

ВО ПЕРИОД КОГА СЕ ВЕЛЕЈА ДРАСТИЧЕН ПОРАК
НА ДОЕНЕЧНАТА СМРТЕЊИСТ ИЛ РОБИТЕ
ВЛАДАТА НА РМ И МИНИСТЕРСТВОТО НА ЗДРАВСТВО
ГИ КРАЈАТ АКТИВНОСТИТЕ И СРЕДСТАТА
НАМЕРЕНИ ЗА УПОЛУСДУВАЊЕ НА
ЗДРАВСТВО НА НАЈРАНЕ ВЕДИНАМА ГОДИ

ЗА ШТО СЕ ПОТРОШЕНИ ВЕТЕШИТЕ, А НЕРАСПРЕДЕЛЕНИ
1.8 МИЛИЈАНИ ЕВРА ЗА ЛИЦАТА СО РЕТНИ БОЛЕСТИ

СА 300% ИЛИ
МА АКОРОВА ВЛОА
СЕ НАПОЛАА ПО
ПОРЧЕ ВЛОА

АА РЕТНИ БОЛЕСТИ
ОДИ САМО 3%

Во РМ ЖИВЕАТ
200 ЛИЦА
които болуваат
со ретен болест
а со програмата
се лекуваат само 74 пациенти



ФТМ

ПРИНОСЕН СЕ УПОЛУСДУВАЊЕ НА ИНВЕСТИЦИИ
ТРАНСПОРТНОСТ ВО Р МАКЕДОНИЈА

CRC Joint Alternative Report Republic of North Macedonia

Prepared and submitted by NGO's Association for Emancipation, Solidarity and Equality
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Одбери крај

ПОСТАВТЕ
СВОЈ ПЛАН
ЗА БЕЗБЕДНОСТ



October 2020

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I. Introduction

This report is a joint effort of the Association for Emancipation, Solidarity and equality of Women-ESE and Open Gate- Lastrada, both prominent CSO working over 20 years on the promotion of gender equality in the country.

Situation analysis on the issue of violence against children or the issue of child victims of trafficking heavily relies on the findings presented in the Report¹ based on the “Monitoring and Assessment of the Policies for Action against Trafficking in Human Beings: A Handbook for Victim’s Legal Representatives” prepared under auspices of Open gate- Lastrada. The report describes activities for curbing trafficking in human beings in the Republic of North Macedonia in 2018, but at the same time offers a detailed account of the issue in 2016 and 2017, thus covering the period between this and the previous cycle of monitoring. Where applicable, there is a comparison of the issue in 2014 and 2015. The Report focuses on the following seven issues: the Law and the national legal framework for the criminalization of trafficking in human beings, which includes the investigative process and the legal proceedings; identification of victims of trafficking in human beings; the legal provisions and practice regarding the protection of victims of human trafficking; help and support for victims; compensation and restitution; institutional framework, including coordination, capacity and international collaboration; and access to data, data protection and protection of privacy. For the purposes of getting a full picture of the situation. In this report, we are presenting a general overview of the situation on trafficking in human beings firstly and then we are presenting the state of affairs related to child trafficking.

The situation analysis on children’s health was prepared by Association ESE.

Association ESE is a civil society organization that works on improving the exercise of social and economic rights by vulnerable groups of citizens, by means of their empowerment, mobilization and engagement in the creation, implementation and evaluation of public policies and services in the Republic of Macedonia. ESE is a civil organization, founded in 1994 that works locally, nationally and in the region of Central and Southeast Europe in cooperation with partner civil society organizations. ESE is working to improve the implementation of the social and economic rights of vulnerable groups of citizens, by strengthening them, mobilizing and engaging in the planning, implementation and evaluation of public policies and services; ensuring equal access to justice and promoting fiscal transparency of institutions in the area of social and economic rights. These three strategic priorities reflect our belief that social and economic rights should be the highest priority of the state and that their implementation should be based on the interests and needs of citizens, according to the principle of allocation of maximum available resources, the progressive realization of rights and non-discrimination. ESE’s driving force is its commitment to the resolution of problems. By promoting and improving human rights,

¹ The full report is available on: https://drive.google.com/file/d/1YJDQfekjQcUkZBJenzru3QGZZdivGr_3/view

they improve social and economic justice, having in mind that human rights are an invaluable collection of standards that should be enjoyed by all. They are particularly devoted to working in the field of promotion and improvement of health rights and women's rights. Therefore, Ese is focused on two goals, those being: to address the urgent needs of citizens, in particular the needs of vulnerable groups of citizens, and to influence the creation of sustainable and long-term changes. We do much more than documenting, reporting and publicly condemning injustices in society. We provide legal and paralegal assistance, allowing citizens to exercise their rights and change their living conditions. Moreover, they advocate for changes in legislation and policies that affect the exercise of health rights and women's rights. We advocate at the national and international levels. ESE drafts and submits "alternative reports" and other types of documents to competent international bodies concerning the degree of implementation of international treaties on human rights.

II. Violence against children

1. In regards to **the Law and the National Legal Frameworks for the criminalization of trafficking in human beings, including the investigative process and the legal proceedings**, In 2018, there is little change in terms of the harmonization of the home legislature for the criminalization of human trafficking against the international standards set in the CoE Convention on Action against Trafficking in Human Beings, and the UN Protocol for Curbing Trafficking in Human Beings (the Palermo Protocol), which is an addendum to the UN Convention for Curbing Transnational Organized Crime.

In other words, the national legislature offers the following:

- Effective and adequate penalties have been envisioned for the perpetrators of such crimes.
- All forms of trafficking listed in Article 4 of the CoE Convention and Article 3 of the Palermo Protocol have been legally recognized and accepted.
- Any blatant means used for committing such acts of crimes, which have been identified in the documents, have been legally recognized and accepted.
- The law recognizes all types of exploitation which are the main aim for human trafficking and which are listed in the two documents.
- The national legal framework makes a distinction between trafficking in human beings and smuggling migrants.
- A victim's consent to the act of trafficking does not reduce or void the criminal liability of the perpetrators.
- Perpetrators who commit human trafficking even without the use of force are still held criminally liable for the act.

- The same applies to persons soliciting services from a trafficked person when they are aware the person is a victim of human trafficking.
- Aiding and abetting in cases of human trafficking is considered a felony.
- The national legal framework enables the disclosure, forfeiture and seizure of assets or profits stemming from acts related to human trafficking.

A novelty is the introduction of the legal provision of impunity of victims of trafficking, who have been coerced into committing a criminal or other punishable act in the course of their trafficking, and which is directly related to their position of a victim. Also, there is a reduction in the sentence served by officials who, in the course of their professional service, commit criminal offenses pertaining to the crime of trafficking in human beings (418- paragraphs 1, 2, and 3).

In 2018, there have been revisions made to the SOP in the treatment of victims of trafficking in human beings², which were adopted by the Government on its 102nd Session, i.e. item 31³. Currently, the 2017-2020 National Strategy for Action against Trafficking in Human Beings and Illegal Migration in RNM is effective. There is no action plan in place to implement the recommendations issued by GRETA from the second round of evaluation.

In 2016, 2017 and 2018, the practice of involvement of law enforcement and similar officials in criminal acts seems to carry on. Sadly, even though these officials have been identified as suspects, no criminal charges have been filed to date. There is little data about how institutions operate during the investigative process. However, according to insight received by CSOs involved in providing help and support to victims, it seems that these institutions do not always follow rules and regulations. There are cases of trafficking in human beings in which collecting evidence and investigating the crime takes place only after the victim has been identified for the second time. Overall, all victims have demonstrated willingness to cooperate with law enforcement officials in the course of the investigative process. Unfortunately, the number of crime reports and, consequently, the number of criminal charges, is still rather low.

Suspects charged (per act and per year)

	2015	2016	2017	2018
418 a – Trafficking in Human Beings	3	1	/	/
418 b – Migrant Smuggling	181	85	41	76
418 c – Organizing a Group and Instigating Performance of Crimes	15	18	6	/

² <http://nacionalnakomisija.gov.mk/wp-content/uploads/2016/12/MK-SOP.pdf>

³ <https://vlada.mk/sednica/102>

of Human Trafficking, Trafficking in Juveniles and Migrants				
418 d – Child Trafficking	1	1	/	6
418e - Abuse of Visa-Free Regime	1	1	6	
Total	201	106	53	82

Source: National Committee (NC) Annual Reports

Convicted perpetrators (per act and per year)

	2015	2016	2017	2018
418 a – Trafficking in Human Beings	4	1	/	3
418 b – Migrant Smuggling	171	83	38	60
418 c – Organizing a Group and Instigating Performance of Crimes of Human Trafficking, Trafficking in Juveniles and Migrants	4	14	1	/
418 d – Child Trafficking	7	/	/	3
418e - Abuse of Visa-Free Regime	/	1	4	
Total	186	99	43	66

Source: NC Annual Reports

The legal aid and support for the victims in all stages of the criminal proceedings is still provided solely by Open Gate, i.e. the attorney hired by them. The penal policy – the sentences issued by the criminal courts do not deter perpetrators from committing such and similar offenses in future. Namely, according to one source, the average sentence for the crime of human trafficking and related criminal offenses is 2,62 years’ incarceration, even though the set sentences range from 0 to 13 years. Compared to 2015, the number of charges, cases and convicted felons for trafficking in human beings and related crimes is considerably lower in 2016, 2017, and 2018. Specific for all these is the fact that the majority of the charges, cases and convicted persons are closely related to the crime of migrant smuggling.

According to some reports shared with the public, there have been cases where migrants have been kept locked and exploited. Or alleged smugglers intended to exploit the migrants, but once the crime is detected by the police, despite the fact that there have been clear indications of trafficking in human beings, the crime is wrongly classified and treated as migrant smuggling. Counting from 2014 until now, there is no data about the length of the court proceedings or the efficacy of the specialized court department for corruption and organized crime in criminal cases pertaining to trafficking in human beings and children. The last data available is from 2014, which indicates that, on average, criminal proceedings lasted 143 days.

Identification of victims of trafficking remains a burning issue in the action against trafficking in human beings and children. In 2018, the SOP (Standard Operating Procedures) for dealing with cases of human trafficking were revised for the first time in 8 years, i.e. since 2010. The revision of the SOP means harmonization with the new amendments in the laws, especially the newly adopted Act on Foreigners, as well as harmonization with the new mechanisms used by mobile teams and the National Unit in dealing with cases of human trafficking. The new SOP provides guidelines for dealing with cases of child trafficking. The SOP for Unaccompanied Foreign Children, adopted in 2015, and the SOP for Treatment of Foreign Nationals from Vulnerable Groups, from July 2016, are yet to be revised. There is no change regarding the indicators used to identify victims of trafficking in human beings. They are not part of the revised SOP, so the document does not refer to the application of these indicators. In 2016, with the help of IOM, the country adopted the General Indicators for Early/Preliminary Identification of suspected and potential victims of human trafficking in mixed migration movements⁴. It is worth noting that the indicators used for human trafficking do differ from those used for mixed migration movements. However, practice indicates that the application of the SOPs and the indicators have been ineffective, which is in large part due to the fact that the relevant institutions are not properly educated or prepared to work according to the authority and activities prescribed in these documents. This is particularly true of institutions that are not immediately involved in the issue, such as uniformed police officers – part of the task force within the Internal Affairs Sector (MOI), labor inspector, health care workers, teachers and social workers.

Table – Potential victims per year according to age

	2014	2015	2016	2017	2018
Adults	17	9	78	56	39
Children	66	2	47	41	85
Total	83	11	125	97	124

Source: NC Annual Reports

The number of identified potential victims in the period 2016, 2017, and 2018 has risen, as compared to 2014 and 2015.

A comparison of the number of domestic vs foreign potential victims indicates that the number of foreign victims is decreasing, as compared to the domestic victims. In 2016, 2017 and 2018, most potential victims were identified by Open Gate, except in 2018 when

⁴<http://nk.lazarevski.com/wp-content/uploads/2016/12/Индикатори-за-идентификување-на-претпоставени-и-потенцијални-жртви-на-трговија-со-луѓе-во-случаи-на-мешани-миграциски-движења.pdf>

most identified victims were the result of the collaborative work done by the mobile teams. These mobile teams were established as a result of project activity, and were set up in 5 towns only. The teams consist of representatives from the Ministry of Interior, Ministry of Labor and Social Policy and CSOs (in Skopje, staff from Open Gate are included, while in the remaining 4 towns, there are members from the Macedonian Young Lawyers' Association). These CSOs have been selected through an open call by the Ministry of Labor and Social Policy. The question that remains is what will happen once the project, which funds the activity of these teams, is concluded. An additional issue is the lack of transparency regarding how and why these five teams have been established. How was the assessment made in terms of the number and the territorial coverage of these teams?

Despite the increase in the number of identified potential victims, the number of identified formal victims remains extremely low. For the past three years, 2017 marks a record low number in formally identified victims, when only 2 victims were identified. On the other hand, the highest number of identified victims is in 2018 – a total of 9.

Table – Formally identified victims per year according to age

	2014	2015	2016	2017	2018
Adults	2	1	3	0	3
Children	6	3	3	2	6
Total	8	4	6	2	9

Source: NC Annual Reports

Compared to 2014 and 2015, there has been no significant change as regards to the number of formally identified victims. In the course of the years, they hardly reach two digits. However, the number of underage victims seems to be on the rise. Only in 2018, the number of underage victims is twice as high as adult victims.

Table – Potential victims for 2017 and 2018, according to gender

	2017		2018	
	Adults	Children	Adults	Children
Male	46	21	15	38
Female	10	20	26	45
Total	56	41	41	83

Source: NC Annual Reports

Majority of victims are Macedonian citizens. Sexual exploitation and forced marriage are the most common forms of exploitation. Labor exploitation is yet again the least reported crime – one victim is identified in 2017 and another one in 2014. All nationalities are equally distributed among the formally identified victims. Only one child victim has been reported. It is a case of a child who had been repatriated from Sweden in 2016, and in 2019

reported the crime to the police herself, after which she was referred to the Centre for Social Work and was sheltered in the Centre for Victims of Trafficking and Sexual Violence. This is a case of a female child victim from a small town in Macedonia.

Most trainings carried out in the period 2016,2017 and 2018 has been geared towards officials at the Ministry of Interior. In 2018, several trainings were carried out on the topic of labor exploitation. There was also training for staff at the diplomatic and consular offices.

In the past three years at the Reception Centre for asylum seekers, several potential victims of trafficking in human beings have been identified by Open Gate and similar CSOs offering help and support. Sadly, due to the short stay at the Centre, i.e. the fact that these people depart the Centre and resume their migration, there have been no formal procedures or instances of offered protection to people in the capacity of victims of trafficking. The identified people reported examples of human trafficking and exploitation which had taken place outside of RNM.

2. As regards to the **protection of victims of human trafficking**, the term potential victim is not recognized or determined by neither the Criminal Code nor the Criminal Procedure Act. This concept has been defined in the SOP as: a person who, based on their vulnerable position and circumstances, might display indicators they are a victim of trafficking in human beings, but the formal identification is yet to be completed or the person refuses to identify themselves as a victim. Based on these Standard Operative Procedures, the definition of potential victim lacks the element of forceful action, or there is not enough evidence. Therefore, indirect indicators are used to for the identification of potential victims, as these victims need to have the same rights and treatment of confirmed victims of human trafficking (page 4-6 of the Indicators). On the other hand, the General Indicators for early/preliminary identification of “suspected and potential victims and victims of human trafficking” in cases of mixed migration movements in the Republic of Macedonia, which were adopted by the Government and the National Committee for Action against Trafficking in Human Beings and Illegal Migration in 2016, define the term “**suspected victims of trafficking in human beings**” as: cases of vulnerable persons who display at least one or more elements of the crime of trafficking in human beings as described in Articles 418a and Article 418g of the Criminal Code. These elements are not immediately apparent or visible, but given the specific circumstances of the case, there is reasonable doubt that the person may be or might become a potential victim or a victim of human trafficking. On the other hand, the term “**potential victim of trafficking in human beings**” is used to refer to a person who displays clear indicators that they have been subjected to human trafficking and has been identified before the exploitation started. It seems that there are discrepancies between these two documents, even though the SOP for trafficking has been amended after the indicators for mixed migration movements were drafted.

Underage victims are entitled to special protection. No changes have been noted in terms of the special legal provision for the protection of a victim's identity from 2014-2015. In Article 54 of the Criminal Procedure Act, as previously mentioned, there are special protection measures for child victims of trafficking when they are being deposed or interrogated. These measures are applied during all stages of the criminal process. In order to avoid secondary victimization, in cases like this, a video and audio record of the child's deposition is produced, which is later used as evidence in the court proceedings and helps avoid a direct deposition. Victims of trafficking in human beings are entitled to special measures, according to Article 55 of the Criminal Procedure Act, which extends special rights to victims of crimes against gender freedom and gender morality, humanity and international law. In that regard, the law extends these victims several rights. In cases when the victim's role in the process is that of an injured party, the victim is entitled to free consultation with a counselor proxy prior to the interrogation. The victim has the right to be interrogated by an officer of the same gender, both in the police precinct and at the Public Prosecutor's Office, as well as the right to decline to answer personal questions that are not related to the crime. The victim also has the right to request interrogation via an audio or visual link and to request the exclusion of the public during the main hearing, all of which is stipulated in the law. The court, the Public Prosecution and the police are legally required to inform the victim of these rights, prior to the first interrogation if not sooner, for which there is an official note or record.

In terms of the issue of readmission, in 2018 the Government of RNM and the Government of the Republic of Kosovo concluded a Memorandum of Understanding regarding the repatriation of persons with an illegal residence. According to this Ministry of Interior, there are no provisions stipulating any medical records or information about the health condition of the person with illegal stay. More specifically, the request for readmission should contain only information about the needed help and support that must be provided to the person upon the takeover.

In practice, no cases with special protection measures have been noted. Overall, all sheltered victims have reported feeling unsafe outside of the Centre for Victims of Trafficking and Sexual Violence. This is true even for the underage victims who were placed with their biological families. However, 2 of the total of 12 victims have reported feeling unsafe outside of the Center after 6 and 12 months respectively. In the period 2016,2017 and 2018, only one family has received threats.

All victims have received adequate help and support, but it is worth noting that there are cases of foreign citizens who have been identified in this country, but have not been placed in the Centre for Victims of Trafficking and Sexual Violence. Practice also shows that there are cases of repatriation of Macedonian citizens, victims of human trafficking, who have

been placed at the Center upon returning back. Victims who are foreign nationals are offered the same treatment and protection as domestic victims. These foreign nationals are usually repatriated voluntarily. However, in the single such case from 2018, the repatriation was delayed due to the fact that it was impossible to establish contact with the relevant institutions in the home country of the victims (old data, which had not been updated). There is no information on whether these victims have attended any repatriation programs upon returning to their home countries.

Based on the information obtained from the media and organizations dealing with sex workers, one might conclude that there are a lot of women – foreign citizens – who work as singers, dancers, waitresses at the numerous restaurants and bars, and who, upon being detained, are deported from the country without investigating whether there are elements or signs of human trafficking. This means that the opportunities for action and protection, as well as reporting the perpetrators, have been missed.

In 2016, three child victims were placed in the Center. Two of these were returned to their respective families, whereas one was placed in foster care. There is no information on whether these victims were unaccompanied. In 2017, two victims were identified – one was reunited with the family, while the other was placed at the Center, where proper help and support was provided. However, it's notable that there are no alternative and durable solutions for placement of children after leaving the Center for VoT, for example, 14-year-old victims are placed in the shelter for more than 2 years.

In 2017, a team worked with the children on information, identification, and referral of unaccompanied children in transit centers and in the villages near the border in the Lipkovo region. Thanks to these activities, 313 unaccompanied children received psychosocial support and counseling. The National Committee 2018 Annual Report does not contain information about how many of the identified child victims were unaccompanied.

3. In regards to the **help and support for the victims of trafficking in human beings**, one novelty is the adoption of the new Act on Foreigners (Official Gazette of RM, No. 97 from 28th May 2018), which regulates the treatment of foreign nationals for which there is reasonable doubt they might be victims of trafficking. Aside from this Act, all other types of help and assistance are regulated with the SOP for trafficking, which in 2018 was amended and harmonized with the Act on Foreigners. Two aspects remain unchanged: the types and length of the measures for help and support for victims of human trafficking. There are novelties in terms of the provision of free legal help.

In 2018, the provision of free legal aid has been reformed, thanks to the Free Legal Aid Act, adopted in May 2019 (Official Gazette of RM, No. 101 from 22nd May 2019) and enacted⁵ on 1st October 2019. This new law provides free primary and secondary legal help⁶. All citizens who live or reside on the territory of the Republic of North Macedonia are entitled to this help, including victims of gender-based violence and domestic abuse. Secondary legal help is available for representation at all levels in civil proceedings, administrative procedures and administrative disputes (Article 14), including the proceedings for seeking compensation or restitution to victims of criminal acts, as well as in cases of death or disablement (Contractual Relations Act, Article 22, paragraph 9).

In terms of funding action against human trafficking and illegal migration, as there are no separate budgets for these two phenomena. Accordingly, the Act on Foreigners (Article 123), the costs incurred during the decision period and after the victim has been sheltered at the Reception Centre for recovery and reflection, are covered from the state budget. On the other hand, accordingly the Article 214 of the Act on Social Protection, the provision of social protection is funded by the state budget as well as the respective municipalities, the City of Skopje, and the municipalities as part of Skopje. Despite these provisions, funds set purposefully for action against human trafficking and illegal migration can be found solely in the Ministry of Interior budget. Having in mind this, we compared the overall budget vs the budget set only for trafficking in human beings and we concluded that even though the Ministry of Interior is increasing in size (2016 and 2017 excepted as there was a staff cut), it seems that the funds set for human trafficking and illegal migration remain unchanged. There is a considerable increase only in 2018 when there was a **sevenfold increase** in the funds for these activities. In practice, the funds spent on human trafficking and illegal migration have been decreasing over the years, culminating in 2018, i.e. twice as much was spent as compared to 2015 or approximately 4 times more as compared to 2014.

	2014	2015	2016	2017	2018
D2 - ACTION AGAINST TRAFFICKING IN HUMAN BEINGS AND ILLEGAL MIGRATION	260,000	260,000	260,000	260,000	1,810,000

Source: Modifications and Amendments to the Budget of the RM and RNM over the Years

⁵ On the day of enactment of this law, the Act on Free Legal Help ceases to exist (Official Gazette of RM No. 161/2009, 185/11, 27/14 and 104/15), except for Article 8 in the section pertaining to the protection of victims of criminal acts and victims of human trafficking.

⁶ Primary legal aid is a type of free legal help which is provided by the Ministry of Justice, the certified Association, and the Legal Clinic. Secondary Legal Aid is a type of free legal help provided by an attorney registered at the Lawyers' Registry for Secondary Aid.

Most funding comes from the international organization and CSOs working on the issue, and these funds are mostly aimed for the Ministry of Interior.

Table- Overview of Sources and Amounts of Funds Set Aside for Action against THB, from 2014 until 2018, expressed in MKD

Source	2014	2015	2016	2017	2018
Government of RNM	1,500,000.00	-	-	-	-
MLSP, Center for Victims of Trafficking	663,036.00	801,036.00	820,000.00	277,800.00	295,836.00
Moi	-	260,000.00	180,000.00	105,149.00	230,018.00
Reception Center for Foreigners	6,029,549.00	-	3,822,000.00	2,659,956.00	3,071,826.00
Subtotal of funds for State Institutions	8,192,585.00	1,061,036.00	4,822,000.00	3,042,905.00	3,597,680.00
US Embassy	-	1,293,840.00	-	-	-
International Organizations	2,631,274.00	5,236,950.00	17,971,966.00	42,468,759.00	64,800,350.00
CSO's	12,625,400.00	35,012,855.00	18,725,000.00	14,208,348.00	13,000,000.00
Total Budget	23,449,259.00	42,604,681.00	41,518,966.00	59,720,012.00	81,398,030.00

Source: NC Annual Reports

The country seems to set aside very little funds for this issue. In 2018, for example, nearly half a million MKD were spent from the state budget, whereas the overall amount of money spent on action against human trafficking and illegal migration was a little over 81 million MKD. In other words, the Government invested only 0.61% of the overall costs incurred by fighting human trafficking and illegal migration.

Another thing noted is that, over the years, the funds set aside by the Ministry of Interior for action against trafficking and illegal migration, do not seem to be spent in full. In other words, the realization rate over the years is different, as is evidenced in the chart below. It seems that the realization rate is the lowest in 2018 when it amounts to only 13%. This is

the lowest rate of used funds for action against trafficking and illegal migration in the past 5 years (2018 backward). However, this low realization rate is due to the seven-fold increase in the funds set aside for this purpose, because if we compare the absolute numbers of the amounts spent over the years, we can see that these amounts are roughly the same each year. So another question worth asking is: why did the Ministry of Interior set aside so much money for 2018 but still ended up spending the same amount normally spent over the years?.

2014			2015			2016			2017			2018		
Plan	Realization	%	Plan	Realization	%	Plan	Realization	%	Plan	Realization	%	Plan	Realization	%
260,000	241,873	93	260,000	135,000	52	260,000	165,000	63	260,000	105,149	40	1,810,000	230,018	13

Table – Comparison between the Funds Planned and Spent in the MoI Budget on Action against THB and Illegal Migration per Year, in absolute numbers and expressed in %

Source: Budget of the Ministry of Interior over the Years

The last time the Government awarded funds to CSOs was in 2015. Ever since, i.e. in the period 2016-2018, CSOs working on curbing human trafficking has received zero funds. It is worth noting that in 2018 these CSOs could request funding from the Assistance Fund within IOM, as part of project activities. It's worth noting that in 2019 Open gate received a one-year project from MLSP for running the shelter and in 2020 was granted funds from the Government for addressing the COVID-19 consequences.

Table – Overview of the funds granted to CSOs for implementing activities against human trafficking, for the period of 2014 until 2018, expressed in MKD

CSO Beneficiary	2014	2015	2016	2017	2018
For a Happy Childhood	300,000.00	300,000.00	-	-	-
Semper	300,000.00	-	-	-	-
Open Gate – La Strada	300,000.00	-	-	-	-
The Red Cross	300,000.00	-	-	-	-

SOS Children's Village – Skopje	-	-	-	-	-
Ezerka	300,000.00	-	-	-	-
Total	1,500,000.00	300,000.00	-	-	-

Source: NC Annual Reports

In regards to the help and support provided within the Centre for Victims of Human Trafficking and Sexual Violence, as the name explains, we must note that there have been no changes in regards to the types of help and support, except that the Center's mandate has been extended to provide help and support to victims of sexual violence too. These changes are the result of the ratification and harmonization of the Istanbul Convention by the Macedonian Government. However, this mandate extension has not resulted in the extension of the Center's capacities (in 2017, UNDP funded the renovation of the Center and its adaptation to provide assistance to handicapped persons). Nor have there been the inclusion of more staff to work with the victims. Aside from maintenance costs, the Centre is still fully dependable on Open Gate project activities as well as IOM (funds have been secured for the part-time psychologist and social worker, who already works there).

Organizations such as Open Gate and other CSOs, whose operation directly affects the sustainability and existence of the Reception Center and the Center for Victims of Trafficking in Human Beings and Sexual Violence, use own funds to cover the running costs of their work, in the interest of protecting the victims, because these CSOs do not receive any financial support from the Government. We must note that, in terms of the long-term operation and sustainability of CSOs, the Government's expectations that these CSOs can fund their own work are unreal and groundless, and to a certain extent reckless. In both rounds of evaluation, GRETA urged the Government to secure adequate and sufficient funds for CSOs, for the sake of provision of the needed help and support for victims of trafficking.

We would also like to highlight that since March 2018, the operation of the Centre for Victims of THBeings and Sexual Violence has been supported by the IOM Assistance Fund. The monthly running costs of the Center amount to MKD 77,000, i.e. €1,200, excluding the costs for fees for the professionals working there and the maintenance costs. In other words, the estimated funds needed on an annual level are around €14,500. For employees and maintenance cost is needed €4,800 monthly, or € 57,600 annually.

Victims of human trafficking are in dire need of financial assistance. Yet, no such assistance is provided by the Government. While medical exams are free for the victims of human

trafficking, the medicine they take is not. Overall, the right to education and inclusion in the workforce has been solely thanks to Open Gate and not the Government. The legal aid and support to victims for the most part is still provided by Open Gate. The legal aid and support to potential victims are provided by the Young Lawyers' Association, through the mobile teams.

As for the help and support provided to underaged victims of trafficking according to the NC Annual Reports for 2016, 2017, and 2018, a total of 9 children were sheltered at the Center. More specifically: 2 victims in 2016, 1 in 2017, and 6 in 2018. The Reports do not specify the time frame between identification and placing the victim at the Center. According to Open Gate, all victims were placed at the Center within a few hours from identification and were provided accommodation, food, hygiene products, medical exams, legal aid, and the like. All needed financial support, but no one of them has received it. The Center for Victims for THB and Sexual Violence is not equipped with a separate space for underage victims, and the current facility does not allow for a physical separation of adults and victims. Of the two children placed at the Center in 2016, one was appointed a temporary legal guardian and was placed in foster care for safety reasons. The second child was reunited with their biological family. It means that 50% of the children were placed with a foster family. In 2017, one child was sheltered at the Center. After leaving the Centre, this child was not placed in foster care, but rather at the Youth Correctional Facility Center Ranka Milanovikj. In 2018, 6 children were placed at the Center for Victims of Trafficking. Of these, 2 were reunited with their biological families, 1 was placed in foster care and 3 remained at the Center for the entire year. All child victims of trafficking have been placed in the Center for Victims of THB and Sexual Abuse, which is not specialized to work with children. Based on information shared in the national reports, it is quite clear that all victims who are sheltered at an institution, receive psycho-social help and counseling, while psychological help is provided to only part of the victims.

In 2016, as evidenced in the NC Annual Report, both child victims placed at the Center were provided with initial psycho-social help and support, as well as the needed psychological help. In other words, 100% of the victims received the needed support. In 2017, the one victim placed at the Center was provided psycho-social help and support, and one person received psychological help, which was subsequently detailed in a medical record prepared by the trained professional. In 2018, all victims placed at the Center received psycho-social counseling, while 6 children received psychological counseling from a licensed therapist. A forensic expert – a psychiatrist, prepared individual reports for 3 of the children. This year, the Center welcomed 9 victims, of which 6 are children and they were offered group and individual therapy with a licensed psychotherapist. According to Information from Open Gate, medical attention was provided for each victim, whenever needed. This service was provided promptly and in the shortest time possible.

In 2016 and 2017, all underage victims placed at the Shelter were included in the education process. In 2018, however, this is not the case, and not all victims were sent to school or attended vocational training. On the other hand, there is no information regarding how many of these victims actually needed this type of help, so we cannot really make any assessments of whether all victims were assisted on the issue. In 2018, according to the National Committee's report, arrangements were made for 3 victims to attend school. One victim was enrolled in a cosmetology course, which she completed successfully. A total of 6 children were placed at the shelter that year, which constitutes 50% of the overall number of child victims who were placed at the Center. According to Open Gate staff, one victim is preparing for an exam in order to complete a primary school grade which was interrupted, and the child is scheduled to take the exam at their school, i.e. the school where the child started their education. One victim has resumed their schooling at a vocational school for secondary education, and 4 victims have not resumed their education.

In the period 2016, 2017 and 2018, Open Gate has secured legal aid to two underage victims of trafficking. In fact, one is a minor who was represented in 2016 and 2017. The second one was represented in 2017 and 2018. There is no publicly available data based on which conclusions can be drawn regarding the number of underage victims who have participated in court proceedings in general and who were provided independent legal aid. Based on available information, we can confirm that there were criminal proceedings for cases of THB in 2016 and 2018. One criminal proceeding took place in 2016. Based on the NC Annual Report for 2018, the court received 3 cases in which 6 perpetrators were charged. Only one case has been concluded, in which 3 perpetrators were convicted. Hence, this leads us to believe that there should be at least 4 underage victims who have participated in legal proceedings in the past 2 years i.e. 2016 and 2017. However, there is no record of the legal help they received.

In 2016, 2017, and 2018, there have been no cases of victims of trafficking who were identified abroad, and then repatriated, or victims who had returned home and then were identified as victims. No such information can be found in the NC Annual Report. In 2018, an adult person, a native of Macedonia, was identified as a victim of trafficking in human beings in Serbia. Open Gate contacted the Serbian CSO in charge of supporting the victim, and the victim was repatriated and placed at the Center for Victims of THB and Sexual Violence. Before this, the last such case registered was in 2015. Such cases were noted prior to 2015, as stated in Article 145 of GRETA's report from the second round of evaluation⁷. As mentioned earlier in this Report, there have been cases of repatriated victims of trafficking in human beings, for which Open Gate was not notified (NB. The case

⁷ 145. According to the national authorities, eight female victims of THB, originating from Serbia, Albania, Kosovo* and Romania, were repatriated to their countries of origin in the reporting period (in 2013: five women and one girl; in 2014: one woman; in 2016: one woman). In the same period, six female victims were repatriated to "the former Yugoslav Republic of Macedonia" from other countries (in 2013: one woman, three girls; in 2014: one girl; in 2015: one girl) from France, Croatia, Switzerland and Italy.

of the underage victim who was repatriated from Sweden in 2016, and reported the crime herself to the police in 2019). Also, if we take a look at the 2018 Trafficking in Persons Report by the US State Department⁸, it would be safe to assume that Macedonian citizens have been identified as victims of human trafficking in several countries: 52 victims of labor exploitation were identified in Germany, one woman was repatriated from Albania, and one victim was identified in Bosnia and Hercegovina. However, these cases are missing in the 2018 National Committee's Report, but we know of the cases through the CSOs who have been involved in the provision of help and support to these victims upon repatriation.

One of the main challenges victims of human trafficking are still faced with is the **right to compensation**. The existing laws prevent the victim to effectively attain this right and collect the compensation. The right to compensation can be attained only in cases when the perpetrators of human trafficking have been convicted, but not in cases where the perpetrators are suspects or charged with the crime. The Government has not set up a fund for compensation of victims of crime, which could be used in cases of trafficking in human beings. The Program for Compensation of Child Victims of Human Trafficking, developed through the Ministry of Justice, is ineffective due to the numerous vague and unclear legal provisions in the Children's Right Act. In the period between 2016 and 2018, no victim has exercised their right to compensation. In practice, due to the identified shortcomings in the operation of the court and PPO, the issue of compensation is excluded from the criminal proceedings. This is also true of the process of identification, assessment and sale of the perpetrators' assets, which can be used in the compensation scheme. However, a positive step was made by the Ministry of Justice in 2019, with the preparation of a Bill for Compensation for Victims of Crime⁹. For the victims of human trafficking, the most significant change is that compensation is not predetermined with a conviction of the perpetrators of these crimes, which means that compensation can be demanded from suspects and persons charged with human trafficking.

In 2014, the Republic of North Macedonia adopted the Program for Helping and Supporting Victims of Human Trafficking in the Process of Reintegration¹⁰. The existing program is not functional in practice, mostly because the relevant institutions lack the financial and technical capacities to implement it. Despite all efforts to achieve decentralization of the services available to citizens from vulnerable groups, victims of trafficking included, we must note that the local self-government is not sufficiently included in the administration of the Program for Helping and Supporting Victims of Human Trafficking in the Process of Reintegration.

⁸ The 2019 Trafficking in Persons Report is available at <https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf>, pages 63, 105 and 2017.

⁹ In the course of the preparation of this Report, the bill was published at ener.mk and open for suggestions from the public regarding amendments.

¹⁰ Challenges in identification, protection and reintegration of victims of human trafficking, Open Gate 2020 available at <https://drive.google.com/file/d/1U1LB0DADHztZO-IgF5oNBKRjYFcQj90K/view>

4. In terms of the **institutional framework, coordination and international collaboration**, the period between 2016 and 2018 marks significant steps towards strengthening the legal framework and the existing institutional capacities for action against human trafficking. Yet, the state still has not allocated sufficient funds for the implementation of the policies and laws, which is why institutions involved in the support system are facing sustainability problems – insufficient funds, technical and human capacity. During this same period, the Government has not provided a single grant to any of the CSOs part of the formal system for the protection of victims. In 2016, all activities conducted from 2013 to 2016 as part of the National Strategy were evaluated, which resulted in the adoption of a new National Strategy and Action Plan 2017-2020. A grave concern is the absence of funds for the implementation of the project activities.

In the period between 2016 and 2018, there were staff changes at the Ministry of Interior, which means the Government appointed national coordinators on two occasions: in 2016, the President of the National Committee was appointed, while in 2017, a new national coordinator was appointed¹¹. In 2016, members of the National Committee for Action against Human Trafficking and Illegal Migration made a decision to form 3 new Local Committees in Prilep, Gevgelija and Veles.¹² In 2018, a new National Unit for Action against Migrant Smuggling and Human Trafficking was established, for the sake of overcoming the identified problems in the investigation and prosecution of acts of human trafficking, as well as for the sake of intensifying the collaboration between the police and the Prosecution. This Unit was formed with a government decree¹³, and a Memorandum of Understanding was signed between the Public Prosecutor's Office for Organized Crime and Corruption and the Ministry of Interior.

Despite the invested efforts to improve the legal framework and to strengthen the capacities of relevant institutions, what is missing in practice is effective action against human trafficking. The period between 2016 and 2018 marks a trend for the demotion of all efforts and activities, as compared to the previous five years (2011-2015). In 2016, the US State Department classified Macedonia among the countries which invest considerable efforts in the action against human trafficking¹⁴, but at the same time, the country does not meet the minimum standards in the action against trafficking in human beings¹⁵.

¹¹ No. 42-6668/1 from 23.08.2016, Official Gazette of RM, No. 163/2016 and No. 44-3128/1, Official Gazette of RM, No. 84/2017.

¹² National Strategy for Action against Trafficking in Human Beings and Illegal Migration 2017-2020, available at <http://nacionalnakomisija.gov.mk/wp-content/uploads/2016/12/Nacionalna-strategija.pdf>

¹³ At the 39th Session, held on 17 November 2017.

¹⁴ Annual Reports on Human Trafficking for 2016, 2017, 2018 and 2019. Office to Monitor and Combat Trafficking in Persons, US State Department.

¹⁵ Set by the federal Trafficking Victims Protection Act, from 2000.

The Unit for Curbing Trafficking and Migrant Smuggling, part of the Ministry of Interior, is in charge of conducting special investigations. However, this unit is faced with a lack of funds and human resources in order to carry out the activities entrusted. This issue has been addressed in the latest 2017 GRETA Report. The Report clearly states that the number of staff working in the Unit has been significantly reduced as compared to the previous Report (from 7 workers to 4). Practice shows that the legal provisions for the protection of victims of human trafficking have been inadequately implemented by the police and Public Prosecutors Office.

What is missing is a strategic approach and a plan for educating professional staff from various institutions, which would be included in the system for support and protection of victims of human trafficking. Based on the publicly available data, one cannot determine the ratio of stakeholders from relevant institutions who have attended a training of various types, the number of professional workers who must attend basic or specialized training in human trafficking, or the types of training which have thus been organized (basic or specialized).

5. When it comes to the **protection of personal information**, in cases of trafficking in human beings, the legal framework applied in practice is the Information Privacy Act¹⁶ and the Criminal Procedure Act. There are no specific guidelines in place for the protection of personal information in the process of identification of victims of human trafficking. However, discretion and the right to privacy remain fundamental principles for any professional working in the system for the protection and prevention of human trafficking. Accordingly, the Information Privacy Act, the mechanisms for legal protection can be applied in the protection of the victims' identity when reporting on cases of human trafficking in the media.

Thus far, we have not encountered instances where officials have mistreated or abused the personal information of victims, nor has a medium ever disclosed the identity of a victim of trafficking. There have been no legal proceedings against a medium for breach of the Information Privacy Act. Therefore, a general conclusion would be that the legal provision regarding the protection of personal information of victims are adequately applied.

The National Committee for Action against THB and Illegal Migration has established a practice of publishing regular annual reports, informing the public of the activities the Committee has completed in a given year. The overall impression is that the content and format of the data presented in these annual reports, do not correspond with the need to determine the prosperity that the Government has actually achieved in practice. Nor is there any analytic account of the situation presented. Also, what is missing is an evaluation

¹⁶ Official Gazette of RM 07/2005.

of the achieved results as compared to the set priorities –criteria used to measure progress in the future. These annual reports normally end with a list of recommendations and suggested activities for the following year. However, any link between these and next year's or last year's results is missing. The National Committee has held a total of 12 meetings in the period between 2016 and 2018. However, what is evident over the years is the trend of reducing the number of meetings. The annual reports do not provide any details of the content discussed at the meetings or information about the relevant stakeholders who have attended the meetings.

The number of organizations included in the National Committee Secretariat seems to differ over the years. More specifically, in 2016, there were four CSOs, in 2017 this number was seven, while in 2018 there was a total of six CSOs supporting the work of the Secretariat. Furthermore, there are no criteria in place as to the inclusion of a CSO, as it seems the Committee invites various institutions to take part in the Secretariat. The same applies to the subgroup for action against child trafficking, where currently three CSOs are participating members. There is a general impression on the part of these CSOs that they have a seat at the table and are included in the system for prevention and support for victims of human trafficking. However, what is missing is financial support from the Government, so they have to rely largely on donors and donations for support.

In addition to the situation analysis presented above we would like to offer additional info on the implementation of the Committee's recommendations from the second report (CRC/C/MKD/CO/2):

Asylum-seeking and refugee children

68. **The Committee recommends that the State party ensure that unaccompanied and separated children are appointed a guardian and are accommodated separately from adults and that children among refugees and asylum-seekers are assured of access to education, health care, social protection and housing, taking into account the Committee's general comment No. 6 (2005) on the treatment of unaccompanied and separated children outside their country of origin (CRC/GC/2005/6).**

From the data presented in the reports of the National Committee (NC), we can conclude that potential children victims were identified among illegal migrants. In the NC 2016 Annual Report, a total of 125 potential victims were noted. Of these, 78 are adults and 47 are children. 120 of the potential victims were identified amongst illegal migrants (page 4 of the Report). In the same report, on page 33, there is a note that the very same year there were 122 potential victims, of which 78 were adults and 44 were children. There is no information about the gender of these potential victims. The NC 2017 Annual Report, notes 97 potential victims, 75 of which were identified among illegal migrants. Of the 97 victims, 56 were adults (46 men and 10 women) and 41 were children (21 boys and 20 girls). The NC 2018 Annual Report states that 124 victims were identified. 39 of these were adults and 85 were children. In terms of gender, 75 were women and 49 were male.

Thanks to the mobile teams, we have information about some of the identified victims (104 to be more precise), so we know that 25 were adults, over the age of 18 (20 women and 5 men,) while the majority, or 79 of the victims, were children (45 girls and 34 boys). Unlike the data of children among asylum seekers and refugees there is no data for the representation of the children victims among the formally identified victims there is no data that will directly point to this issue.

According to information obtained from Open Gate, in the identification of the victims, the police do not always follow the set procedure, which is in most part due to lack of adequate special or technical facilities, such as facilities for interrogation of underage victims of human trafficking. Or supplying interpreters in cases when the victim does not speak Macedonian or is a foreign victim of trafficking, which does not happen very often. As a result, there are cases, or to be more specific- elements noted, pointing to the crime of trafficking in human beings among illegal migrants and asylum seekers, but which the relevant institutions, for various reasons, have neglected to treat or label as such. This prompts us to believe that there might be many more such cases in reality, where trafficked persons may have missed the opportunity to receive the status of victims of trafficking in human beings and children and thus get proper protection.

In the period 2016-2018, cases of potential victims of human trafficking were noted by staff from Open Gate and other CSOs in the Reception Center for Asylum Seekers. However, due to the short stay of these people, as they normally leave the Centre to resume their migration, there have been no formal procedures or instances of offered protection to people in the capacity of victims of human trafficking. According to Open Gate, in 2018, amongst the 287 asylum requests, 7 potential victims of trafficking in human beings were identified at the Center, of these 6 were adults (2 men and 4 women) and one child. The official number of (potential) victims may be significantly higher since Open Gate does not work over the weekends at the Centre, so the staff has no insight into the various cases of migrants who have been placed and later left the Reception Centre.

Economic exploitation including child labour

70. The Committee recommends that the State party strengthen the implementation of labour laws and policies and investigate the root causes in order to prevent children at risk from child labour, particularly in the informal economy.

In terms of labor exploitation, as one of the least identified types of exploitation, it is worth noting that there is a Handbook for Early Detection of Cases of Trafficking in Human Beings for Labor Inspectors, which was developed in 2010 by IOM Mission in Skopje and the Ministry of Labor and Social Policy. Apart from the Handbook, in 2016-2018, there have been multiple activities and efforts for capacity strengthening of all relevant professionals. For example, one such activity is separate training for Labor Inspectorates in 2017, i.e. training for trainers of labor inspectors on human trafficking for labor exploitation. The training resulted in 25 trained labor inspectors, which later cascaded the acquired skills by

training 25 other inspectors. These two separate training sessions resulted in professional training of a total of 50 inspectors, or, according to the 2017 NC Annual Report, over half of the total number of inspectors. A multidiscipline training was carried out on trafficking in human beings for labor exploitation, which offered training to 44 inspectors from the Labor and State Market Inspectorates, the Public Revenue Office, the Inspectorate for Civil Engineering and Urban Development, and The Council of the Inspectors General. According to the 2018 NC Annual Report, there were several trainings organized that year on the topic of labor exploitation. One such training was a multidisciplinary workshop which included 90% of the labor inspectors in the country. A round table was organized on the collaboration between the private sector, the syndicate and NGOs in curbing labor exploitation, which was organized for 41 representatives from various institutions. A multidiscipline training was carried out on trafficking in human beings for labor exploitation, which offered training to 44 representatives from the Labor and State Market Inspectorates, the Public Revenue Office, the Inspectorate for Civil Engineering and Urban Development, and The Council of the Inspectors General. In the 2017 NC Annual Report and on the Labor Inspectorate's website¹⁷, one can find information and statistics about inspections that were carried out, but not what has been detected during these inspections. There are no annual reports for 2016 and 2018.

Research data indicate that poverty and exclusion of parts of the Roma community is an important risk factor for labor exploitation and human trafficking among them. This is especially true for children as they are often involved in their families' migration projects or traditionally work from a young age in the informal sector, most often in agriculture. Migration and work in the informal sector, on the other hand, are a result of the low level of education in the marginalized parts of this community. In both cases, the low level of education, labor exploitation and begging is passed down from generation to generation, as they also drop out of school to work and contribute to the domestic budget. Working in the informal sector of the smallest foot and begging, in the poorest and most marginalized parts of the Roma community, are considered legitimate ways of generating income. All of this exposes children from the Roma community to an increased risk of labor exploitation, begging and human trafficking. In Suto Orizari, in 245 Roma families covered by the research, as many as 308 children aged 7 to 15 were registered out of the educational process. Of these, 73 did not start school at all, and as many as 229 (74%) started, but later interrupted the educational process. In 72.03% of the cases, the reason for leaving school is the departure of the families of the children abroad. and in 38.98% the lack of sufficient financial resources to cover the costs of education. Child labor in order to contribute to the family budget as a reason for not attending school is listed in 14.83% of cases. At the same time, parents do not insist that their children enroll in school and shape their education mostly because they plan to go abroad (44.49%), but also because they believe that

¹⁷http://dit.gov.mk/?page_id=69

education does not help Roma children to be educated. employed (33.90%). Similar data were obtained from the research¹⁸ on the inclusion of children from the Roma community in Vinica and Kocani, which included 60 Roma families, 20 from Vinica and 40 from Kocani. Of the total number of children aged 6 to 17 from these families, as many as 48% do not go to school, while the remaining 52% do not attend classes regularly. The reasons for this phenomenon in most cases (47%) arise from the socio-economic situation of families due to which children work to contribute to the family budget, help care for other children, or are influenced by the health status of parents.

In addition to the situation analysis presented above we would like to offer additional info on the implementation of the Committee's recommendations from the initial report to the OP on the sale of children, child prostitution and child pornography (CRC/OPSC/MKD/CO/1):

Please see the info provided under the situation analysis and for more detailed information used the data presented in the **Report - Monitoring and Evaluation of Act and Policies for Action against Human Trafficking and Their Enactment in the Republic of North Macedonia in 2018, The report was developed by the staff at Open Gate – La Strada in the Republic of North Macedonia, February 2020**¹⁹.

III. Disability, basic health and welfare

SITUATION ANALYSIS

1. Regarding the **infant mortality rate**, after a decade of decline of the mortality rate from 13,2 in 2001 to 7,6 in 2011, there was an increase in the infant mortality rate in the period from 2011 till 2016 when the rate was 11,9 per 1000 live births²⁰. The predominant cause for infant deaths in this period is preterm births and low birth weight. In the same period, there is a slight decrease in preterm births, but there is an increase in low weight births²¹. Due to poor practice in the birth certificates, there is no data regarding other related causes of death, or regarding the birth weight of the deceased infants. Also, there is a very low number of performed post mortem examinations (autopsies) on deceased infants. Lack of this and other related health data for the mothers and the newborn seriously impacts the analysis for the potential causes of the increase of infant mortality rate in this period. There are significant differences in the infant mortality rates among different groups of the population, as well as geographical differences in the period from 2011 to 2016. The trend of the increase of infant mortality rate is highest among Albanian ethnic minority, from 10 in 2011 up to 14,2 in 2016, which is higher than the national average. Among the Roma

¹⁸ <http://rrrr.lastrada.org.mk/wp-content/uploads/2019/11/Publikacija-INI-Vinica-Final-1.pdf>

¹⁹ https://drive.google.com/file/d/1YJDQfekjQcUkZBJenzru3QGZZdjvGr_3/view

²⁰ Source: State statistical office of Republic North Macedonia. Data analysis available ESEs Situational analysis regarding perinatal and infant mortality in Republic North Macedonia in the period 2011 – 2017, available at:

<http://esem.org.mk/pdf/Publikacii/2020/Analiza%20na%20sostojbite%20po%20odnos%20na%20%20perinatalna%20i%20doenecka%20smrtnost.pdf>

²¹ Source: State center for reproductive health. University hospital for gynecology and obstetrics. Perinatological results in RM for the years: 2013, 2014, 2015 и 2016. Obtained through the freedom of information procedure.

minority there is a decreasing trend and in 2016 infant mortality rate is 11,2, which is still higher than among Macedonian ethnicity where the rate is 10,3 in 2016. There are significant geographical differences in the infant mortality rate in the period 2011-2016. Polog Region has the highest rate (15,6 in 2016), followed by the North-Eastern region (14,1 in 2016) and the South-Eastern region (13,2 in 2016). Infant mortality rates in other regions are below the national average, except in Skopje Region where the rate is the same as the national average in 2016. The infant mortality rate is higher among the rural population (12,7 in 2016), compared to the urban population (11,3 in 2016)²². Due to the lack of disaggregated data and the absence of additional research, it is impossible to determine which factors are influencing these disparities among different groups of the population.

In the period 2018 and 2019, there is a sudden decrease in the infant mortality rates which in 2019 is 5,6²³. Despite the decrease in the infant mortality rate, there are still disparities among different regions. Thus in 2019 highest infant mortality rates are noted in Vardar and Southeastern Regions (8,1), followed by Skopje Region (6,1), and Polog Region (5,6)²⁴. The infant mortality rate in other Regions is below the national average. There is no publicly available information on the reasons for the decrease in the infant mortality rate on the national level. Also, the reasons for the huge changes in the infant mortality rates in different regions remain unclear. All of this shows that there is a need for constant monitoring of the situation since we are witnessing serious fluctuations in the infant mortality rates throughout the years on the national and regional levels.

2. Regarding the **prenatal care for mothers**, the main challenge represents a lack of gynecologists on the primary health care level, since most of the pre-natal services are provided by these gynecologists. In 2017 there were 136 gynecologists on the primary level that have contracts with the Health Insurance Fund of R. North Macedonia²⁵. This means that there is one gynecologist per 6374 women in the age group 15 and above, although in the legislation is prescribed the norm of one gynecologist per 3000 women²⁶. Moreover, there is the uneven geographical distribution of gynecologists on a primary level, thus most of them are concentrated in the capital of Skopje, while in 45 municipalities there is no gynecologist and in 29 municipalities there is an insufficient number of gynecologists, according to the norm²⁷. The issue with lack of gynecologists is most prominent in the

²² Source: State statistical office of Republic North Macedonia. Data analysis available ESEs Situational analysis regarding perinatal and infant mortality in Republic North Macedonia in the period 2011 – 2017 , available at:

<http://esem.org.mk/pdf/Publikacii/2020/Analiza%20na%20sostojbite%20po%20odnos%20na%20%20perinat%20i%20doenecka%20smrtnost.pdf>

²³ Source: State statistical office of Republic North Macedonia - <http://www.stat.gov.mk/KlucniIndikator.aspx>

²⁴ Source: Data obtained from State statistical office of Republic North Macedonia. Data are not publicly available.

²⁵ Source: Health Insurance Fund of Republic North Macedonia. Data analysis available ESEs Situational analysis regarding perinatal and infant mortality in Republic North Macedonia in the period 2011 – 2017 , available at:

<http://esem.org.mk/pdf/Publikacii/2020/Analiza%20na%20sostojbite%20po%20odnos%20na%20%20perinat%20i%20doenecka%20smrtnost.pdf>

²⁶ Bylaw regarding the network of health care facilities adopted by the Government of Republic North Macedonia. Official Gazette no. 81 from 28 June 2012.

²⁷ Source: Health Insurance Fund of Republic North Macedonia. Data analysis available in ESEs Situational analysis regarding perinatal and infant mortality in Republic North Macedonia in the period 2011 – 2017 ,

following regions: Polog, Pelagonia, North-Eastern and South-Western regions. It should be noted that the highest rates of infant mortality are noted in Polog and North-Eastern regions. In 2017 almost 10% of the pregnant women in the country did not perform any pre-natal medical checkup with a gynecologist. In the same year, 6,3% of pregnant women had less than five medical checkups during pregnancy²⁸, although according to the national protocols each pregnant woman should have at least 8 and up to 12 medical checkups during pregnancy²⁹. Findings from Roma communities show that 4,6% of pregnant Roma women didn't have any medical checkup during pregnancy, for pregnancies which occurred in past three years. Roma women in average perform five medical checkups during pregnancy and 82,2% of them had less than eight medical checkups³⁰.

Health care service for visiting (patronage) nurses is part of the primary health care with the task to visit pregnant women and mothers and infants after the delivery in order to provide health education related to healthy pregnancy and health and care of the newborn, to make an assessment of the health status of mother and child and if needed to refer them in a health institution. The patronage nurse service is distributed in 36 regional health care facilities. In 2017 the number of patronage nurses is 311 or one nurse per 1650 women of reproductive age³¹. Of the total number, only 31% are obstetric nurses, and the rest of them are medical nurses. There is a continuous trend of decrease in the number of patronage nurses since in 2016 there were 344 patronage nurses. There is an uneven geographical distribution of patronage nurses with huge discrepancies among different municipalities. For example, in the capital Skopje, there is one nurse per 2500 women in reproductive age, in Tetovo one nurse per 2000 women and in Veles one nurse per 900 women³². Findings from Roma communities show that 64,3% of pregnant Roma women were not visited by patronage nurse during pregnancy, regarding pregnancies that occurred in the past 3 years³³. Moreover, there is no bylaw that clearly describes the duties and services which should be offered by the patronage nurses. Thus remains unclear

available at:

<http://esem.org.mk/pdf/Publikacii/2020/Analiza%20na%20sostojbite%20po%20odnos%20na%20%20perinat%20i%20doenecka%20smrtnost.pdf>

²⁸ Source: State center for reproductive health. University hospital for gynecology and obstetrics.

Perinatological results in RM for the years: 2013, 2014, 2015 и 2016. Obtained through the freedom of information procedure.

²⁹ Ministry of health. Clinical Guidelines for detection of risk conditions during pregnancy. 2017. Official Gazette no. 235/2018, issued 21 December 2018.

³⁰ Association ESE, Association Romano Chachipe, Association IRIZ, Association KHAM. Data from the community monitoring process among Roma in municipalities of Shuto Orizari, Delchevo, Vinica and Pehchevo. 2019. <http://esem.org.mk/pdf/Publikacii/2020/Majki%20i%20deca%20infografik%202018.pdf>

³¹ Source: Primary health care center "Health home" – Skopje. Data analysis available in ESEs Situational analysis regarding perinatal and infant mortality in Republic North Macedonia in the period 2011 – 2017, available at:

<http://esem.org.mk/pdf/Publikacii/2020/Analiza%20na%20sostojbite%20po%20odnos%20na%20%20perinat%20i%20doenecka%20smrtnost.pdf>

³² Source: Institute for public health of Republic North Macedonia. Data analysis available in ESEs Situational analysis regarding perinatal and infant mortality in Republic North Macedonia in the period 2011 – 2017, available at:

<http://esem.org.mk/pdf/Publikacii/2020/Analiza%20na%20sostojbite%20po%20odnos%20na%20%20perinat%20i%20doenecka%20smrtnost.pdf>

³³ Association ESE, Association Romano Chachipe, Association IRIZ, Association KHAM. Data from the community monitoring process among Roma in municipalities of Shuto Orizari, Delchevo, Vinica and Pehchevo. 2019. <http://esem.org.mk/pdf/Publikacii/2020/Majki%20i%20deca%20infografik%202018.pdf>

how the nurses are conducting their work on the field and what type of services they provide for pregnant women, mothers and infants in their homes.

3. In Republic North Macedonia the health services related to delivery are free of charge for all women in the public hospitals. For the women which have health insurance the greater amount of the costs (approximately 80%) are paid by the Health Insurance Fund and the copayment is paid by the Ministry of health through the Program for a copayment for health care services related to certain diseases of the citizens and health care for pregnant women, delivery and infants³⁴. The same approach is applied for all deliveries, including vaginal deliveries and deliveries with a cesarean section. The monitoring of the budget of this Program revealed that the Ministry of health with the allocated budget does not plan to cover the costs for all deliveries in North Macedonia in the period from 2013 to 2017³⁵. There is no consistency in the planning process for this budget by the Ministry of health, namely in 2013 Ministry of health planned to cover only 29% of all deliveries with copayment, while in 2017 the Ministry planned to cover 59% of the deliveries. According to this analysis, it is estimated that for the five years (2013 – 2017) the Ministry of health did not pay the amount of 118.623.767 MK Denars to the public hospitals for the health services related to the delivery of women. This situation has a negative impact on the overall work of the hospitals and their delivery wards, as well as on their overall conditions and the quality of health services. Pre-natal health services are also free of charge for all pregnant women, for women which have health insurance the greater amount of the costs for services (approximately 80%) are paid by the Health Insurance Fund and the copayment is paid by the Ministry of health through the Program for a copayment for health care services related with certain diseases of the citizens and health care for pregnant women, delivery and infants³⁶.

4. Regarding the **health care of infants and children** it must be noted that there is a lack of pediatricians in **primary health care**. Namely, there are only 113 pediatricians working in primary health care in health care facilities which have contracts with Health Insurance Fund in 2020³⁷. The estimates are that there is one pediatrician in primary health care per 3069 children age 14 and below³⁸. An additional problem is that these pediatricians work in only 39 municipalities, out of 80 municipalities in North Macedonia. Findings from Roma communities show that 23,5% of mothers and newborns were not visited by the patronage (visiting) nurse in the period after the delivery. Also, 5% of infants from Roma communities

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https://www.healthrights.mk/pdf/Zdravstveni%20Rabotnici/Preventivni%20i%20kurativni%20programi%20na%20MZ/2020/19.%20Programa_participacija_majki%20i%20deca%202020.pdf

³⁵ Association ESE. *Ministry of health in the past years covers only part of the needed amount for copayment of the deliveries in the public hospitals.* -

<http://esem.org.mk/pdf/Publikacii/2018/%D0%90%D0%BD%D0%B0%D0%BB%D0%B8%D0%B7%D0%B0%20%D0%B7%D0%B0%20%D0%BF%D0%B0%D1%80%D1%82%D0%B8%D1%86%D0%B8%D0%BF%D0%B0%D1%86%D0%B8%D1%98%D0%B0%20%D0%B7%D0%B0%20%D0%BF%D0%BE%D1%80%D0%BE%D0%B4%D1%83%D0%B2%D0%B0%D1%9A%D0%B0.pdf>

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https://www.healthrights.mk/pdf/Zdravstveni%20Rabotnici/Preventivni%20i%20kurativni%20programi%20na%20MZ/2020/19.%20Programa_participacija_majki%20i%20deca%202020.pdf

³⁷ Source: Health Insurance Fund of Republic North Macedonia.

<http://www.fzo.org.mk/?section=lekaripzz&tipDog=1000>

³⁸ Calculation is based on data by State Statistical Office – Estimates of the population on 30.06.2015 and on 31.12.2015 according to the gender and age, disaggregated by municipalities and statistical regions. 2016

didn't have a single medical checkup in the first six months of their lives³⁹. **Hospital treatment** for children age 14 and below in the public health sector is available only in the capital in Skopje in the University hospital for children's diseases, University hospital for child surgery and Hospital for respiratory diseases of children. This situation results in the overburden of these health institutions and often lack of capacities for the accommodation of all children that have needed to be hospitalized. Units for intensive care of infants are also available only in the capital of Skopje in University hospital for gynecology and obstetrics and University hospital for children's diseases. This situation results in the overburden of these intensive care units, which often accommodate a larger number of infants than their planned capacities since all preterm-born children, children born with low birth weight and infants with other health conditions from the entire country are referred to these two intensive care units.

5. **Health education** of the population, in general, is a neglected issue in North Macedonia since there are no legal forms which will regulate formal health education as part of educational or health systems. There are no constant and unified legal provisions for informal health education, and the existing legal provisions for this type of education often remain unimplemented. Ministry of health in its Program for active health care of mothers and children in 2018⁴⁰ planned and allocated budget for 20 educational workshops on the topics of child health, immunization, healthy pregnancy and motherhood and breastfeeding which were aimed for Roma and rural communities. Yet not a single educational workshop was conducted in 2018⁴¹. In the same Program, the Ministry of health planned and budgeted preparation of educational material on the topics of child health and immunization, which according to the information from the Ministry of health was printed and distributed in the health facilities. The findings from Roma communities show that 93,5% of Roma parents of minor children did not receive this educational material⁴². In the Program for medical checkups of pupils and students for 2017 the Ministry of health planned preparation, printing and distribution of health educational materials aimed for health promotion of adolescents and young people on the following topics: tobacco, alcohol, drugs, sexual and reproductive health and mental health⁴³. Yet these materials were not printed and distributed among adolescents and young people in 2017⁴⁴.

³⁹ Association ESE, Association Romano Chachipe, Association IRIZ, Association KHAM. Data from the community monitoring process among Roma in municipalities of Shuto Orizari, Delchevo, Vinica and Pehchevo. 2019 - <http://esem.org.mk/pdf/Publikacii/2020/Majki%20i%20deca%20infografik%202018.pdf>

⁴⁰ Program for active health care of mothers and children in 2018 - <http://zdravstvo.gov.mk/wp-content/uploads/2018/02/Programa-majki-deca-2018.pdf>

⁴¹ Source: Ministry of health. Annual report for the implementation of the Program for active health care of mothers and children in 2018 - <http://zdravstvo.gov.mk/wp-content/uploads/2019/07/58-Programa-za-aktivna-zdravstvena-zastita-na-majki-i-deca-za-2018.pdf>

⁴² Association ESE, Association Romano Chachipe, Association IRIZ, Association KHAM. Data from the community monitoring process among Roma in municipalities of Shuto Orizari, Delchevo, Vinica and Pehchevo. 2019 - <http://esem.org.mk/pdf/Publikacii/2020/Majki%20i%20deca%20infografik%202018.pdf>

⁴³ Program for medical checkups of pupils and students for 2017 - <https://www.healthrights.mk/pdf/Zdravstveni%20Rabotnici/Preventivni%20i%20kurativni%20programi%20na%20MZ/2017/8.%20PROGRAMA%20ZA%20SISTEMATSKI%20PREGLEDI%20NA%20UCENICI%20I%20STUDENTI%202017.pdf>

⁴⁴ Sources: Ministry of health. Annual report for the implementation of the Program for medical checkups of pupils and students for 2017 - <http://zdravstvo.gov.mk/wp-content/uploads/2018/06/51-Godishen-izveshtaj-za-realizatsija-na-Programa-za-sistematski-pregledi-za-2017-godina-Copy.pdf> and Association ESE. Findings

6. Ministry of health each year adopts and implements the annual Program for active health care of mothers and children whose main goal is to improve the health of children and women of reproductive age aimed at decreasing the infant and maternal mortality in the country. Association ESE through the continuous monitoring of the programmatic and budget implementation of this Program, throughout the years noted issues related to improper planning and implementation of this Program. First of all the Program is subject to frequent changes in the activities and budget from year to year but also within the current year. For example, in the year 2017, the adopted budget for the Program was 10.500.000 MK Denars, but during the year it was increased to 14.500.000. In 2018 the adopted budget was 17.000.000 MK Denars, but during the year it was decreased to 15.000.000 MK Denars⁴⁵. Regarding this Program, there are discrepancies in the reported scope of delivered activities from different sources. For example, the activity for thyroid screening of each newborn is financed through this Program every year and is performed by the University hospital for children's diseases. In 2017, according to the data received from the University hospital it is stated that 21.583 thyroid screenings were performed⁴⁶ which is equal to the number of live births in North Macedonia for the given year. Yet the Ministry of Health reported that they paid for performing 25.000 thyroid screening in 2017⁴⁷. This is inconsistent data because there were fewer live births in the given year. Another activity with inconsistent data for 2017 is the activity for conducting screening for metabolic disorders of the infants, which is also performed by the University hospital for children's diseases. According to the information received from the university hospital in 2017 total of 6836 metabolic screenings were performed⁴⁸. But according to the report from the Ministry of health total of 2000 screenings were performed and paid for in 2017⁴⁹. The above-stated findings show the need for improvement in Program planning, implementation, monitoring and evaluation. In this Program, the Ministry of Health also plans specific activities for improvement of the health of mothers and children from Roma communities. Yet the budget allocated for activities in Roma communities is insignificant and is decreasing through the years. In 2017 the Ministry allocated 280.000 MK Denars for activities aimed at Roma communities which represent 2% of the Program budget, in 2018 the budget for these activities increased by 650.000 MK Denars (4% of total budget) and in 2019 only 140.000 MK Denars were allocated for activities aimed for Roma communities⁵⁰.

7. Ministry of health with the Program for medical checkups of pupils and students plans to cover with medical checkups school-age children who are not enrolled in the education

from the monitoring of the implementation of the Program for medical checkups of pupils and students for 2017 - <http://esem.org.mk/pdf/Publikacii/2020/infografik%20sistematski.pdf>

⁴⁵ Association ESE. Findings from the monitoring of the Program for active health care of mothers and children. - <http://esem.org.mk/pdf/Publikacii/2020/Infografik%20majki%20i%20deca.pdf>

⁴⁶ ibid

⁴⁷ Ministry of health - <http://zdravstvo.gov.mk/wp-content/uploads/2018/06/58-Godishen-izveshtaj-za-realizatsija-na-Programa-za-aktivna-zashtita-na-majki-i-detsa-za-2017-godina.pdf>

⁴⁸ Association ESE. Findings from the monitoring of the Program for active health care of mothers and children. - <http://esem.org.mk/pdf/Publikacii/2020/Infografik%20majki%20i%20deca.pdf>

⁴⁹ Ministry of health - <http://zdravstvo.gov.mk/wp-content/uploads/2018/06/58-Godishen-izveshtaj-za-realizatsija-na-Programa-za-aktivna-zashtita-na-majki-i-detsa-za-2017-godina.pdf>

⁵⁰ Association ESE. Findings from the monitoring of the Program for active health care of mothers and children - <http://esem.org.mk/pdf/Publikacii/2020/Infografik%20majki%20i%20deca.pdf>

process and do not have health insurance. Yet in 2018 only 7% of the budget aimed for this activity was spent⁵¹. Namely, there is no clear mechanism of how these children should be identified in the communities and referred to the Primary health care centers for performing the medical checkups. In the Program, it is stated that this is a duty of the patronage (visiting) nurses, but as was stated previously there is a lack of nurses and they are overburdened with their primary tasks of visiting women during pregnancy and women and infants after the delivery.

COMMENTS ON THE STATE REPORT

In the State report it is stated that in 2016 the total number of gynecologists in primary health care is 141 doctors, and the ratio is given as 1 doctor per 3600 women of reproductive age (page 23). The number of gynecologists is correct, but it must be noted that the given ratio is not presenting the real situation on the field. Namely according to the legal provisions all the girls and women above the age of 12 should register with a gynecologist on a primary level since the gynecologists on a primary level are providing a large scope of health services that are not aimed only at women of reproductive age. In the situation analysis in this report it is stated that there is one gynecologist per 6374 women in the age group 15 and above. Thus the existing gynecologists are overburdened with patients which influences the quality of services that they provide for all women and girls.

In the State, the report it is stated that an electronic personal maternity record is underway to serve as a link between PHC gynecologists and those working in maternity hospitals (page 24). The electronic maternity record is prepared and put in service, and the older hard copy version of the maternity record is no longer in use. Findings from ESEs work in the past 3 years, through the experts working group on infant mortality, showed that for the majority of pregnant women the electronic maternity record is not filled in by the gynecologists in primary health care⁵², thus when pregnant women address the hospital on the secondary or tertiary level, the health staff from this hospital have no or limited health-related data for the pregnancy of the women.

CONCRETE EXAMPLES

For women that do not have health insurance pre-natal health services and delivery-related health services are fully paid by the Ministry of health through the Program for active health care of mothers and children. Through our work, we have found out that there are obstacles for women without health insurance to fulfill their right for free of charge pre-natal services through the Program for active health care of mothers and children. One Roma woman from the municipality of Shuto Orizari in 2019 addressed our partner Roma CSO – Romano Chachipe regarding this issue, and both organizations ESE and

⁵¹ Association ESE. Findings from the monitoring process of the Program for medical checkups of pupils and students - <http://esem.org.mk/pdf/Publikaciji/2020/Sistematski%20pregledi%202018.pdf>

⁵² Association ESE. Situational analysis regarding perinatal and infant mortality in Republic North Macedonia in the period 2011 – 2017 (2019). - <http://esem.org.mk/pdf/Publikaciji/2020/Analiza%20na%20sostojbite%20po%20odnos%20na%20perinat%20i%20doenecka%20smrtnost.pdf>

Romano Chachipe put efforts to assist this woman yet without success. Woman N.N. 30 years old from Shuto Orizari was pregnant and did not have health insurance. She was formally married to a person, but they were separated for a longer period of time. At the moment when she was addressed for help, her husband is living in Germany and became a German citizen. The woman does not have any contacts with her husband for a longer period and she does not know the address or even the city where he lives in Germany. First, she addressed for advice on how she can obtain free of charge pre-natal care. She received the advice that she is entitled to free of charge prenatal care according to the Program for active health care of mothers and children and she was given a copy from the Program. Firstly she addressed the office of gynecologist on a primary level, where she was told that the gynecologist can not offer her free of charge services, because the gynecologist is a private health institution which has a contract with the Health Insurance Fund, and the gynecologist receives per capita payment by the Fund only for women that have health insurance. After that, we have referred her to a public hospital where she was also refused to be given free of charge services because she did not have health insurance. After that staff from Association ESE contacted a representative from the Ministry of health in order to receive details on how the woman could fulfill her right to free of charge pre-natal care. A representative from the Ministry of Health explained that the woman is not entitled to use the provision from the Program for active health care of mothers and children because she is married, thus according to the Law for health insurance she is entitled to receive health insurance through her husband. The case was explained to the representative from the Ministry of health, that her husband is a German citizen living in Germany and the woman does not have any information where is he located at the present. Yet the answer from the Ministry remained the same. Health services during pregnancy must be received according to the professional rulebook in exact periods of the pregnancy, thus every delay in receiving these services represents a serious risk for the mother and the fetus. Thus in this case the woman cannot wait to be divorced or to try to locate her husband in order to receive health insurance, but she needs the health services immediately without any obstacles and delays.

IV. List of recommendations

Based on the situation analysis we call upon the state to take into consideration the following recommendations:

a) Violence against children

The law and the national legal framework for the criminalization of trafficking in human beings, including the investigative stage and prosecution of perpetrators

- The state shall undertake action which will contribute towards an improved understanding of the differences between trafficking and smuggling.
- The state shall identify and eliminate perceived flaws and shortcomings in terms of detection, solving and prosecution of this crime, along with adopting adequate punishment policies.

- The state shall intensify the efforts invested in the confiscation of property, which has been acquired through acts related to trafficking in human beings.

Identification of victims of trafficking in human beings

- The state shall harmonize the list of indicators since the list of indicators in mixed migration movements and the list of indicators prepared by the MLSP are not harmonized and shall revise the SOPs on a regular and systematic basis, especially since certain stakeholders/mechanisms currently involved in the issue as part of project activities may not be involved in the future.
- The state shall undertake a proactive role in the identification of victims of HT by the relevant institutions, such as taking steps and measures for early identification of foreign and national victims of HT, through broadening the number of stakeholders and increasing their authority when it comes in victims identification, such as: health care workers, teachers and educators, police precincts at MOI, labor inspectors, personal assistants who work with persons with special needs, social workers from the CSW, COs, etc.
- The state shall increase the efforts in detecting and solving cases of trafficking and adopting suitable measures for the prosecution of perpetrators. We recommend that special attention should be paid to detecting cases of labor exploitation.
- The state shall work more closely with migrants, asylum seekers and unaccompanied minors in detecting human trafficking, even in cases where the trafficking has happened abroad, outside of the country borders since identifying cases of trafficking is central to allowing the victim the opportunity to fully exercise their rights.
- The state authorities shall conduct a thorough investigation of cases where foreign nationals have been subject to sexual and labor exploitation, but they are not identified as victims of trafficking so they never get the help and support needed, and instead were being deported. If needed we urge relevant authorities to request help from specialized CSOs.

Protection of victims of trafficking in human beings

- The state shall harmonize the use of terminology and to eliminate the potential confusions of the terms “suspected and potential victims” which may compromise the quality of help and support given to trafficked persons.
- The state shall undertake all available protection measures in full, in order to guarantee the protection of victims and witnesses against retaliation or intimidation in the course of the criminal proceedings.
- The state authorities shall increase the degree of coordination and exchange of information in case of repatriated victims who have not been given help or support upon returning home and to include them in suitable reintegration and protection programs, in order to eliminate the possibility of their revictimization.

Help and support for victims

- The state shall plan and implement long-term sustainable reintegration programs on local levels for victims of HT, once they have left the shelter.
- The state shall include the local self-governments in the administration of the Program for Helping and Supporting Victims of Human Trafficking in the process of reintegration by the provision of adequate services, including human and financial resources.
- The relevant ministries/state authorities shall introduce a separate item in their respective budgets for costs incurred in action against illegal migration and human trafficking. We also urge the government to start providing funds on an annual level for COs involved in the provision of help and protection of victims of trafficking.
- The state shall increase its share of funding to the actions against human trafficking and illegal migration and not rely so on on heavily from international organizations.
- The state shall budget the funds for trafficking based on the actual needs identified for both issues (illegal migration and human trafficking).
- The state shall grant serious expansion of the Center for Victims of THB and Sexual Violence and the capacity of the Center, and providing separate facilities for child victims of trafficking.
- The state/ Government shall provide the Center for Victims of THB and Sexual Violence with sufficient funds for its normal and unobstructed operation and not allow that the center's operation relies primarily on the support of the international community.
- The state shall undertake all necessary measures to provide the needed legal aid and support for victims, especially in light of the reforms afforded by the Free Legal Aid Act.

Compensation and restitution

- The state shall adopt the Act on Compensation for Victims of Criminal Acts, i.e. must enable compensation from a state fund, and the compensation must be awarded in cases of both convicted and suspected.
- The police, the Public Prosecutor's Office for Organized Crime and Corruption, and the courts shall inform the victim of trafficking about their right to claiming compensation as part of the criminal proceedings.
- The authorities shall introduce mandatory forensic witnessing determining the type and degree of the damage, during the forensic witnessing about the validity of the testimony of the underage victim of trafficking, which is provided upon request from the Public Prosecutor's Office for Organized Crime and Corruption.
- The court shall ensure the mandatory presence of the victim's legal representative during the main hearing, which will allow the victim to claim compensation through her legal proxy, in cases when special court protection measures are applied.
- The relevant authorities shall provide a more authentic and unambiguous interpretation of Article 152 from the Children's Rights Act, as well as effective implementation of the provisions from the program for compensation of child victims of trafficking, at the Ministry of Justice.

Institutional framework, including capacity, coordination and international collaboration

- The Government shall increase the Budget for the implementation of the national strategies and action plans for combating human trafficking.
- The state authorities shall establish special annual plans for the professional development of all relevant stakeholders included in the prevention and protection system.
- The Government shall provide financial support for the three new local committees established in cities of Prilep, Gevgelija and Veles that lack financial, technical and human resources for the unobstructed work of these committees.
- The Government shall provide financial support for the civic organizations that have been formally and substantially included in the system for prevention and protection.

Access to data, data protection and information privacy

- The National Committee responsible for addressing trafficking in human being shall revise and improve the current approach and system for data collection, and provide publicly available information which can be used to track the progress the country has made in the action against trafficking in human beings and illegal migration.

b) Disability, basic health and welfare

- The State shall undertake actions in order to determine the factors which are influencing the trends of the infant mortality rates as well as the factors which influence disparities of the infant mortality rate among different groups of the population. In this regard, the State shall conduct periodic researches among different groups of population and improve the health statistics related to the health status and causes of death among mothers and infants.
- The State shall undertake actions in order to increase the number of gynecologists on primary health care level and to obtain an equal geographical distribution, including financing of residency for gynecology, providing subsidies for opening gynecological offices in municipalities with no gynecologists, equipping gynecological offices with necessary medical equipment in municipalities with no gynecologists.
- The State shall undertake actions in order to improve access to prenatal care for women living in rural areas, through the establishment of rural centers for prenatal care, which will be served by mobile medical teams, according to the needs for prenatal care.
- The State shall undertake actions in order to increase the number of pediatricians on the primary health care level and to obtain an equal geographical distribution, including financing of residency for pediatricians, providing subsidies for opening pediatric offices in municipalities with no pediatricians.

- The State shall undertake actions in order to strengthen the work of the service for patronage (home visiting) nurses, through the employment of nurses where needed, providing vehicles and needed medical equipment, adoption of the bylaw for their work and their continuous medical education.
- The State shall undertake actions in order to equip hospitals on a secondary level for care of preterm born infants and infants with low birth weight, through providing of the needed equipment, medical staff and continuous medical education of the staff in order to reduce the burden of the University hospitals for the care of these infants and to enable proper care for these infants close to the place of living.
- The State shall prepare and implement a comprehensive national plan for health education, including reproductive health, education for a healthy pregnancy, education for care and health of the infants and similar topics. The education shall be delivered through the school system, through centers for reproductive health, through patronage nurses, through gynecologists and pediatricians on primary level and hospitals on secondary and tertiary health care level.
- The State shall ensure that the hospitals will receive all the needed funds from the State budget related to the provision of health services for delivery, and the State shall not generate any more debts towards the hospitals.
- The State shall improve the processes of preparation, implementation, monitoring and evaluation of its Programs aimed for improvement of the health and health care for mothers and children, specifically for the Program for active health care of mothers and children and Program for medical checkups of pupils. The State shall develop mechanisms for involvement of the end-users of the Program in the process of identification of their needs and monitoring and evaluation of the Program.
- The State shall prescribe clear mechanisms for the identification of children out of the school system and their proper referral for regular medical checkups.
- The State shall eliminate all bureaucratic procedures which represent obstacles for women to fulfill their rights for free of charge and timely prenatal care, with special emphasis on women that do not have health insurance.