

## CONSOLIDATED RESULTS REPORT

Country: The former Yugoslav Republic of Macedonia

Programme Cycle: 2005 to 2009

1. Key Results Expected	3. Key Progress Indicators	4. Description of Results Achieved	5. Constraints and facilitating factors
<p>1.1 Yearly increase in rural and Roma girls enrolment and successful completion rate</p> <p>1.2. Application of nationally adopted Child-friendly School (CFS) Standards contribute to improvement of quality of primary and secondary education.</p>	<p>1.1.1 % of girls in rural areas &amp; Roma girls completing elementary education Baseline (2005) N/A Current status (2007) 78% of Roma girls (348 out of 446 Roma girls age 15) Gender parity Index for Roma <b>Baseline (2005): 0.88</b> <b>Current status (2007): 0.97</b></p> <p>1.2.1. CFS standards adopted. <b>Baseline (2005): No;</b> <b>Current status (2008): Yes</b></p> <p>1.2.2. # of schools participating in teacher and management training. <b>Baseline (2005): 0;</b> <b>Current status (2008): 100% (Lifeskills), 10 schools in CFS;</b></p> <p>1.2.3. # and % of schools certified as child-friendly. <b>Baseline: 0;</b> <b>Current status: N/A</b></p> <p>1.2.4. % of children and young people benefiting from lifeskills-based formal and peer-led informal education. <b>Baseline (2005): 0;</b> <b>Current status (2008): 100% of primary school children (ages 6-15 years)</b></p>	<p>UNICEF has supported formal and non-formal education activities for Roma children in the most disadvantaged communities where Roma live (11 municipalities). The evaluation of the project supported by the Council of Europe Development Bank confirms that the impact of the initiative has been high.</p> <p>CFS standards were developed and endorsed by Ministry of Education and Science (MoES) in 2006. CFS conceptual framework<sup>1</sup> (CFS standards, key performance areas and process indicators) is being used as a vision for reforming basic education in the country based on child rights. Teacher training programmes based on the CFS model were developed and implemented in ten pilot schools and some at national level: 1) Life Skills Based Education (LSBE), linked to the effective, safe, healthy and protective learning environment and multiculturalism dimensions, has been introduced in the primary school curriculum and implemented in all primary schools. 2) Training in mathematics and literacy, linked to the effectiveness dimension of CFS, for grades 1-3 is also provided to all primary schools.</p>	<p>Roma education is currently getting a lot of attention by the Government and the donor community as part of the Roma Decade Initiative. Although indicators are still far from satisfactory, the trends of attendance and completion are positive</p> <p>MoES reform focuses on school rehabilitation and Information and Communication Technology (ICT). Support to CFS by MoES is high; the challenge is to ensure adequate investments in line with CFS.</p>

<sup>1</sup> CFS standards are comprehensive and include six dimensions: inclusiveness, effectiveness, safe, healthy and protective environment, gender equality, participation and child rights and multiculturalism

<p>2.1. Improved early childhood care and rearing and quality mother and child health services</p>	<p>2.1.1. % of children and women in 20 poor communities receiving quality health care  <b>Baseline: Access to health care services is around 60% in selected communities.</b>  <b>Current Status: no updated data available</b></p> <p>2.1.2. % of families participating in parent education.  <b>Baseline (2005): 0;</b>  <b>Current status (2008): 1,705 parents (465 Roma, 815 Albanian and 425 Macedonian)</b></p> <p>2.1.3. % of children three to six who benefit from early learning opportunities  <b>Baseline (2005): N/A;</b>  <b>Current status (2008): 900</b></p>	<ul style="list-style-type: none"> <li>▪ Better parenting education for families of children 0-6 years and early learning activities for children from 3-6 years were implemented mainly in the most disadvantaged communities. This helped to demonstrate effective alternative models of provision vis a vis the high cost kindergarten services.</li> </ul>	<p>While decentralization was seen as an opportunity for further consolidation and sustainability of the model, the current funding arrangements have posed challenges in terms of ensuring equal opportunities for all children. Funding is limited only to municipalities that have kindergartens on their territory. This is being addressed in the national Early Childhood Development (ECD) policy.</p>
<p>2.2. Improved national early childhood policies and standards, including mother and child health, Prevention of Parent to Child Transmission (PPTCT) and nutrition</p>	<p>2.2.1. Policies, standards and protocols adopted and implementation mechanisms in place  <b>Baseline (2005):</b> policies-0; implementation mechanisms-0;  <b>Current status (2008):</b> policies-2; implementation mechanisms-1;</p>	<ul style="list-style-type: none"> <li>▪ National Strategy to Improve Perinatal Health Care enacted by the Government;</li> <li>▪ National Safe Motherhood Committee established to monitor the implementation of the National Strategy to Improve Perinatal Health Care;</li> <li>▪ National Early learning and Development Standards (ELDS) developed and adopted as a basis for ECD reform (focus on holistic development and outcomes), and as a tool for monitoring child outcomes and school readiness.</li> <li>▪ National ECD policy drafted.</li> </ul>	<p>Shared responsibilities among sectors still pose constraints. An inter-sectoral ECD group was established to address this issue and develop and monitor implementation of the ECD policy. The country still has high perinatal mortality. This problem has received high political attention and commitment for action by the government;</p>
<p>3.1 Establishment of national database for juvenile justice, trafficking of children and women, institutionalization, domestic violence and children in the street</p>	<p>3.1.1. Number of cases of abuse, violence, sexual exploitation, juvenile delinquency and disability identified and reported on and referred in the Child Protection System.  <b>Baseline (2005):</b> Database does not exist;  <b>Current status (2008):</b> Cases reported: Abuse/violence - <b>53</b>; Trafficking - <b>17</b>; Juvenile delinquency - <b>1194</b>; Disability -</p>	<ul style="list-style-type: none"> <li>▪ A prototype of social statistics database was developed and tested in 2008.</li> <li>▪ The prototype included i) development of two computer programmes for data collection and data analysis, ii) field testing, iii) development of guidelines on how to use the programme iv) specialized training of staff in all 27 Centres for Social Work (CSW), and v) production of a national report with CSW data.</li> </ul>	<p>The main constraint is the reluctance of the CSW to introduce a computerized data collection system. Lack of skilled human resources and lack of hardware in the CSW is another constraint. A facilitating factor is the ongoing reform of the data collection system for social allowances supported by the World</p>

	<p>447. Total number of children using social protection services - <b>3883</b>. Database established; to be installed in 2009.</p>	<ul style="list-style-type: none"> <li>▪ A national workshop with all CSW was held and the reports were presented. This is the first time that the CSW are able to produce more reliable and accurate social services data.</li> <li>▪ In 2009, software will be developed based on the prototype that was tested.</li> </ul>	<p>Bank (WB), and their investment in software and hardware for all CSW.</p>
<p>3.2. Legislation, policy and support services improved in compliance with the CRC and other international standards</p>	<p>3.2.1. Extent of compliance regarding the respect of physical integrity and dignity of the child within state institutions  <b>Baseline (2005):</b> No comprehensive national policy related to the UN Convention on the Rights of the Child (UNCRC) exist; legislation, policy and standards related to juvenile justice, protection of children victims of domestic violence and trafficking not in line with the UNCRC.  <b>Current status (2008):</b> standards, strategies and action plans developed, laws amended and adopted</p>	<ul style="list-style-type: none"> <li>▪ National Action Plan on Implementation of Child Rights 2005-2015 adopted by the Parliament in 2006.</li> <li>▪ National De-institutionalization Strategy, National Strategy on Protection from Domestic Violence, National Anti-Trafficking Strategy and Action Plan to Address Sexual Abuse of Children and Pedophilia developed and adopted.</li> <li>▪ Programme for Reintegration of Children Victims was adopted by the Ministry of Labour and Social Protection (MoLSP). Rulebook for selection of foster families was developed and endorsed by the MoLSP. Standards for functioning of the day care centre for children with disabilities and street children were endorsed.</li> </ul>	<p>European Union (EU) accession process implies harmonization of the national legislation with EU requirements. As part of this process child rights are increasingly given attention by EU and consequently addressed by the Government.</p> <p>The major constrain remains the lack of budgetary resources and capacity (institutional and human resources) for implementation of the policies and action plans.</p>
<p>3.3. Improved care and services for children with special needs</p>	<p>3.2.1. # and quality of care and services available to children with special needs and their families  <b>Baseline (2005): 2</b>  <b>Current status (2008): 3</b></p>	<ul style="list-style-type: none"> <li>▪ Two types of services were available in 2005: daycare centres and foster families. In 2008 an additional type of service (group home) was established.</li> <li>▪ Quality of services was not regulated until 2006. Since then standards for the day care centres for children with disabilities and street children have been developed and endorsed by MoLSP. A Rulebook for selection of foster families was developed and endorsed by the MoLSP. The programme for reintegration of child victims of the trafficking was developed and endorsed by MoLSP. Training for all CSW on implementation of standards was provided.</li> <li>▪ The number of day care centres for children with disabilities increased by more than double, from 9 in 2005 to 21 in 2008. In addition, two Day Care</li> </ul>	<p>The policy development and planning related to child protection is fragmented under different sectors/units within the MoLSP. Systematic communication and coordination within MoLSP needs to be improved for the ongoing reform process. Monitoring of the quality of services and accountabilities need to be strengthened.</p>

		Centres (DCC) for street children and one small group home were opened. Support was provided for the establishment of the majority of them with equipment and support to operational costs. Basic and continuous training for staff was also supported.	
4.1. National Immunization Policy with focus on reach and coverage of excluded children enacted	<p>4.1.1 National Immunization Policy in place – yes/no  <b>Baseline:</b> 2005 No;  <b>Current status:</b> 2009 Yes.</p> <p>4.1.2. % of children fully immunized (disaggregated by regions and excluded population groups).  <b>Baseline (2005): 75 % (MICS)</b>  <b>Urban – 80%, Rural – 70%;</b>  <b>Macedonians – 88%, Albanians – 65%, Roma – 66%;</b> Multiple Indicator Cluster Survey (MICS)  <b>Current status:</b> 95% Ministry of Health (MoH) 2007</p>	<ul style="list-style-type: none"> <li>National Multi-Year Plan on Immunization (2010 – 2014) enacted by the Government;</li> </ul>	The process has significant government ownership and has been initiated by the Ministry of Health National Immunization Committee.
5.1. National Policies & Standards for Youth Friendly Health and Social Services developed, adopted and integrated in the ongoing sector reforms	<p>5.1.1. National Policies and Standards for Youth Friendly Health and Social Services enforced  <b>Baseline (2005): 0</b>  <b>Current status (2008): 2</b></p>	<ul style="list-style-type: none"> <li>National AIDS strategy (2008-2011) developed and endorsed by the Government;</li> <li>National Adolescent Health Strategy (2008-2015) developed and endorsed by the Government, and included in the National Development Plan;</li> </ul>	The country received two consecutive grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The precondition for both grants was development and endorsement of the National AIDS strategy. Unlike the AIDS strategy, there is very little national ownership with respect to implementation of the Adolescent Health Strategy;
5.2. Young people, Including especially vulnerable young people, know about, use and report satisfaction with quality Youth Friendly Services	<p>5.2.1. # of youth friendly services operating nationwide  <b>Baseline (2005): 0</b>  <b>Current status (2008): 2</b> youth friendly centres operating</p> <p>5.2.2. % of young injecting drug users utilizing youth friendly services  <b>Baseline estimation (2002): 13%;</b>  <b>Current Status estimation (2008): 32%</b></p>	<ul style="list-style-type: none"> <li>Two youth-friendly health centres were established in Skopje as good models of integrated health services for young people at the level of primary health care, ready to be expanded country-wide. They target young people who are most vulnerable and at risk of HIV/AIDS. Since the opening of the centres, nearly 10,000 young people, aged 14 to 30, were covered with medical services and HIV/AIDS peer education sessions.</li> <li>At the Mid-term Review (MTR) it was agreed to</li> </ul>	<b>Opportunities:</b> UNFPA office has recently received funding to further expand the network of YFHS, which can support future sustainability of the programme;

		phase out support for provision of youth-friendly services, but UNICEF and UN partners will continue their technical support.	
5.3. Young people, including Extremely Vulnerable Young People have acquired adequate knowledge and skills to protect themselves from HIV/AIDS/STI	5.3.1. % of young people who have adequate knowledge and skills to prevent HIV/AIDS/STI <b>Baseline (2005):</b> 22.6% <b>Current status (2007):</b> 22.7%	<ul style="list-style-type: none"> <li>▪ The percentage of young people (aged 15-24) who correctly identified ways of HIV transmission and were able to correctly reject three misconceptions on HIV transmission (UNGASS indicator) in the behavioral study from 2007 is 22%, i.e. the same as the behavioral study from 2005.</li> <li>▪ The school curriculum on prevention of HIV/AIDS/STI and reproductive health was developed in 2006 and gradually introduced in primary and secondary school curricula by the end of the same year.</li> </ul>	A period of less than 2 years was not enough to lead to behavior change among the general youth population.
6.1. Mechanism in place to enable the participation of young people to express their views on issues concerning their health, development and engagement in civil society.	6.1.1. # of fora where young people can influence issues affecting their development <b>Baseline (2005):</b> 0 <b>Current status (2006):</b> 3 (at municipal level)	<ul style="list-style-type: none"> <li>▪ Three pilot municipalities serve as a good model for meaningful and active involvement of young people into decision-making processes at municipality level, and are ready to be expanded to other municipalities.</li> <li>▪ By end of 2008, the following results have been achieved: 1100 young people (14-25) from different socio-economic and ethnic backgrounds have used the “youth information offices” in each municipality on a regular basis; 732 young people have improved their skills in terms of career development and preparation for job interviews; 20 young people have successfully established links with potential employers and 42 young people ensured full employment during the project period</li> </ul>	This model of youth participation at local level has been recognized by the government Agency for Youth and Sports which has included it in the action plan for implementation of the National Youth Strategy. However, its finalization was completed in 2008, without earmarking specific financial support.
<b>2. Key Results modified or added</b>	<b>Key Progress Indicators</b>	<b>4. Description of Results Achieved</b>	<b>5. Constraints and facilitating factors</b>
7.1. Establishment of juvenile justice (JJ) system initiated.	7.1.1. JJ law adopted, secondary legislation bylaws developed and endorsed. <b>Baseline (2005):</b> JJ law not existing (the Law on Execution of Sanction enacted in 2005 introduced alternative measures, but did not provide a comprehensive approach to juvenile justice and prevention of juvenile delinquency); <b>Current status (2008):</b> New JJ law	<ul style="list-style-type: none"> <li>▪ The Ministry of Justice (MoJ) was supported to establish a Juvenile Justice Working Group to prepare a new legislation for protection of children in conflict with the law through an open and participatory process, and following International standards.</li> <li>▪ An action plan for the implementation of the law was endorsed and the by-laws were developed and adopted by the MoLSP and MoJ.</li> <li>▪ Instrument of Pre-accession Assistance (IPA) funding</li> </ul>	MoJ commitment to reform the justice system was a key factor in having a separate JJ Code.

	<p>promotes detention as last resort, educational and alternative measures, diversion mechanisms and general conditions for mediation, as well as institutional capacity-building and new local prevention councils. Bylaws are adopted (eg. on police procedures and rules).</p>	<p>was leveraged which will support the implementation of the new laws and action plan.</p>	
<p>8.1. Child-related policy development and implementation are oriented to the socially excluded and the vulnerable</p>	<p>8.1.1. # of research and analytical studies on children rights to monitor and contribute to public policies for children by national institutions  <b>Baseline (2005):</b> 0  <b>Current status (2008):</b> Four major studies on cross-sectoral children’s issues developed and disseminated</p> <p>8.1.2. # of inter-sectoral child rights monitoring bodies established at national and local level  <b>Baseline (2005):</b> 0  <b>Current status (2008):</b> National Commission on Child Rights established, 10 Local child Rights Commissions, Parliamentary Working Group for Children established</p> <p>8.1.3. # of municipalities with local development plans that identify actors, actions, strategies and investment in child related issues  <b>Baseline (2005):</b> 0  <b>Current status (2008):</b> 10</p>	<ul style="list-style-type: none"> <li>▪ The first national “Special Session on Children” (SSC) was jointly organized with the Prime Minister’s Office in 2005 resulting in increased attention to children’s issues through an “Agenda for Action” and the Skopje Declaration.</li> <li>▪ Inter-sectoral child rights monitoring bodies were established at national level to monitor national NPA, and at local level to develop local NPA and a separate body within the parliament.</li> <li>▪ Data generated from the 2005-06 MICS and the 2007 Child Poverty study increased political commitment to address child poverty issues as part of the EU accession process and the government commitment to take child-focused budget initiatives.</li> <li>▪ <i>DevInfo</i> (MakInfo) as the national MDG monitoring system established in the State Statistical Office.</li> </ul>	<p>Strengthening the partnership with the EU and aligning children’s issues with the EU integration process has been key to ensuring children’s issues are ranked high on the Government’s development agenda</p>