is a young woman from Skopje, who is a victim of domestic violence perpetrated by her former husband. She married when she was very young, convinced that she is in love, driven by her unexpected pregnancy. In the beginning of her marriage she was exposed to a recurrent psychological violence, thus she failed to react since she was busy taking care of her new-born baby. Gradually this sort of violence became physical. She was banned from leaving her home or going out with friends and was forbidden to seek employment because of the jealousy of her husband the perpetrator of the violence. When she asked for help from her family, she was told that she must submit herself to him until he becomes more composed, under the excuse that they were still a young couple and that it would be disgraceful to make complaints about such a thing – “We all went through such a phase,” said her mother. Shortly after, her life was reduced to taking care of her child and staying behind closed doors with her former husband. The violence was followed by a stage of sexual violence in combination with psychological violence. Fearing for herself and the safety of her child she covertly summoned her father and successfully convinced him to come and help her. They both decided to escape from there and that she should ask for a divorce.

K.M. asked the First Family Centre to help her when the responsible officials from the Inter-municipal Centre for Social Affairs failed to offer her any protection, except recommending to her that she should start considering whether or not she should get a divorce. The entire team in the First Family Centre provided her with psycho-social support and legal aid and with advice about her social rights, rights to parenthood and custody, explaining her the entire divorce procedure, and receiving psychotherapy with the psychotherapist. However, the psychotherapists also treated her child to overcome the trauma and the witnessed violence directed to its mother. K.M. is now positively reinforced woman and mother who is independently taking care of her juvenile child and is about to finalise her divorce without problems. The violence has been terminated and the life of K.M and her child is secured.

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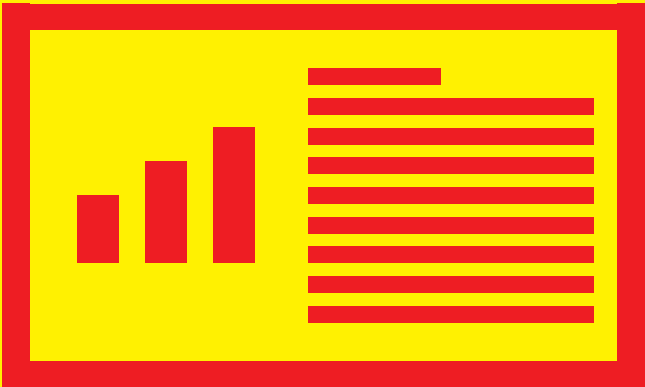
## Free Legal Aid

In 2014, the legal aid service provided free-of-charge confidential legal services to 97 clients, 71 of which were in connection with violations against their right to health and their right to reproduce, as well as discrimination against them and violation of their social rights. The clients received 60 legal counsels for the purpose of which 69 legal acts were drafted. With the assistance of the paralegal advisory service for Roma women living in Skopje's Šuto Orizari municipality, in 2014, 160 clients have been assisted, for 153 cases of violations against their rights to health and reproduction, in addition to discrimination against them and violation of their social rights. These clients also received 145 paralegal pieces of advice, while the paralegals drafted 12 legal acts for their purposes, while 8 of the clients were escorted by female paralegal staff to different institutions or facilities. A number of mediation processes with identified noncompliant health-care providers was performed which resulted in changes of practices and following the rule of law in 2 health care providers, while in 2 other marked decrease of illegal charging for provision of health services. In addition to this, HERA playing a role within the Anti-Discrimination Network initiated and drafted 4 anti-discrimination complaints and co-drafted and co-submitted another 5 such complaints and publicly released a statement in a form of an open letter calling for protection against discrimination, addressed to the Anti-Discrimination Commission of Macedonia, the Ombudsman of Macedonia, the State Sanitary and Health Inspectorate of Macedonia and the Macedonian Data Protection Authority.

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# FINANCIAL REPORT

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# FINANCIAL REPORT

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The revenue in 2014, from donations totalled MKD 33,812,273.00, which shows a Budget increase of 23.16% in comparison to 2013. Such 2014 increase of the annual budget of the organisation is due to higher revenues provided by international organisations and funds in donations and grants.

ANNUAL BUDGET	
2013	27.453.560,00
2014	33.812.273,00

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## The following organisations donated funds for HERA's 2014 operations

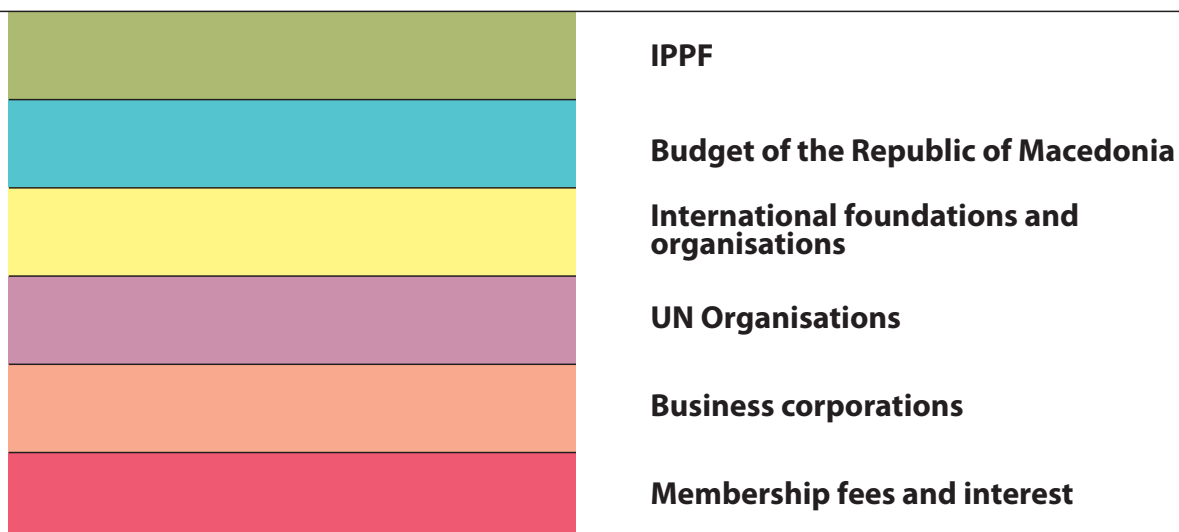
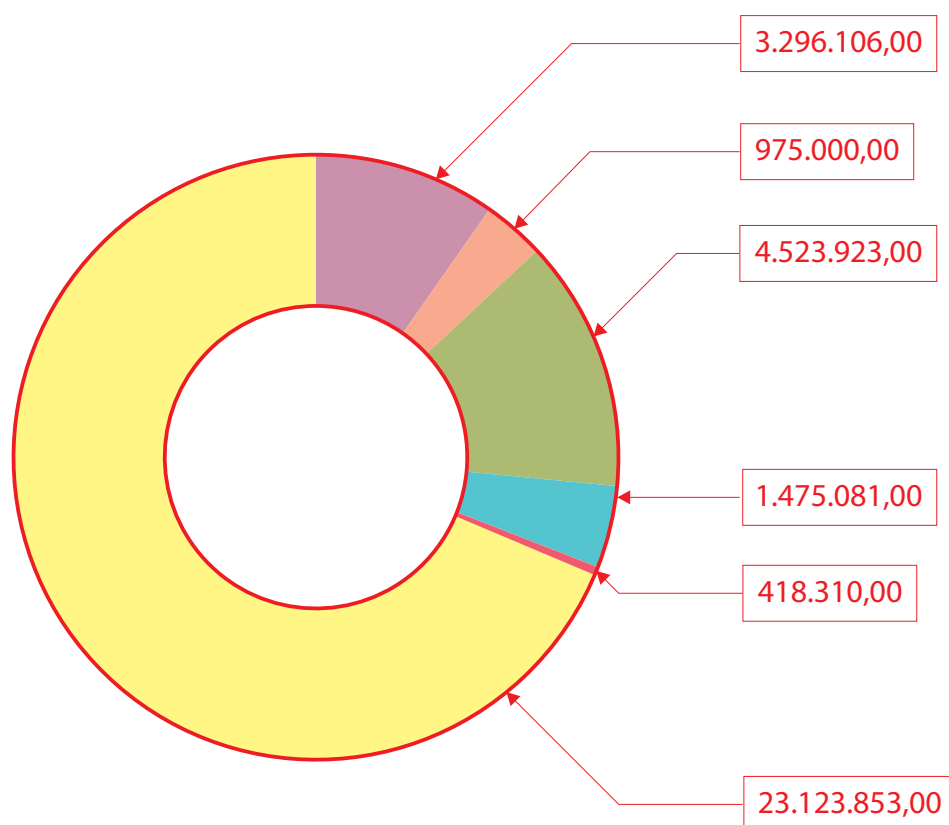
- *International Planned Parenthood Federation*
- *Foundation Open Society Institute Macedonia*
- *The Global Fund to Fight AIDS, Tuberculosis and Malaria via the Ministry of Health of Macedonia*
- *Skopje City Council*
- *Strumica Municipal Council*
- *UN Population Fund (UNFPA)*
- *UN Children's Fund (UNICEF)*
- *Foreign Ministry of the Kingdom of the Netherlands*
- *The United States Department of State*
- *Bayer*
- *Komercijalna Bank, Macedonia*

Funding granted via Macedonian Government funded institutions (such as the City of Skopje and the Municipality of Strumica) in comparison to 2013, decreased by 26.3%.

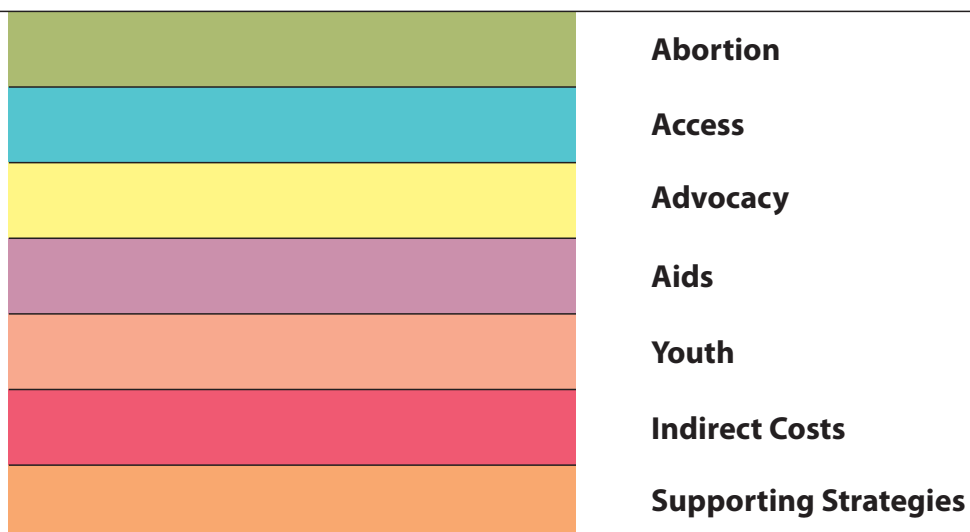
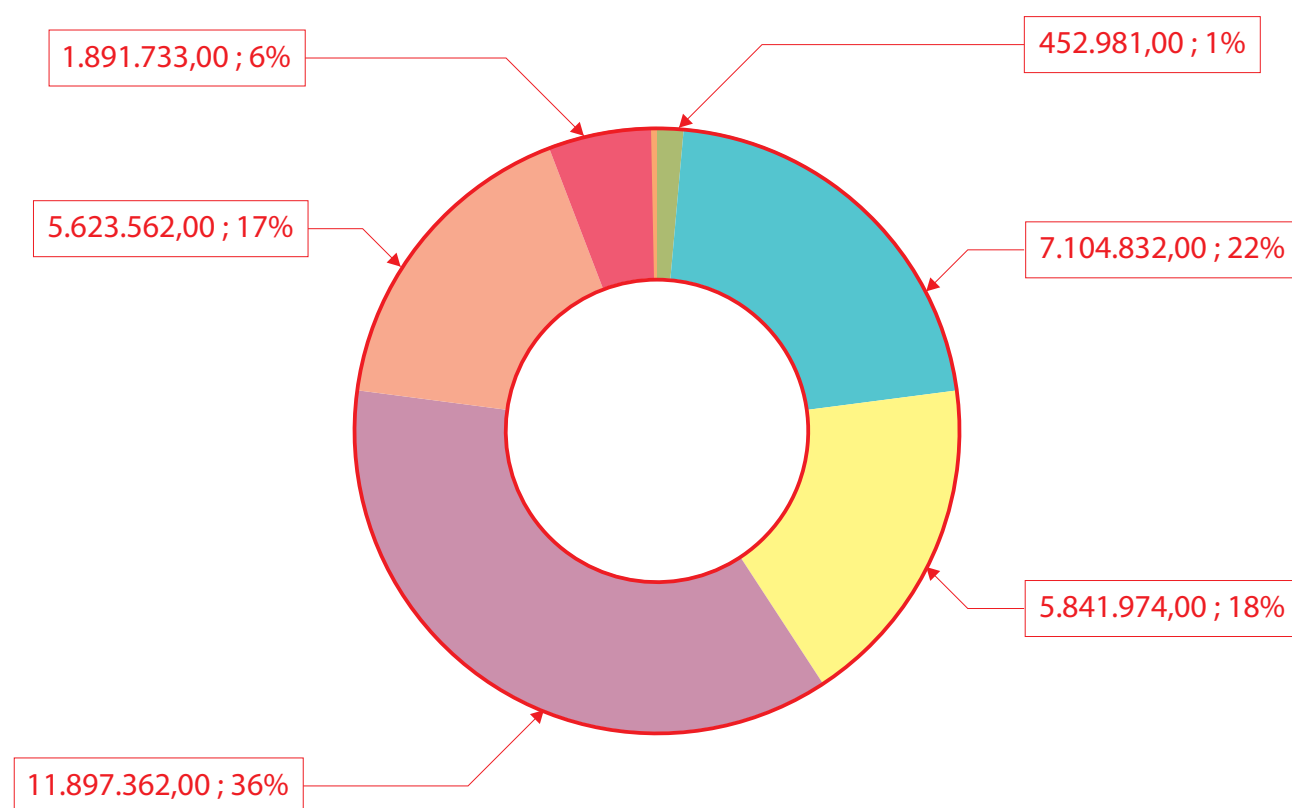
### Governmental Funding

2013	2.002.581,00
2014	1.475.081,00

# Chart 1. 2014 REVENUE



## Chart 2 . 2014 EXPENDITURE BY STRATEGIC AREA





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## EXECUTIVE BOARD

**Ninoslav Mladenovic** – President

**Hristina Nestorovska** – Secretary

**Velimir Saveski/Despina Dimitrova** (Sep. 2014) – Youth Representative

**Iva Mihajlovska**

**Katerina Spasovska**

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## EXECUTIVE OFFICE

**Bojan Jovanovski** – Executive Director

**Draško Kostovski** – Programmatic Director

**Miloš Stojanovic** – Administrative and Finance Director

**Elizabeta Božinoska** – Programme Coordinator

**Daniel Kalajdzieski** – Youth Programme Coordinator

**Mila Carovska** – Programme Coordinator

**Vesna Turmakovska** – Programme Coordinator

**Kristina Plečič – Bekjarova** – Project Coordinator

**Velimir Saveski** – Project Coordinator

**Marija Matovska** – Project Coordinator

**Tanja Stankova** – Project Coordinator

**Andrej Senih** – Coordinator for TOGETHER STRONGER NGO

**Dragana Karovska Čemerska** – Project Coordinator

**Ana Filipovska** – General Secretary, Country Coordinative Mechanism Secretariat

**Simona Atanasova** – Project Assistant

**Aleksandar Samardziev** – Project Assistant

**Marija Dragojlovic** – Home Manager Youth Centre I WANT TO KNOW– Vodno

**Nikolina Nikolovska** – Social Worker Youth Centre I WANT TO KNOW– Šuto Orizari

**Igor Jadrovski** – Legal Advisor

**Erman Zekir** – Focal Point and Liaison with Roma Health Mediators

**Biljana Vlastimirova** – Financial Assistant/Accountant

**Damjan Nikolov** – Administrative Assistant

**Miroslav Jelic** – Driver

**Lozan Karandziski** – Driver

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