

REPUBLIC OF MACEDONIA

Written submission for consideration by the Committee on Elimination of All Forms of Discrimination against Women

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Written submission from

Ad Hoc Coalition:

Association for Emancipation, Solidarity and Equality of Women - ESE

With:

Akcija Zdruzenska
Open Gate/La Strada, Macedonia
Coalition "Margins"

Article 2 (Policy measures)

Article 6 (Violence against women)

Article 11 (Employment)

Article 12 (Health)

Article 15 (Legal equality and legal capacity)

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INTRODUCTION

The Association for Emancipation, Solidarity and Equality of Women – ESE, has been working for 25 years on violence against women and equal opportunities for men and women through the provision of direct aid, representation in improvement of laws and policies, as well as documenting and reporting of cases of human rights violation. As part of its strategic goals aimed at improving access to justice for women who have suffered violence, in 2013, ESE Association started implementing monitoring of court cases related to different forms of VAW with a focus on domestic violence. The Written submission includes findings from the ad-hock coalition comprised of ESE Association, Akcija Zdruzenska, Open Gate/La Strada Macedonia and Coalition “Margins” regarding the level of implementation of Articles 2, 6, 11, 12 and 15 of the Convention. The submission aims at contributing to the preparation of the list of issues for the R. Macedonia, scheduled to be considered at the 71th session.

POLICY MEASURES

National machinery for the advancement of women. The State failed to secure effective implementation of the Law on Equal Opportunities of Women and Men (LEOWM), including functionality and effectiveness of the gender equality machinery that has no legally prescribed autonomy, authority, expertise and resources to coordinate and influence the policy and legislative process and decision making. The practice of transferring the obligations under the competence of state institutions to the Ministry of Labor and Social Policy (MLSP) and the gender equality machinery continues. The obligatory reporting format introduced¹, also failed to secure effective monitoring and reporting on the performance by competent institutions including the machinery. The LEOWM implementation analysis illustrates that its obligations were not treated seriously by competent institutions, considering the small extent of measures and activities taken, as well as the dysfunctional machinery². In 2013, Municipal Council Committees for Equal Opportunities of Women and Men conducted working sessions in only 36% of the municipalities, 4% submitted some proposals, mostly Action Plans with promotional measures with no potential for substantial improvements, while only one Committee proposed an amendment to the municipal budget. In 2016, only 54% of the municipalities submitted reports for 2015, 12.9% developed a plan with equal opportunity measures, while only 11.34% had small budget allocations for their implementation³. The obligatory procedures and practice for systematic collection and use of gender relevant data and research of gender relations and gaps in relevant areas was not introduced as a basis for determining gender equality challenges, priorities and measures on either national or local level. Moreover, the available research findings and recommendations produced mainly by civil society and international organizations were not sufficiently taken into consideration during the policy planning process.

¹ Law on Changes and Amendments to the Law on Equal Opportunities for Women and Men, Official Gazette no. 166/12 November 2014, Articles 6; 8; 11; 14; 15

² Akcija Zdruzenska, *Two Years After: Monitoring of the Progress of Implementation of the Law on Equal Opportunities for Women and Men*, June 2014, <http://development.bitsia.com/zdruzenska/wp-content/uploads/2015/07/Final-Monitoring-2-godini-potoa-FINAL.pdf>

³ Data from the responded requests for access to public information distributed to 81 municipalities in the framework of monitoring the implementation of the Law on Equal Opportunities of Women and Men in 2016.

The National Strategy for Gender Equality (2013–2020) and the National Action Plan for Gender Equality (2013–2016). The adoption of the LEOWM has not influenced other legislative and policy changes by both national and local state institutions with the purpose of securing appropriate treatment of discrimination, lack of opportunities and special measures to improve the status of women in various areas defined by the Convention. The State failed to introduce obligatory mechanisms and instruments for evidence-based policy planning and programming, appropriate resource allocation and measuring the efficiency, effectiveness and impact of laws and policies on different categories of women as end beneficiaries. The effectiveness of the Strategy and Action Plan's implementation was not measured due to a lack of proper indicator structure, especially performance and impact indicators. The government's annual reports on their implementation, prepared by MLSP submitted for review by the Parliamentarian Committee for Equal Opportunities of Women and Men, did not follow even the process indicators. The content of the report consists of a sum of implemented activities without elaborated measurable evidence on the scope and level of achieved progress and effects of the measures, budget spending as well as overall assessment of the progress towards planned strategic goals, objectives and results of the Action Plan 2013-2016⁴. The key objective of the Strategy for Gender Responsive Budgeting, advancement of fiscal legislation, was not implemented at all, neither any formal obligation to apply the tools developed for the purpose of application of gender responsive budgeting was introduced. The implementation of gender equality policy continues to depend exclusively on foreign financial assistance⁵. Therefore, the recently proposed Action Plan for the period 2018-2020⁶ was prepared without the information on the effects of the implementation of the previous one and broader discussion on the need for revision of strategic objectives, results and indicators, and determining the list of priority challenges that need to be addressed based on the current situation analysis. The Plan focuses on activities, instead of a vision and systemic changes in accordance with current reform processes in the area of public finances and administration, judiciary, education, labor, media, etc.

VIOLENCE AGAINST WOMEN

Domestic violence. There is no valid strategic document on domestic violence in place, adopted by the Government of the Republic Macedonia, which would represent the continuity in the commitment of the State and thus, the line ministries, to a functional and effective response to domestic violence. Insufficient state funds are allocated to preventing and combating domestic violence. In addition, the foreign assistance secured by the UN agencies in the country was not spent adequately, thus not contributing towards overcoming the deficiencies detected⁷.

⁴ The reports were made available during public sessions for annual review of the reports by the Parliamentarian Committee for Equal Opportunities of Women and Men.

⁵ <http://zdruzenska.org.mk/wp-content/uploads/2016/07/Проценка-на-спроведувањето-на-Стратегијата-за-воведување-на-родово-одговорно-буџетирање-за-2012-2013.pdf>

⁶ The latest proposal was made available on the web page of the MLSP for public consultations in the second half of January 2018.
<http://www.mtsp.gov.mk/content/word/dokumenti/dokumenti%202018/НАЦИОНАЛЕН%20АКЦИСКИ%20ПЛАН%20ЗА%20РОДОВА%20ЕДНАКВОСТ%20Јануари%202018.doc>

⁷ Association ESE, *Analysis: Did the UN Joint Programme and UN Trust Fund contribute to implementation of the National Strategy for Protection against DV 2008- 2011*, Available on:
<http://esem.org.mk/pdf/Publikacii/2017/National%20Strategy%20for%20Protection%20Against%20DV%202008-2011.pdf>

After four years of adoption of the new Law on Prevention, Combating and Protection against Domestic Violence (LPCPDV)⁸ there is insufficient enforcement in practice.

There is inadequate multi-sectoral action, information exchange and coordination among relevant institutions in domestic violence cases, especially in urgent cases, when it comes to the preparation and implementation of temporary measures of protection (TMP). For instance, in spite of foreseen responsibility, only a few Centers for social welfare (CSW's) have positive practice in establishing multi-sectoral teams, followed by a Security Plan for the victims in a cases when victim's life is threatened. Moreover, in the assessing the needs of the victim carried out by the CSWs, securing the victim's consent for taking protection measures was introduced, which presents an unnecessary administrative burden having in mind that these measures should be unconditional. Due to this situation, victims⁹ are not satisfied with the provided protection, which is evident from the statement: *"CSW has shown no understanding, either. One person informed me, while the other told me: 'You either put yourself together, or we will take away your children'"*. In addition, according to a statement of a woman who had a need for shelter, she had not been informed about the government shelters, nor had she been assisted with the continuation of her children's education once she had left the home with her children.

There is a low number of proposals submitted and TMP issued compared to the prevalence of the phenomenon.¹⁰ Most concerning is the fact that even criminal proceedings taken against perpetrators are not a sufficient indicator for CSWs to submit a proposal for imposition of TMP. *"I am not satisfied with the Center for Social Work. I don't understand - there was a criminal case against him, and these from the CSW were not yet submitting a proposal for temporary measures of protection. Instead of him leaving the house, I, with my three children, had to leave and go to my parents"* stated one of the women who suffered domestic violence. Besides from the CSW's, women victims of domestic violence is not satisfied from the police response due to the failure to provide urgent protection and propose TMP: „Removal of the Perpetrator from the Home and Restraining Order to Approach the Home” within 24 hours¹¹ due to the lack of skills for assessing the risks and preparing the TMP for the court.

The civil court procedure for issuing TMP is still ineffective and with undue delays. Thus, one of the problems faced by women is the postponement of court hearings for issuing TMP due to the need for collecting and presenting additional evidence. In addition, urgent TMP (in 24 hours), can't been issued due to the lack of appointed judges on duty after working hours. On the other hand, once they are issued, there are no mechanisms in place to monitor their execution.

The Law itself contains contradictory provisions aimed for perpetrators if they are not respecting the temporary measures of protection (TMP) issued by the courts. On the one hand, the Law clearly

⁸ Association ESE, *Analysis of the legal framework and institutional response to violence against women*, Available on: <http://esem.org.mk/en/pdf/Publikaciji/2017/Analysis%20of%20the%20legal%20framework.pdf>
Official Gazette of RM, no. 138/14, 33/2015 and 150/2015

⁹ Focus groups with women survivors of domestic violence were organized for the purpose of preparation of the Analysis of Legal Framework and Institutional Response within the USAID's Women's Legal Protection Project, implemented by the ESE Association.

¹⁰ Analysis of domestic violence in Macedonia in the first half-year of 2015, State Institute of Social Activities.

¹¹ In a situation where there is a serious threat to the life and health of the woman survivor of domestic violence or a family member, a police officer shall come to the scene and prepare a police report immediately, or within 12 hours based on an adequate assessment of violence risk and then file a proposal to the competent court for imposing a temporary protection measure.

states that for violation of temporary protection measures, a criminal procedure for the criminal act “disregard of court order” should be initiated by the Centers for Social Work (CSW’s) against the perpetrator¹², and on the other hand, the Law stipulates that monetary fines¹³ shall be paid in case of violation of temporary measures of protection.

Legally guaranteed *free health protection for women who survived domestic violence* is not provided in the practice. Namely, medical institutions refuse to provide services to women who have suffered domestic violence or to issue medical documentation without charging for this service.

There is a growing trend in the number of criminal charges¹⁴ and complaints¹⁵ made in connection with domestic violence according to the domestic violence statistics maintained by the Ministry of Interior within the period from 2004 to 2014. The number of criminal charges filed with reference to acts of violence against women (2012 – 2014) shows a trend of increase¹⁶, unlike the trend of indictments¹⁷. The trend of petitions submitted for criminal prosecution filed is disconcerting (bodily injury, which is the most frequent grounds for sanctioning domestic violence¹⁸ over the same period is on the decrease¹⁹). This even more so given that out of the 169 petitions filed in 2014, 117 were withdrawn by the victim.

There are no appropriate mechanisms established for systematic monitoring and analysis of the situation and trends in domestic violence incidence by the Ministry of Interior, including records on repeated domestic violence reports and on withdrawn and re-submitted petitions for criminal prosecution by victims regarding the criminal act of bodily injury against the same perpetrator. Women who have suffered domestic violence are not satisfied with the actions of police officers²⁰. According to them, the police show no understanding of their problem and hence, their response is belated and overdue. The statement of one of the victims speaks in favor of this claim: “*The police have a late reaction - from the day I reported him, the police waited for two weeks to summon him*”.

The penal policy in terms of “ex officio” (prosecution) of all crimes related to domestic violence has remained inconsistent with the exclusion of the principle of formality in respect of the offense of ***bodily injury*** in domestic violence. Hence, if there is no motion for prosecution, or it is withdrawn by

¹² Article 58, Law on Prevention, Combating and Protection against Domestic Violence

¹³ Article 62, Law on Prevention, Combating and Protection against Domestic Violence

¹⁴ In 2014, the Ministry of interior registered 901 criminal charges, which is about six times more than in 2004, when 149 criminal charges for domestic violence were recorded.

¹⁵ In 2014, the Ministry of interior registered 4482 complaints, which is almost twice the number of complaints registered in 2004, when 2434 complaints were recorded.

¹⁶ In 2012, a total of 640 criminal charges were filed; in 2013-685, and in 2014, the number of criminal charges was 843. Data were gathered from thirteen of the total of 22 public prosecutor’s offices in RM within the USAID’s Women’s Legal Protection Project implemented by the ESE Association.

¹⁷ In 2012, 429 indictments were issued, in 2013-436, and in 2014-315. Data were made available by 18 of the total of 27 basic courts within the USAID’s Women’s Legal Protection Project implemented by the ESE Association.

¹⁸ According to the data from the court monitoring, the most common crime is bodily injury (59.6%) with 328 hearings, followed by the crime of endangering safety with 110 hearings (20%) and the offence of grievous bodily harm with 62 hearings (11.2%). The process of court monitoring (March 2015- March 2017) was conducted within the USAID’s Women’s Legal Protection Project (2014-2017) implemented by the ESE Association.

¹⁹ In 2012, a total of 218 criminal prosecution proposals were filed, in 2013-199, and in 2014-169. Data were made available by 18 of the total of 27 basic courts within the USAID’s Women’s Legal Protection Project implemented by the ESE Association.

²⁰ Focus groups with women survivors of domestic violence were organized for the purpose of preparation of the Analysis of legal framework and institutional response towards domestic violence within the USAID’s Women’s Legal Protection Project.

the woman who has suffered domestic violence, the public prosecutor's office will have no legal assumptions to prosecute and act on such criminal charges. Proceedings of criminal court judges contribute to victim's re-victimization, including: the previously provided statement of the victim is taken again at the main hearing; impossibility for the victim to testify without the presence of the accused; the court does not take actions to protect the victim as a witness if she refrains from giving a statement and inappropriate application of cross-examination in criminal hearings. Criminal justice sanctions in many of the monitored cases²¹ are not equivalent to the gravity and circumstances of domestic violence committed. In most convictions, the penalties imposed are monetary fines and suspended sentences even in cases of severe bodily injury during domestic violence²². Most alarming is the data on 19 cases of murder in domestic violence monitored in a two-year period of court monitoring²³.

Sex work. There are no special programs that provide social welfare and health care for sex workers. They exercise these rights in the existing system of social and health care. Sex workers face difficulties in obtaining health care services because of the stigma and prejudices arising from their status. With the support of the Association HOPS-Healthy Options Skopje, some sex workers accessible to the organization receive free gynecological examinations regardless of whether they have health insurance. Also, they get free, voluntary and confidential testing for HIV/AIDS. Regarding their exercise of social rights, sex workers also receive support from HOPS in terms of getting ID documents, health insurance and social protection in front of competent institutions.

In the past period, no improvement of the situation of sex workers has been noted. Although there is legal distinction between sex work or resorting to prostitution and the features of the crime of human trafficking, still in practice, institutions consider prostitution as equal to human trafficking. Usually, by taking measures to combat trafficking, measures are undertaken to combat prostitution as well, which puts sex workers in a more vulnerable position, thus making the existing civil society's health, psycho-social and legal services less accessible to them.

A serious problem that constantly increases the vulnerability of sex workers is the gender-based violence against them.²⁴ Often, sex workers are victims of violence by their partners, family members, customers and the police.²⁵ The biggest problem is the reporting and lack of further processing of cases and adequate punishment/lack thereof of the perpetrators. Due to the lack of a system for protection of sex workers' rights and violence against them, especially when such violence comes from authorized officials, sex workers are not encouraged to report such cases. Therefore, many cases of violence against sex workers remain unregistered and undocumented.

²¹ Association ESE, *Findings regarding the court monitoring conducted in terms of cases of violence against women*, November 2017 available on: <http://esem.org.mk/en/pdf/Publikacii/2017/Findings%20Court%20Monitoring%20DV.pdf>.

²² As for the crime of serious bodily injury, out of 6 convictions, 5 suspended sentences were issued.

²³ Association ESE, *Findings regarding the court monitoring conducted in terms of cases of violence against women*, November 2017 available on: <http://esem.org.mk/en/pdf/Publikacii/2017/Findings%20Court%20Monitoring%20DV.pdf>. The process of court monitoring (March 2015- March 2017) was conducted within the USAID's Women's Legal Protection Project (2014-2017) implemented by the Association ESE.

²⁴ Reactor – research in action. *Scoping Study on gender based violence and discrimination against women and girls in urban public spaces of the City of Skopje*, 2012. <http://www.reactor.org.mk/CMS/Files/Publications/Documents/scoping%20study%20%20VAW%20public%20spaces%20Skopje.pdf>

²⁵ Natasha Boshkova, Hajdi Shterjova Simonovikj. *Analysis of the attitude of sex workers on the needs to change the legal framework on sex work in Macedonia*, 2015. Available at: www.hops.org.mk.

Trafficking in human beings. Although there are cases where victims of trafficking have received a ruling to the effect that they are entitled to compensation, it cannot be enforced because the offenders do not own property or have any money. At present, this method of compensation (through a state fund) is available only to minors who are victims of trafficking. Nonetheless, the functionality of this option provided in the law has been brought into question. In case of adult victims of trafficking, the compensation by the State will be postponed until the moment of adoption of the Law on State Fund.²⁶ **The expert witness testimony needed for the compensation procedure is not covered from the state budget.** Namely, under the provisions of the new Law on Criminal Procedure which pertain to a compensation to damage of property, the authorized person (victim, legal representative, power of attorney holder) shall file or have prepared an expert witness testimony by a neuro-psychiatrist, and bear the costs, which was not the case under the old Law on Criminal Procedure. Our legislation does not contain a specific provision which pertains to the impunity of victims of trafficking for their involvement in illegal activities including illegal migration, to the extent where they are forced to engage. There are no instructions for public prosecutors concerning the steps to be taken when prosecuting persons who might be victims of trafficking. The identification of victims of trafficking and the criminal prosecution of perpetrators is worryingly low, although statistics from the NGO sector show that this figure is much higher. Officially, from the institutions in 2016, 6 victims of human trafficking were identified, while in 2017 only 2 victims.²⁷ In 2016 and 2017, the legal representative of Open Gate provided legal counseling and representation when giving a statement before a public prosecutor for 3 minor girls who were victims of trafficking for which no indictment has been issued against the perpetrators of the crime up to this point. Poor identification and criminal prosecution seriously violate the rights of victims of trafficking in human beings, especially with regard to the protection and compensation of damages. Additionally, for 2016 and 2017, the government did not provide funding for the implementation of the programs of specialized NGOs that provide services to victims of trafficking. In 2016/17, the trend of moving migrants across the country continued. Among these migrants, it was particularly girls, women and unaccompanied or separated children that were travelling in groups or alone without adults who were an “easy prey” for traffickers and smugglers.²⁸ Unfortunately, most such cases remained invisible and those involved did not receive appropriate assistance from the relevant service providers, because of the lack of a system to provide protection or intervene otherwise.

EMPLOYMENT

Following the very slow pace of unemployment decline over the last decade, the state of the labor market in the Republic of Macedonia and especially the state of women on the labor market is highly unfavorable. Males have much higher employment rates than females. This structure has remained unchanged over a long period of time. For example, the employment rate of women in 2013²⁹ was 32.5% in comparison with males, which was 48.7%. Four years later, in 2016,³⁰ the employment rate of women was 33.8%, while males were employed in 52.3%. Women also have a higher unemployment rate than man. In 2013, the unemployment rates for men and women were identical i.e. 29.0%, while in 2016, the unemployment rate for women was 22.7% in comparison to that of men, which was 24.4%. The existing high share of women in the total number of inactive

²⁶ Open Gate La Strada Macedonia, *Compensation of victims of trafficking in the Republic of Macedonia* - ESE, 2014.

²⁷ Open Gate, La Strada Macedonia, Annual Report, 2016.

²⁸ [Open Gate](#), La Strada Macedonia, [Need assessment](#), 2015.

²⁹ Women and men in Macedonia, Skopje 2014 available at <http://www.stat.gov.mk/Publikaciji/Gender2014.pdf>

³⁰ Women and men in Macedonia, Skopje 2017 available at <http://www.stat.gov.mk/Publikaciji/Gender2017.pdf>

population remained. Namely, the activity rate of women in 2013 was 48.5%, while the rate of men was 68.5%. In a period of four years and that is 2016, the activity rate of women was 43.8%, while men had a significantly higher rate of 69.2%. Some researchers argue that females on average receive lower wages than males by 12.5%, even though this gap disappears among employees with tertiary education. **There is evidence which shows that some of the active labor programs are ineffective.** The key state institutions responsible for labor market developments are the Employment Service Agency of Macedonia and the Ministry of Labor and Social Policy. From 2007 onwards, state institutions started with the planning, design and implementation of active labor market programs that aimed at decreasing the rate of unemployment. Although these measures are continuously used as a key solution, only recently (in 2015), the first impact evaluation study³¹ was conducted. The main study findings showed that some of the programs are effective and should be further implemented in the current design³² Some were evaluated as programs that bring some positive effects, but need to be improved³³, while some programs such as wages subsidy program and training in deficient occupations were evaluated as programs that call for major revisions or need to be discontinued. Two CSO's³⁴ and four other local CSOs led by the idea that the end users' voice should be heard and taken into account, will conduct community monitoring in four municipalities in 2018 and 2019 on the implementation of these measures, as well as budget and program monitoring on national level.

HEALTH

Women in the RM are insufficiently covered with primary level health care services, including primary gynecological health care and patronage nurse visits. The main reason for this is the insufficient number of registered gynecologists in primary health care and their uneven territorial distribution. In 2016, there were only 137 registered gynecologists in primary health care³⁵. According to the geographical standard of organization of a health care network in primary care, there should be a total of 286 gynecologists in the R. Macedonia, on the basis of the number of women aged 14+, which means that there is a lack of 149 gynecologists. In 45 municipalities in RM, there is no selected gynecologist and in 24 municipalities, the number of selected gynecologists is insufficient³⁶. As a result, the estimated percentage of only 50.4% of women aged 14+ have registered gynecologists at the primary health care level³⁷. The coverage of women with patronage (outreach) nurse visits in their homes in the period during pregnancy and one year after the delivery is very low on a national level. Namely, 35.9% of Roma women and 27.8% of women from other ethnicities who gave birth in the last 24 months were never visited by a patronage nurse in the

³¹ *Impact Evaluation of Active Labor Markets Programs in FYR Macedonia: Key Findings* available at http://www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/---sro-budapest/documents/publication/wcms_384854.pdf.

³² such as: internship programs and training for known employer.

³³ such as: self-employment programs and training in advanced IT skills

³⁴ ESE in partnership with CSO Akcija Zdruzenska. So far, the initial findings have shown that the responsible state institutions are not having the needed comprehensive data on programs' funds spent; the implementation of these programs largely depends on foreign donors and creditors; most decisions on the way in which these programs are implemented in the country are led by UNDP, which is also involved as an implementing agency of these measures with public funds.

³⁵ Health Insurance Fund of the R. Macedonia, Annual Report for 2016 - <http://www.fzo.org.mk/WBStorage/Files/Godisen%20Izvestaj%202016.pdf>

³⁶ Analysis, *In the R. Macedonia, policies are not in place to ensure a sufficient number of selected gynecologists and their even territorial distribution*, Association ESE, 2013.

³⁷ Analysis of Association ESE based on "Annual Report for 2016" of the Health Insurance Fund of the R. Macedonia - <http://www.fzo.org.mk/WBStorage/Files/Godisen%20Izvestaj%202016.pdf> and on "Women and Men in Macedonia" issued by State Statistical Office - <http://www.stat.gov.mk/Publikacii/Gender2017.pdf>.

period of their pregnancy and after delivery. The average number of visits among women which were visited by patronage nurses was 2.6 visits among Roma women and 3 visits among other women³⁸. In the Program for Active Health Care for Mothers and Children (PAHCMC) until 2015, it was foreseen that women should be visited in their homes by patronage nurses two times during pregnancy and five times in the period of one year after delivery, with two additional visits for Roma women. In the PAHCMC for 2016, the Ministry of Health (MoH) removed the provisions regarding the required number of visits from patronage nurses in the period during pregnancy and after delivery. At the moment, there is no legal document which prescribes how many visits should be conducted by patronage nurses in this period.

Increase in infant mortality rate was noted in Macedonia in the period 2010 – 2016. The infant mortality rate in Macedonia in 2010 was 7.6 per 1000 live births and in 2016, it was 11.9 per 1000 live births³⁹, which is almost three times than the rates in the European Union countries⁴⁰. There is no publicly available analysis or research conducted by public institutions which will reveal the overall causes for this situation, and the State Statistical Office does not disclose the data regarding the cause of death of infants and perinatal deaths.

There is a lack of coverage of women on a national level with the Program for Cervical Cancer Screening (PCCS). Lack of gynecologists, lack of coordination and oversight mechanisms of the Program, lack of medical staff from other relevant fields (pathologists – cytologists, specialists in social medicine etc.), lack of activities for education and awareness raising among women regarding the need for regular gynecological check-ups with PAP-tests resulted⁴¹ in the fact that only 5.3% of the women in the targeted age group were covered with such screening (performed PAP test) in 2016⁴².

The degree of practicing contraception is low amongst women in their reproductive period and abortion is still used as a method of family planning, in particular by married women. In Macedonia, in 2015, the prevalence of use of modern contraceptive methods among married or in-union women aged 15 to 49 was only 16.6%⁴³. This situation is a result of poorly informed women on modern methods of contraception, fear of harmful consequences to their health and objections by their partner. In addition, not a single means for oral hormonal contraception is on the positive list of drugs funded by the Health Insurance Fund, so women have to pay for the full amount of purchasing modern contraceptives. As a result of this situation, abortion is still used as a method of family planning, which can be noted through the fact that the abortion rate (according to the official statistics) did not decrease in the period from 2010 to 2014. In 2010, it was 209 abortions per 1000 live births and in 2014, it was 200 per 1000 live births⁴⁴.

³⁸ *We are all human: Health care for all people regardless of their ethnicity*, Association ESE and FOSM, 2014 <http://esem.org.mk/en/pdf/Publikacii/2014/We%20are%20all%20human.pdf>.

³⁹ State Statistical Office. "Women and Men in Macedonia" - <http://www.stat.gov.mk/Publikacii/Gender2017.pdf>

⁴⁰ Source: WHO Regional Office for Europe. Health for all data base. <http://data.euro.who.int/hfad/b/>

⁴¹ ESE. Recommendations for improvement of the implementation of the Program for Cervical Cancer Screening. 2015. <http://www.esem.org.mk/pdf/Publikacii/2015/Preporaki%20Skrining%20kancer.pdf>

⁴² Institute for Public Health of the Republic of Macedonia. Annual Report on the Implementation of the Program for Cervical Cancer Screening in 2016.

⁴³ *United Nations. Trends in Contraceptive Use Worldwide* 2015. 2015 <http://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptiveUse2015Report.pdf>

⁴⁴ Source: WHO Regional Office for Europe. Health for all data base. <http://data.euro.who.int/hfad/b/>

Roma women face multiple barriers in access to gynecological health care on a primary level, including distance, discriminatory practices and paying for services that are free of charge. Concerning primary health care, the biggest problem relates to access to gynecological health care for Roma women from the Municipality of Shuto Orizari, since in the past 10 years, there was no clinic with a registered gynecologist in the municipality and the closest one is 10 km away. In September 2017, the Ministry of Health managed to open a clinic with a registered gynecologist in this municipality, but due to the language barrier (the gynecologist does not have a sufficient knowledge of the Macedonian language) so far, only around 300 women⁴⁵ have registered in the clinic. Thus, the majority of women are still registered with gynecologists who are in other municipalities and due to the lack of financial means, it is a serious barrier to the realization of their right to gynecological health care. The second barrier is the occurrence of cases where gynecologists refuse to register Roma women as their patients, including pregnant women, since they know that those women cannot pay for the examination⁴⁶. In addition, due to the fact that Roma are poorly informed, it is more often the case with selected gynecologists to charge co-payment to Roma women, unlike other women, for services which are free and not subject to co-payment.⁴⁷ All of the above results with less frequent visits of Roma women to gynecologists for a regular preventive health check, and 19% of Roma women from 10 municipalities at the age of 18 plus have never visited a gynecologist⁴⁸. Also, work in Roma communities showed that in the Municipality of Shuto Orizari, 30% of the women⁴⁹ have never visited a gynecologist and in the Bregalnica Region (Municipalities of Delchevo, Pehchevo and Vinica), 35% of the women⁵⁰ did not have a gynecological preventive examination in the past 3 years. As a result, there is inadequate antenatal care among Roma women. Namely, 70% of Roma women from 10 municipalities had less than eight antenatal care visits during their last pregnancy (pregnancy that occurred in the past 24 months)⁵¹ which is below the recommended minimal number of antenatal care visits⁵². Also, 13% of pregnant Roma women (pregnancy that occurred in the past 24 months) from the Municipality of Shuto Orizari⁵³ and 17% of pregnant Roma women (which were pregnant in the period of the past 24 months) from Bregalnica Region did not receive the first antenatal care visit before the 12th week of pregnancy⁵⁴.

⁴⁵ Information is obtained from the Department for Electronic Health Care within the Ministry of Health in December 2017.

⁴⁶ Knowledge gained from field work by the Center for Democratic Development and Initiatives– CDRIM and Roma Resource Center –RRC.

⁴⁷ *We are all human: Health care for all people regardless of their ethnicity*, Association ESE and FOSM, 2014 <http://esem.org.mk/en/pdf/Publikacii/2014/We%20are%20all%20human.pdf>.

⁴⁸ *We are all human: Health care for all people regardless of their ethnicity*, Association ESE and FOSM. 2014 <http://esem.org.mk/en/pdf/Publikacii/2014/We%20are%20all%20human.pdf>.

⁴⁹ Data gathered through the questionnaire implemented in Roma households in the most marginalized Roma communities in Shuto Orizari as part of the community level work on the integrated approach (social accountability and legal empowerment) conducted by Association ESE, and Roma CSOs IRIZ and CDRIM. Conducted in 2017.

⁵⁰ Data gathered through the questionnaire implemented in Roma households as part of the community level work on the integrated approach (social accountability and legal empowerment) conducted by Association ESE, and Roma CSO KHAM. Conducted in 2017.

⁵¹ *We are all human: Health care for all people regardless of their ethnicity*, Association ESE and FOSM. 2014 <http://esem.org.mk/en/pdf/Publikacii/2014/We%20are%20all%20human.pdf>

⁵² According to WHO recommendations, women should receive at least eight visits for antenatal care during pregnancy. Source: *WHO recommendations on antenatal care for a positive pregnancy experience* - <http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf?ua=1>

⁵³ Data gathered through the questionnaire implemented in Roma households in the most marginalized Roma communities in Shuto Orizari as part of the community level work on the integrated approach (social accountability and legal empowerment) conducted by Association ESE, and Roma CSOs IRIZ and CDRIM. Conducted in 2017.

⁵⁴ According to WHO recommendations, the first antenatal care visit should occur before the 12th week of pregnancy. Source: *WHO recommendations on antenatal care for a positive pregnancy experience* - <http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf?ua=1>

The data from ESE's survey⁵⁵ showed that the rate of identified changes from the PAP-tests performed among Roma women is very high. Namely, changes were identified (positive findings with identified abnormal epithelial cells) in 16.5% of Roma women who took the PAP-test through the activities from PCCS. In comparison, from all PAP-tests performed under the Program, abnormal epithelial cells were identified in 7%⁵⁶. This data indicates that Roma women are at a higher risk for occurrence of malignant changes of the cervix. Despite the identified need, Roma women were not sufficiently covered with the PCCS⁵⁷ in the period 2012 - 2016⁵⁸. Namely, in Shuto Orizari, 96% of Roma women who are registered with a gynecologist on a primary level⁵⁹ did not receive an invitation from their registered gynecologist to perform the screening under the Program in the period 2012 - 2016 and 62% of Roma women from Bregalnica Region did not receive this invitation in the given period.

LEGAL EQUALITY AND LEGAL CAPACITY OF WOMEN

Access to justice in Macedonia is limited for the poorer, making them more vulnerable. The 2013 national survey of Macedonians' experience of legal ("justiciable") problems⁶⁰ found that almost half of the respondents had experienced at least one legal problem over the past three years. Poorer people were less likely than the better-off ones to report that they had had a justiciable problem. Two thirds of respondents who reported problems said that they had not taken steps to resolve them, mostly due to skepticism or a belief that nothing could be done or the loss of confidence that someone can help. One third of these sought legal advice, and the majority of those who sought advice had to pay for the advice. In addition, one fifth of those who had a problem did not do anything because they did not have the money to do so. The number of people who receive free legal aid under the Law on Free Legal Aid (LFLA)⁶¹ is only a tiny fraction of the real need⁶².

The State fails to provide effective legal protection for women who suffered violence, although, the LFLA declaratively stipulates that domestic violence victims and victims of human trafficking are one of the beneficiaries of free legal aid. The limited scope of free legal aid, the restrictive criteria and the exceeding of the decision-making deadlines are the main obstacles that are seriously affecting women's access to free legal aid in this regard⁶³. Of particular concern is the fact that the

⁵⁵ Coverage of Roma women in the Program for Cervical Cancer Screening in the Period 2012-2014, 2015. <http://www.esem.org.mk/en/pdf/Publikacii/2016/ESE%20Romki%20Skrining%20EN.pdf>

⁵⁶ Source: Institute of Public Health of the Republic of Macedonia. Annual Report on the Implementation of the Program for Cervical Cancer Screening in 2013.

⁵⁷ Program for Cervical Cancer Screening is a component of the Program for Early Detection of Malignant Diseases annually adopted by the Government and implemented by the Ministry of Health.

⁵⁸ Program for Cervical Cancer Screening has started as organized screening since 2012, in which it is foreseen that in a three-year cycle, all the women in the age group from 24 to 56 years old should be covered with the Program.

⁵⁹ Data gathered through the questionnaire implemented in Roma households in the most marginalized Roma communities in Shuto Orizari as part of the community level work on the integrated approach (social accountability and legal empowerment) conducted by Association ESE, and Roma CSOs IRIZ and CDRIM. Conducted in 2017.

⁶⁰ *Legal needs and path to justice in the Republic of Macedonia*, Research in Action, 2013

⁶¹ Official gazette of the Republic of Macedonia, no. 161/2009, 185/2011, 27/2014, 104/2015.

⁶² As a response, three different modalities of legal aid provided by CSOs were developed, i.e. initial legal aid under the LFLA, free legal aid outside LFLA and paralegals. Unfortunately, these sources of free legal aid are much less than the estimated need. The latest study on cost benefit analysis of provision of the three existing free legal aid possibilities and services in the Republic of Macedonia, first of its kind, showed how much the State should support these services in order to provide effective legal aid. The analysis was prepared as part of the 2016 FOSM Action Plan under the Shared Framework by Association ESE and Debbie Budlender. The study is in a phase of publishing and therefore, it is not available online.

⁶³ These are the general obstacles that are seriously affecting access to justice for all the beneficiaries under this law. The number of approved applications for free legal aid is insignificant in comparison with the number of people with legal needs in the country and the law is totally ineffective in this regard.

most disadvantaged are the women victims who are not beneficiaries of social cash assistance, are unemployed and find themselves in a poor socio-economic situation. Their exclusion from the social protection system, i.e. their inability to get social welfare is further exacerbated by the lack of access to free legal aid. **There was not a single case of domestic violence where the State has provided free legal aid in the specialized civil and criminal court procedures for protection of women who suffered domestic violence.** While applying for their right to free legal aid, women survivors of domestic violence shall also submit a certificate by the CSW or MOI which establishes their status of a domestic violence victim. This particular criterion is an obstacle to exercising the right to free legal aid by those women who have not previously reported the violence to some institution. **The legal protection is ineffective even in cases where domestic violence victims have implemented their right to free legal aid.** Namely, after the approval of free legal aid, women who have suffered domestic violence are entitled to representation by an authorized lawyer, but still they have to pay the costs of initiating proceedings, as well as the cost of evidence presentation.