

ANNUAL REPORT

20
16



H. E. R. A.
health education and research association

A Member Association of



IPPF
International
Planned Parenthood
Federation
European Network

odgovernost (responsibility) [noun, feminine] an obligation to carry out the given activity, job or assignment conscientiously and diligently, thereby accepting to be held liable for underperformance, error or failure in doing so; duty, commitment, an important task that one is charged with.



To put your signature on a piece of paper, to make a promise, to commit yourself – means to be responsible and to hold yourself fully to what you have promised, to be committed to resolving the key issues.

During the election campaign last year, we sought responsibility from the political parties as important actors in the decision-making and policy-making processes. We asked that they commit to real measures after the elections, and so they put their signatures on a number of declarations.

We are responsible to our constituents, to the ones who use our services, to the youth, to the persons coming from marginalised communities, and to all citizens of the Republic of Macedonia in achieving what we had committed to do – to improve the sexual and reproductive health (SRH) and to safeguard their constitutionally guaranteed sexual and reproductive rights as universal human rights.

This is exactly why we will seek accountability from the ones who have been elected by the people, and who have agreed and promised to introduce urgent measures to promote the sexual and reproductive rights and the health of all citizens of the Republic of Macedonia. We will monitor their work, we will hold them responsible and we will demand that they keep their promises, all the while continuing to advocate the interests of our constituents before the institutions of the state and remaining committed to improved, more available and better accessible sexual and reproductive health services!



DEAR FRIENDS

It is with great pleasure that we present to you HERA's 2016 Report. This was a year when the political crisis in the country deepened, the functioning of the state institutions was significantly blocked, and the dialogue with the authorities reduced. The political involvement of civil associations, in the capacity of correctives of the policies and practices of the competent institutions, was under threat by the proclamation of the so-called "desorosoisation" process, that is, an additional regulation of the work of the civil society, a process launched by the leadership of the ruling party, VMRO-DPMNE, and the pro-government media.

Under such circumstances, any chances of lobbying for the sexual and reproductive health rights got very slim. However, we were not discouraged; we were out on the streets protesting against the state budget cuts in 2017 HIV allocation, and during the parliamentary elections, together with our partners, we obtained the political parties' support for the promotion of sexual and reproductive health rights. With their signed declarations and proclaimed commitments, the political parties have undertaken to amend the Abortion Law, to increase the HIV budget allocation for the marginalised communities, to introduce comprehensive sexuality education, to promote the sexual and reproductive health of persons with disabilities. In the forthcoming period, HERA will seek political accountability from the political parties and will closely monitor whether they fulfil their promises.

Together with our partners, we got internationally involved in the review of Macedonia's report on the implementation of the Covenant on Economic, Cultural and Social Rights. The United Nations Committee in charge of this Covenant gave clear recommendations in line with the promotion of sexual and reproductive health: the State was called upon to amend the Law on Termination of Pregnancy in order to achieve a better protection of women's health rights, to promote the access to reproductive health services for the Roma women, to improve the SRH education in schools, and to include the modern methods of contraception on the positive list.

Despite the unfavourable setting to lobby for sexual and reproductive rights, the number of young and marginalised communities that we educate and provide services for has increased. As of this year, the number of school youth receiving education in comprehensive sexuality education has increased, and so has the number of active volunteers and educators in the organisation. We have also worked on improving the knowledge and skills of the professional staff of state institutions and civil society organisations in sexuality education for persons with disabilities. A total of 7,126 clients received HIV and sexual health services in our stationary and mobile clinics in the course of the year, which marks a 10% increase compared to the year before. Although the number of refugees and migrants reduced throughout the year, we continued to provide reproductive health services to women in our mobile gynaecology clinics. A total of 520 visits by refugee women were made to the mobile gynaecology clinics in the Tabanovce and Vinojug Transit Centres, and more than 100 healthcare workers and field service providers from civil society organisations and state institutions were trained in the minimum package for sexual and reproductive health and sexual violence in crisis situations.

Finally, we would like to extend our gratitude to all our members, volunteers, supporters and donors for giving us their continuous support throughout the year. We sincerely hope that the political crisis will end next year and that all challenges with the restriction and denial of sexual and reproductive health rights will become a thing of the past. It is time for something better, it is time for sexual and reproductive health and rights to be respected and to become a priority for the authorities of the Republic of Macedonia!

We have a lot of work ahead of us!

Iva Mihajlovska, President

Bojan Jovanovski, Executive Director



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HERA ID



MEMBERSHIP AND NETWORKS

NATIONAL LEVEL

Coalition “Sexual and Health Rights of Marginalised Communities”

Gender Equality Platform

“Voice against Violence” – National Network to End Violence against Women and Domestic Violence

National Youth Council of Macedonia

Network for Protection against Discrimination

Macedonian Anti-Poverty Platform

Y-PEER Macedonia

National network against homophobia and transphobia

Платформа за одржливост на програми за превенција и поддршка на ХИВ

INTERNATIONAL LEVEL

International Planned Parenthood Foundation

ASTRA Network

Women's Global Network for Reproductive Rights

International Campaign for Women's Right to Safe Abortion

Y-SAFE

Y-PEER

COPASAH – Community of practitioners on Accountability and Social Action in Health

ERA -LGBTI Equal Rights Association for Western Balkans and Turkey



OUR SERVICES

1	YOUTH CENTRE FOR SEXUAL AND REPRODUCTIVE HEALTH "I WANT TO KNOW" <ul style="list-style-type: none"> ○ Vodno Outpatient Clinic – ul. Elisije Popovski br. 2; Tel.: +389 2 3176950 ○ Šuto Orizari Outpatient Clinic – Šuto Orizari bb; Tel.: +389 2 2651955 	contact@sakamdaznam.org.mk
2	MOBILE OUTPATIENT CLINIC FOR HIV COUNSELLING AND TESTING	testiranje@hera.org.mk
3	THE FIRST FAMILY CENTRE OF THE CITY OF SKOPJE AGAINST DOMESTIC VIOLENCE 02 321 5 905, ул. Костурски Херои бр.51	infopsc@hera.org.mk
4	COUNSELLING SERVICE FOR HIV/AIDS AND SUPPORT TO PERSONS LIVING WITH HIV In cooperation with the Clinic for Infectious Diseases and Febrile Conditions, тел: 3147 752 ;	zaedno.posilni@hera.org.mk
5	FREE LEGAL AID AND COUNSELING	pravo@hera.org.mk
6	MOBILE GYNAECOLOGY OUTPATIENT CLINIC	hera@hera.org.mk

MORE ABOUT HERA AT

WEB PAGE	www.hera.org.mk
FACEBOOK	www.facebook.com/hera.macedonia
TWITTER	www.twitter.com/hera_mkd
YouTube	www.youtube.com/HERAMacedonia
Address and Telephone	Дебарца 56, 1000 Скопје, 02 3290 295

STRATEGIC FRAMEWORK HERA 2014-2017

ONE VISION:

HERA envisions free and just society free of discrimination, in which sexual and reproductive rights are guaranteed for everyone and where the right to choice is respected

ONE MISSION:

HERA works on improvement of human rights of all in the field of sexual and reproductive health, on the principles of social justice and gender equality

STRATEGIES

4

ADVOCACY

EDUCATION AND SERVICES

RESEARCH AND DEVELOPMENT

RESOURCE MOBILISATION

8

OBJECTIVES

01

The laws, policies and national budgets in the country are guarantying fulfilment of sexual and reproductive rights

03

HERA is able to provide high quality comprehensive sexuality education

05

HERA is able to build capacities of state institutions and NGOs promotion and education of sexual and reproductive health and rights

07

Accountability and Transparency of HERA are guaranteed.

HERA plays and active role in the protection of sexual rights in Europe, especially in the Western Balkans

02

HERA is providing accessible, high quality sexual and reproductive health services, especially for the socially excluded groups

04

HERA has internal capacities for research, advocacy and resource mobilisation

06

HERA as capable of continuous resource mobilisation and for ensuring sustainability.

08

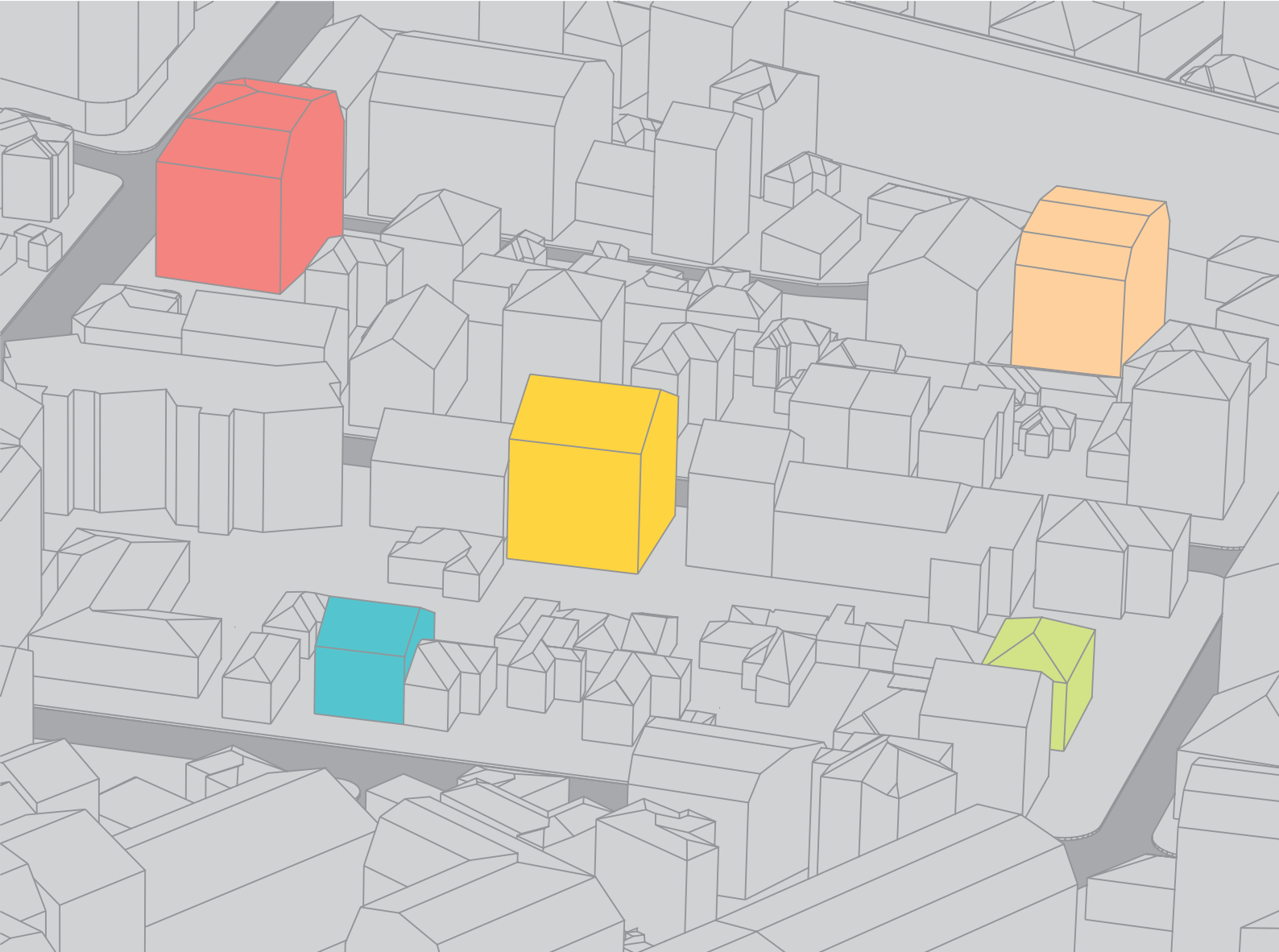
VALUES

- Sexual rights are human rights
- Recognizing diversity
- Freedom of speech and gender expression
- Equal access to services for all
- Recognizing sexual rights of children
- Social inclusion of the vulnerable populations
- Right to reproductive choice
- Integration of SRH and HIV services
- Evidence based knowledge for better SRHR
- Affirmative measures for the key populations



X. E. P. A.





ADVOCACY

HERA works on advocating the interests and needs of all people in sexual and reproductive health (SRH) by creating new policies and changing the old ones, with the purpose of improving the legal framework, the rights, the available services and, ultimately, the wellbeing of all citizens.

DEVELOPMENT AND RESEARCH

Continuous and systemic development and research, the aim of which is to offer information, to improve the policies and to provide SRH services grounded in evidence-based medicine remains one of the top commitments for HERA. Keeping up with the variable social, economic and political contexts, HERA is always basing its policies, commitments, advocacy and services on the current, relevant and quality information and research.

EDUCATION AND SERVICES

Access to the relevant information, including available healthcare, social and legal services supported by the latest social and medical research in the area of HIV/AIDS, contraception, sexually transmitted infections, abortion, gender-based violence, gender identity – these are the key fields of operation of HERA. The commitment to introduce a comprehensive sexuality education in schools, and to improve the availability of SRH services for all citizens, and especially for the socially excluded and marginalised groups of citizens, is still one of the highest work priorities for HERA.

PUBLIC AWARENESS

Informing the public about the major methods of prevention, the latest scientific achievements in the promotion of sexual and reproductive health, and the protection of sexual and reproductive rights is a strategic goal of HERA. In line with the priorities of public awareness raising is also informing the citizens and the public about the half-truths based on ideological beliefs and disinformation disseminated through the social media, as well as the successful cooperation with the media.

FUNDRAISING

Securing the financial sustainability for the organisation and for the services we provide is one of the priorities and challenges, too, that we are facing. Lobbying for increased support for SRH from state sources of funding and identifying innovative models of funding is a day-to-day dedication of the entire organisation.



ADVOCACY



IS IT WORTH RISKING AN HIV EPIDEMIC? THE STATE SHOULD TAKE OVER THE FUNDING OF HIV PREVENTION!

The Global Fund to Fight AIDS, Tuberculosis and Malaria is leaving the country in June 2017, after 12 years of investments in HIV prevention & support programmes. Thanks to the organisations who spent all these years working on prevention, especially with groups that were at highest risk, the HIV infection has been successfully contained. In order to maintain the low infection rate in the country, in the future, the existing HIV services should be supported from the state budget, dominantly through the HIV programme of the Ministry of Health.

Resulting from the consultation process, where the NGO Platform for HIV Sustainability was also involved, in May, the Ministry of Health adopted the criteria for civil society organisations that may benefit from the Government's HIV Prevention Programme in the future. However, contrary to the initial commitments made at the highest level to open a public call and establish a register of civil society organisations eligible for implementation of prevention activities, around 30,000 EUR from the prevention programme, originally allocated to the civil society organisations, were not used.

Although the projections of the necessary budget for prevention and treatment activities were made with the support from experts hired by the Ministry of Health, the Government cut the 2017 HIV budget by 59%. The Platform used all mechanisms at its disposal to correct the curtailing decision, anything from lobbying the existing national HIV bodies, via media reports and debates to lobbying the Parliament and, at the end, street protests. Regardless of everything, the reduced budget was adopted by the Parliament on 17 October.

November brought some optimism when, in the pre-election period, 13 political parties signed the Declaration of the HIV Platform publicly undertaking to secure the necessary budget for funding the HIV programmes over the next year.





HERA organised two round tables in the Municipalities of Centar and Tetovo, where more than 60 representatives of the local self-government, including the Municipal Councils, healthcare and educational institutions, and civil society organisations discussed the models in which local authorities may support some of the HIV prevention services in the future.

In 2017, the Platform will closely monitor the fulfillment of political parties' commitments, through the Government and the Parliament, on urgent budget correction measures and on identification of short-term and long-term solutions for funding of programmes that will fully control the HIV infection in the future.



Protest Performance in front of the Ministry of Health organised by the HIV Platform in the occasion of adoption of the reduced budget, Skopje, 18.10.2016



Protest by the HIV Platform in front of the Parliament of the Republic of Macedonia, in the occasion of HIV allocation cuts in the 2017 budget proposal, Skopje, 06.10.2016

THE UNITED NATIONS WARN – ONCE AGAIN MACEDONIA HAS SHOWN NO PROGRESS IN THE AREA OF SEXUALITY EDUCATION, SAFE ABORTION AND ACCESS TO CONTRACEPTION

The restricted access to information about SRH in schools, the limited availability of modern methods of contraception and the retrograde legal barriers to abortion depriving the women of their right to health, are but a few areas that the Republic of Macedonia is obliged to improve, yet it fails to undertake the necessary measures, according to the United Nations' reports. This is exactly why, throughout 2016, HERA continued using the human rights instruments of the United Nations to defend the sexual and reproductive rights of citizens. In partnership with the **Youth Platform for Comprehensive Sexuality Education**, **Reactor** and the **Coalition for Sexual and Health Rights of Marginalised Communities**, and technically supported by the **Centre for Reproductive Rights** and the **Irish Family Planning Association**, HERA drafted a Submission to the Second, Third and Fourth Periodic Report of the Republic of Macedonia under the Covenant on Economic, Social and Cultural Rights.

Elizabeta Božinoska, Programme Coordinator of HERA, **addressed** the 58th Session of the UN Committee on Economic, Social and Cultural Rights in which occasion she underlined the key barriers identified with the Submission. Moreover, together with the other representatives from the civil society sector, a number of meetings were held with the members of the Geneva Committee, and they were more closely informed about the fulfilment of obligations under the ratified Covenant, which were addressed in the Submission. In their Concluding Observations on Macedonia, the Committee made 30-or-so recommendations to the State as to how to implement the obligations under the ratified Covenant. When it comes to sexual and reproductive health, the Committee indicated that the State provides no adequate access to modern methods of contraception, that the 2013 Law on Termination of Pregnancy is problematic, and that the schools in Macedonia offer inappropriate and outdated sexuality education.

Therefore, the Committee recommended to the State to undertake all the necessary measures to improve the education on sexual and reproductive health in schools in a way that is relevant, age-appropriate and human-rights-based, and to make sure modern methods of contraception are accessible to all, including the addition of modern methods of contraception to the positive list of medicines. The Committee also recommended to the State to revise the restrictive provisions of the 2013 Law on Termination of Pregnancy.



HERA will closely monitor the implementation of these recommendations and the compliance of Macedonia with its obligations arising from the sexual and reproductive health provisions of the ratified Covenant.

The full Submission to the Committee can be reached [here](#).

The Committee's Concluding Observations on Macedonia can be reached [here](#).





THERE IS NO GENERAL GYNAECOLOGIST IN THIS MUNICIPALITY. THANK YOU, MINISTER!

More than 8,000 women of reproductive age in the Municipality of Šuto Orizari have no general gynaecologist, and the infant mortality rate in the Roma population is 1.5 times higher compared to the average marked in other ethnic communities.

Therefore, in 2016, HERA continued its initiative to strengthen the capacities of the Roma women community for international advocacy, all with the purpose of enforcing their reproductive rights. Šuto Orizari Women's Initiative and HERA, in cooperation with Ambrela, CDRIM and Nadež, drafted the Submission to Macedonia's Second, Third and Fourth Periodic Report under the Covenant on Social, Economic and Cultural Rights, relating to the implementation of obligations arising from the health and non-discrimination provisions, where the key issues that Roma women face with their reproductive health were underlined.

Salija Bekir Halim from the Šuto Orizari Women's Initiative addressed the 58th Session of the Committee, whereby she informed about the key issues that the Roma community faces when enforcing their reproductive rights. As in the year before, this year, too, continued the partnership with the **Centre for Economic and Social Rights**, who supported the drafting of the Submission to the Geneva Commission. What the Šuto Orizari Women's Initiative has appealed since 2012 was now acknowledged by the Committee, who, in the Concluding Observations on the State, expressed their concerns about the restricted access to healthcare services, in particular for the Roma community and for the persons living in rural areas. The Committee recommended that the State undertakes all the necessary measures to increase the number



Nataša Boškova (CSHRMC), Salija Bekir (Šuto Orizari Women's Initiative), Elizabeta Božinoska (HERA), Igor Jadrovski (Helsinki Committee for Human Rights of the Republic of Macedonia) and Marija Gelevska (ECE) at the civil society organisations' press conference informing the public about the Concluding Observation on Macedonia by the Committee for Social, Economic and Cultural Rights, Skopje, July 2016

of gynaecologists and to enable access to gynaecological healthcare services to all women in the municipalities where they reside, pointing out to the Municipality of Šuto Orizari as well. Moreover, the Committee called upon the State to immediately end the practices of unlawful charging of fees by private healthcare service providers and to monitor their compliance with the law when providing the healthcare services. The Šuto Orizari Women's Initiative and HERA will continue to monitor whether the State implements the recommendations aimed at promoting the Roma women's access to reproductive healthcare services.

The full Submission to the Committee can be reached [here](#).

The Committee's Concluding Observations on Macedonia can be reached [here](#).



MY BODY, WHOSE CHOICE? DEFENDING THE RIGHT TO CHOOSE AN ABORTION

In June 2013, the Parliament of the Republic of Macedonia adopted the Law on Termination of Pregnancy. The law introduces administrative barriers to abortion, such as a written application for abortion, mandatory counselling, a three-day waiting period upon counselling, and rigorous sanctions for doctors which are not grounded in evidence-based medicine – this all limits the free choice of a woman to terminate her pregnancy. This contributes to an increased number of illegal abortions, but also impacts the mental health and the social wellbeing of women.

In the occasion of 28th September, the Global Day of Action for Access to Safe and Legal Abortion, HERA, together with the **Youth Educational Forum**, **Tiiit! Inc.** and the **Coalition for Sexual and Health Rights of Marginalised Communities**, organized a **debate** under the title “This Home Believes that Abortion Policies Are (Not) Beneficial to the Macedonian Society”. Prominent public figures and experts could voice their views at the debate: Adela Pop Stefanija (gynaecologist), Ana Miškovska Kajevska (researcher and activist), Karolina Ristova Asterud (university professor), Jagoda Šahpaska (member of parliament), and Cvetin Čilimanov (journalist). Before an audience approaching 180, the debaters countered their arguments as to whether or not the Government protects the sexual and reproductive rights of women, whether or not Macedonia undertakes measures for promotion of women’s sexual and reproductive health, and whether or not the Abortion Law works in the interest of women in Macedonia. The debate was part of the “My Body, Whose Choice?” campaign, followed by a concert by three young Macedonian performers.

АКО ТЕ ПРАШААТ ЗОШТО ЗАКАЧАЛКА КАЖИ ИМ:

ЗАКАЧАЛКАТА НЕ Е ЗАТОА ШТО САКАШ МОДА ИЛИ САКАШ ДА КУПУВАШ ОБЛЕКА.
ЗАКАЧАЛКАТА ОД ИЗВИТКАНА ЧЕЛИЧНА ЖИЦА,
ОНАА НА КОЈА НИ ГИ ВРАЌААТ ОБЛЕКИТЕ ВО СЕРВИСИТЕ ЗА ХЕМИСКО,
Е СИМБОЛ ЗА НЕШТО ДРУГО.
КОГА АБОРТУСОТ НЕ БИЛ ЛЕГАЛЕН И БЕЗБЕДЕН, СО ЗАКАЧАЛКАТА
ЖЕНИТЕ САМИТЕ СЕ ОБИДУВАЛЕ ДА ЈА ПРЕКИНАТ БРЕМЕНОСТА.
ВО ТАКВИ УСЛОВИ,
ЗАКАЧАЛКАТА СЕ КОРИСТЕЛА И ОД НЕЛЕГАЛНИТЕ И НЕСТРУЧНИТЕ ЛИЦА
КОИ ПРАВАТ АБОРТУС ПО СКАПИ ЦЕНИ.
ЗАКАЧАЛКАТА БИЛА, А МОЖЕБИ И СЕ УШТЕ Е
ПОСЛЕДНАТА МОЖНОСТ НА ОБЕСПРАВЕНАТА ЖЕНА.
ВО БИТКАТА ЗА ОСТВАРУВАЊЕ НА ПРАВОТО САМОСТОЈНО ДА СЕ ОДЛУЧУВА
ЗА СВОЕТО ТЕЛО,
ЗАКАЧАЛКАТА ОД ИЗВИТКАНА ЖИЦА
СТАНУВА СИМБОЛ ЗА ПРАВОТО НА ЖЕНАТА НА АБОРТУС.

ЗАТОА АКО ТЕ ПРАШААТ ЗА ЗАКАЧАЛКАВА КАЖИ ИМ:
ЗАКАЧАЛКАТА Е СИМБОЛ НА ОНА КОГА НЕКОЈ ДРУГ ОДЛУЧУВА ЗА ТВОЕТО ТЕЛО.
ЗАКАЧАЛКАТА Е ПОТСЕТУВАЊЕ ЗА ПОСЛЕДИЦИТЕ ПО ЗДРАВЈЕТО
И ЖИВОТОТ НА ЖЕНИТЕ
ДОКОЛКУ АБОРТУСОТ СЕ ОГРАНИЧИ ИЛИ ЗАБРАНИ.
ЗАКАЧАЛКАТА Е ЦЕНАТА КОЈА ЖЕНАТА Е ПОДГОТВЕНА ДА ЈА ПЛАТИ
ЗА САМАТА ДА ОДЛУЧУВА ЗА СВОЈОТ ЖИВОТ.
ЗАКАЧАЛКАТА Е СИМБОЛ ДЕКА ЖЕНИТЕ НЕМА ДА СОПРАТ
ВО СВОЈАТА БОРБА ЗА ЕДНАКВОСТ И ПРАВА.

ЗАКАЧАЛКАТА ВО МАКЕДОНИЈА ЈА НОСИМЕ ПО 2013-ТА
КОГА СЕ ДОНЕСЕ НОВ ЗАКОН ЗА ПРЕКИНУВАЊЕ НА БРЕМЕНОСТА.





In the period before the early parliamentary elections organised on 11th December, the **Declaration on Amendments to the Law on Termination of Pregnancy** was drafted together with the **Gender Equality Platform**. The Declaration called upon the political parties to undertake, after elections, to amend the Law on Termination of Pregnancy in provisions restricting the free access of women to abortion services and to ensure transparency and participation of all stakeholders, including the civil society organisations, in the process of adoption of the new regulation. The Declaration was strongly supported and was signed by 11 political parties. On 2nd December, a joint meeting was organised together with the signatories to the Declaration and the Declaration was officially presented to the public.

Мое тело, чиј избор? Организирано изразување

„Овој Дом верува дека политиките за абортус (не) се во прилог на македонското општество“





АНА МИШКОВСКА КАЈЕВСКА
истражувачка и активистка



ЈАГОДА ШАПАСКА
пратеничка



АДЕЛА ПОП СТЕФАНИЈА
пинскопов



ЦВЕТИН ЧИЛИМЈАНОВ
новинар



КАРОЛИНА РИСТОВА-АСТЕРУД
професорка

29.09. (четврток)
19 часот
МОБ Имperiјал сала









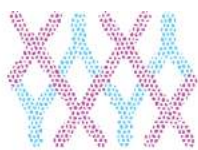








ГЛОБАЛЕН ДЕН ЗА АКЦИЈА ЗА ПРИСТАП ДО БЕЗБЕДЕН И ЛЕГАЛЕН АБОРТУС



ПЛАТФОРМА
ЗА РОДОВА
ЕДНАКВОСТ

ДЕКЛАРАЦИЈА

ЗА ИЗМЕНА НА ЗАКОНОТ ЗА ПРЕКИНУВАЊЕ НА БРЕМЕНОСТА
И ОБЕЗБЕДУВАЊЕ ЗАШТИТА НА ЗДРАВЈЕТО И НА РЕПРОДУКТИВНИТЕ ПРАВА НА ЖЕНАТА

Повикувајќи се на Уставот на Република Македонија со кој правото на жената да одлучува за создавањето на деца (член 41), и правото и должноста на жената да го чува и унапредува сопственото здравје (член 39), се уставно загарантирани права.

Имајќи ја предвид обврската на државата за отстранување на пречките за воспоставување еднаквост меѓу жените и мажите, преку превенција и отстранување на нееднаков третман, согласно Законот за еднакви можности на жените и мажите (член 2).

Потсетувајќи на обврските од Конвенцијата за елиминација на сите форми на дискриминација врз жената со којашто се штити правото на здравје и којашто ги обврзува државите членки да ја елиминираат дискриминацијата врз жената во областа на здравствената заштита (член 12).

Поттикнати од препораката од 20 јули 2015 година на Комитетот за човекови права на Обединетите Нации, дека Република Македонија треба да го измени Законот за прекинување на бременоста за да се елиминираат сите процедурални пречки, коишто ги доведуваат жените да

посегнат кон нелегални абортуси со што си го загрозуваат здравјето и животот.

Но, пред сè, загрижени за низата случаи на пациентки, се соочиле со здравствени ризици од грубата примена одредбите на Законот за прекинување на бременоста 2013 година.

Пратениците од нашата партија во новиот парламентарен состав, по парламентарните избори на 11 декември 2013 година, се обврзуваат:

- да направат измени на Законот за прекинување бременоста и тоа во одредбите кои го ограничуваат пристапот до абортус на жените во здравствени институции и го загрозуваат правото на здравствена заштита и на репродуктивните права;

- на транспарентност и партиципативност на заинтересирани страни, вклучително и на граѓански организации, во процесите на донесување нова законска регулатива при што ќе се следат препораките на Светската здравствена организација и обврските на националните и меѓународните документи за човекови права.



Once the elections are over and the new Government takes office, HERA and the Gender Equality Platform will continue to work together with all their supporters on implementation of the Declaration and will monitor the compliance with the given promises.



FROM THE COMMUNITY TO THE COMMUNITY!

The unlawful charging for healthcare services during pregnancy, insufficient coverage with community nurses and discrimination in the provision of healthcare protection remain key issues relating to reproductive health for the Roma women in Šuto Orizari.

In 2016, we continued the initiative for the legal empowerment of the Roma people to enforce the healthcare and social rights of the Roma women of Šuto Orizari during their pregnancy. In the course of 2016, a total of 12 women activists were trained as paralegals and field educators on antenatal healthcare rights and 11 women from the community were trained in advocacy via social media.

HERA providers of free legal and paralegal assistance, which is more than welcome in the community, have been active in the field every day over the past few years and they have monitored the enforcement of healthcare and social rights of the citizens of Šuto Orizari. In 2016, 112 clients received legal assistance, and 467 clients received paralegal assistance in the Šuto Orizari Youth Centre – mainly requiring enforcement of their social and healthcare rights, whereas 19 clients were accompanied during their visits to institutions and healthcare establishments so as to facilitate the enforcement of their rights. A total of 24 individual petitions for violation of reproductive rights were submitted to the Ombudsman. Field activities were carried out to educate a total of 1,175 girls and women (279 of whom were pregnant women), 2,000 **brochures on pregnancy rights** were distributed, 6 mediations with health-

care workers were implemented, and in 15 cases Roma women were accompanied so as to remove the barriers in their access to healthcare services. Community women activists spoke out and demanded accountability from the authorities in the provision of reproductive health services during public events, at a press conference, in a protest performance, with video and photo reports, and by creating a **Facebook** page and media stories. This year the community developed the **fourth Community Score Card** to measure the progress of the state in providing available and accessible antenatal healthcare services.

ЕДНА ЖЕНА
ПОЧИНАЛА
ДВЕ НЕДЕЛИ
ПО ПОРОДУВАЊЕТО

ЕДНО НОВОРОДЕНЧЕ
ПОЧИНАЛО
ВО БОЛНИЦА, ДВА ДЕНА
ПО ПОРОДУВАЊЕТО



Our commitment to change does not end, and together with community representatives, in 2017, HERA will continue to demand from the healthcare authorities to make systemic and long-term reforms aiming to reduce the infant and maternal mortality rate, and to ensure that the state provides free and quality healthcare services for all pregnant women, including Roma women as a vulnerable group of citizens.

You can read more on the Šuto Orizari Women's Initiative [here](#).



Нема благосостојба и напредок на личниот живот без основни здравствени услуги за репродуктивно здравје



SUSTAINABLE DEVELOPMENT GOALS ARE UNATTAINABLE WITHOUT SEXUAL AND REPRODUCTIVE HEALTH AND GENDER EQUALITY

Gender equality is one of the central themes in the 2016-2030 Sustainable Development Goals (SDG). Being a UN member, the Republic of Macedonia undertook to implement the SDG, and in his address at the UN summit the Prime Minister expressed the political commitment of the country to work on the improvement of gender equality and the promotion of SRH measures. The achievement of these goals requires not only the enforcement of the regulation, but also a serious action in the field.

Therefore, together with the **Gender Equality Platform**, we prepared an **analysis** on the correlation of the national strategic documents on gender equality with the SDG. The document contains a list of recommendations on how to better integrate the SRH aspects in the National Strategy and Action Plan for Gender Equality, in particular, the use of contraception and promotion of reproductive rights. On 7th December, together with the Gender Equality Platform, we organised a conference entitled “Gender Equality and SDG – A Year Later”, which was attended by 40 participants, and where the on-going processes and future plans were discussed for harmonising the national policies, measures and indicators with the Sustainable Development Agenda. It was concluded that: bearing in mind the major SDG principle that no one is to be left behind, the priorities in the national planning should be focused on vulnerable and marginalised communities; institutional capacities for data collection should be strengthened, and the data should be made publicly available; and



“Gender Equality and SDG – A Year Later” – Elena Dimuševska from the National Network to End Violence against Women and Domestic Violence – Voice against Violence, Sneška Ilić from Reactor Research in Action, Bojan Jovanovski from HERA, Sanela Škrijelj from the Gender Equality Platform and Damjan Zdravev from Reactor Research in Action, 07.12.2016

further research is required so as to better monitor the state's progress and to better design the future policies. HERA attended the second consultative meeting of the civil society organisations organised by the Government and it took an active part in drafting the recommendations for localisation of SDG which refer to health (3rd Goal) and gender equality promotion (5th Goal).

In 2017, we will continue to advocate for integration of gender equality and sexual and reproductive health SDG in the national policies. We will monitor the national process and we will demand greater inclusion of the civil society sector. We will continue the cooperation with the state institutions and UN agencies, but we will also build the capacities of the main stakeholders for the importance of integrating the gender equality and SRH in the national SDG-related plans.

WILL THE AWARENESS OF THE POLITICAL PARTIES FINALLY LEAD TO THE INTRODUCTION OF COMPREHENSIVE SEXUALITY EDUCATION?

Macedonia still lacks comprehensive sexuality education. Research shows that access to information about sexual and reproductive health is very restricted in schools. Institutions remain closed for cooperation and improvement of the curricula.

However, certain shifts could be seen in 2016, and these can be related to the work of the Youth Platform for Comprehensive Sexuality Education. This Platform was established in 2015, and it comprises 9 civil society associations: Mladite možat [Youth Can], Mladi evropski federalisti [JEF Macedonia], HOPS – Opcii za zdrav život [HOPS – Healthy Options Project Skopje], Mladinski obrazoven forum MOF [Youth Education Forum], Izlez [Exit], Senki i oblaci [Shadows & Clouds], Mladinska mreža Y-PEER [Y-PEER Youth Network], Nacionalen mladinski sovet na Makedonija [National Youth Council of Macedonia] and HERA. Already at the beginning of the year, the 2016-2025 National Youth Strategy was adopted, which recommended that sexuality education be introduced. The adoption process was marked by irregularities, however, the inclusion of this measure in the fourth National Strategy resulted from the advocacy of the member organisations of the Platform.

During the year, the Platform participated in the drafting of the Submission to the UN Committee on Economic, Social and Cultural Rights. The Committee identified the shortcomings in the area of sexuality education and it recommended that Macedonia advances the curriculum on sexual and reproductive health in a way that is reflecting the latest scientific achievements, and is age-appropriate and human-rights-based.

Together with the Faculty of Philosophy in Skopje, the Platform organised the Consultations on Sexual and Reproductive Health Education. Our guest keynote speaker was the distinguished Prof. Aleksandar Štulhofer from the Chair of Sexuality at the Sociology Department of the Faculty of Philosophy in Zagreb. Ten professors from several faculties in Macedonia also delivered speeches on various aspects of sexuality that should be integrated in sexuality education. The compilation of texts from the Consultations is available [here](#), and the video can be reached at the following [link](#).



In 2017, the Platform will continue to work extensively with the political parties and to monitor the improvements in the legislation regulating the comprehensive sexuality education (CSE). During the 2016 election campaign, 10 political parties (5 left-wing, 2 from the political centre, and 3 right-wing) committed to undertake measures for the promotion of curricula containing information from the area of sexual and reproductive health and rights, and 3 of these political parties acknowledged the sexuality education in their political programmes.

HOW TO PROVIDE BETTER ACCESS TO SRH FOR PERSONS WITH DISABILITIES?

Having ratified the Convention on the Rights of Persons with Disabilities, Republic of Macedonia has undertaken to work on promoting the access to SRH services for this group of citizens. The rights to SRH for persons with disabilities have been defined in several articles in the Convention. Article 9 provides that accessibility to medical establishments and information be improved; Article 16 requires that measures for protection against violence, including sexual violence, be undertaken; Article 23 calls for elimination of discrimination related to marriage, parenting, family planning and family life; and Article 25 demands equal access to healthcare services with a particular emphasis on SRH. The regular SRH services and service providers are frequently inaccessible to persons with disabilities. Barriers may include anything from physically inaccessible premises, lack of information and communication materials (bulletin boards and printed materials using Braille, or large font sizes, simple language and images, lack of sign language interpreters), to negative attitudes and lack of skills among healthcare providers when treating persons with disabilities.

In the course of the year, **the Platform for Sexual and Reproductive Health and Rights for Persons with Disabilities** sent out requests to 19 gynaecology & obstetrics clinics in order to map the availability of SRH services for persons with disabilities. Information was sought through the State Inspectorate for Civil Engineering and Development on the competences and the accessibility of healthcare establishments and their buildings. The feedback and the analysis will serve as grounds for the Platform's further actions in advocacy and cooperation with institutions on the promotion of accessibility of healthcare establishments to the persons with disabilities.

During the parliamentary elections in December, the Platform drafted the Commitment for the promotion of sexual and reproductive health and rights for persons with disabilities. Five political parties pledged their support, including SDSM, VMRO NP, Levica, PEI and DUI. In 2017, with their representatives in the Parliament, we will work on the promotion of policies and access to healthcare services for persons with disabilities.

The **Platform for SRHR for Persons with Disabilities** was particularly active in the media with the objective to sensitise the public about SRH rights of persons with disabilities. In order to mark 3rd December, the International Day of Persons with Disabilities, a social media campaign was launched, entitled "**I have the right**" which received a lot of attention. Moreover, a promotion event was organised under the title "Where do we stand with the implementation of SRH aspects from the UN Convention?"



LOCAL INITIATIVE FOR PREVENTION AND PROTECTION AGAINST DISCRIMINATION OF LGBTI PERSONS

On a daily basis LGBTI persons in Macedonia are facing discrimination on grounds of sexual orientation and gender identity, which may take various forms, from hate speech and verbal abuse, via family violence in the process of coming out, to physical hate violence. Despite the commitments by a number of organisations and activists, the Law on Prevention and Protection against Discrimination fails to explicitly identify sexual orientation and gender identity as possible grounds for discrimination. Moreover, the Commission for Protection against Discrimination (CPD), as the equality authority established pursuant to the Law, lack the necessary capacities to act efficiently in discrimination cases grounded on sexual orientation and gender identity, especially after the Commission's composition changed in 2015, when persons publicly known for their hate speech against LGBTI persons were elected as commissioners. Moreover, LGBTI people living in smaller towns face even greater stigmatisation, fear and mistrust in institutions.

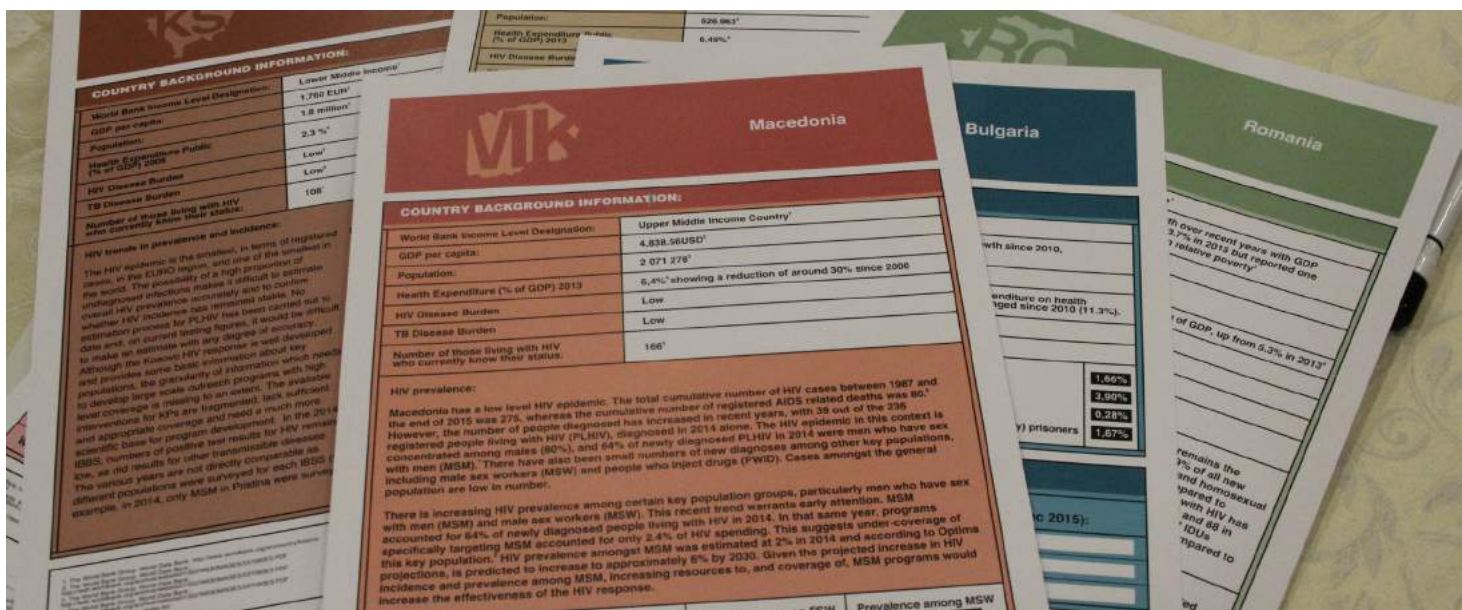
In order to build the capacities of the local-level mechanisms competent for the protection against discrimination, HERA implemented the project "Protection against Discrimination of LGBTI on the Local Level". Unfortunately, out of the 5 municipalities envisaged, Bitola and Tetovo refused to cooperate on the project. The project was implemented in partnership with the Ministry of Justice, the Office of the Ombudsman, CPD and the Municipalities of Kumanovo, Štip and Strumica. Assessment of the capacities of these mechanisms to manage the discrimination on the grounds of sexual orientation and gender identity, through analysis of the laws, policies, internal acts and interviews with representatives of each institution, as well as trainings and a study visit to Utrecht, the Netherlands, brought about the major result – setting up of Coordination Bodies for Protection against Discrimination in the Municipalities of Kumanovo, Štip and Strumica and the development of the **Action Protocols in Discrimination Cases, including against LGBTI**. The Coordination Bodies were established with a decision from the Municipal Councils, and they consist of representatives from four local civil society organisations, the Office of the Ombudsman, Ministry of Justice, the Equal Opportunities Commission and the Equal Opportunities Coordinator. The main objectives of the Coordination Bodies include the promotion of the principle of non-discrimination, exchange of information and coordination of measures taken in individual cases of discrimination.

After the formation of the Coordination Bodies, HERA will work on building their capacities and supporting them in organising information and promotion activities for the citizens.

REGIONAL COORDINATING MECHANISM FOR HIV FOR A MORE EFFICIENT RESPONSE TO THE CHALLENGES

Organisations involved in HIV prevention have expressed their serious concerns over the reduction of the state funding for HIV programmes in Macedonia. More so worrying is the trend observed in South-Eastern Europe where the governments of such countries as Serbia, Montenegro and Bulgaria have stopped funding the prevention activities for the key populations. Moreover, some of the countries have already registered an increased HIV infection rate.

In order to secure a more efficient and better coordinated response to the challenges, the National Coordinating Mechanism, together with the HIV Platform, HERA and Stronger Together launched the initiative for organising a regional meeting of the South-Eastern European countries: Serbia, Montenegro, Albania, Kosovo, Bulgaria, Romania and Macedonia, in order to discuss the challenges to the sustainability of HIV programmes in the region. A total of 43 participants attended, including 11 governmental and 21 non-governmental representatives from 7 South-Eastern European countries, 5 representatives from multilateral and bilateral international organisations, 2 guests from the Global Fund Secretariat, 1 from the Open Society Foundation and 2 from the international AIDS HealthCare Foundation. The meeting was also attended by the United Nations High Representative for HIV for Eastern Europe and Central Asia. The challenges faced by the South-Eastern European countries were shared and a comprehensive analysis was made of the HIV situation in these countries. The Regional Coordinating Mechanism was officially established with an overall goal to advocate for an increased funding of HIV programmes in the region, and the drafted Rules of Procedure for the regional platform were adopted. The 3-year objectives for the Regional Mechanism were set, and a detailed 1-year regional plan was developed.



Following activities were agreed upon and adopted as future steps: the National Coordinating Mechanisms of the South-Eastern European countries shall ratify the decision setting up the Regional Coordinating Mechanism; the Rules of Procedure shall be adopted; and two official representatives shall be appointed from the governmental and civil sector to participate in the regional platform until 31 January 2017. It was agreed that the formulated 3-year objectives will be used for the development of a regional application that will be submitted to the Global Fund in the period March-June 2017. In this period, the second regional meeting will have to take place so that the members may adopt the regional application, elect the Official Secretariat of the Regional Coordinating Mechanism, and select one country that will manage the regional grant.



INFORMATION
AND EDUCATION

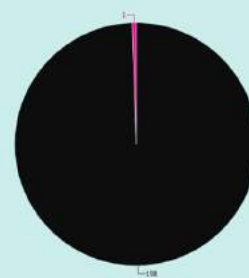


CSE, WHAT? CSE FUNCTIONS!

There is no comprehensive sexuality education in the formal education in the Republic of Macedonia. In view of the use of contraception, Macedonia is reaffirmed at the bottom of the list in Europe. Only 1.6% of persons younger than 29 use oral contraceptives, and only 12.8% of the couples use any of the modern methods of contraception. Although 63% of high-school students have reported that they are taught about HIV protection in their biology class, only 21% have stated that they were also taught about the use of condoms. This merely indicates the superficiality of information that the young people receive. Only 13% of students have reported that they learn about condoms in the school subject of Life Skills Education, and merely 2% have been taught about contraception.

In its programme, HERA has developed a module in CSE (comprehensive sexuality education), and last year it was implemented in 7 schools as part of their informal education. In 2016, this module covered a total of 174 young people, 117 of whom attended the lessons. According to the results on the impact of this module, in 2015 and 2016, students increased their knowledge and their attitudes became positive. More information is available at the following [link](http://prasanjaekstemo.dic.edu.mk/). According to the results returned, this 12-lesson module comprising 7 components (gender, sexual and reproductive health, civil aspects, pleasure, relationships and relations, violence and diversity) and implemented in the course of 3 weeks per school, has proved that CSE can have an impact.

Број на прашања од областа на СПИ на екстерно



● прашања по биологија ● СПИ прашања

“

Од сите сексуално преносливи инфекции државата на екстерно ги прашува учениците само за сифилис, односно за една од поретките сексуално преносливи болести во Македонија.

извор: <http://prasanjaekstemo.dic.edu.mk/>
(прашања за деветто одделение по предметот Биологија)





In order to raise the awareness of the public, but also of the decision makers, as to why CSE is exceptionally necessary, HERA Youth organised a **Public Lesson in CSE** at the Faculty of Philosophy in Skopje, where HERA's peer educators discussed and educated about the greatest of myths, disinformation and misconceptions about CSE.

In 2017, HERA will continue to implement the education module in schools, and will also implement weekend modules in the training centres, as an addition to the existing programme. These weekend modules will be added to our programme targeting the young people who are interested to learn more about CSE, and had no opportunity to do so in their schools.

ССО ФУНКЦИОНИРА!





EVERYBODY EQUALLY NEEDS SRH INFORMATION AND EDUCATION

In general, persons with disabilities have a restricted access to SRH-related information. Because of the lack of structured SRH education programmes in primary education and the inaccessible format of the existing syllabus (Braille, images and easy-to-understand formats are seldom used), persons with disabilities reach this information mainly on the Internet. On the other hand, they are frequently prevented from entering relationships and deciding when and with whom they should start a family. Many of them are subjected to forced sterilisation and are frequently victims of violence and sexual abuse.

ИМАМЕ ПРАВА КАКО И СИТЕ!

ПЛАТФОРМА ЗА СРЗ НА ЛИЦА СО ПОПРЕЧЕНОСТ

In 2016, in cooperation with the Institute for Social Activities and the Ministry of Labour and Social Policy (MLSP), and in accordance with the SRH module of the programme delivered at the Day Care Centres for Persons with Disabilities, we have organised a series of trainings for strengthening the capacities of professionals from the Day Care Centres under the competence of MLSP and from the institutions caring for persons with disabilities (Banja Bansko, Topansko Pole, and Demir Kapija). Through this training, a total of 105 professionals have acquired SRH-related information and skills, and they have additionally developed personalised plans for further education of the beneficiaries they work with. Moreover, the trainings in prevention, detection and reporting of sexual abuse covered 74 foster families of persons with disabilities. Then, in the course of September and October 2016, the trained professional from the Day Care Centres and from the institutions educated further 170 persons with disabilities at their own institutions, either in group or in individual sessions.



ИМАМ ПРАВО
И ЈАС - НА ЛУБОВ,
ИЗБОР НА ПАРТНЕР И ПРЕГРАТКА

Ема Ананиевска

ПЛАТФОРМА ЗА СРЗ НА ЛИЦА СО ПОПРЕЧЕНОСТ

In addition to this, as part of the programme of the “I Want To Know” Youth Centres, 17 persons with disabilities participated in a series of workshops on private and public space, pleasant and unpleasant touch, emotions, verbal and non-verbal speech, sexual and reproductive organs, puberty (menstrual cycle and wet dreams), sex and gender, relationships and relations.

SRH education and counselling will continue in the Day Care Centres in the next year, too. The Institute for Social Activities and the Platform for SRHR for Persons with Disabilities will closely monitor their implementation and will offer support wherever necessary.



CHILDHOOD DEPRIVATION OVER TABOOS

The situation with youth violence in Macedonia is alarming. Teenage marriage and informal unions between or involving persons under the age of 18 have been a commonplace practice for years. In this way, young persons are immediately deprived of their right to carefree childhood and to education, the chances of teenage pregnancy and early parenthood increase, they become less competitive on the labour market, and thus more economically dependent and at risk of poverty.

From February to May 2016, HERA ran a series of 36 education workshops for students in sixth, seventh, eighth and ninth grade of the “Braća Ramiz i Hamid” primary school in Šuto Orizari, covering more than 200 young persons. A Memorandum of Cooperation was signed with the school. At these workshops, young persons acquired knowledge and received information about the causes and consequences of teenage marriage and teenage pregnancy, they learned about the types of violence and how to identify aggression, about the changes in puberty, and how to recognise the adverse effects of the use of narcotics.

The problems with teenage marriage and teenage pregnancy in the Municipality of Šuto Orizari remain our priority for 2017, too. We will continue delivering education in the schools in Šuto Orizari and in the local civil society organisations, addressing the negative consequences from teenage marriage and from early parenthood.



Education Session by Aleksandra Proševa, psychologist, in the “I Want To Know” Youth Centre, Šuto Orizari

AFTER THE GLOBAL FUND LEAVES, THE STATE SHOULD TAKE OVER THE LEADING ROLE IN FIGHTING TUBERCULOSIS

It may seem to someone that tuberculosis is a disease that has been long eradicated and is posing no threat in modern times, however, statistics show that around 8 million new cases of tuberculosis are detected globally each year, and more than 2 million people die from this disease. In 2015, 284 cases of tuberculosis were detected in Macedonia, which is 1 case less compared to 2014. Thanks to the many activities implemented with the financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the overall number of newly detected cases of tuberculosis has gradually but continually been dropping over the past 15 years.

HERA has been one of the organisations working on tuberculosis education and prevention for several years now. As part of the education activities implemented in 2016, 57 social workers and professional associates from the state institutions and teachers from primary schools were trained how to educate the persons at risk about tuberculosis prevention. Through the education provided on their part, a total of 417 persons received information about the character, symptoms, transmission and treatment of tuberculosis. Moreover, in 2016, Roma Health Mediators implemented tuberculosis prevention education with 446 socially disadvantaged families, and 511 Roma underwent fluorographic imaging in the field, in cooperation with the Institute for Lung Diseases and Tuberculosis. An **information brochure** was developed and it contains information about the symptoms, transmission, prevention and treatment of tuberculosis.

The field activities for detection of tuberculosis cases among the Roma families will continue in 2017, too. After this period, the international assistance will end and the financial burden will shift to the national funding mechanisms. This is why the budget for the 2017 prevention programme of the Republic of Macedonia was increased from 7 to 25 million MKD. A portion of these funds will be used to fund the activities of civil society organisations with an active access to the vulnerable groups related to education, early detection, tuberculosis prevention and screening.

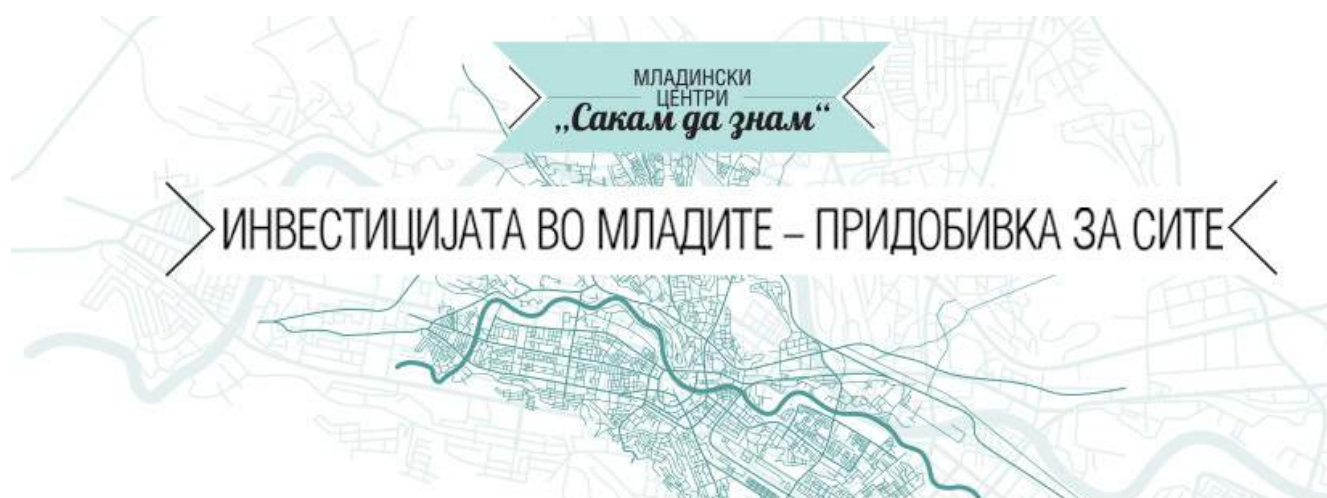
ЗАШТИТИ СЕ ОД
ТУБЕРКУЛОЗА!





“I WANT TO KNOW” YOUTH CENTRES ARE THE ONLY ACCESS TO INFORMATION FOR THE YOUNG AND MARGINALISED GROUPS

Access to information about sexual and reproductive health for the young persons, and especially for the marginalised groups, is limited. There is no CSE in schools, the information contained in schoolbooks is insufficient, frequently irrelevant and outdated, rarely relying on evidence-based medicine. Education of marginalised communities fully relies on the activities of civil society organisations. The “I Want To Know” Youth Centres are the only “friendly” service providers operating on the territory of the City of Skopje who have been offering education in addition to free SRH services to the young and marginalised persons for more than 10 years now.



In the course of the year, together with our partner organisations Star Star, EGAL and Stronger Together, we educated 162 young people at special risk of HIV on such topics as prevention and protection against sexually transmitted infections, health benefits from HIV testing, contraception and safe abortion. Moreover, the pedagogues, psychologists and social workers of the Youth Centres continuously worked throughout the year on implementing education in sexual and reproductive health, especially on topics related to changes in puberty, adverse effects from teenage marriage and prevention of pregnancy, non-violent communication, protection against violence and prevention of drug use and addiction. The education workshops covered a total of 559 young persons in the primary and secondary schools and in the premises of the Youth Centres, as well as 135 parents in individual or group sessions.

Education session organised by the Youth Centres will continue in the next year, too. We are looking forward to the co-operation with a number of primary and secondary schools and to a more profound partnership on SRH education with the civil society organisations who work with groups at higher risk from HIV and other socially excluded communities.

соработка со повеќе основни и средни училишта и на продлабочено партнерство со граѓанските организации за едукација за СПЗ кои работат со групите под особен ризик од ХИВ и други социјално исклучени заедници.



NEW STORIES FROM THE OUTPATIENT CLINIC

Our daily work has shown us that there are still language and cultural barriers in the communication between healthcare workers and the Roma and, more often than not, Roma patients are facing discrimination, which directly impacts their access to healthcare services as well as the quality of the services received.

In Macedonia, 1,281,000 citizens, or 61.2% of the total population, use the Internet, and more than 963,000 citizens have their own Facebook profiles. Social media are exceptionally suitable to convey information to healthcare workers, too, because they are easily accessible and efficient in setting the social values.

In partnership with the civil society organisations “Kham” from Delčevo and “Sonce” from Gostivar, HERA tackled this problem in a creative way, by using the social media; these organisations worked together to change the narratives of the healthcare workers towards the Roma patients, in order to improve the communication and the level of cooperation.

In June 2016, a workshop was organised for representatives from the partner organisations so as to extend their knowledge on how to use the new media and their skills for reinforcing the communication messages to the public. Soon after, the **web page** and the **Facebook** page were launched under the title “New Stories from the Outpatient Clinic”. By recounting the personal stories, events, attitudes and experiences in the form of videos, articles, comics and photo stories, of both the doctors and the Roma patients, civil society organisations have managed to show the good practices in the healthcare system, but also the challenges and problems faced by the Roma patients in the healthcare establishments that we should work together to change.

So far 8 videos have been produced, 11 texts and testimonials, 6 comics, 3 photo stories and a bulletin for the healthcare workers. Our Facebook page is followed by 2,145 persons, and the number keeps growing.





ROMA HEALTH MEDIATORS – KEY STAKEHOLDERS ON THE LOCAL LEVEL FOR THE PROMOTION OF ROMA ACCESS TO HEALTHCARE SERVICES

The Roma are marginalised group of people in a number of aspects, including, certainly, the access to quality healthcare services. The unfavourable social and economic living conditions and the higher poverty rates resulting from the higher unemployment rates only contribute for the overall worsening of the health status of the Roma population. The lack of information about the enforcement of mandatory health insurance for all citizens, and the unadapted regulations to the social and education level of the Roma are only accentuating the inequality. These indicators put up barriers to the process of enforcement of the right to health protection, and even more so pose risk factors to the health status of the Roma population.

Ever since 2011, a huge role in facilitating the access of the Roma people to the healthcare system has been played by the Roma Health Mediators (RHM). In 2016, 11 RHM were active in the field in 8 municipalities. In the period of only 7 months last year, they provided a total of 2,148 services to 3,559 persons, 1,815 of whom were men and 1,744 women. Same as in the years before, in 2016, HERA continued to work on the promotion of the RHM programme in a number of key areas: advocacy for ensuring financial sustainability of the programme, strengthening the capacities and skills of the mediators and improving the system of data collection and reporting by RHM.





Since certain analyses have shown a poor coordination of various stakeholders on the local level, HERA activities last year were aimed at strengthening the multisectoral cooperation on the local level. These activities will continue next year, by making an assessment of the needs and capacities of the local institutions, based on which local intersectoral teams will be piloted in 4 municipalities with a task at hand to improve the Roma access to healthcare services.

In the future, the challenge remains to expand the mediator network in other municipalities inhabited by Roma population and to ensure the financial and social security for the mediators by employing them in the public healthcare system.

ГЛОБАЛНИ ЦЕЛИ

За одржлив развој

Работна средба

Подобрување на статусот на ромското население преку остварување на глобалните цели за одржлив развој

5 декември (понеделник) Х. Арка, Скопје



SEXUAL AND REPRODUCTIVE HEALTH IN TIMES OF NATURAL DISASTERS AND HUMANITARIAN CRISES

SRH is an important public health issue that is frequently neglected in times of natural disasters and humanitarian crises. According to international conventions, in times of humanitarian crises the reproductive health services should be promoted as an essential component of the primary healthcare, same as in peacetimes.

Ever since 2014, and in particular since the beginning of the migrant crisis, HERA, together with the Ministry of Health and supported by United Nations Population Fund (UNFPA), has worked on the national planning and strengthening of the capacities of healthcare workers and the key institutions in providing SRH services and services for gender-based violence in times of crisis. During 2016, 2 trainings were organised in accordance with the internationally accepted standards for minimum package of SRH services in times of humanitarian crises, with a total of 46 persons completing the training. Majority of the trained persons came from state healthcare institutions or were representatives from civil society organisations, who were mostly involved in the crisis management in the country.

Additionally, another 3 trainings were organised on clinical treatment of victims of sexual abuse in times of crisis, with a total of 64 persons completing the training. Fifty of the trained persons were healthcare workers, majority of whom were specialised gynaecologists and obstetrics nurses. During the trainings, several topics were opened for discussion, such as the current practices and protocols in the treatment of victims of gender-based violence in Macedonia. It was concluded that at the moment there is no unified approach in the treatment of victims of gender-based violence, meaning that there are no harmonised healthcare practices and support nor multisectoral cooperation for the treatment of such cases. For that purpose, in 2017, HERA will particularly commit itself to developing a standard operating procedure for the general and clinical treatment of victims of gender-based violence. Moreover, having in consideration that the migrant crisis is still ongoing, with the support that we receive from UNFPA, we will continue to train new persons from the healthcare and social sector on the implementation of the minimum package of SRH services in times of crisis, and in the clinical treatment of victims of sexual abuse.

JOINT RESPONSE TO DRUG USE PREVENTION FOR YOUTH

For 5 years now HERA has been cooperating with the City of Skopje and with the high schools located on the territory of Skopje in ensuring preventive counselling and organising education activities with the purpose of overcoming the problems the youth is faced with in relation to drug use. With our education activities and creative workshops, we are building the capacities of the specialised support personnel in schools, we are providing continuous expert support and resources for the prevention and early detection of drug use, and we are jointly developing and implementing the school action plans.

In 2016, the drug use prevention counselling services operated in 3 weekly shifts in the “I Want To Know” Youth Centre at Vodno, and in 1 weekly shift in the “I Want To Know” Youth Centre in Šuto Orizari. A total of 240 visits by 224 clients were registered, 150 by young persons and 74 by parents. It is of particular importance for the operation of “I Want To Know” Youth Centres that the number of visits and clients significantly contributes to overcoming the problems arising from drug use among the young population.

A consultative work meeting was held at the beginning of the year with representatives from the specialised support personnel of 10 schools in Skopje and the priorities for the annual action plans were defined. The drug use prevention counsellors who operate with the “I Want To Know” Youth Centres delivered a training on drug use prevention and early detection, with 16 representatives from 8 schools completing the training. In the meantime, 10 schools developed their action plans, which include various activities aiming to involve the young persons in creative expression on the topic of healthy living and health practices.

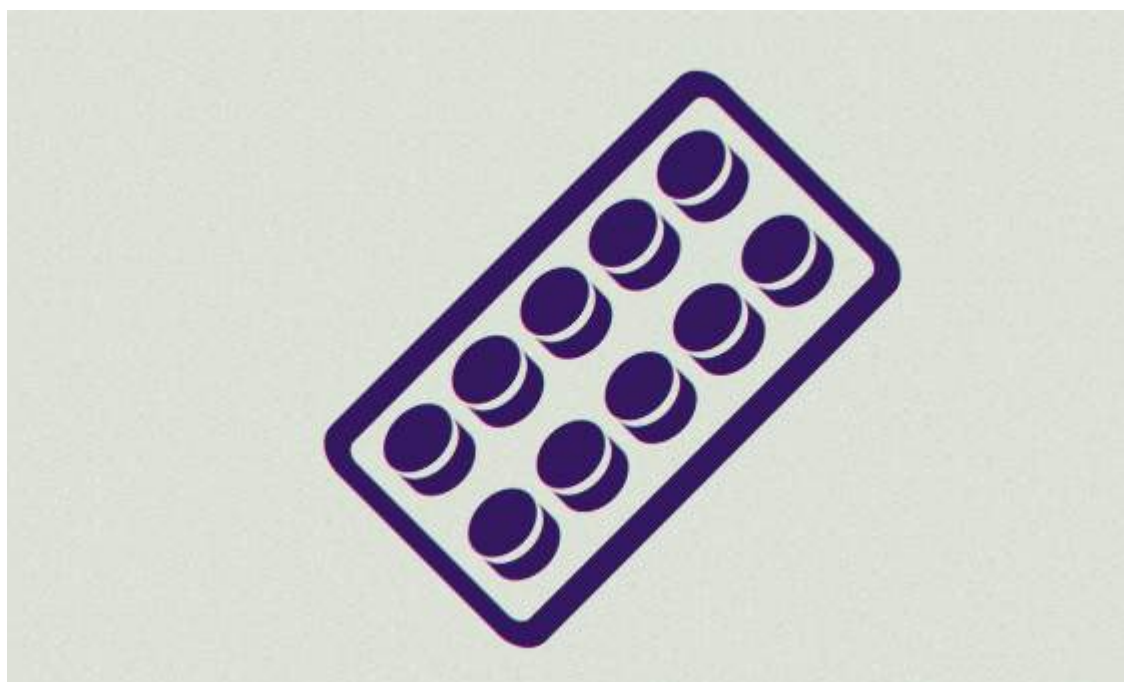
A final event was scheduled for February 2017, with the school youth staging an exhibition, theatre performance, video screening, dance and poetry reading, with the objective to educate and integrate the young persons in the process, striving for a better society and healthy living practices.



NEW TRAININGS IN FAMILY PLANNING COUNSELLING FOR FAMILY MEDICINE DOCTORS

According to the reports by the Public Health Institute and the Mother & Child Healthcare Institute, the number of provided counselling services and administered contraceptives in the primary healthcare establishments is far from sufficient. According to the registered number of initial counselling users, the coverage of women of reproductive age by contraception counselling in 2014 was extremely low (below 1%). Moreover, only 0.8% of young persons under the age of 19 were involved in family planning counselling. In 2014, with the support from UNFPA, a manual and training course resources on family planning were developed for healthcare workers. Ever since then, in cooperation with the Family Medicine Centre, family medicine doctors have continuously received training in family planning.

In the course of 2016, 70 new family medicine doctors were trained in family planning. This concluded the cycle of accredited trainings for family medicine doctors for the 2015/2016 term, with 250 persons completing the training for a period of 2 years. In 2017, the family planning trainings will continue to be delivered to the newly licensed family medicine doctors, and additional 2 trainings have been planned for the general practitioners coming from areas of Macedonia that are lacking general gynaecologists.





SERVICES



In 2016, a total of 7,179 persons received any of the five services provided by HERA, which means an increase by 11%. Almost 90% of our service users belong to the group of marginalised and socially excluded people. This includes the Roma population, LGBT persons, sexual workers, drug users, women and children who are victims of violence, persons living with HIV, women from rural areas, and persons with disabilities.

NAME OF THE SERVICE	NUMBER OF CLIENTS IN 2016	NUMBER OF CLIENTS IN 2015
Youth Centre for Sexual and Reproductive Health "I Want To Know" – Vodno	919	757
Youth Centre for Sexual and Reproductive Health "I Want To Know" – Šuto Orizari	1.473	1.379
Mobile Outpatient Clinic for Gynaecological Services	983	863
Mobile Outpatient Clinic for HIV Counselling & Testing	3.635	3.260
The First Family Centre	169	188
% of women in 2016		47,10 %
% of men in 2016		52,40 %
% of transgender persons in 2016		0,50 %
% of marginalised persons in 2016		89,90 %



MOBILE GYNAECOLOGICAL SERVICES FOR EVERYBODY

The lack of gynaecologists in the primary healthcare system is one of the major barriers to ensuring available SRH services to women from marginalised communities and from rural areas. Moreover, many of the women at risk of HIV are faced with stigma and discrimination by the healthcare establishments, which is particularly prominent in the smaller towns. The Mobile Gynaecology Clinic is a service launched by HERA in 2014, which aims to provide gynaecological care to women coming from marginalised communities and from rural areas. As of last year, the Mobile Gynaecology Clinics are also circulating the migrant transit centres as part of the provision of a minimum package of SRH services in times of crisis.

In 2016, the Mobile Gynaecology Clinic collaborated with 7 civil society organisations and operated in the following towns and the villages in their vicinity: Kumanovo, Tetovo, Gostivar, Strumica, Bitola, Ohrid, Prilep, Delčevo and Vinica. A total of 585 women from marginalised communities (women sex workers and women who inject drugs), as well as 175 women from rural areas received services from the Mobile Gynaecology Clinic. As part of this service provision, a total of 659 Pap tests and 27 chlamydia tests were performed, 100 ultrasound examinations were carried out, and 6 intrauterine devices were inserted. Moreover, the Mobile Gynaecology Clinic operated in the Čičino Selo Homeless Shelter located in the village of Saraj, and also in the Idrizovo Penal & Correctional Facility. A total of 54 women received gynaecological services, and 41 Pap test were performed.

In view of the gynaecology healthcare provision to women migrants in the Vinojug and Tabanovce Transit Centres, in the course of the year, a total of 525 services were delivered by the Mobile Gynaecology Clinic, and this includes 229 services to pregnant women (counselling, regular and ultrasound examinations, STI therapy, and therapy for urinary infections). Oral hormonal contraception was administered to 46 women. The Mobile Gynaecology Clinic made it possible for pregnant migrant women to join the national healthcare system so that their pregnancy could be monitored in accordance

Check In/Check Up



@мобилна гинеколошка клиника
на **ХЕРА** **прво па женско 4**

12&13 март, 15-18 часот
паркингот кај МКЦ Клуб ресторан

with the antenatal healthcare protocols of Macedonia. Moreover, in agreement with MLSP, the Vizbegovo Asylum Seeker Centre was visited and 13 women were covered by the service.

In cooperation with Tiiit! Inc. and the **Firstborn Baby Girl #4** initiative, the services of the Mobile Gynaecology Clinic were offered to the visitors of the three-day festival organised in the occasion of the International Women's Day.

In 2017, with the support from UNFPA and the Global Fund to Fight AIDS, Tuberculosis and Malaria, we will continue the good practice of providing mobile gynaecologic services to these groups of women. However, the challenge remains of raising the funds for continuation of the service beyond July 2017, when the Global Fund support ends.



DOOR TO DOOR SERVICES FOR KEY POPULATIONS AT RISK FOR HIV

What is crucially important for groups at highest risk for HIV is to have an easy access to timely and quality HIV testing. Although public healthcare establishments throughout the country do administer this kind of tests, due to the sensibility of working with the groups at highest risk for HIV (men who have sex with men, sex workers, people who inject drugs, convicts), the so-called "door-to-door" services tailored for the specific needs of the target groups proved to be most efficient. The provision of HIV testing services for groups at highest risk for HIV, for ten-or-so years now, has been made possible in partnership with 15 civil society organisations in 14 towns across the country. Despite the increased number of HIV testing, year after year, the overall coverage of key populations remains low. The estimations derived from the behavioural research carried out among the groups at highest risk for HIV have shown that only 19% of MSM, 33% of PWID, 44% of SW and only 4.5% of convicts have done an HIV test over the past 12 months.

In 2016, the HIV testing field service has administered a total of 4,221 HIV tests and counselling, out of which 3,889 were with groups at highest risk for HIV. Moreover, a total of 1,079 hepatitis C tests were made. A total of 15,286 condoms and 5,136 lubricants were distributed as part of this service.

As every year before, HERA took an active part in the **European HIV Testing Week** (18-25.11.2016) by organising media activities for a greater motivation of the general population to get an HIV test.





The HIV prevention programmes targeting the vulnerable and marginalised groups, such as PWID, MSM, SW and convicts, are by large financially supported from the Global Fund grant. It is particularly important to include the field activities and services targeting the key populations in the new HIV strategy and to take the responsibility for their funding from national sources. One of the priorities that we set for 2017 is exactly to ensure sustainable services in the future.

HERA volunteers, Viktor Damjanovski, Rina Mitrevska and Aleksandra Taseva in the Skopje City Mall, handing out information materials to passers-by





YOUTH CENTRES NEED YOUR HELP NOW

In June 2017 ends the financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and it was this funding that made the operation of the two “I Want To Know” Youth Centres possible over the last 10 years. “I Want To Know” are the first such centres opened in Macedonia, specifically designed to suit the needs of the young and marginalised communities and their sexual and reproductive health. All services are provided free of charge, anonymously and confidentially, by staff that has been specifically trained to work with young and socially excluded groups of people. According to the financial analysis that was made in the course of the year using the model of zero-based budgeting, for the minimum and optimum operation of the two service providers a budget of 2,500,000 MKD and 3,600,000 MKD respectively will be required.

In order to ensure the financial sustainability of the Youth Centres after the Global Fund leaves, in March this year HERA organised the first conference for the business sector under the title **Investment in the Youth – Benefit for All**, in order to inspire corporate social responsibility in the private sector and to encourage them to invest in the SRH of the youth. More than 20 companies attended the conference, and in preparation for the conference we invited and met with more than 100 representatives of the business companies. A promotion video for the Youth Centres was produced in order to mobilise donations from the business community in the future. At the conference, Komercijalna Banka was the first to announce a donation to the Youth Centres in the amount of 60,000 MKD for the next year. A Memorandum of Cooperation was signed with the Municipality of Centar in order to framework the support and cooperation with the “I Want To Know” Youth Centres as a funding opportunity from the local self-government. In the course of 2016, a total of 3,211 visits by 2,392 clients were registered in the Youth Centres, and more than 80% of them belong to the socially excluded and marginalised communities.

Next year we will remain committed to raising funds for sustainability of the Youth Centres as our top priority. Following suit of how many European countries fund their social services, the support from the central and local government is considered a crucial one, so our advocacy activities will be mainly focused there.

If you are representing a business company or would want to make an individual donation to support the continuation of the work of the “I Want To Know” Youth Centres, please contact us at hera@hera.org.mk. If you are using any of the Youth Centres’ services, you are free to make a pay-what-you-want donation in the premises of the centre.



Video Investment in the Youth – Benefit for All

Iva Mihajlovska, President of HERA, and Bojan Jovanovski, Executive Director, giving a statement to the media on the Corporate Social Responsibility Conference, 18.03.2016





THE FIRST FAMILY CENTRE IS THE ONLY CENTRE USING HOLISTIC APPROACH TO DOMESTIC VIOLENCE

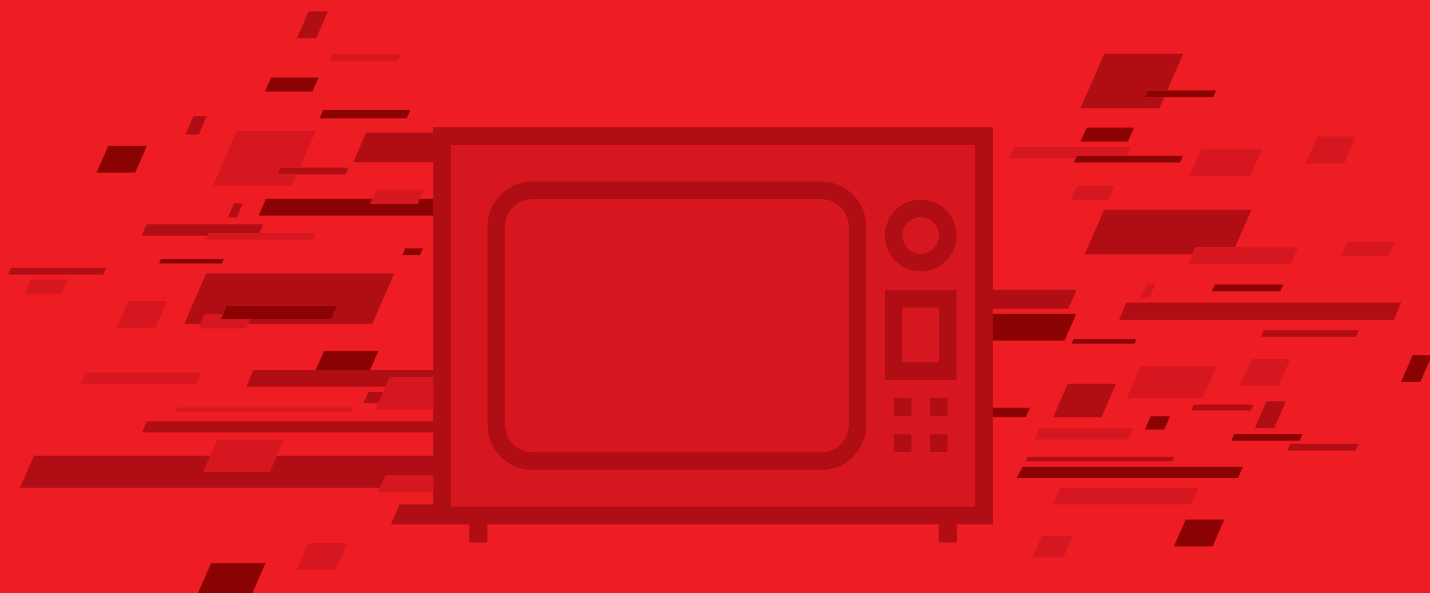
There are no specialised service providers in Macedonia that apply a holistic approach when working with victims and perpetrators of domestic violence. Even though Macedonia is a signatory to the Istanbul Convention and should therefore provide 24/7 operational SOS line, shelter centre / crisis centre, free legal aid, psycho-social assistance and support, immediate police protection, and medical treatment of injuries, in their absence, the First Family Centre is the only of its kind in Macedonia, offering its services on equal grounds to both victims and perpetrators of domestic violence.

In the course of 2016, the Family Centre continued to operate as the only, free and confidential counselling service on domestic violence, and it provided individual, group and family counselling to the following categories of beneficiaries: domestic violence victims, domestic violence perpetrators, minor children who are direct or indirect victims of violence, other family members who participate in the counselling, and entire families. Within these categories, the Family Centre services covered a total of 171 users in the course of 2016, 94 of whom were women and 77 were men. The Family Centre covered 38 families, 64 victims of domestic violence, 36 perpetrators of domestic violence, 33 minor children and 38 other family members.

Compared to the Family Centre's work in the previous year, the category "perpetrators of domestic violence" has seen an increase of 11%. This is a clear indicator of the positive experiences and the successful counselling the Family Centre has provided, especially to the perpetrators of domestic violence. The number of whole families, parents and minor children receiving the counselling services is increasing, too. The involvement of these categories is increasing year after year mainly because they acknowledge the Family Centre as the counselling service that has the capacity to successfully prevent domestic violence in families, by parents or to children who have been associated with an early detected risk for any form of domestic violence.

In 2016, the Family Centre team worked with 2 victims of sexual abuse, which both present cases of violence by intimate partners. In absence of a specialised counselling service for this vulnerable category, the Family Centre proved capable of offering quality service to victims of sexual abuse, too.

The doors to the First Family Centre remain wide open to anybody in need of its services next year. It is of paramount importance that the Istanbul Convention is finally ratified, and the state provides effective and efficient protection against domestic violence, and puts into place legal mechanisms for rehabilitation of both victims and perpetrators of domestic violence.



PUBLIC AWARENESS
ABOUT SRH



Battles for sexual and reproductive health and rights are not only fought through laws, policies and institutions. Field work is crucial; however, it is information dissemination that is becoming ever more important in informing, educating and mobilising the public. With particular consideration of the current social and political context, when the media attacks at the civil society organisations is becoming an acceptable mode of conduct, when targeting particular individuals and organisations may go by unpunished, and when circulating of disinformation and practicing of hate speech persists, social media become the most accessible and the most appropriate channel of communication with citizens.

Using the power of the media, this year again HERA allocated significant amount of its time and resources to communicating with citizens, constituents and the wider public through social media. Using the media, we managed to outreach to a great number of citizens, to inspire them to engage in discussions on issues relating to SRHR, and to mobilise new volunteers and supporters who will work on improving the sexual and reproductive health and on protecting and promoting the sexual and reproductive rights.



2015	12.447	1.607	16.680	
2016	14.796	1.699	9.200	
	SUPPORTERS	FOLLOWERS	VIEWS	

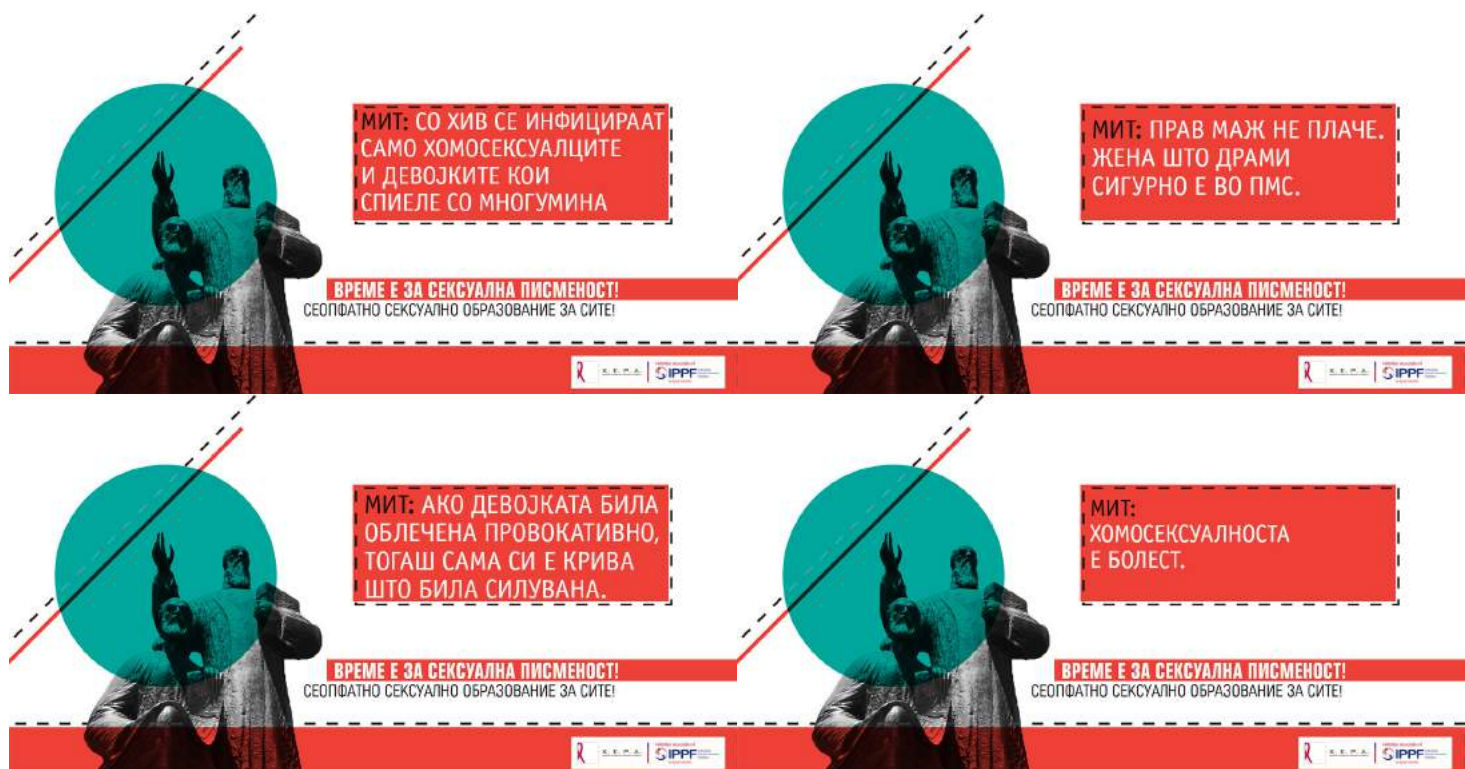


MEDIA CAMPAIGNING



IT'S TIME FOR SEXUAL LITERACY

In the occasion of **IPPF Vision 2020** and the **Public Lesson in SRH** held on 16th May, we organised a mini campaign playing with the widely shared and established myths shrouding various aspects of sexuality. Juxtaposed with facts, we sparked off a debate on introducing comprehensive sexuality education in schools and, at least partially, we contributed to increasing the information, busting the myths and raising the awareness about the need to introduce comprehensive sexuality education in schools.





HERAYOUTH OPEN DAY

Hey, volunteers are always welcome! This is why we launched a campaign aiming to recruit young people who want to contribute to the promotion of accessibility of SRH information and to help their peers get educated and take informed decisions concerning sexuality education and any aspect of sexual and reproductive health.

**ХЕЈ ХЕЈ ХЕЈ!
САКАШ ВИСТИНСКА АКЦИЈА?
ПРИКЛУЧИ СЕ НА ХЕРАМЛАДИ!**

**18.06. / МЦ „САКАМ ДА ЗНАМ“
ВОДНО И ШУТО ОРИЗАРИ / 12-15Ч.**

**СТВАРНО
НЕ МИ Е ЈАСНО
КАКО ВО 21 ВЕК
НЕМА
СЕКСУАЛНО
ОБРАЗОВАНИЕ**

**18.06. / МЦ „САКАМ ДА ЗНАМ“
ВОДНО И ШУТО ОРИЗАРИ / 12-15Ч.**

HERAYouth Open Day on social media



MY BODY, WHOSE CHOICE?

In the occasion of 28th September, the Global Day of Action for Access to Safe and Legal Abortion, together with the Youth Education Forum, Tiiiit! Inc. and the Coalition for Sexual and Health Rights of Marginalised Communities, we organised a debate under the title **“This Home Believes that Abortion Policies Are (Not) Beneficial to the Macedonian Society”** and a concert by three performers.

As the debate was growing, the social media followers could join in using the ‘whose choice’ hashtag (**#ЧијИзбор**).



Photos from the “My Body, Whose Choice?” debate



WE HAVE THE SAME RIGHTS AS EVERYBODY ELSE!

In the occasion of the International Day of Persons with Disabilities, and on behalf of the Platform for SRHR of Persons with Disabilities, HERA conducted a media campaign aiming to raise the awareness about the rights these people have and about their needs when it comes to sexual and reproductive health.

Eight members of the community took part in the photo shoot organised specifically for them, and they shared with us their thoughts, needs and desires.

The campaign was met with excellent response by the social media audiences and it helped raise the awareness of citizens, and of the media, too, about the issue of access to information on sexual and reproductive health for persons with disabilities and about the need for creating mechanisms to enhance availability and accessibility of information.

ИМАМ ПРАВО
ДА ОСНОВАМ СЕМЕЈСТВО
Александар Матовски-Цако



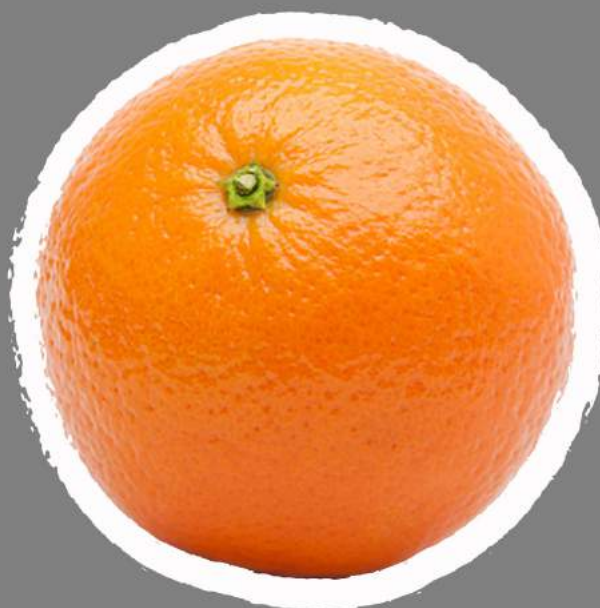
ПЛАТФОРМА ЗА СРЗ НА ЛИЦА СО ПОПРЕЧЕНОСТ

The "I Have The Right" campaign



EUROPEAN HIV TESTING WEEK

Once again, HERA engaged in the European HIV Testing Week which was held from 18th to 25th November 2016. In addition to the free and confidential testing in the "I Want To Know" Youth Centres, a media campaign was organised targeting some of the widely held myths about HIV, its transmission, therapy and living with HIV.



**ДАЛИ МОЖЕ ДА ФАТИШ ХИВ
ОД ПРЕМНОГУ ПОРТОКАЛИ?**

**ЕВРОПСКА НЕДЕЛА НА
ХИВ ТЕСТИРАЊЕ**
18 – 25 НОЕМВРИ

ВКЛУЧИ СЕ»

18-25
НОЕМВРИ
ЕВРОПСКА
НЕДЕЛА
НА ХИВ
ТЕСТИРАЊЕ
2016
ТЕСТИРАЊЕ ПОСЛАНИ ПРЕКО
www.ketingsmart.eu



CSE WORKS!

A lot of people do not know what CSE is. Or why it is needed. This is why we were determined not only to prove that CSE works, but also to show them what CSE is and why it is necessary. With a short campaign and a dedicated web page, we tried to answer the frequently asked questions.



ССО ШТО!?!

<http://seksualnoobrazovanie.hera.org.mk/>
CSE works!



**НЕ МОЖЕ ДА
ЗАБРЕМЕНИШ
ПРИ
ПРВИОТ
СЕКСУАЛЕН ОДНОС**



HIV PROTEST

Together with the HIV Platform, we were one of the organisations staging the **Protest for an Increased HIV Budget**, which took place on 6th October in front of the Parliament of the Republic of Macedonia.

With a mini-campaign, which involved representatives from all organisations operating in the field of HIV prevention and providing services to persons living with HIV, we managed to mobilise supporters from among citizens or on social media, and to raise the issue in the public of a possible HIV epidemic unless specific activities are undertaken and unless the Parliament of the Republic of Macedonia increases the budget allocation to the prevention programme.

**СО БУЏЕТОТ ОД 2017 ГОДИНА
ЌЕ СЕ ЗАТВОРАТ СИТЕ
ТЕРЕНСКИ И СТАЦИОНАРНИ СЕРВИСИ
ЗА ХИВ ЗА ГРУПИ ЗАСЕГНАТИ ОД ХИВ
КОИ ПОСТОЈАТ ВО ПОВЕЌЕ ОД 13 ГРАДОВИ ШИРУМ ЗЕМЈАТА**

БУЏЕТОТ ЗА 2017 ЗА ПРЕВЕНЦИЈА НА ХИВ Е **СКРАТЕН ЗА 59%** ОД ВКУПНО НЕОПХОДНИОТ



**СИТЕ ЌЕ УМРЕТЕ ОД СИДА!
ЗНАЕМЕ, ТАКА РЕШИ ВЛАДАТА!**

активисти на ХОПС

БУЏЕТОТ ЗА 2017 ЗА ПРЕВЕНЦИЈА НА ХИВ Е **СКРАТЕН ЗА 59%** ОД ВКУПНО НЕОПХОДНИОТ



THE MOST RETWEETED TWEETS



 **HERA.**
@HERA_mkd

Ниту 1 орален контрацептив на позитивна листа! Жените зависат од мажите за заштита од несакана бременост [#8Март](#)



RETWEETS 72 LIKES 70

1:01 PM - 8 Mar 2016

 **HERA.**
@HERA_mkd


Протестен перформанс пред Министерство за здравство поради изгласниот намален буџет за [#ХИВ](#)



RETWEETS 32 LIKES 33

11:17 AM - 18 Oct 2016



 **HERA.**
@HERA_mkd

[#ХИВ](#)

**СОБРАНИЕТО НА РМ ГО ИЗГЛАСА
СКРАТЕНИОТ
БУЏЕТ ЗА ХИВ**

**СО ТОА, РИЗИКУВАМЕ ДОПОЛНИТЕЛНИ
860 НОВИ СЛУЧАИ
НА ХИВ ДО 2030 ГОДИНА
И ДУРИ 290 СМРТНИ СЛУЧАИ**

RETWEETS 19 LIKES 10

9:44 AM - 12 Oct 2016

THE MOST RETWEETED TWEETS



H.E.R.A. @HERA_mkd

Утре нудиме дерматолошки претеди во Сингелик на ул.Тодор Чопов 10.30 - 12.00 час. и во Стајковци 12.30 - 14.30 час, последна 65. #поллава



H.E.R.A. @HERA_mkd

Се забележаа отсутните од МОН и @OgnenJaneski го отвори Јавниот час по #CCOMKД



RETWEETS 5 LIKES 13



11:14 AM · 16 May 2016

Retweet, Like, Reply, Quote, and other interaction icons.



#ЧиИзбор Ако ве прашаат зошто токму закачалка како симбол, кажете им:

Translate from Russian

АКО ТЕ ПРАШААТ ЗОШТО ЗАКАЧАЛКА КАЖИ ИМ:

ЗАКАЧАЛКАТА НЕ Е ЗАТОА ШТО САКАМ МОДА ИЛИ САКАМ ДА КУПУВАМ ОБЛЕКА. ЗАКАЧАЛКАТА ОД ИЗВИТКАНА ЧЕЛРНА ЖИЛА, ОНАА НА КОЈА НИ ГИ ВРАЌААТ ОБЛЕКИТЕ ВО СЕРВИСИТЕ ЗА ХЕМСКО, Е СИМБОЛ ЗА НЕШТО ДРУГО. КОГА АБОРТУСОТ НЕ БИЛ ЛЕГАЛЕН И БЕЗБЕДЕН, СО ЗАКАЧАЛКАТА ЖЕНИТЕ САМИТЕ СЕ ОБИДУВАЛЕ ДА ЗА ПРЕКИНАТ БРЕМЕНОСТА. ВО ТАКВИ УСЛОВИ, ЗАКАЧАЛКАТА СЕ КОРИСТЕЛА И ОД НЕЛЕГАЛНИТЕ И НЕСТРУЧНИТЕ ЛИЦА КОИ ПРАВАТ АБОРТУС ПО СКАПИ ЦЕНИ. ЗАКАЧАЛКАТА БИЛА, А МОЖЕШ И СЕ УВШЕ Е ПОСЛЕДНАТА МОЖНОСТ НА ОБЕСПРАВЕНАТА ЖЕНА. ВО БИТКАТА ЗА ОСТВАРУВАЊЕ НА ПРАВОТО САМОСТОЈНО ДА СЕ ОДЛУЧУВА ЗА СВОЕТО ТЕЛО, ЗАКАЧАЛКАТА ОД ИЗВИТКАНА ЖИЛА СТАНУВА СИМБОЛ ЗА ПРАВОТО НА ЖЕНАТА НА АБОРТУС.

ЗАТОА АКО ТЕ ПРАШААТ ЗА ЗАКАЧАЛКА КАЖИ ИМ: ЗАКАЧАЛКАТА Е СИМБОЛ НА ОНА КОГА НЕКОЈ ДРУГ ОДЛУЧУВА ЗА ТВОЕТО ТЕЛО. ЗАКАЧАЛКАТА Е ПОТСЕТУВАЊЕ ЗА ПОСЛЕДНИТЕ ПО ЗДРАВЈЕТО И ЖИВОТОТ НА ЖЕНИТЕ. ДОКОЛКУ АБОРТУСОТ СЕ ОГРАНИЧЕН ИЛИ ЗАБРАНЕН, ЗАКАЧАЛКАТА Е ЦЕНАТА КОЈА ЖЕНАТА Е ПОДГОТВЕНА ДА ЗА ПЛАТИ ЗА САМАТА ДА ОДЛУЧУВА ЗА СВОЈОТ ЖИВОТ. ЗАКАЧАЛКАТА Е СИМБОЛ ДЕКА ЖЕНИТЕ НЕМА ДА СОПРАТ ВО СВОЈАТА БОРБА ЗА ЕДНАКВОСТ И ПРАВА.

ЗАКАЧАЛКАТА ВО МАКЕДОНИЈА ЗА НОСИМЕ ПО 2013-ТА ИЛГА РЕ ШИДЕШ ИЛИ ЗАПЛИ ЗА ПОСЛЕДНОСТА НА ЖЕНИТЕ

RETWEETS 8 LIKES 6





MOBILISATION
OF RESOURCES

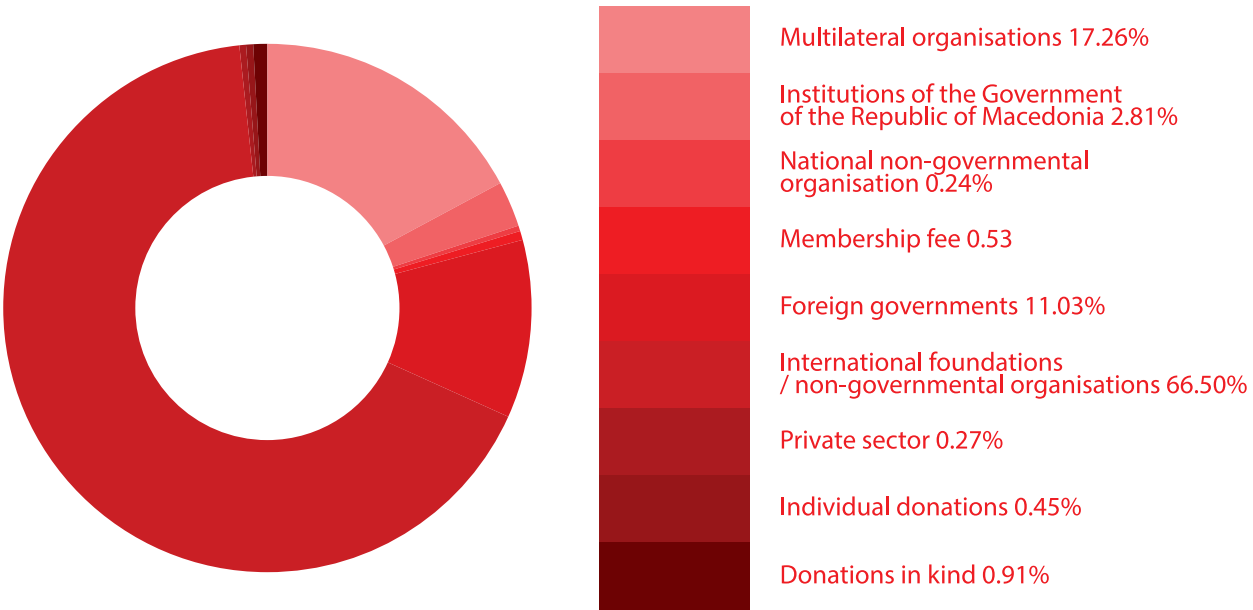


In 2016, a total revenue of **47,681,658 MKD** was generated from grants and donations, which represents a minimal increase of 2.3% compared to the year before. Up to 95% of the total revenue was raised from international foundations, foreign governments and United Nations agencies. In 2016, the revenues collected on the national level, including the state institutions, business sector and individual donations and membership fees amounted to **1,936,549 MKD**. In 2016, the City of Skopje remained the only source of financing for the organisation from amongst institutions funded from the budget of the Republic of Macedonia. Unlike the year before, the funds allocated from the City of Skopje saw an increase by 21% in 2016.

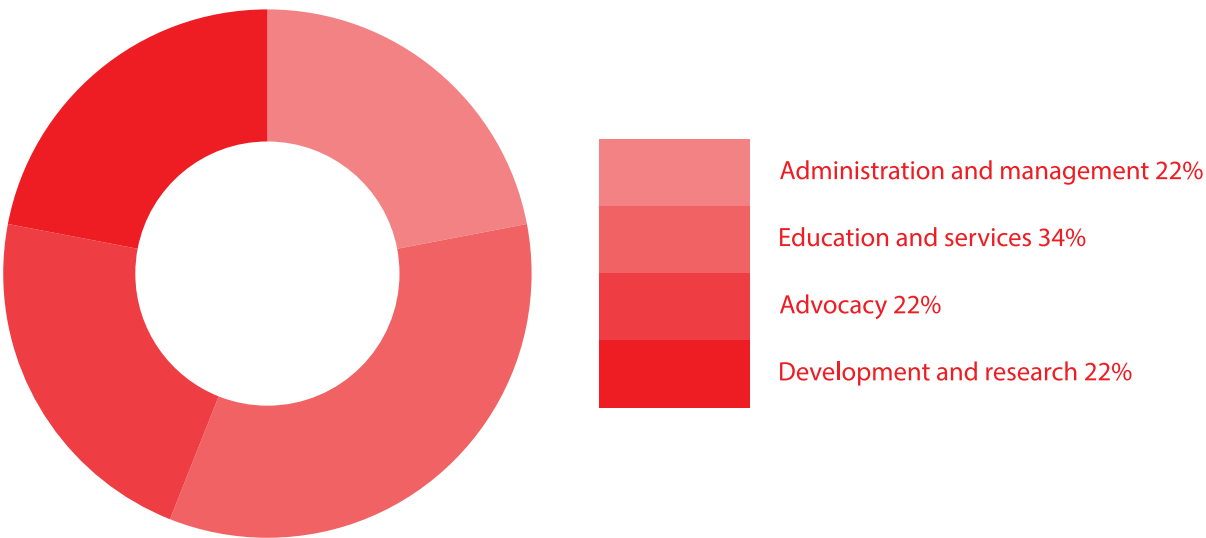
REVENUES RAISED FROM DONORS AND OTHER SOURCES	BUDGET IN MKD
International Planned Parenthood Federation (IPPF)	5.361.435,00
The Global Fund to Fight AIDS, Tuberculosis and Malaria	17.637.314,00
Open Society Foundation Macedonia	8.175.445,00
UNICEF – United Nations International Children's Emergency Fund	2.321.429,00
UNFPA – United Nations Population Fund	5.908.398,00
AHF – AIDS Healthcare Foundation	536.106,00
Ministry of Foreign Affairs of the Kingdom of the Netherlands	5.258.261,00
Komercijalna Banka AD Skopje	130.000,00
City of Skopje	1.340.880,00
Welcome – Macedonia Welcome Centre	115.200,00
Individual donations	213.195,00
Donations in kind	431.521,00
Membership fee	252.474,00



REVENUES
BY FORMS OF DONATION



EXPENDITURES
BY STRATEGIC OBJECTIVES





RESEARCH



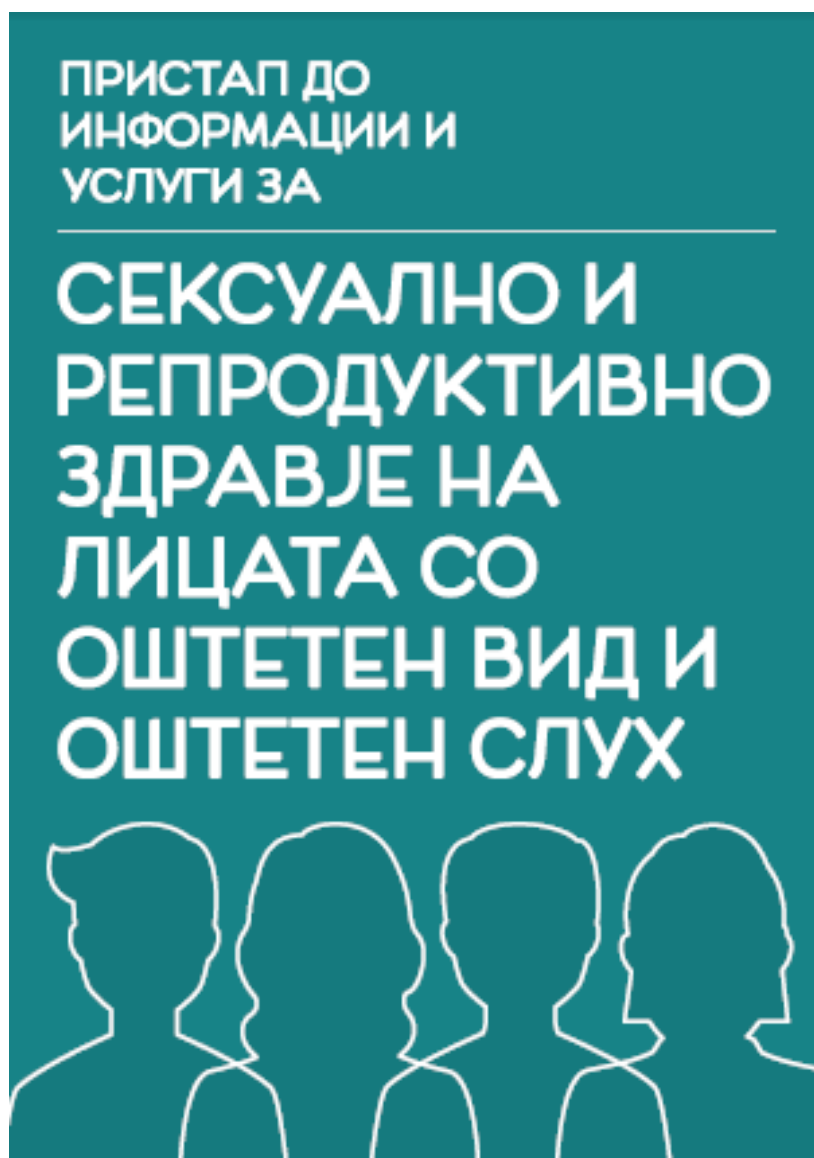
ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES FOR PEOPLE WITH VISUAL IMPAIRMENT AND HEARING IMPAIRMENT

Objective: The objective of this research was to make an assessment of the existing system for access to SRH information and services for people with visual/hearing impairment and to identify the needs of these people for access to SRH information and services.

Methodology: During the research the parallel model was used of associating the qualitative and quantitative methods, as well as triangulation for extensive verification. As for the techniques, surveys were conducted of 30 persons employed with the relevant ministries or associations of persons with visual/hearing impairment, as well as semi-structured interviews with 10 persons with visual impairment and 10 persons with hearing impairment.

Results: Majority of persons with hearing impairment obtain the relevant SRH information from the Internet, because there are no structured SRH programmes for persons with visual/hearing impairment. The recurring barriers in accessing the relevant services include the medical staff's incompetence in sign language and inadequacy in approach. Condom is the preferred choice of contraceptive. Following are pointed out as barriers in making a wider choice of contraceptives: lack of information on contraception; challenging (or altogether non-existent) communication with gynaecologists; lack of privacy due to the presence of an interpreter for a gynaecological examination.

A small share of the respondents believe that sexual violence is not uncommon against these persons, and it is their disability that makes them an easy target for sexual violence.



Recommendations

To improve the access to SRH information and services for persons with visual/hearing impairment; to design and deliver trainings for persons with visual/hearing impairment in all aspects of comprehensive sexuality education and to introduce such lesson already in the initial education; to design and deliver trainings for the medical staff about the specificities of working with persons with visual/hearing impairment; to develop education materials that will be accessible for persons with visual/hearing impairment (using the Braille for the visually impaired and more illustration for the hearing impaired); to developed policies/regulations that will prevent the violence/sexual violence against persons with visual/hearing impairment.

The full research is available at the following [link](#).

NEEDS ASSESSMENT OF THE LOCAL MECHANISMS FOR PROTECTION AGAINST DISCRIMINATION

Objective: The objective of this assessment was to gather information about the knowledge, attitudes, capacities, practices and needs of the representatives of the local mechanisms for gender equality and non-discrimination in five towns (Kumanovo, Štip, Strumica, Tetovo and Bitola). Their attitudes and knowledge about gender equality and the position of LGBT community were placed under principal focus during the assessment. The assessment also aimed at identifying the possible ways to provide free legal aid in cases of discrimination.

Methodology: To achieve the objective of the assessment, the researchers developed a list of de jure and the facto indicators (further divided into input, output and process indicators), which then served as the basis to reflect the situation with gender equality and non-discrimination, with a primary focus on sexual orientation and gender identity. The methodological tools for the research included: a) desktop research – collection of secondary sources of information, b) interviews – field research for collection of primary data, and c) systemic and interpretative analysis and preparation of a final report with conclusions and recommendations for next steps that would ensure the achievement of the desired situation in the operation and the efficiency of the local mechanisms for protection against discrimination.

Conclusions: Major conclusions from the assessment include recommendations for amendment of the legal framework, in particular to the Law on Equal Opportunity for Women and Men in line with a clear inclusion of gender, gender identity and sexual orientation, and to the Law on Free Legal Aid in line with a revision of eligibility criteria and explicit introduction of discrimination as a legal issue. This assessment also underlined the need for capacity building of the Office of the Ombudsman, the Equal Opportunities Coordinator, and the Ministry of Justice to better manage the discrimination cases founded in SOGI, delivery of trainings for sensitisation about LGBTI rights, and coordination between these mechanisms when taking actions.

The document is available in [[Macedonian](#)], [[Albanian](#)] and [[English](#)].



Процена на потребите
на локалните
механизми за заштита
од дискриминација
и пристап до правдата
во општините:

Битола, Куманово, Струмица,
Тетово и Штип

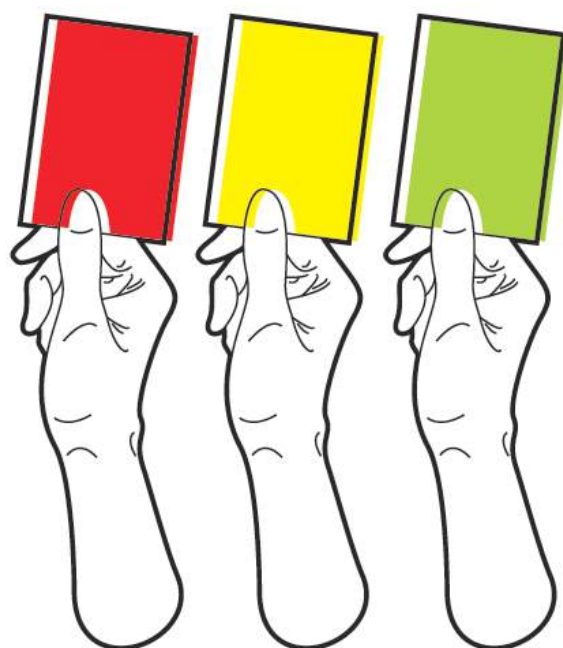


FOURTH COMMUNITY SCORE CARD FOR ANTENATAL, CHILDBIRTH AND POSTNATAL CARE OF THE ROMA WOMEN IN THE MUNICIPALITY OF ŠUTO ORIZARI

The **objective** of this research was for the Roma Women living in the Municipality of Šuto Orizari to assess the accessibility to healthcare services during pregnancy, during childbirth and in the period after childbirth.

Methodology: The Community Score Card for the quality and access to antenatal care services was developed based on the findings received from the semi-structured interviews with Roma women (98), general gynaecologists (6) and community nurses (3) who provide services to the Roma women in the community itself or in the immediate vicinity of Šuto Orizari. The traffic light assessment was used when developing the score card, with the red colour signifying positive answers below 50%, the yellow colour signifying the percentage between 50 and 75, and the green colour signifying positive answers in more than 75%.

Results from the Fourth Community Score Card: Roma Women from Šuto Orizari, general gynaecologists and community nurses gave the following scores for the availability of and accessibility to antenatal and postnatal healthcare services:



ЧЕТВРТА КАРТА СО ОЦЕНКА ОД
ЗАЕДНИЦАТА ЗА ЗДРАВСТВЕНАТА
ЗАШТИТА ВО ТЕКОТ НА БРЕМЕНОСТА,
ПОРОДУВАЊЕТО И ПО
ПОРОДУВАЊЕТО МЕГУ РОМКИТЕ ОД
ОПШТИНА ШУТО ОРИЗАРИ



Comparison of findings from the Community Score Cards:

AREA	First Card (June 2013)	Second Card (March 2014)	Third Card (November 2014)	Fourth Card (December 2015)	CHANGE
COVERAGE BY GENERAL GYNAECOLOGISTS	85,7%	89,1%	90%	90,1 %	▲ 0,9%
AWARENESS OF THE ROMA WOMEN ABOUT THE COSTS OF ANTENATAL CARE SERVICES	48,4%	39,3%	50,3%	56,4 %	▲ 6.1%
ANTENATAL HEALTHCARE PRACTICES OF THE ROMA WOMEN	76,3%	78,9%	73%	73,2%	▲ 0.2%
COOPERATION OF COMMUNITY NURSING SERVICES WITH MATERNITY HOSPITALS AND GENERAL GYNAECOLOGISTS	44,4%	69,4%	69,4%	66,7%	▼ 2,7%
COSTS OF ANTENATAL CARE SERVICES	45,6%	51,1%	47,2%	50,5%	▲ 3.3%
VOLUME OF ANTENATAL CARE SERVICES BY THE GENERAL GYNAECOLOGISTS	66,2%	66,3%	50%	54,5%	▲ 4.4%
COMMUNICATION OF THE HEALTHCARE PERSONNEL WITH THE ROMA WOMEN IN THE GENERAL GYNAECOLOGIST OFFICE	66,1%	66,3%	58,3%	57,8%	▼ 0.5%
VISITS BY COMMUNITY NURSES	44,5%	47,2%	46%	44%	▼ 2%
VOLUME AND QUALITY OF SERVICES DELIVERED BY THE COMMUNITY NURSES	65,4%	63,2%	42%	40,4 %	▼ 1,6%
RATE OF USE OF MEASURES AVAILABLE THROUGH THE MOTHER & CHILD ACTIVE HEALTHCARE PROGRAMME	/	/	11%	13,6 %	▲ 2.6%
CHILDBIRTH	/	/	100%	91,3%	▼ 8,7%

Conclusion and recommendations: Four years into monitoring the healthcare services provided to the pregnant women of Šuto Orizari, the coverage of the pregnant Roma women by the community nursing services remains low, and both the volume and the quality of the services delivered by community nurses shows a constant downward trend. The field work data show that the measures stipulated in the Mother & Child Active Healthcare Programme do not correspond to the needs of the pregnant women, nor do they reach the end users in practice. Although the cost-related issues for antenatal care have seen a positive trend, Roma women are still being charged with additional fees for services received in the general gynaecology offices, which they are entitled to receive free of charge under the health insurance system. The Ministry of Health and the Health Insurance Fund must undertake long-term measures to ensure free services to pregnant women from the vulnerable groups and to work out solutions for the full implementation of measures set out in the prevention programmes dedicated to the pregnant women. Healthcare authorities need to increase the number of employed community nurses and to provide vehicles so that all pregnant women can be covered by the community nursing services.

The full research is available [here](#).



PUBLICATIONS



EDUCATION MATERIALS



In absence of a comprehensive sexuality education (CSE) in the formal education curricula, HERA volunteers took on the task of making available the basic concepts and information about sexuality. Drawing from the CSE programme, this, sort of a CSE glossary covers a bit of all the 7 CSE components: gender, sexual and reproductive health, civil aspects, pleasure, violence, relationships and relations, and diversity.

Although each letter is correlated to a particular word, this edition includes but a fraction of all the concepts related to sexuality.

Until a future, expanded edition comes out, the CSE Alphabet is available [here](#).



This brochure is designed for all service providers (health-care workers, social workers, psychologists, the police), humanitarian organisations and volunteers who are involved in humanitarian crises management.

The objective is to inform the service providers how to detect sexual and gender violence, which are the different forms of violence, how to approach the victims, and – most important of all – how to help them.

The brochure is available in **Macedonian**, **Albanian** and **English** version.

This brochure was developed in cooperation with the work group in charge of preparing the standard operating procedure for gender-based violence in crisis situations, and with the support from UNFPA Office in Skopje.



What is tuberculosis, what are the symptoms, how to protect yourself and where to get treatment? This brochure provides brief information and clear answers to these questions. At the end of the brochure you can find the list of Roma Health Mediators that you can contact in case you have further questions or require any form of their assistance and support.

You can read the brochure [here](#).



The antenatal care brochure is intended for all women, both pregnant and in childbed. The objective is to inform them about their rights to healthcare during pregnancy and after childbirth.

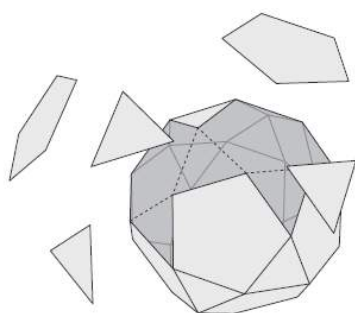
Anything from the ways in which these rights can be enforced, via instructions and suggestions on visiting a gynaecologist and maintaining healthy pregnancy, to where to seek assistance and advice in pursue of their healthcare rights.

The brochure is available at the following [link](#).



INFORMATION MATERIAL

ПРИЛОЗИ ОД
КОНСУЛТАЦИИТЕ
ЗА ОБРАЗОВАНИЕ
ЗА СЕКСУАЛНО И
РЕПРОДУКТИВНО ЗДРАВЈЕ



Proceedings from the one-day Consultations on Sexual and Reproductive Health Education held at the Faculty of Philosophy in Skopje on 28th October 2016. In addition to professors teaching at various departments of the Faculty of Philosophy, the event was also attended by guest teachers from the Faculty of Medicine, Faculty of Law in Tetovo, Institute for Macedonian Literature, as well as the renowned Prof. Aleksandar Štulhofer from the Chair of Sexuality at the Sociology Department of the Faculty of Philosophy in Zagreb. The main objective of the consultations was to trigger expert discussions about the possible advantages and challenges of sexual and reproductive health education.

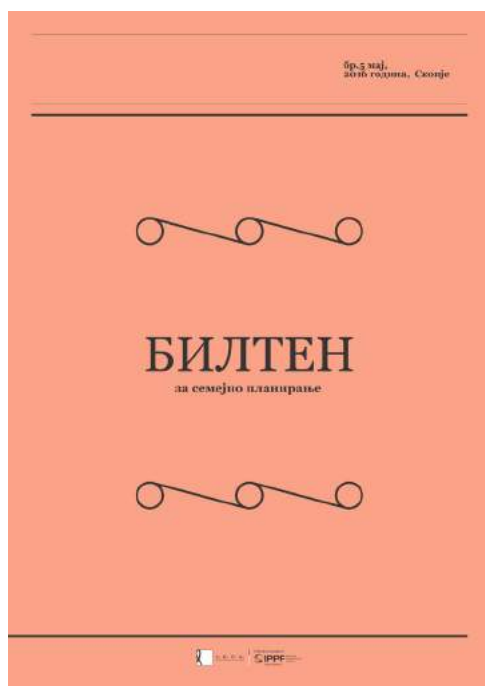
The full proceedings are available in Macedonian [here](#).



In this issue of the Family Planning Newsletter we make an analysis of three laws relevant to the protection of human rights of women and marginalised groups. We address the need for amendments to the Law on Termination of Pregnancy and reinstitution of the rights women had gained in Macedonia 40 year ago. We also speak about the challenges faced by the Law on Prevention, Suppression and Protection against Domestic Violence, about the need for explicit protection of LGBTI persons against discrimination and, finally, we analyse the Article 205 of the Penal Code.

With this issue of the Newsletter we wanted to provide expert analyses and solutions in relation to these laws that the future decision-makers and parliamentarians could take into consideration so as to improve the regulation, the policies and the overall wellbeing of the citizens.

You can read the Newsletter in Macedonian [here](#). The Albanian language version is available at the following [link](#).



Presented here is the Family Planning Newsletter No. 5. The concept of this issue is slightly different, having in consideration the social and political circumstances. This issue of the Family Planning Newsletter is dedicated to the political parties in the Republic of Macedonia with the objective to highlight the importance of prioritising the healthcare, economic and social needs of women and marginalised communities in the political programmes of the parties at the peak of the preparations for ensuring regular and fair elections.

The newsletter is available in Macedonian [here](#), and for the Albanian language version click [here](#).



POLICY DOCUMENTS

РОДОВАТА ЕДНАКВОСТ ВО РЕПУБЛИКА МАКЕДОНИЈА И АГЕНДАТА ЗА ОДРЖЛИВ РАЗВОЈ 2030

Анализа на поврзаноста на националните стратегиски документи за родова еднаквост во остварувањето на Целите за одржлив развој



Gender equality in the Sustainable Development Agenda 2030 (SDA) is an issue given close attention. Sustainable development goals (SDG) treat the gender issues in a sensitive way and build expectations that gender equality will be considered a priority in the new global policy on the sustainable development of states. Republic of Macedonia has employed a strategic approach on the national level in ensuring gender equality with a series of important policy development measures, mostly reflected in the Gender Equality Strategy 2013-2020 (GES) and the National Action Plan 2013-2016 (NAP). The objective of this research is to assess the relation of SDG with gender equality in the Republic of Macedonia by re-examining the approach and analysing the national strategic documents, i.e. GES and NAP.

The analysis is available in Macedonian [here](#), in Albanian [here](#), and in English [here](#).



TESTIMONIALS / CASE STUDIES



THE LAW ON TERMINATION OF PREGNANCY IS A THREAT TO WOMEN'S HEALTH

Jane Doe is a 35-year-old woman from the Roma ethnic community, who is at social risk. Once her general gynaecologist in Gostivar established that in her 13th gestation week she had a miscarriage, he urgently referred her to the University Clinic for Gynaecology & Obstetrics in Skopje with a recommendation that the foetus be removed. The doctor who examined her at the Clinic and only reconfirmed the same finding advised her to come back in two days, because her case did not constitute an emergency, but also because at the time of the examination there was no adequate team to carry out the procedure. The Clinic failed to treat this case as an emergency, even though the woman had carried the dead foetus inside her already for a couple of days. When drawing up the medical report, the doctor clearly demonstrated that he was aware about the emergency of this case and had recommended: "In case of bleeding or pain the patient should immediately report to the Gynaecology & Obstetrics Clinic". However, he postponed the procedure and neglected the fact that the patient was already in pain and, in fact, it was because of the pain that her general gynaecologist referred her to Skopje.

Concerned about her health, and about her two children whom she had left with a neighbour in Gostivar, Jane Doe reported: "I saw the general gynaecologist so that I can be referred to the Clinic. He confirmed that the baby was dead. Three doctors confirmed that the baby was dead. They examined me and they said: 'You are in no pain, there is no bleeding, come back on Wednesday'. Just how insane is it to expect me to come back from Gostivar in two days? How safe is my life? I can get sepsis and die. And I've got children to look after..."

After two days spent in severe pain and poor living conditions, and after three hours spent in the hospital waiting room on the day scheduled for the examination, accompanied by a HERA representative, the patient was finally admitted to the Emergency Department of the Gynaecology & Obstetrics Clinic. Once the examination was over, without even informing her about the impending procedure or about the adverse effects that may have occurred due to the prolonged waiting, the medical team requested from her to sign a blank document giving the consent to be subjected to the medical procedure. Seeing no other option given the emergency of her situation, the patient signed the document and only after another couple of hours was the dead foetus finally removed, and the patient held for hospital care.

Since the patient was given no particular medical justification as to why she was left to wait, the only plausible explanation could be misapplication of the Law on Termination of Pregnancy. The waiting period from the moment the miscarriage was established to the moment the foetus removal procedure was carried out indicates that the doctors were acting under the Law on Termination of Pregnancy, but failed to apply the provision on emergency cases, which derogates from the regular pregnancy termination procedure.



HIGH-RISK PREGNANCIES IN CRISIS SITUATIONS

In October 2016, during one of the regular shifts of the Mobile Gynaecology Clinic in the Vinojug Transit Centre, it was found that there were four pregnant women, and three of these pregnancies were at risk. The local coordinator for sexual and reproductive health at Vinojug informed that they had two pregnant women with multiple previous caesarean sections (one had three, the other as many as six) and another pregnant woman whose pregnancy was at risk because she was diabetic. The team of the Mobile Gynaecology Clinic, who visit the transit centre every week, regularly monitored their pregnancies in compliance with the antenatal care protocol valid for pregnant women who are Macedonian nationals. Following the information that there were pregnant migrant women at risk, we contacted the social worker and the gynaecologists from the Gynaecology & Obstetrics Clinic so that these women could be further referred and their babies delivered. They made sure all microbiological tests and blood tests were done in time, and they were classified for their blood type, too. The gynaecologist and the obstetrician provided counselling on contraception (including tubal ligation at childbirth) as means to protect their health, but none of them opted for it. Moreover, the team for protection against gender-based violence, comprising members from the Mobile Gynaecology Clinic and HERA, went in the field to make an assessment whether this could be a case of gender-based violence and whether the women took these decisions under pressure from their husbands or other family members. The community nurse operating in the Vinojug Transit Centre was consulted and it was established that these women were not forced into taking the reported decisions, rather, it was their free choice. By the end of December one of the women with high-risk pregnancies (with three caesarean sections), following the recommendations, was transported by the Red Cross to the Gynaecology & Obstetrics Clinic in Skopje, where she was admitted and her baby delivered. The pregnant woman with six caesarean sections had returned to Iraq (according to the information provided by the Transit Centre); and the third one, the diabetic, remained under monitoring of the Mobile Gynaecology Clinic at Vinojug. The social worker from the Gynaecology & Obstetrics Clinic who kept records and assisted in the cases of pregnant migrants stayed in touch with us for any issue that may arise or for any form of cooperation towards a timely and quality provision of antenatal and childbirth care to these women.



WHEN THE STATE FAILS — YOUTH CENTRES AND HEALTHCARE MEDIATORS ARE THE SOLUTION

T. A. (33) is a Roma woman from Šuto Orizari, mother of five. She lives in an improvised shed with her husband and children. Their socio-economic situation is a very poor and hard one because their only way to make a living is to collect food and clothes from trash cans and to sell plastic bottles.

The “I Want To Know” Youth Centre in Šuto Orizari approached her with the idea to provide her with a free gynaecological examination and advise her on contraception options. Once the gynaecological examination and STI testing was done, the gynaecologist concluded that the best method of protection against unwanted pregnancy for T. A. would be an intrauterine device. Next, an appointment was scheduled for the free insertion of the device.

We developed a personalised assistance plan for her in order to counter the social risk she was at. After a number of visits to the family, we found that two of her children had no birth certificates. In cooperation with the Roma Health Mediators, the children were entered in the birth registry and the relevant documents were issued. With our assistance, the full documentation required for claiming a social welfare status was submitted to the Social Work Centre in Šuto Orizari. Several months later, T. A. became eligible to receive social welfare payments and ever since then she has been a regular visitor to the “I Want To Know” Youth Centre in Šuto Orizari.



MIND YOU, ANTENATAL CARE SERVICES ARE FREE OF CHARGE!

B. B. is a 29-year-old woman from Šuto Orizari who has no personal documentation and therefore cannot become eligible for health insurance. When she addressed HERA's Youth Centre in Šuto Orizari, she was already approaching late pregnancy. She had delivered her first baby at the Clinic, where she was charged the full price for the service in the amount of 500 EUR. Because she was financially insecure, the next two babies were delivered at home, without any medical attention.

However, the 2016 Mother & Child Active Healthcare Programme adopted by the Government of the Republic of Macedonia provides for free-of-charge antenatal and childbirth care to pregnant women without health insurance. Having received this information from the paralegals in the Youth Centre, B. B. decided to deliver her fourth baby at the Clinic.

"Even though this measure was clearly stipulated in the Programme, it was challenging for us, the paralegals, to enforce it. We accompanied our client to the Clinic, to make sure her right is implemented. However, not even the staff at the information desk could direct us where to go for the free delivery or where to seek free antenatal services, and they were not even sure if such options existed. Once they referred us to the emergency room, we were admitted by the nurse, who informed us that the examination would be charged 500 MKD, as a 'private' service, all because the woman was not a health insurance holder. After we had informed the nurse about the active measures promoted by the Government, and after she had consulted the competent bodies in the Clinic, the examination was performed free of charge. CTG monitoring was scheduled for two weeks later, and on few more occasions she received free services at the Clinic."

After the childbirth, the nurses again approached our client with a request to pay for the delivery 'privately', but this time she managed to react on her own, without our assistance, and she succeeded in defending her right to free delivery.



(OF A) STOLEN YOUTH

B. T. is an 18-year-old girl, a high-school student, who approached the First Family Centre on her own, as a rape victim. The perpetrator of this crime was her peer, who was neither reported nor convicted. This event triggered severe traumas for the young girl, especially because she tried to hide it for a long period of time and coped with it alone. Fearing for her own safety and reputation, she did not dare to report the perpetrator, and for a while she lost every contact with him. A year after this traumatic experience, B. T. started a relationship with a 20 years older partner, who proved to be violent. Seeing no way out from the situation, together with her mother, she sought assistance from the First Family Centre.

B. T. received counselling in the attempt to overcome her trauma from the sexual abuse, followed by a process of psychotherapy to cope with the violence she was suffering from her current partner. Because of her vulnerable state, other members of her family were involved in the counselling, who created a strong social support network. As part of this process, her mother, sister and father received counselling, too.

During the counselling process, B. T. worked intensively on managing the rape experience, after which she gained a certain level of self-confidence and responsibility for herself and her body. This was sufficient for her to proceed with the counselling as a victim of partner violence, which reinforced her coping mechanisms to an even higher level and empowered her to break the cycle of violence. The most important mechanism in this process was the inclusion of her parents and her sister during the counselling, who now form a strong social support network so that B. T. may return to her life and her self-esteem. The counselling process is still on-going, in the form of monthly controls and support, aimed at encouraging B. T. to report the two perpetrators and have them prosecuted for the crimes they had committed.

THE IMPORTANCE OF ROMA HEALTH MEDIATORS IN ENFORCING THE HEALTH RIGHTS OF THE ROMA PEOPLE

The St. Naum Ohridski City Hospital in Skopje pressed charges against a client of a Roma Health Mediator from Šuto Orizari for failing to pay his contribution for the medical services received, which proved to have been calculated in the amount applicable to patients without health insurance, even though this person did hold a valid health insurance. The client sought assistance from his Health Mediator, who advised him to obtain a written confirmation for the amount he was asked to pay. It turned out that the client had been charged 13,000 MKD, which corresponded to an amount normally charged to persons without health insurance.

Based on this, the Health Mediator realised that this must have been a mistake, because the entire surgical procedure was charged as a private service provision, not covered by the health insurance. Together with his client, the Health Mediator met with the hospital administration, hoping that they would acknowledge and correct the mistake, so that his client would not pay the money he was not obliged to pay. A member of the hospital administration rejected their appeal explaining that the hospital electronic system could not correct the outstanding amount, and he even underlined that if this amount was not paid within 30 days, the hospital would have to bring the case to court.

Even though the Health Mediator was not sure whether the case was an honest mistake or, perhaps, an attempt at manipulating an insured person, he did not give up on finding ways to reduce the amount charged. After many steps were taken and having been sent back and forth between various offices of the hospital administration, after a lot of insisting and pointing out to the facts, and having warned them that the client was ready to take legal actions on ground of manipulation, the systemic mistake was corrected and few minutes later a new bill was issued, now in the amount of just 900 MKD. The client settled the bill and the case was successfully closed.



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HERA – Health Education and Research Association

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