



STRATEGY 2023 ▶▶▶ 2028



Introduction



STRATEGY
2023 - 2028

HERA has been part of the civil society of the Republic of North Macedonia for more than two decades. From providing care to the vulnerable groups of people, to ensuring sexuality education for young people and advocating for gender-responsive policies, we have strived on a daily basis for a society equal for all. We were founded in 2000 to educate the general public about the HIV infection, and today we are recognised as a professional organisation that protects and promotes sexual and reproductive freedoms and gender equality for all people.

We are proud that for 20 years now more than 6,000 people a year are benefiting from the services related to sexual and reproductive health and gender-based violence that we deliver in our clinics and counselling centres. We are proud that HERA was the driver of the changes that brought about liberalisation of the abortion law in 2019, which now guarantees the women's right to abortion. Today, 15,000 marginalised people would not have been able to use the HIV prevention and other reproductive health services if we had failed in ensuring state funding for the civil society organisations in 2015. We are also proud that HERA is the only organisation providing comprehensive sexuality education (CSE) in the country and is the advocacy champion for its inclusion in the formal education system.

The world of today is not the same as when HERA was formed. The world changes rapidly. As never before, we are now faced with simultaneous crises – from financial and health to political ones, further introducing societal unease and instability among the people. In such an insecure world, it is the women, the young people and the poorest people that suffer the most.

Hate speech by the opposition of gender and gender equality is gaining momentum and feeds even more into the social intolerance.

In such circumstances, democracy and civil society are under threat, also jeopardising the safety of people who fail to share the majority opinion on important social issues and on human rights and freedoms promotion.

Challenges imposed by modern times require certain changes in HERA so as to preserve its leading position in striving to ensure sexual and reproductive rights. This is exactly what constitutes the basis for the new strategy which, although building on the previous one, gives a new and targeted energy for achieving the set objective: **through a strong partnership with the young people and by providing continuous and comprehensive care against gender-based violence to make sure our citizens enjoy their sexual and reproductive rights and freedoms.** We should take this road together with the young people, with the activists, with women and the communities which are disadvantaged and who constantly shoulder the burden of prejudice, stigma and discrimination.

We should keep resisting the patriarchal norms on daily basis and protecting sexuality and gender equality as an inextricable part of human rights. And we should keep those holding political powers under pressure and stay alert in monitoring their decision-making with respect to policies that promote sexual and reproductive health and rights (SRHR) and that protect the dignity and civil freedoms.

Developing the 2023 – 2028 Strategy took more than a year. We conducted a situation analysis and a survey among the members, organised thematic workshops, talked and shared ideas of where we see the organisation in the future. This Strategy is a joint product of many people that were involved in its design: our members, staff, and associates from the country and from international organisations. To have a better tomorrow and a world more just than that of today – that is our vision, and also our commitment for the future.

Key Situations and Trends



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CONTRACEPTION

With a modern contraceptives usage rate of only 14%, North Macedonia ranks lowest among the European countries. Among Roma women, this number is even lower – mere 8.6%. No contraceptive method is covered by health insurance, despite such promises being made by every Macedonian government since 2010. In the past two years, the state budget allocated to prevention programmes providing free contraceptives for vulnerable women was cut by almost half.

ABORTION

Medical abortion, as a simpler pregnancy termination procedure compared to the surgical method, is insufficiently available to women in the country, even though more than 80% of abortions in Europe are performed with the use of medical abortion drugs. Except for the University Clinic for Gynaecology and Obstetrics, medical abortion services cannot be obtained in other hospitals and primary healthcare facilities. Even though the Macedonian abortion law is among the most democratic ones compared to the EU countries, health insurance continues to not cover the termination of pregnancy, except for medically indicated cases, which particularly affects the poor women and the Roma woman.

COMPREHENSIVE SEXUALITY EDUCATION (CSE)

The rate of adolescent births is 15.7 per 1,000, which is almost three times higher than the average of 6 per 1,000 births in the EU countries. Only 14% of the young people use some form of modern contraception. CSE is not integrated in the school curricula, nor constitutes a separate subject in the formal education. In 2021, with support from the Government, a CSE pilot project was for the first time implemented in three primary schools. Even though the country adopted a Concept for Primary Education in 2020, which, in addition to integrating the gender sensitive approach in the curricula, also recognised the need for introducing sexuality education as an elective subject in the 9th grade, there is still no long-term national strategy for institutional implementation of CSE. The greatest challenge for the country continues to be the lack of trained teaching staff that will be skilled to teach CSE in the future.

HIV

North Macedonia has succeeded to maintain a rather low HIV infection rate for many years now. However, recent years have seen a rise in HIV infection among gay men and men who have sex with men (MSM): in the period between 2015 and 2019, approximately 73% of the new cases were registered in MSM. In 2022, state funding for HIV prevention was reduced by 40%, with the explanation that savings must be made to mitigate the adverse effects from the global economic crisis. This has jeopardised the health of thousands of vulnerable people that use the services provided by civil society organisations. The funds allocated by the Government today are not enough to ensure not even the minimum package of services for combating the HIV infection, which certainly affects the accessibility of health services, particularly for the gay and the MSM communities, for people who inject drugs and for sex workers. Lack of funding could re-invigorate the HIV epidemic in the country.

GENDER-BASED VIOLENCE (GBV)

Gender-based and domestic violence are among the deepest rooted social challenges on the path to realising the rights of women and achieving an overall social development. In 2020, the reporting of domestic violence increased by 18% compared to 2019, with 90% of the cases being reported by women. GBV service delivery points are not evenly geographically distributed across the country, and are not accessible to women with disabilities, as majority of such services are only available in larger cities – which is not enough under the Council of Europe standards defined in the Istanbul Convention on protection of women against violence. Furthermore, state-run GBV services lack both sufficient number of service providers and sufficiently trained staff to be able to respond to the victims' needs. Only 9% of the funds used by civil society organisations for providing adequate support and care are secured from state funding, and the licencing procedures for GBV services are burdened with administrative barriers and high standards exceeding the potentials of these organisations. Moreover, the global economic crisis has further cut the state funding for services that provide protection and support against GBV.



ANTI-FEMINISM

Following the announcement that CSE will be piloted in primary schools, the anti-feminist, or the anti-gender movement intensified. By disseminating disinformation and manipulating the public about the importance of CSE, by negating the gender identity and delegitimising the right to abortion, social networks turned into a powerful medium for spreading hate speech, xenophobia and racism. The anti-feminist narratives also hampered the political will to integrate CSE in the education system, and for legal gender recognition – for which a tremendous support from governmental institutions was mobilised in 2019. HERA and some of the civil society organisations working on the protection of the LGBTI rights were targeted by everyday attacks and direct personal threats. Last year these groups were consolidated in a coalition which, under the pretence of protecting children's rights, presented the so-called gender ideology as harmful for families as the basic unit of the society. The main leaders of this anti-feminist movement, besides the newly formed civil society organisations, are also religious communities, who publicly declare their intolerance towards gender issues and the clear constitutional provisions on equality of all citizens. The state is failing to sufficiently enforce the laws on sanctioning the hate speech in both the digital and physical space, also lacking a proactive approach of institutions in dealing with such phenomena.

SOCIAL AND ECONOMIC STATUS OF ROMA WOMAN

Roma women are exposed to systemic and intersectional discrimination on a daily basis, and the patriarchal value system, low level of education and early marriages make them economically dependent. The employment rate of Roma women stands at mere 8%. On the other hand, a very small number of unemployed Roma women (2.6%) qualify to use the state's active employment measures, as these measures have not been designed to correspond to their skills and level of education. Roma women are often discriminated against when choosing their family gynaecologist and when trying to realise their social and health rights within the state institutions. Stigma and prejudices of the state institutions' staff are still the most frequent barrier for which Roma women cannot receive a comprehensive care and protection against domestic and gender-based violence.

ACCESS TO REPRODUCTIVE HEALTH SERVICES

Cervical cancer is the third most common malignant disease in North Macedonia, and among the top five medical causes of death in women. Perinatal mortality, on the other hand, is twice as high as the European average (14.8 per 1,000 births). The average age of gynaecologists, as the main providers of reproductive health care, has been on a rather concerning rise over the last two decades, which can seriously affect the access to these services in the future, especially in the smaller cities and in rural areas. Ten out of the 31 country health regions in total lack a gynaecologist. Although family doctors are evenly geographically distributed across the country and are eligible to deliver certain preventive reproductive health services, in practice, these services are underprovided. The lack of skills, medical equipment and financial incentives from the state are further reasons contributing to the insufficient engagement of family doctors in reproductive health care for women.

DEMOGRAPHICS

The 2021 population census showed that young people account for only 18% of the population – which means that the Macedonian population is ageing. North Macedonia has lost 100,000 people between 15 and 29 years of age over the last twenty years: clearly there is a trend of the young population leaving the country.

GLOBAL CRISIS

The last two years have brought additional social and economic challenges, even more increasing the inequality and worsening the position of the vulnerable groups of people. The health crisis caused by COVID-19, followed by the war in Ukraine, the global energy crisis and the high inflation rate of almost 15% in 2022, have seriously threatened to revert the progress the country has achieved in the field of gender equality over the last years. These parallel crises pose real threats that the country will have to manage more successfully in the future so as to ensure social wellbeing for its citizens, especially for the socially excluded people and women, as the most affected groups.

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- ▶ ALL PEOPLE ENJOY THEIR **SEXUAL AND REPRODUCTIVE RIGHTS** FREELY AND IN SOCIAL WELLBEING.
- ▶ WE CHALLENGE THE **PATRIARCHAL NORMS** TO PROTECT SEXUAL AND REPRODUCTIVE FREEDOMS.
- ▶ WE STAND FOR **COMPREHENSIVE SEXUALITY EDUCATION, GENDER-RESPONSIVE POLICIES AND QUALITY SERVICES.**
- ▶ FOR ALL PEOPLE DENIED AN **EQUAL ACCESS**, WE PROVIDE THE NECESSARY SEXUAL AND REPRODUCTIVE HEALTH **CARE AND PROTECTION** AGAINST GENDER-BASED VIOLENCE.



- ▶ in **freedom of choice** as everyone's right to make choices for themselves and take own decisions regarding their sexual and reproductive health, without any pressure or interference from the state in one's private life.
- ▶ in **feminism** as an ideology that allows every individual, regardless of their gender, to have equal rights and opportunities in society.
- ▶ in **social justice** as a concept of fairness that allows everyone to enjoy their rights and freedoms regardless of people's different positions of authority.
- ▶ in **inclusion** that allows all the people, regardless of their social status, to be granted equal opportunities and resources for social, health and economic prosperity.
- ▶ in **substantive equality** as the basic principle of fundamental rights, according to which every society should seek to ensure equal results and equitable conditions for the progress of the socially excluded and vulnerable people.
- ▶ in **youth activism** that will produce a new generation of young people who believe in themselves, in human rights and in democracy, who will help those disadvantaged, and together with the adults will contribute to bringing about changes in the society.
- ▶ in **solidarity** as the basic principle of joint action where individuals share similar values to improve the lives of people and contribute together for a more just society.



YOUTH PARTICIPATION

Comprehensive sexuality education

Partnership with young people

Mobilisation and impact

SEXUAL AND REPRODUCTIVE CARE

Winning narratives for reproductive freedoms

Advocacy – with the communities and in the institutions

Modern and integrated HIV and SRH services

GENDER-BASED VIOLENCE

Policies and laws

Quality services

Social and behaviour change

Youth participation



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OVERALL GOAL:

A strong youth is striving to improve the SRHR and gender equality and is an active partner in creating social changes

Young people from generation ζ and α bring about the changes in any society. Our current approaches for engaging young people in the organisation's development and in the advocacy processes have shown that we need to modernize our approaches. Over the last three years we have witnessed young people withdrawing from HERA's activities. This, unfortunately, is also reflected on the national level, where, according to some research, even two-thirds of young people are dissatisfied with their place in the society. This is why we need innovative approaches for mobilisation and impact, so as to ensure greater inclusion of and build stronger partnerships with the young people. Even though we have made significant first steps in integrating comprehensive sexuality education in the formal education, the anti-feminist movement forces have come to pose a serious threat hindering the human rights and gender equality. For this reason, investing in new approaches and technologies with mandatory participation of young people is more than required. Young people should be the main drivers of organisational changes and of social progress.

STRATEGIC OBJECTIVES

Comprehensive sexuality education (CSE)

Partnership with young people

Mobilisation and impact

Supporting the education system in including the CSE in the curriculum

Building the internal capacities for using creative models of youth engagement and working with young people

Creating and promoting success stories about SRHR and gender equality among the young people

PRIORITY ACTIONS

Expanding non-formal CSE to various youth groups with focus on socially excluded groups

Integrating modern approach to establish a progressive youth group from the generations ζ and α

Engaging influencers in promoting success stories and generating youth activists

Public awareness raising and mobilising social support for CSE

Political empowerment of young people

Organising hackathons and challenges among young people



COMPREHENSIVE SEXUALITY EDUCATION

In cooperation with education institutions and youth groups we will create a support platform that will strive for the adoption and implementation of a national CSE strategy in primary schools, as a responsibility of the state to protect the young people's health and wellbeing. We will strive for and offer expertise to continuous improvement of curricula and teaching materials that recognise the CSE topics. To build a competent teaching staff for CSE as an elective subject in primary schools, we will build the knowledge and skills of teachers and the schools' staff of psychologists and pedagogues. By investing in peer educators from different ethnic groups and from marginalised communities, including LGBTI youth and young people with disabilities, we will expand the coverage of CSE. We will build alliances with youth organisations and informal groups to reach out to as many young people as possible. By engaging professional marketing agencies, we will organise strategic mass media campaigns to raise awareness about CSE, particularly targeting the parents, and to gain support for CSE. Education institutions will be active contributors and our partners in the public promotion of CSE.

RESULTS

- ▶ CSE is an elective subject in primary education;
- ▶ Increased number of young people reached with informal CSE;
- ▶ Increased number of young people reached with informal CSE from the Albanian community and from the vulnerable groups, including LGBTI and young people with disabilities;
- ▶ Primary school students choose CSE as an elective subject;
- ▶ Majority of parents give consent for their children to choose CSE as an elective subject.

PARTNERSHIP WITH YOUNG PEOPLE

With external expertise, we will work on strengthening the capacities of our staff, the Governing Board, the members and the volunteers to use modern approaches in working with young people. Good practices available on the global level concerning the innovative youth engagement will be integrated in our activities and we will design a Youth Partnership Strategy. Through informal CSE and other forms of youth engagement, we will mobilise youth activists from the generation ζ and α. HERA will develop a supporting and an enabling environment for young people's development and for their further actions in the field of youth participation and decision-making. We will provide an eco-space for continuous political empowerment of young people as youth activists from the generation ζ and α, as well as a strong foundation for creating critical thought and for challenging the harmful narratives of the anti-democratic movements.

RESULTS

- ▶ Developed Youth Partnership Strategy;
- ▶ Created pool of youth activists from the generation ζ and α who are our partners in challenging the anti-gender movement;
- ▶ Increased number of staff in the organisation from the generations ζ and α at the end of 2028.

MOBILISATION AND IMPACT

We will enhance the creative process and ensure free space for young people who formulate success stories through innovative approaches so as to promote the values of democracy, feminism and equality. Through strategic cooperation with selected influencers who will be promoting the success stories, we will support the process of mobilising youth activists. By organising hackathons and challenges, we will provide a creative space through which young people will produce messages to respond to the challenges faced by the CSE, and to better clarify the organisation's values. In cooperation with cultural workers, we will seek to enhance the media literacy of the young people. We will work on developing cultural and artistic contents (columns, poetry, music, exhibitions) that contribute to promoting CSE and youth activism.

RESULTS

- ▶ Created and publicly disseminated success stories about each CSE topic which communicate in the language of the young people;
- ▶ Increased visibility of HERA in the media as a result of partnership with influencers;
- ▶ Messages generated at hackathons and challenges are used in the strategic communication with the public and in advocacy;
- ▶ Designed cultural and art content for promoting the CSE and youth activism.

Sexual and reproductive care

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OVERALL GOAL:

Young women and marginalised people are aware of their sexual rights, have access to safe services and enjoy the benefits from the progressive SRHR policies

Over the last decade, there has been a noticeable trend of the democratic benefits regressing with both the intensification of the anti-gender attitudes and the strengthening of the patriarchal matrix. Three-quarters of the citizens do not approve of abortion as an acquired human right in our society, and for majority of citizens (80%) people from the LGBTI community and people living with HIV are not socially acceptable in the community where they live. On account of the ever growing trend of false news and disinformation about sexuality and hate speech against the organisation, the integrity, the reputation and safety of HERA and its members have been jeopardised. This additionally creates a climate in which democratic values are shattered and sexual and reproductive rights and freedoms are denied. Under such circumstances, women, girls and the socially excluded people are affected the most. Capacitated institutions, citizens both men and women, media and progressive sexual and reproductive health and rights policies are more than required for the protection of gender and gender equality. In synergy with all pro-democratic stakeholders, it is possible to exert influence to change the harmful narratives against sexuality and gender equality and create a climate of respect and protection of justice and freedom for all people, particularly women and people who, because of their sexual orientation and gender identity, live at the margins of the society.

STRATEGIC OBJECTIVES

Winning narratives for reproductive freedoms

Advocacy

Modern and integrated HIV and SRH services

Working with the media

Budget advocacy for SRH and HIV services and commodities

Capacity building of health and social service providers

PRIORITY ACTIONS

Cooperation and partnership with national stakeholders and local activists (grassroots activism)

Expertise in developing evidence-based and human-rights-based SRHR policies, policy monitoring and evaluation

Delivery of services for young people and the socially vulnerable groups

Building trust with women and girls in the community



WINNING NARRATIVES FOR REPRODUCTIVE FREEDOMS

In cooperation with the media, we will form the core of influential supporters of reproductive rights and gender equality. By better understanding the harmful effects of the anti-gender movements, we will work together to break the chauvinistic narratives and raise the awareness about the right to abortion and contraception. We will build on the partnership through identifying new and networking with the existing forces that share the values of a democratic society. We will take proactive action to defend the acquired reproductive freedoms and strongly oppose the regressive movements. We will collaborate with and rely on individuals from health and social institutions, the professional community, partner organisations and international institutions that can make an impact and help us in our further efforts to protect the SRHR. Women and girls, particularly from rural areas and from different ethnic communities, as well as the socially excluded people, who share our values, will be the major driver and support for action of the local communities. By building mutual trust, we will engage them in promoting the right to safe abortion, to medical abortion, and to modern contraception methods through different communication approaches and products.

RESULTS

- ▶ Strengthened partnership with traditional and new media in proactively advocating, promoting and defending the reproductive rights;
- ▶ Partner organisations use narratives that reflect the democratic values and protect the reproductive freedoms;
- ▶ Increased outreach activities to work with women and girls, particularly in rural areas and in different ethnic communities.

ADVOCACY

In partnership with health institutions and pharmaceutical companies, we will make sure that affordable medical abortion drugs and modern contraception are covered by patients' health insurance. We will participate in developing and monitoring the SRH-related public health programmes and will demand their efficient implementation. We will advocate before the relevant international human rights bodies for improving the national policies and laws. Together with professional associations, we will actively collaborate and provide expertise in developing the strategic documents to improve the access to services for safe abortion, contraception, antenatal care and infertility prevention. In cooperation with CSOs, community-based organisations and the professional community we will advocate before the ministries and the Parliament for adoption of HIV and SRH laws and sustainable funding based on evidence. We will contribute towards the improvement of the health providers' skills so as to ensure better quality of services which goes hand in hand with sensitising them to working with vulnerable groups, particularly with the Roma, LGBTI, sex workers and people with disabilities.

RESULTS

- ▶ Medical abortion drugs are available, including in the primary healthcare;
- ▶ At least two modern contraceptives are covered by patients' national health insurance;
- ▶ There is a functional state HIV programme and budget for marginalised communities;
- ▶ New national HIV and SRH policies and service protocols are adopted at our initiative and with our participation and expertise;
- ▶ Service providers are trained with new knowledge and skills for HIV and SRH care.

MODERN AND INTEGRATED HIV AND SRH SERVICES

Recognized in the public as a service delivery organization, HERA will continue to provide HIV and SRH services in its new strategy as well. The reduced state funding remains a major challenge for HERA. However, by introducing new operating models, including greater digitalisation of the services, we will do all that is in our power to overcome the funding gaps. The ultimate objective is to make the services cost-effective, sustainable and acceptable for the vulnerable and marginalised communities, including for the young people. When it comes to our service delivery points, we will place our focus on introducing modern approaches to prevention, such as telemedicine, biomedical prevention and self-care. By carrying out analysis and research, we will adapt the services to the needs of transgender people. The approach and the direct contact with the service users are of utmost importance to us. Therefore, we will strengthen and restore the network of outreach workers coming from marginalised communities. Promotion of new approaches to HIV self-testing among LGBTI and sex workers, including internet-based ones, will be in the focus of service delivery. For the marginalised communities, including for the Roma people, we will provide comprehensive SRH care by expanding the package of medical examinations, STI testing and other needed services.

RESULTS

- ▶ Integrated new models for and approaches to working with the target groups which guarantee continuity and availability of the HIV and SRH services;
- ▶ 80% of service users come from the vulnerable and socially excluded groups;
- ▶ Increased number of services for transgender people provided in our clinics.

Gender-based violence

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OVERALL GOAL:

Promotion and protection of feminism as an accepted and practiced social value towards violence prevention

Violence is an ever-present social phenomenon in our society. Even though in most cases women and children are the survivors, and men are the perpetrators, it is still insufficiently recognised and acknowledged that gender roles and stereotypes contribute to violence happening. The various forms in which violence can manifest are even less recognised, despite the frequent discussions in the recent years about peer violence and sexual violence taking place in both the digital and the offline world, and especially in schools. The potential of both the teaching and non-teaching staff in schools remains insufficiently developed and used in combating violence, including in re-examination of patriarchal norms and substituting them with feminist values. The general perception that the victim is to blame for the violence and the fact that there is inconsistent sanctioning of the perpetrators by the relevant institutions are the main reason why survivors seldom report the violence. This shakes their trust in the systems and reinforces their feeling of being left on their own. Therefore, it is crucial to raise the awareness that violence harms everyone: on one hand, it harms the girls and women, particularly the ones living with disability (exposed to violence three to four times more) and in rural areas, where gender stereotypes are the strongest; on the other, it harms boys and men who grow and identify with the dominant examples of toxic masculinity in the society.

STRATEGIC OBJECTIVES

Policies and laws

Quality services

Social and behaviour change

Working with national stakeholders

Sustainability and quality care for the service users of the First Family Centre

Media campaigns

PRIORITY ACTIONS

Collecting evidence-based data and working out solutions

Advocating for consistent implementation of the Istanbul Convention for the protection of women against domestic violence and GBV

Working with young people, parents and schools

Capacity building of the schools' staff

Empowering women and girls from rural areas



POLICIES AND LAWS

We will continuously identify allies from the civil society sector, state institutions and experts to promote effective GBV-related policies and laws and to protect the rights acquired in the existing laws. We will initiate and participate in joint actions to develop better GBV-related policies in the education, social and health sectors. We will monitor the country's EU accession progress to harmonise our legislation and practices with the EU acquis. Using shadow reports, we will demand consistent implementation of international human rights conventions, particularly the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). In cooperation with professional organisations, we will initiate legal advocacy for strategic cases. By developing policy briefs we will offer creative solutions to improve the GBV-related protection, prevention, laws and services. We will monitor the implementation of national policies and plans to improve the GBV-related laws and policies in the area of healthcare, social protection and education. HERA will offer expertise to state institutions and will actively contribute in all national bodies working on the legislation, and in monitoring their performance.

RESULTS

- ▶ Participation in national bodies and processes for the development and monitoring of laws and policies;
- ▶ Improved internal resources and data management for efficient monitoring of policies and practices.

QUALITY SERVICES

Ensuring the financial stability of the First Family Centre (FFC) is of crucial importance to HERA. To ensure its sustainability, we will make analyses to design a model of services that will be cost-effective and adequate to the needs of the service users. We will improve the operational standards and build the capacity of the FFC staff and that of the Youth Centres where the victims of violence also approach us. We will work on improving our capacities to provide counselling and support services to men in crisis (fathers, boys, gay and bisexual men etc.). We will strive to ensure better social services provision by civil society organisations by amending the by-laws regulating the quality, the prices and the standards and by simplifying the administrative procedures for registration of non-for-profit service providers. We will continuously demand greater commitment by the Government and the municipalities to funding GBV-related services. We will strive to establish new GBV service delivery points according to the Istanbul Convention standards so as to expand the coverage of services to greater number of regions in the country. We will work on strengthening the skills of service providers from the social and healthcare sectors to provide services of better quality. In collaboration with professional associations, we will work on establishing and improving the teaching modules and operating procedures for working with the GBV survivors and perpetrators, including from the aspect of disability.

RESULTS

- ▶ Increased number of GBV services in the FFC on an annual basis;
- ▶ Strengthened capacities of social, health and education workers in managing the GBV;
- ▶ Actively contributed in building the local capacities for opening new counselling facilities and services.

SOCIAL AND BEHAVIOUR CHANGE

We will deliver trainings to media professionals for sensitive reporting on GBV-related policies and harmful practices. We will identify the media that we will continuously work with on capacity building and information sharing. We will support the development of investigative stories to create an active journalism that follows the topic, reports properly and demands accountability. We will organise campaigns through influential supporters and in different ethnic environments. We will develop new communication channels to raise the awareness. We will intensify the collaboration with schools to develop educational modules for the teachers and other school staff. By working with boys and girls in small groups on the local level, and by educating the parents, we will raise the issues of gender stereotypes and equality, and we will encourage feminist activism led by boys and men. We will work on changing the narrative on violence through promotion of caring masculinity in preschools and we will develop teaching modules on violence prevention for both the caregivers and the teachers. We will network with community-based organisations of rural women and people with disability to promote feminism, gender equality and equity. Through different approaches to education, including by designing cultural and art contents and activities, we will promote the culture of non-violence and care.

RESULTS

- ▶ Improved collaboration with journalists and influencers for the treatment of the harmful GBV-related narratives in the media;
- ▶ Active participation in the processes of developing the national GBV protection policies in educational programmes;
- ▶ Developed educational programmes for working with boys and parents;
- ▶ Increased coverage of women and girls from rural areas that have been educated and have become aware of the different forms of violence and harmful gender stereotypes.



“ In every corner of the world, we are seeing a reversal of hard-won gains and an erosion of women’s reproductive rights, choices and agency. With the onset of the pandemic, resources for sexual and reproductive health services were diverted. These gaps in access to health rights are unacceptable. Women cannot be alone in this fight. ”

António Guterres,
Secretary-General
of the United Nations



A Member Association of



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