For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

CHILDREN IN FYR MACEDONIA *
A Situation Analysis
February 2008

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FYR MACEDONIA*

A Situation Analysis
February 2008

This Updated Situation Analysis has been prepared by Mr. Karl Spence, in consultation with UNICEF Macedonia. The views expressed are those of the author and do not necessarily reflect the policies or views of UNICEF.

* The United Nations provisionally refers to the country as the former Yugoslav Republic of Macedonia. For simplicity, the country is herein after referred to as Macedonia.
Foreword

*Children in fyr Macedonia: A Situation Analysis*, commissioned by UNICEF in late 2007, assesses key child-related dimensions of national development and suggests priority actions. It aims to provide one-stop-evidence on the situation of children and young people in the country, focusing on the most disadvantaged and those living in poverty.

This assessment is both timely and important particularly since the country moves towards the development of a comprehensive social inclusion policy, a requirement for EU accession. I hope this report will contribute to informing this process and future development of pro-child and pro-poor policies and programmes.

This report tells us that during Macedonia’s transition the heavy focus on maintaining macroeconomic stability has led to delayed and neglected structural reforms in the country, with consequences imparting on the wellbeing of children. The more recent economic growth has made little mark on improving the situation of children - income disparities and child poverty are increasing. Many children are being denied access to quality basic healthcare, basic education and protection.

This situation is not acceptable, since the country is improving and moving towards EU membership. The children of today – some 25 per cent of the country’s population – will shape the future of the country. Reducing child poverty and improving every child’s opportunity to develop into a contributing member of society will contribute to the longer-term stability and future competitiveness of the country.

Addressing child poverty is achievable. Well managed investments in children’s wellbeing are needed to reverse the declining health status of children; to improve the quality of education for all; to establish the policy and legislative basis for the care and protection of Macedonia’s most vulnerable children. Targeted investments are needed to help poor and marginalised families eradicate poverty. As decentralisation processes continue, utmost efforts must be made to ensure that social development and quality service delivery are priorities for local governments.

I would like to extend appreciation to all government institutions, international development partners and non-governmental organizations for their contribution to this analysis. The analysis contained in this report builds on data and information from numerous studies by this strong network of partners. I would also like to express my sincere thanks to all partners for their commitment and support to the development of children in Macedonia.

Hongwei Gao
UNICEF Representative
February 2008
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<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>CCA</td>
<td>Common Country Assessment</td>
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<td>CEE</td>
<td>Central and Eastern Europe</td>
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<td>CIS</td>
<td>Commonwealth of Independent States</td>
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<tr>
<td>CSEC</td>
<td>Commercial Sexual Exploitation of Children</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all forms of Discrimination against Women</td>
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<td>CSW</td>
<td>Centre for Social Work</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>DPNME</td>
<td>Organisation – Democratic Party for Macedonian National Unity</td>
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<tr>
<td>DPT</td>
<td>Diphtheria, Pertussis and Tetanus</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EU</td>
<td>European Union</td>
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<td>EC</td>
<td>European Commission</td>
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<td>FY</td>
<td>Fiscal year</td>
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<td>FL</td>
<td>Family Law</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunisation</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GoM</td>
<td>Government of Macedonia</td>
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<td>HCL</td>
<td>Health Care Law</td>
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<td>HIF</td>
<td>Health Insurance Fund</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IDA</td>
<td>International Development Assistance</td>
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<td>IBRD</td>
<td>International Bank for Reconstruction and Development</td>
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<td>IDU</td>
<td>Intravenous Drug User</td>
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<td>IMF</td>
<td>International Monetary Fund</td>
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<td>IMR</td>
<td>Infant Mortality Rate</td>
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<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>IV</td>
<td>Intravenous</td>
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<td>JAP</td>
<td>Joint Assessment Paper (employment)</td>
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<td>JIM</td>
<td>Joint Inclusion Memorandum</td>
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<td>KAP</td>
<td>Knowledge, Attitude and Practices</td>
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<td>LCP</td>
<td>Law for Child Protection</td>
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<td>LPE</td>
<td>Law on Primary Education</td>
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<td>MARA</td>
<td>Most-at-Risk Adolescents</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MKD</td>
<td>Macedonian Denars</td>
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<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoJ</td>
<td>Ministry of Justice</td>
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<td>MoES</td>
<td>Ministry of Education and Science</td>
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<td>MoLSP</td>
<td>Ministry of Labour and Social Policy</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MSM</td>
<td>Men Who Have Sex with Men</td>
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<td>NATO</td>
<td>North Atlantic Treaty Organisation</td>
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<td>NLA</td>
<td>National Liberation Army</td>
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<td>NMR</td>
<td>Neonatal Mortality Rate</td>
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<td>NER</td>
<td>Net Enrolment rate</td>
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<td>NDP</td>
<td>National Development Plan</td>
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<td>NGO</td>
<td>Non-government Organization</td>
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<td>ODA</td>
<td>Official Development Assistance</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<tr>
<td>OSCE</td>
<td>Organisation for Security and Cooperation in Europe</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PMR</td>
<td>Perinatal Mortality Rate</td>
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<td>PTA</td>
<td>Parent Teacher Association</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>SAA</td>
<td>Stabilisation and Association Agreement</td>
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<td>SDSM</td>
<td>Social Democratic Union of Macedonia</td>
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<td>SOWC</td>
<td>State of the World’s Children</td>
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<td>SSO</td>
<td>State Statistical Office</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<tr>
<td>TFR</td>
<td>Total Fertility Rate</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USD</td>
<td>United States Dollars</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>U5MR</td>
<td>Under-Five Mortality Rate</td>
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<td>VMRO</td>
<td>Macedonian Revolutionary Organisation</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WES</td>
<td>Water and Environmental Sanitation</td>
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<td>WHO</td>
<td>World Health Organization</td>
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A Situation Analysis

Executive Summary

This Situation Analysis focuses on child poverty, social exclusion and the urgent need to ensure, in the context of Macedonia’s aspirations for European Integration, that the social development agenda receives sufficient attention. As Macedonia gears up for the preparation of a Joint Inclusion Memorandum, making sure that child rights are a central focus of this process will help to ensure long-term sustainability, social cohesion and the enhancement of human capital that is necessary for sustained economic growth and poverty reduction.

In this context, a number of key arguments are salient. These include: the proven good logic of making quality investments in children; the need for governments to incrementally improve their capacity to identify and resolve unmet rights to survival, development, protection and participation; and the need to widen the scope of reforms to achieve a more inclusive approach to national development – an approach that must be informed by a recognition that longer-term economic competitiveness and social and political stability hinge on the capacity of governments to resist short-term political expediency in favour of building sustainable processes that strengthen governments’ instruments, and create a culture of bureaucratic flexibility, innovation and accountability.

Reforms that target the strengthening of public institutions and human resources capacity will help to ensure that social and economic development objectives are not overly subject to vagaries of political fashion; and to establish the fundamental infrastructure of governance that is needed to develop a modern and progressive society. Economic growth is a key, but increasing public revenues must be channelled in such a way as to maximize the efficiency of the public sector and the sustainability of the benefits that accrue. Efforts towards ensuring that all children have access to quality services can also serve to focus, and indeed engender, institutional reforms in a manner that will pay dividends now and for the future.

Macedonia is currently experiencing a period of rapid social and economic change but as a consequence of past socio-political influences and inadequate investments in children, the country is struggling to meet present challenges – more than 30 per cent of young people are excluded from participation in the workforce or higher education, and secondary school completion lags behind that of neighbouring countries.

To support arguments for pro-poor and pro-child investments, and to inform the development of evidence-based interventions and policy reform, this report attempts to identify, to the extent that data are available, the children who are being denied rights to survival, development and participation, as well as some of the key underlying causes of deprivation in Macedonia. This analysis is partially restrained by the unavailability of quality disaggregated data, however, the findings of this analysis do clearly demonstrate that poor families and children, and families and children from ethnic minorities, endure higher levels of poverty and exclusion. Relative to children from less poor families, poorer and/or ethnic minority children generally have diminished health status, lower levels of educational achievement and are more at risk of abuse, exploitation and neglect.

While the available data do clearly indicate a strong correlation between ethnicity and poverty, data are not of sufficient quality or range to establish the precise causes of these correlations. In this context, there is an urgent need to expand data collection and analysis in order that these correlations can be further extrapolated in support of evidence-based interventions.

This analysis will, however, demonstrably prove that among the poor and ethnic minorities children’s rights are often denied. For example, child mortality rates are higher, malnutrition is more common and immunisation coverage is lower among the poor and among ethnic minorities. Evidence also suggests that children from within these groups access services less easily and that children and families from ethnic minorities can face discrimination at the hands of service providers. In the education sector, poor children and children from ethnic minorities have lower levels of primary and secondary school attendance and more frequently drop-out and fail to successfully transition. With regard to young people, children from deprived backgrounds are
less likely to find jobs and/or to participate in higher education. Poor children and children from ethnic minorities are also more likely, by virtue of their poverty, their family’s poverty and their exclusion, to be trafficked into forced prostitution; to be exposed to the risks of drug abuse; to become victims of violence; or to be forced to work and live on the streets. In regard to HIV/AIDS, evidence clearly indicates that, while generally speaking the level of comprehensive knowledge about prevention is low, the poor and the least educated have the least knowledge and consequently may be at greater risk of infection.

A number of structural problems within the health, education and social protection underpin these manifestations of poverty and social exclusion in Macedonia and diminish the capacity of the Government to equitably provide quality services for all children. Some of these key underlying issues are summarised below:

In the education sector, access to any form of organised early childhood education (pre-school education for 3-6 year old) is extremely low. This impacts on later learning achievements and has broad ranging ramifications for the country’s social development in general. Access to both primary and secondary education also tapers off markedly in relation to wealth quintiles, the education levels of parents and for ethnic minority populations. Educational quality and relevance deficits are also major impediments to national development and result in a situation where children are not acquiring the skills needed for the development of a modern and competitive economy. The sector is compromised by inadequate technical, managerial and financial investments; is overly centralised; fails to adequately develop and sustain innovations; and, like other social sectors, suffers from a lack of bureaucratic flexibility.

In the health sector, there is an urgent need to address issues of access, quality and efficiency. Institutional governance problems and weak technical and managerial capacity within the Health Insurance Fund, in particular, are compromising equitable service delivery. Accountability mechanisms are inadequate and although various regulatory laws have been developed they are not systematically enforced. In fact the International Monetary Fund recently argued that inefficiency and corruption in state owned health care institutions are a major cause of poor performance in the sector.

The social protection system in Macedonia is complex and in many cases fail to meet the basic needs of very poor families and their children who, for one reason or another, cannot meet the sometimes restrictive eligibility requirements for social assistance. The targeting of social assistance needs to be improved and there are many impediments to accessing social welfare that can discriminate against the poor and ethnic minority groups. By and large, the Centres for Social Work, which are the main on-the-ground service providers, are understaffed, lack professional staff and face problems relating to inadequate management. There is also evidence of the frequent misuse of social benefits by its administrators and/or the beneficiaries themselves. Important reforms are underway but a serious disconnect between policy and policy implementation continues to undermine children’s access to social protection services, especially, incongruously, for the poorest children.

Other governance problems in Macedonia that cut across all of the social sectors and impact on the capacity of the Government to meet its obligations under the Convention on the Rights of the Child include: corruption; a lack of fiscal transparency; prolix and ineffective policy development; weak institutional capacity and an inefficient and largely outdated bureaucracy. Monitoring and evaluation capacity is also limited and there is a paucity of sustained efforts to collect and analyse sub-national data that could be used for central level planning, evaluation and evidence-based policy development. Also of key concern is the absence of well established coordinating mechanisms, both at national and local levels, to monitor the implementation of pro-child policies, and to assess and report on the effectiveness of government actions for all children. The establishment of an inter-ministerial National Commission on Child Rights, in December 2007, is undoubtedly a positive step forward. The Commission will provide a single mechanism responsible for the coordination and evaluation of CRC implementation. The Commission will also be responsible to ensure that the provisions and principles of the CRC are reflected, applied and enforced in State policies and administrative practices.

In the context of these serious impediments to the realisation of children’s rights, social development, and by proxy, economic development, this report identifies the following major pro-child advocacy and policy priorities: i) greater attention to be paid to the ‘social’ Acquis and to pending preparations for a Joint Inclusion Memorandum, especially in the context of the European Union efforts to promote social inclusion and reduce child poverty; ii) improved national data collection and analysis systems, both at central and local levels,
across all government institutions; iii) need for a renewed commitment to efficacious and efficient evidence-based policy development; iv) ramped up public investment in social development to address the underlying and root causes of poverty in the country and greater fiscal transparency to monitor the impact of public investment on child well-being and development; and v) establishment of a single mechanism to regularly coordinate, monitor and evaluate the implementation of children's rights.
Macedonia is arguably well poised to enjoy economic expansion, higher levels of foreign investment, higher levels of economic participation and improving living conditions. In this context, it is important that increasing public revenues resulting from this growth, in combination with maturing government managerial and technical capacity, are targeted at those most in need – the poor, the excluded and children from within these groups.

Accession to the European Union requires a range of political, judicial, democratic and social reforms that, in the interest of sustainability, must be implemented with full respect for human rights and the human rights of the marginalised and excluded in particular. Increased, focused and well managed public investments are vital both to the immediate wellbeing of children, and the medium-term and long-term prosperity, stability and competitiveness of Macedonia.

Macedonia is a country with a rich cultural heritage and a diverse history and now is the time to ensure that these assets, current economic opportunities and the innate warm-heartedness of Macedonia’s people are put to good use for all citizens. As Macedonia moves towards integration with its European neighbours it is essential that measures are put in place, once and for all, to ensure equality of access to opportunities for civil, political and economic participation. A greater emphasis on the needs and rights of all children, but especially poor and excluded children, will ensure the best prospects for success. The only way to guarantee a just and inclusive society for the next generation of Macedonia’s citizens is to take actions now that address the root causes of social and economic disparity and the denial of children’s rights.

Global experience has demonstrated beyond doubt that investments in children benefit society as a whole by ensuring the sustainability of efforts towards social, economic and political development. Children growing up healthy, well educated and free from discrimination are what Macedonia needs to reach and sustain a strong position within the European community. Therefore, economic and political motives converge with moral imperatives and provide sound reason to accord children the highest priority and very careful attention.

Objectives

This report is designed primarily to describe the situation of children in Macedonia whose rights are not being fulfilled and to try, where possible, to determine who these children are and the factors that are negatively impacting on the country’s capacity to meet its child rights obligations. This report will also attempt to determine what can be done to improve children’s access to: good health care; educational and developmental opportunities; and participation and engagement within society with a focus on the most vulnerable and socially excluded ones. These issues will be considered within the context of Macedonia’s aspirations for European Union accession and the many challenges that this accession entails, not only for the Government of Macedonia, but for all development partners.

This Situation Analysis offers a stock take of available information and analysis on the situation of children in order to inform evidence-based policy development, improved budget allocations and more effective and better targeted service delivery. The report is also intended to be a
living document that will contribute to an open and productive forum on children’s access to services, appropriate policy development and effective implementation.

**Guiding principles**

The conceptual framework of this document has two main pillars: the principles of human rights and a causality analysis approach.

The foundation for this Situation Analysis is the Convention on the Rights of the Child (CRC) which was ratified by the Government of Macedonia in December 1993, and is the most widely ratified global convention in history. Children’s rights in the CRC are broadly divided into four groups: the rights to survival; development; protection; and participation. Beyond the CRC this report is also guided by the Convention on the Elimination of all types of Discrimination against Women (CEDAW) ratified by the Government of Macedonia in October 2000, the international Covenant on Civil and Political rights, ratified by the Government of Macedonia in January 1994, and the United Nations Universal Declaration on Human Rights. This report is also guided and informed by the Millennium Development Goals, the Government of Macedonia National Development Plan (2007 – 2009) and National Plan of Action for Children (2006 2015).

For the preparation of this document special attention was also given to issues relating to European integration, including the Copenhagen political and economic criteria which require:

- Stability of institutions guaranteeing democracy, the rule of law, human rights and respect for and protection of minorities;
- The existence of a functioning market economy as well as the capacity to cope with competitive pressure and market forces within the Union;
- The ability to take on the obligations of membership including adherence to the aims of political, economic and monetary union.

Other critical European policy initiatives that inform this analysis include the European Union Open Method of Coordination and the Joint Inclusion Memorandum which are the main vehicles through which the European Union’s social inclusion agenda is articulated and implemented.

**Structure and approach**

This report utilises, where practical, a causality analysis approach where the outcomes or manifestations of a problem, be it malnutrition, poor educational attainment or social exclusion, represent unfulfilled rights and wasted human potential. Therefore, manifestations, which for the purposes of this report are the available indicators for child poverty, have multiple and inter-linked levels of causality. In addition, manifestations or indicators that relate to, for example, maternal health, also have a bearing on child survival and as such are both manifestations and causality factors. Some of the underlying causes of the manifestation of unrealised child rights may include inadequate or poorly administered public investments and limited social sector infrastructure such as health facilities, capable personnel and / or appropriate facilities.

This Situation Analysis also considers some key development challenges that are cross sectoral and have a broad ranging relevance to the realisation of children’s rights, and to progress towards European integration. In this context, it is worth pointing out that the analysis in this report, especially as it relates to issues of institutional capacity, governance, and policy development, is cross-sectoral. Issues cross-fertilise and often what is true for one social service sector is true for another. Wherever practical the text will attempt to reference issues that are cross-sectoral in nature.

Part 2 of this report describes the national context (demographics, environment and recent political history) and considers progress to date towards European integration; part 3 considers how child poverty in Macedonia manifests in terms of survival, development, protection, and participation; part 4 considers key problems in the health, education and social protection sectors as well as some key development challenges; and part 6 considers the current policy environment and the rationale for an increased focus on addressing children’s rights. Part 6 also offers some key recommendations for further consideration.

**Data sources**

The data used in this analysis are drawn primarily from the 2005/2006 Multiple Indicator Cluster Survey (MICS) and official Government sources, and are supplemented, wherever possible, by qualitative data and alternate analysis. Throughout the development of this report the author has been compelled to use the 2005/2006 MICS as a
primary data source, essentially because the MICS disaggregates data by region, sex, age, education levels and wealth quintile. Government data, on the other hand, are generally not disaggregated and there is currently an absence of sub-national government data.

Weak coordination between data suppliers and data users results in gaps and overlap and while some data are being collected, they are not always being used optimally or systematically to support policy making. There is a strong need to enhance data collection and analysis capacity, and to find ways that will ensure that data can be utilized in a meaningful way for localized and national development planning.

There is however, an increasing awareness within the Government of the importance of data for planning and policy development and new initiatives in social sector monitoring and data collection are emerging. Overall it is important to be mindful that the reliability of any data depends primarily on the accuracy of reporting, and that indicators can under-represent the severity of any given situation and can belie the complexity of causality. Subsequently, how researchers, planners and policy makers connect and interpret data is paramount to effective social development.
6 CHILDREN IN MACEDONIA
Macedonia is a landlocked country on the Balkan Peninsula in South-Eastern Europe. It is bordered by Serbia to the north, Albania to the west, Greece to the south and Bulgaria to the east. Macedonia was admitted to the United Nations in 1993.

Map of Macedonia and Neighbouring Countries

Source: CIA The World Factbook

This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.
2.1 Demographics

Macedonia has a population of 2,045,108 of whom, 486,000 are under 18 and 117,000 are under 5. Skopje has the biggest population with more than 50,000 followed by Bitola and Kumanovo with more than 80,000 and 70,000 people, respectively. 97,989 inhabitants declare themselves to be Macedonians, representing 6.6 per cent of the total population and approximately 55,000 inhabitants (5.5 per cent) declare themselves as Albanians. Smaller ethnic minorities include Turks (77,959 or 3.85 per cent), Roma (53,879 or 2.7 per cent), Serbs (35,939 or 1.78 per cent), Bosnians (17,018 or 0.84 per cent), Vlach (17,018 or 0.84 per cent), and others (20,993 or 1.04 per cent).4

The majority (64.7 per cent) of the population belong to the Macedonian Orthodox Church. Muslims comprise 33.3 per cent of the population and other Christian denominations comprise 0.37 per cent. The remainder (1.63 per cent) were recorded as ‘unspecified’ in the 2002 Census. Most Albanians, Turks and Bosnians are Muslims, as are a minority of the country’s ethnic Macedonian population, known as Macedonian Muslims.

2.2 Environment

Macedonia is a landlocked country geographically defined by a central valley formed by the Vardar River, and framed along its borders by mountain ranges. The terrain is mostly rugged and three large lakes — Lake Ohrid, Lake Prespa and Dojran Lake — lie on the southern borders, bisected by frontiers with Albania and Greece. The region is seismically active and has been the site of destructive earthquakes such as the earthquake that struck in 1963 seriously damaging Skopje and killing some 1000 people.

Macedonia is environmentally blessed with good forest cover (37 per cent), rivers, lakes and the Dinarska and the Rodopska mountain ranges. Half the total area of Macedonia is used for agriculture and is divided equally between cultivated areas and pasture. The climate is semi-arid with cold winters and dry summers and is typified by an unfavourable distribution of precipitation which necessitates water being accumulated and stored for use over the summer months. Environmental concerns include: water safety and water source pollution; poor air quality; inadequate hazardous waste management; unsustainable agricultural practices and loss of biodiversity.

2.3 Recent history

Macedonia was previously the southernmost part of the Socialist Federative Republic of Yugoslavia, its borders being established after World War II. In 1991 Yugoslavia disintegrated as Slovenia, Croatia, and Bosnia declared independence. Following a referendum on September 8, 1991, Macedonia also proclaimed independence. Kiro Gligorov was elected the first president and a new constitution was adopted declaring Macedonia to be a sovereign, independent, civil, and democratic state, and recognizing equality for all Macedonians, including ethnic minorities.

Macedonia remained at peace throughout the Yugoslav wars of the 1990’s but was destabilised...
by an influx of some 360,000 ethnic Albanian refugees escaping the Kosovo war of 1999. The majority of these refugees departed after the war but as of August 2007 some 1907 asylum seekers are still in Macedonia. Currently there are also, according to the United Nations High Commissioner for Refugees, some 800 de-facto stateless people in Macedonia, many of whom are marginalised Roma.

Between March and June 2001 a short conflict was fought out between the Government security forces and the ethnic Albanian National Liberation Army (NLA), mostly in the north and north-west of the country. Following the intervention of a North Atlantic Treaty Organisation (NATO) ceasefire monitoring force and following the Ohrid Discussions a peace deal – the Ohrid Agreement (or Ohrid Framework Agreement) – was signed by the Government of Macedonia and Albanian representatives on 13 August 2001. This agreement set the groundwork for improving the rights of ethnic Albanians in Macedonia in return for Albanians surrendering separatist demands and recognising Macedonian institutions. The Ohrid Agreement required social and political recalibrations that afforded Albanian people the status of a ‘significant minority’ and the recognition of ethnic Albanian rights as equal to those of ethnic Macedonians.

2.4 Politics

Macedonia is a parliamentary democracy with an executive government composed of a coalition of parties, and an independent judicial branch with a constitutional court. Judiciary power is exercised through the courts, with the court system being headed by the Judicial Supreme Court, Constitutional Court and the Republican Judicial Council. The Parliamentary Assembly appoints the judges.

The Parliamentary Assembly comprises of 120 seats and members are elected every four years. Following elections in 2006 local government functions were divided between 84 municipalities. Municipalities are the units of local government and neighbouring municipalities may establish cooperative arrangements. The capital, Skopje, is governed as a group of ten municipalities collectively referred to as the “City of Skopje”.

Political divergence does sometimes manifest between political parties that represent the ethnic Macedonian majority and the ethnic Albanians. In August 2004, the parliament passed legislation redrawing local boundaries and giving greater local autonomy to ethnic Albanians in areas where they are the majority population. After a trouble free pre-election campaign, the country witnessed a democratic change of the Government marked by the decisive victory of the VMRO-DPMNE party led by Nikola Gruevski. Gruevski’s decision to include the Democratic Party of Albanians in the new Government, instead of the Democratic Union for Integration and Party for Democratic Prosperity coalition who won the majority of the Albanian votes, triggered protests in parts of the country with large Albanian populations. However, attempts have been made to establish a dialogue between the Democratic Union for Integration and the ruling VMRO-DMPNE party as an effort to talk through disputes and to support European and NATO aspirations.

2.5 European integration

At a 2003 meeting held in Thessalonica in Greece the European Union assured Western Balkan countries that upon complying with established criteria they will become eligible to join the EU. As part of the ongoing efforts to expand its membership and in recognition of progress in regard to the Ohrid Framework Agreement, the EU granted Macedonia candidate status on 17 December 2005. However, there is as yet no fixed date for commencing negotiations. Macedonia applied for full membership to the EU on 22 March 2004 and Vlado Bučkovski, (the then Minister for Defence, later to briefly become Prime Minister) enthusiastically hailed the decision as a “one-way ticket” to EU membership.

In accordance with the Copenhagen Criteria for EU membership, the main challenges for Macedonia are: to achieve stability of institutions guaranteeing democracy, the rule of law, human rights and respect for, and protection of, minorities; to ensure the existence of a functioning market economy, as well as the capacity to withstand competitive pressure and market forces within the Union; and, to take on the obligations of membership, including adherence to the aims of political, economic and monetary union.

In addition to the Copenhagen Criteria, Macedonia must align national institutions and legislation with the EU Acquis. The Acquis communautaire of the EU is the legal and institutional framework, and the body of common rights and obligations that bind all EU Member States. The following chapters of the Acquis have direct relevance for social development and ensuring rights for all children:
2.6 Progress to date

Considering that Macedonia was the poorest country in the former Yugoslavia with an income per capita half the size of Croatia’s, and a third of the size of Slovenia’s, progress has been relatively good. In 2001, Macedonia was an International Development Assistance Borrower (IDA) and recovering from an economic, political and social meltdown caused by the transition to a market economy, inter-ethnic regional violence and internal conflict. However, in 2007 Macedonia is an International Bank for Reconstruction and Development (IBRD) borrower and enjoys the fiscal benefits of EU candidate status.

Prior to the granting of candidate status in 2005, the European Partnership and the Commission’s Opinion on the application of Macedonia for membership of the European Union noted the substantial reforms the country has undertaken since 2001: the country has stable democratic institutions; there has been a strong commitment towards implementing the Ohrid Framework Agreement and the Stabilisation Association Agreement; there are no major challenges in relation to human rights; public service provision is decentralising; and reform is underway in the police and the judiciary.

However, progress can be a subjective concept and although Macedonia is moving towards alignment with the Copenhagen Criteria and the Acquis there are problems around a divergence of emphasis within these instruments. Different users and different interest groups including, the Government, international financial institutions, multilateral and bilateral organisations, the European Union, Member States and candidate countries, tend to emphasise aspects of the Copenhagen Criteria and the Acquis that align with their own institutional mandates and priorities.

How concepts are interpreted and extrapolated from European policy is critical and forms an underpinning concern of this analysis. For example, as noted above, the 2005 European Commission Opinion postulated that “...there are no major problems with human rights”. This statement implies a somewhat narrow definition of human rights (which include child rights), and a focus on international human rights legislation rather than focusing on the complexity of meeting universal human and child rights obligations such as, for example, ensuring an adequate standard of living and access to education and health care. Child rights are addressed in the 2006 and 2007 European Commission progress reports on alignment with the Acquis and the Copenhagen Criteria but primarily with reference to the preparation and effective implementation of a national action plan for the protection of child rights.

Child rights issues are still often being conceived of as more of a welfare protection issue than as having a more comprehensive relevance to social development. The wider positive ramifications of pro-child investments are understood in EU and governmental circles but relative to the so called hard issues of macro-economic stability and legal reform, they are not receiving the emphasis they deserve within current discourse. European Union processes around social inclusion firmly posit child rights as of key importance but the mechanisms (described below) developed to address these issues, while vitally important, lack the gravitas of the Copenhagen Criteria and the Acquis. While social protection and ensuring children’s rights fall outside of the EU mandate and are the responsibility of Member States and candidate countries, they are nevertheless critically important to economic, social and political stability. Therefore elements within the Copenhagen Criteria and the Acquis that have a bearing on child rights should be paid due and careful attention.

In Macedonia, economic growth currently lags behind that of most EU members; human, child and minority rights are not being adequately upheld; the public sector lacks transparency; and decentralisation processes are facing hurdles, including municipal debt. In addition, the EU may be in a period of reassessment after the rejection of the EU Constitution and other outstanding issues like the status of neighbouring Kosovo. Issues of fiscal absorption capacity have been highlighted and there are concerns that some candidate countries may not be able to effectively administer EU assistance.

2.7 Social inclusion, the European Union and the unfinished agenda

Despite inherent advocacy challenges, EU accession offers excellent opportunities to promote and achieve social development outcomes that are pro-poor and pro-child. Several key European processes and policy documents have raised the
profile of social protection and inclusion issues within the range of EU policy discourse. These are described below:

**European Social Charter (1961, revised in 1996)**
In addition to outlining a range of fundamental rights and freedoms in the economic and social sphere, it also contains specific provisions on the social, legal and economic protection of children.

**Open Method of Coordination (OMC) or the Lisbon Agenda/Strategy**
The Open Method of Coordination (OMC) on poverty and social inclusion, also known as the Lisbon Strategy or Agenda, envisages the coordination of European social policies at the country level based on a set of common goals, and is the main mechanism through which the EU Social Inclusion Process is articulated.9 Launched at the European Council in Lisbon, Portugal in March 2000, the OMC aims to make a decisive impact on the eradication of poverty by 2010. The five main elements of the process are:

- A set of common EU objectives for combating poverty and social exclusion;
- Two yearly National Action Plans (NAP) on poverty and social exclusion which are the means by which Member States translate the common objectives into national policies and are devised on the basis of a common framework;
- An agreed set of common indicators (Laeken Indicators) to enhance the analysis of poverty and social exclusion and to measure progress towards achieving the common objectives;
- A process of regular monitoring and reporting on progress to support regular reports on social inclusion in the EU;
- A Community Action Programme to underpin and reinforce the process and to encourage mutual learning and dialogue between Member States, stimulate innovation and share best practices.

**The Laeken Indicators**
As mentioned above, one of the five elements of the EU social inclusion process is applying a common set of indicators that can be used in-country and comparatively within Europe to assess progress towards poverty mitigation and social inclusion. Developed as a part of the 2000 Lisbon Strategy, the Laeken indicators were established at the December 2001 European Council in the suburb of Laeken in Brussels, Belgium.

In Macedonia, the Government’s 2005 report on progress towards the Millennium Development Goals (MDGs) notes that while there are in total 18 Laeken indicators for poverty and social exclusion, there are only adequate data available to assess progress in relation to seven of these indicators. As the Laeken Indicators are still not available, nor calculated by the State Statistical Office, data presented below are based on calculations made in the 2005 MDG report and by the authors of a recent European Commission report on social exclusion.10

Table 1 presents the seven Laeken indicators that can be assessed, along with the relevant data from Macedonia, the EU 25 and other then candidate countries apart from Macedonia. This table is not intended to provide a comparative view as the data refer to countries that were (in the case of Romania and Bulgaria) or are (in the case of Croatia) well advanced in their EU accession process. However, the table does clearly show that Macedonia has to make sustained efforts to align to other countries’ performance in the area of social inclusion (according to these data Macedonia is lagging behind with reference to four out of seven indicators: long-term unemployment rate; very-long-term unemployment rate; the percentage of people living in jobless households; and educational attainment).11 These data are not child-specific but are clearly evidence of broader structural problems that have a direct impact on the capacity of the system to realise fundamental rights.

The European Social Agenda reiterates EU commitment to economic strategies and the need for a ‘Social Europe’. It is also intended to promote social cohesion as part both of the Lisbon strategy and the Sustainable Development Strategy. The Agenda has a key role in promoting the social dimension of economic growth and improving the implementation of the measures foreseen by the 2002 – 2005 Social Agenda. The 2006 – 2010 Social Agenda aims to facilitate the modernisation of national systems against a background of far-reaching economic and social changes. It supports the harmonious operation of the single market while ensuring respect for fundamental rights and common values. The Agenda develops a two-pronged strategy: firstly, it emphasises its role in strengthening citizens’ confidence; and secondly, it presents key measures under two major headings, namely employment and equal opportunities and inclusion.
Table 1: European Laeken Indicators of poverty and social exclusion for Macedonia, EU 25 and candidate countries (as of 2006)

<table>
<thead>
<tr>
<th>EU Laeken Indicators</th>
<th>Macedonia 2003 (Per cent)</th>
<th>Macedonia 2004 (Per cent)</th>
<th>Macedonia 2005 (Per cent)</th>
<th>Bulgaria (Per cent)</th>
<th>Romania (Per cent)</th>
<th>Croatia (Per cent)</th>
<th>EU 25 (Per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term unemployment rate (more than 12 months unemployed as a percentage of the active population)</td>
<td>Not available</td>
<td>31.7</td>
<td>32.3</td>
<td>5.0</td>
<td>4.3 (2006)</td>
<td>7.4 (2005)</td>
<td>3.6 (2006)</td>
</tr>
<tr>
<td>Long-term unemployment – share of total unemployment (more than 12 months as a percentage of unemployed)</td>
<td>Not available</td>
<td>86.7</td>
<td>85.5</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Educational attainment (International Standard Classification of Education (ISCED) level two or less)</td>
<td>Not available</td>
<td>Not available</td>
<td>41.0</td>
<td>28.0 (2005)</td>
<td>27.0 (2005)</td>
<td>30.0 (2005)</td>
<td>30.0 (2006)</td>
</tr>
</tbody>
</table>


The European Commission Communication on Child Rights (July 2006)
This communication establishes a comprehensive EU strategy to effectively promote and safeguard the rights of the child in EU external and internal policies, and to support Member States in this regard. In this context, the mitigation of child poverty and exclusion is integral to EU enlargement processes and has become an increasingly important political priority. Indeed, child poverty was the OMCs special theme for 2007. At the 2006 European Council meeting the Heads of State and Governments asked Member States to:

‘...take all necessary measures to rapidly and significantly reduce child poverty, giving all children equal opportunities, regardless of their social background’

What applies to Member States applies by proxy to candidate countries also, especially candidate countries that are seriously committed to integration.

The European Enlargement Process and the Joint Inclusion Memorandum (JIM)
The European Enlargement Process is another powerful tool that will provide further opportunities to promote social issues and children’s rights and will allow, within the framework of the political criteria (Copenhagen Criteria), the European Commission and partners to further advocate for the reform of social protection systems; and, monitor progress towards children rights in accession countries. In this context the Joint Inclusion Memorandum will be particularly salient for Macedonia.

Utilising the five elements of the Open Method of Coordination that are described above, concerted efforts will be made to involve all candidate and accession countries in the European Social Inclusion process through the preparation of Joint Social Inclusion Memorandum, and through engagement in the Community Action Programme. As preparations step up for a Macedonia’s Joint Inclusion Memorandum, there will be numerous opportunities to further lobby for pro-poor and pro-child interventions.

The Unfinished Agenda
Macedonia has over recent years surmounted many political and economic hurdles, but from a child rights perspective, progress has been insufficient. Evidence presented in this report will argue that the situation of children in Macedonia is in many ways getting worse and despite a flurry of legislative reforms and policy writing, children and their families, particularly poor children...
and poor families, are missing out on rights to quality health care and education, and rights for participation and inclusion. **This is the unfinished social development agenda for Macedonia, and the analytical focus of this report.**
3.1 Introduction – what is child poverty?

Children have basic needs that must be met to ensure an adequate level of mental, physical and emotional development. Without access to quality education, healthcare services, vaccinations, adequate nutrition, opportunities for participation and engagement, security, and freedom from abuse and exploitation, children are less likely to develop into healthy adults that are capable of fending for themselves and ultimately, of protecting and caring for their own children. Similarly, unless societies ensure adequate investments in child development, longer-term economic and social prosperity will be compromised.

In this context, current poverty indicators in Macedonia reflect a sustained lack of investment in children which is manifesting in high unemployment, limited levels of educational achievement and other structural impediments to longer-terms prosperity and social cohesion.

International experience and current best practice determine that poverty and child poverty can only be understood through the adoption of a multi-faceted approach that entails an analysis of quantitative and qualitative data relating to social and economic deprivation and hardship. To effectively address child poverty and its root causes, poverty must also be understood from a rights-based perspective – an approach which affords the most comprehensive analysis. A rights-based analysis does not diminish the value of ‘hard economic data’ but rather determines that economic data are but a part of the broader picture. UNICEF uses the following definition of child poverty:

*Children living in poverty are those who experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society.*

Complementary to this approach, the European Commission determines that people are said to be living in poverty if:

*......incomes and resources are so inadequate as to preclude people from having a standard of living considered as acceptable in the society in which they live. Because of their poverty, people experience multiple disadvantages through unemployment and low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation. The poor are often excluded and marginalised from participating in activities (economic, social and cultural) that are the norm for other people, and their access to fundamental rights may be restricted.*
In the case of Macedonia, where additional research on the manifestations and causes of child poverty is required, particularly at the sub-national level, an absolute, or complete, depiction of child poverty is not viable at this time. However, it is important to remain mindful that while additional primary research is needed this does not in any way lessen the urgent need for immediate and sustained action. As this report will comprehensively argue, there is enough available evidence to unambiguously demonstrate that: many children and their families are being denied, as a consequence of poverty, access to fundamental rights; and, to design and implement interventions that target poverty, and child poverty in particular.5

This section of the report presents an overview of the available quantitative and qualitative data indicative of child poverty and its rights-based manifestations. In addition, given the innate threat posed to children and young people by HIV/AIDS, and its potential to unravel economic and social gains in Macedonia, this section will also consider quantitative and qualitative data that relates to HIV/AIDS and the vulnerability of young people and women to HIV/AIDS. While Macedonia is currently a low prevalence country (less than 0.1 per cent infected) sustained action is required to make sure that the country remains this way, and to ensure that children, young people and women are able to access the information and services that will help them protect their health and the health of future generations.

In the context of the broader poverty analysis contained within this section, indicators of poverty can also be viewed as manifestations of poverty. However, it must be cautioned that poverty manifests in an acutely personal manner for individuals and communities and that data analysis alone will not adequately illustrate the human dimensions of poverty. For this reason this section of the report will also consider how social exclusion manifests, and present the views of children in relation to how they experience poverty. This will help to illustrate the human dimensions of child poverty in Macedonia as well as some of the more personal ramifications of being denied access to opportunity and participation. While child poverty is measurable it is also a condition that has profound implications for individuals, communities and society as a whole. These implications, and the strategies that could be employed to address them, will be discussed at length in Chapter six.

Before looking at the available data is important to be cognisant of two further conceptual issues that underpin this analysis. The first is that while social exclusion is primarily a manifestation of poverty – and will be addressed as such within this chapter – it also exacerbates poverty by denying children access to education, health and participation. In this sense, rights or deprivation based indicators of poverty such as access to education and other basic services are also indicative of social exclusion. Secondly it is important to recognise that children experience the adverse affects of poverty more acutely than adults as a consequence of their greater physical and emotional vulnerability, because they are more dependent on their parents and state actors to provide for their needs, and because lost opportunities for adequate development during childhood impacts throughout their entire lives, ultimately diminishing their prospects for exiting poverty in the longer-term. There will always be individuals of exceptional tenacity and innate ability that excel despite a lack of opportunity, but the fact remains that in all human societies the vast majority of children are constrained or assisted by the level of opportunity that they are able to access as they develop into adults.

3.2 Economic indicators of poverty – the impact on children16

As previously argued macro-economic indicators provide only a part of the overall picture. However, considering – as is widely recognised by the Government, the EU and development partners, including UNICEF – that macro-economic reforms and the economic growth that they engender play a significant part in mitigating poverty, their analysis is critical to a comprehensive understanding, and to the development of policies and interventions that will improve children’s lives. As the World Bank has argued:

...to know what helps to reduce poverty, what works and what does not, what changes over time, poverty has to be defined, measured, and studied. As poverty has many dimensions, it has to be looked at through a variety of indicators – levels of income and consumption, social indicators, and indicators of vulnerability to risks and of socio-political access. Poverty is widely understood today as a multidimensional phenomenon, where income – or even material deprivation – is only one, though clearly very important dimension7

26 CHILDREN IN MACEDONIA
3.2.1 The economic situation – GDP growth, unemployment and income inequality

Real growth in Gross Domestic Product (GDP) and levels of unemployment are considered as key indicators of economic vitality. Since the beginning of Macedonia’s transition from a centrally planned economy to a market-based economy the lack of systematic and effective structural economic reforms has resulted in an uncompetitive business environment; low levels of investment; a huge trade deficit; real and perceived corruption; low institutional capacity; an inefficient judiciary system; high unemployment rates and declining living standards. As we can see from Figure below real growth in GDP has not increased since the beginnings of the transition in 2001 were it peaked at around 4.5 per cent. Despite low inflation, recorded at a level of 3.2 per cent for 2006, GDP growth for the period 2003 – 2006 has hovered at around 3.5 per cent. These growth rates place Macedonia’s economy as among the slowest growing economies in the Europe and Central Asia region. Furthermore, the economic recovery that has occurred has only occurred in a few key sectors and has been insufficient to make any significant dent on poverty or unemployment.

Figure 1: Despite low inflation GDP growth has been low

Source: SSO

While it is widely recognised that Macedonia’s unemployment rate is overstated, as many people who are employed within the informal economy register as unemployed to claim health insurance, Macedonia still has the second highest official unemployment rate (around 35 per cent) among the Eastern European Countries.

As we can see from Figure 2 below official levels of unemployment have increased from just over 27 per cent in 1993 to around 35 per cent in 2006/07. This suggests that problems are structural, and reflects the inadequacy of the economic reforms that have been implemented since the transition.

Figure 2: Official unemployment remains high

Source: SSO

According to the Government Employment Service Agency there were 369,688 people registered as unemployed in May 2007. Of these 67 per cent (248,737) were from urban areas and 33 per cent (120,951) were from rural areas. 51 per cent of the unemployed are low qualified workers without a primary education. Only seven per cent of the unemployed have university degrees. Data also show a disturbingly large proportion of the population who are long-term unemployed with some 67 per cent of the total of unemployed having been unemployed for more than two years.

Although a slight decrease of 1.3 per cent has been recently observed, the level of unemployment in Macedonia and its structural causes are a serious cause for concern. Unemployment has a direct impact on levels of poverty, and children of unemployed parents, especially parents who are long-term unemployed, experience poverty, deprivation and social exclusion as a consequence of the financial hardship that their family endures.

| Table 2: Poverty rate by economic status of household’s members |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| National poverty rate| 19.0 | 20.7 | 21.0 | 22.3 | 22.7 | 30.2 | 30.2 | 30.0 | 30.0 |
| All household members unemployed | 26.0 | 29.0 | 31.2 | 32.6 | 35.5 | 37.5 | 36.1 | 39.0 | 41.5 |
| 1 household member employed | 19.2 | 22.1 | 21.2 | 22.2 | 21.0 | 28.0 | 29.3 | 27.8 | 28.2 |
| 2 or more household members employed | 9.8 | 7.3 | 7.3 | 6.8 | 9.9 | 18.7 | 18.9 | 18.1 | 16.8 |

Source: SSO
As we can see from Table 2, unemployment is the most virulent cause of income poverty – relative poverty is higher among households where one or more member is unemployed. Job loss, low levels of opportunity in the labour market (generally caused by limited educational and or vocational qualifications) and precarious and/or low-wage employment force many people into economic hardship.

Rising levels of unemployment in Macedonia have also been accompanied by increasing levels of inequality - the Gini coefficient, which is a measure of income inequality, has increased during the transition period.\(^22\) As we can see from Figure 3 below, the income inequality ratio has increased significantly since 1994.

**Figure 3: Income inequality is also on the rise**

![Graph showing income inequality over time](source: 2007 TransMONEE Database, UNICEF Innocenti Research Centre, Florence)

3.2.2 Relative income poverty and the household

There are two common approaches to poverty measurement – the monetary and deprivation approaches. The deprivation approach measures access to services and capabilities, whereas the monetary approach determines an income or consumption based poverty line and attempts to identify the number of people living under that line.\(^23\)

When measuring poverty, both absolute and relative poverty can be measured. Absolute Poverty measures the number of people living below a certain income threshold (poverty line) or the number of households unable to afford certain basic goods and services such as food, shelter, water, sanitation, or health care (needs are considered as fixed at a subsistence level). Monetary measurements of poverty are less revealing for Macedonia because they do not adequately assess: the impact of variations in household income and inflation; social transfers and overseas remittances; the reliance on pre-transition savings and small scale farming; or, the impact of a large informal economy.

Relative Poverty, on the other hand, measures the extent to which a household cannot reach a common standard of living. Relative Poverty indicators determine whether individual or household income is low relative to the rest of society, but does not necessarily imply that basic needs are not being met. Relative poverty measurement allows for adjustments of the relative poverty line and is generally more flexible as it allows for an assessment of socially determined needs as they change over time. As such, relative poverty measures can also be used as indicators of social inequality and social exclusion.

After defining the poverty threshold, the percentage of households living under the poverty line can be established. Measuring child poverty is more complex as children are affected by how resources are allocated to them within the household and access to services such as health care and education. This is another argument in support of the need for rights-based poverty analysis.

In 1996, Macedonia adopted a relative poverty line at the level of 70 per cent of median equivalent consumption (rather than 60 per cent as for the EU) with the application of the Organisation for Economic Cooperation and Development (OECD) equivalent scale to adjust for household size and composition.

Looking at Figure 4 below we can see that what little economic growth has occurred in Macedonia has done nothing to help the poor, with relative poverty increasing from 19 per cent of the population in 1997, to around 30 per cent of the population in 2005.\(^24\)

**Figure 4: Relative poverty is increasing**

![Graph showing relative poverty over time](source: SSO)

When looking at Absolute Poverty the situation is also dire with an estimated 21 per cent of the population living below the absolute poverty line. In addition, some seven per cent of the population have expenditure levels that are so low that they are unable to acquire even a minimum level of calorific intake.\(^25\)
Although relatively stable as a percentage of the total population, poverty rates vary significantly throughout the country, and depending on factors such as the number of household members, the presence of children within the household and employment and educational status, also vary significantly among different social groups.

Data presented below in Figure 5 show that those groups most threatened by poverty are: households with more than six household members; households with children; households where no one in the household is employed; and households where the head of the family has a low level of education (without education, uncompleted primary education or primary education only). Among these groups relative poverty rates for the last nine years have been higher than the overall national poverty rate.

From the data presented above it can be concluded that apart from unemployment, other strong determinants of poverty in Macedonia are:

- Household size - households with more than five members are at most risk of poverty;
- Household dependency ratio, that is the number of employed persons in household and the number of dependent children or other non-working households members (NB: households with similar characteristics are more likely to be poor if the household dependency ratio is high);
- The educational status of the household head and the residential location of the household. Important determinants of poverty, when controlling for other household characteristics, are households where the household head has low educational status and the household is located in a secondary urban centre; and,
- Limited access to jobs – poor households depend more on informal employment and public transfers than wealthier households.

**Figure 5: Poverty rates are higher among high risk groups than the national average**

Source: SSO
3.2.3 Children and material deprivation

The capacity of children to realise fundamental rights to survival, development, protection and participation is in many ways directly related to the economic situation of the household that they live in, and the resources allocated to them within that household. Growing up in poverty profoundly impacts on children and puts them at risk of being excluded from opportunities to be all that they can, and to contribute purposefully to the society that they live in.

Looking at data presented in Figure 6 below, we can see that poverty affects children seriously. Since 1997, households with children have had a relative poverty rate that is between four per cent and eight per cent higher than the national level. Of the households with children, those most affected are households with children under the age of seven, where relative poverty rates have been between five per cent and nine per cent higher than national levels. However, data do show that there has been a decreasing trend in the poverty rate among households with children – since 2003 the relative poverty rate for households with children has decreased slightly.

Figure: 6 Relative poverty rates among households with children compared with the national poverty rates

Source: SSO
Although this decreasing trend is promising, the data presented below in Figure 7 have disturbing implications. In 2005, more than 50 per cent of households with children were living under the relative poverty line and households with children represented more than 66 per cent of the poor. Although there has been a general decrease in poverty rates, the representation of households with children, as a proportion of the poor, has increased by 17.3 per cent since 2002 (Figure 8).

**Figure 7: Composition of the poor by type of household**

In terms of the children most affected by poverty, data from the State Statistical Office presented below in Figure 9 show that poverty is most acutely experienced by school aged children between seven and 14 years old which has serious implications in terms of these children’s capacity to access basic services, particularly education and health services which frequently require out-of-pocket household contributions (primarily food but also text books, school uniforms, medicines etc.).

**Figure 9: Composition of poor children in households, by age group**

3.2.4 Other evidence of material deprivation

Access to clean water and environmental sanitation

Access to clean water and sanitary excreta disposal are essential to good health and play a key role in ensuring that children grow free from disease and able to pursue rights to education and development (precursors to participation rights). Because levels of access to clean water and safe excreta disposal are high in Macedonia, data relating to these levels of access are extremely useful because they point specifically to who the most poor are, and within what communities they will be found. As social exclusion is indicative of poverty it is also indicative of disparities in access to basic services including public water and sewage.

Looking at Table 3 it can be seen that while an estimated 92.9 per cent of the population surveyed have access to sanitary excreta disposal, and 99.3 per cent have access to improved drinking water sources, these figures fall, respectively, to 77.5 per cent and 97.6 for the poorest; 82.5 per cent and 98.9 per cent for the least educated; 91.1 per cent and 99 per cent for Albanians; and 90.4 per cent and 96.1 per cent for other ethnic groups. Overall, Pelagoniski and the South East regions have the lowest levels of access to sanitary excreta disposal and improved sources of drinking water. Water quality may also be an issue for rural communities with a recent 2006 report suggesting that 11 per cent of the rural population was drinking potentially unsafe water.26
Housing
Like access to safe drinking water and sanitation, satisfactory housing that is located within a reasonable distance from schools and public health care services is a prerequisite to adequate child survival and development. However, physical marginalisation usually goes hand in hand with social exclusion. This is especially true for Roma who generally live in informal settlements on the outskirts of urban centres which further obstructs their access to basic social services. In general, while many Macedonian’s live in privately owned apartments (previously state owned public housing made available for sale), some 15 to 25 per cent of the population live in about 100 informal urban settlements.

There has been no research to date on how housing conditions in Macedonia impact on children but official government statistics suggest that 95 per cent (or 47,408) Roma live in informal settlements located on the peripheries of Macedonia’s cities. These settlements are typified by higher levels of unemployment, crime, illiteracy, juvenile delinquency, drug abuse and other social problems, all of which can negatively affect children’s social development. The lack of stable land tenure can be a factor – without a sense of permanence and stability, communities are less cohesive and more prone to dysfunction. Roma and Albanians are sometimes forced by land tenure disputes, bureaucratic delays, high communal taxes and the high birth rates within their communities to erect illegal buildings without a construction permit which may result in further tenure disputes and unsafe building practices.77
3.2.5 What children think?

Poverty and exclusion are conditions that are experienced acutely and in a very personal way by children and their families. A recent UNICEF supported study on Children’s Perceptions of Poverty used a participatory approach to explore what children really feel about the poverty and exclusion that they experience. The key findings of this study are presented below:

- Children from poorer families report that they are less likely to feel healthy, have more worries, eat less fruit and vegetables, and feel low;
- The absence of poverty is clearly associated with happiness and life satisfaction. Children from poorer families, regardless of sex or age, report that they are less happy and less satisfied;
- Poorer children report being excluded from vital interactions with family and peer groups, go out with their peers less often, communicate less and have less close friends;
- Poorer children do not achieve as well at school and regardless of the age, sex or ethnic background of poorer children they tend to participate less in school activities;
- Younger children tend to view poverty as material deprivation (for example, not having a car, house or television), but also in terms of children’s rights. Adolescents’ views are more critical and include causality issues as well as perceptions about the effects of poverty on health, well being and the community as a whole. Adolescents tend to understand poverty as destructive and as a denial of the right to choice and participation in decision making;
- Children from different cultural backgrounds experience deprivation in different ways. Children from among the ethnic Albanian community in Macedonia most often associate the effects of poverty with educational goals and the social status of the family. Children from the ethnic Roma community, however, emphasize relationships with family and relatives as the highest priority, suggesting that as they struggle with poverty they see relationships as a source of security and support. Children from urban areas also emphasize the value of the family relations but view the ideal family as one that is provided for by employed and educated parents who are interested in their children and supportive of their needs and aspirations;
- Children from the Day Care Centre for Children on the Streets who participated in the study activities are seriously marginalised and have only limited opportunities for development. For these children, poverty has exhausted all family resources and strained family relations to the point where the family does not provide a social environment conducive to positive identity development, appropriate socialisation or successful participation in the community;
- Socially excluded and marginalised children learn how to survive and cope with poverty very quickly but feel strongly excluded from the larger community. Often brought up in dysfunctional families without adequate stimulation and positive role models these children have a negative self-image that often leads to further marginalisation and strips them of access to economic and social opportunities.

3.3 Non income dimensions of child poverty – deprivations of social services

As previously argued, a consideration of child poverty, in any context, must include an analysis of access to fundamental rights. For UNICEF, the Government of Macedonia and the European Union these rights are enshrined within the United Nations Convention on the Rights of the Child. Child rights detailed within the CRC are frequently clustered as rights to survival; development; protection; and participation. In the specific context of Macedonia, the failure of, primarily the state, but also parents (the duty bearers) to assist children realise their rights manifests in terms of unsatisfactory health and education indicators, the prevalence of child abuse, neglect and exploitation and indicators of the social exclusion of children.

3.3.1 Survival rights – child poverty and health

Introduction
The health status of children, in any given context, is an important indicator of how poverty manifests because there is a direct correlation between levels of poverty and key health indicators including, for example, infant and child mortality, immunisation coverage, nutritional status and access to health services. Beyond factors that influence health outcomes at the individual, household and community level such as diet, health seeking behaviour and access to services, which are to varying degrees also determined by material poverty, there are socio-economic determinants of health, including education, unem-
employment and income. In this sense, indicators of poverty, whether material or rights based, are all inter-connected through complex networks of causality.

In Macedonia, as a result of outdated methodological guidelines contained within the 1978 Law on Health Statistics and under-reporting, available government health data are frequently unreliable and inaccurate. Data on health determinants are also unavailable and national systems for the systematic collection of statistics on, for example, adolescent health are not in place yet. Some data are available including so called regular national health statistics that relate to child health outcomes, mortality and morbidity, but there is an acute paucity of disaggregated sub-national data that pertains to: health indicators and ethnicity; sex; or, age – this absence of quality data is itself a key impediment to social development and will be discussed in more detail in section 5 of this report.

Perinatal, neonatal, infant and under-5 mortality

While there are statistical variations in relation to data from the 2005/2006 Multiple Indicator Cluster Survey (MICS) and data from other government institutions, it is nevertheless quite clear (see Table 4) that Macedonia has made significant progress, since the 1990’s, in reducing perinatal mortality rates (PMR), neonatal mortality rates (NMR), infant mortality rates (IMR) and under-5 mortality rates (U5MR).\(^{31}\)

However, looking at U5MR (indicative of overall infant and child health) extracted from the 2005/2006 MICS data (see Figure 10 below), which has at least a minimum level of disaggregation, we can see that more poor children (children from lower wealth quintiles); children from rural areas; and children whose parents have only primary education are missing out on rights to survival.

**Table 4: Macedonia has made significant progress in reducing PMR, NMR, IMR and U5MR**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
<th>Trend</th>
<th>Source and Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMR</td>
<td>16.8/1000</td>
<td>2005</td>
<td>Down 4.3 per cent since 1995</td>
<td>SSO</td>
</tr>
<tr>
<td>NMR</td>
<td>9/1000</td>
<td>2000</td>
<td>Not available</td>
<td>SSO</td>
</tr>
<tr>
<td>IMR</td>
<td>12.8/1000</td>
<td>2005</td>
<td>Down 9.9 per cent since 1995</td>
<td>SSO</td>
</tr>
<tr>
<td>U5MR</td>
<td>14.4/1000</td>
<td>2005</td>
<td>Down 5.3 per cent since 1999</td>
<td>SSO (NB: includes only children aged between 1 – 5 years old)</td>
</tr>
</tbody>
</table>

Source: SSO, MICS 2005/2006, WHO

Unfortunately, the 2005/2006 MICS sample size was insufficient to show mortality according to ethnicity but 2005 data from the Institute for Mother and Child Health Protection show higher infant mortality rates among the Roma population; 19.3 per 1000 live births, compared to 9.8 per 1000 live births among the Macedonian population.

**Nutritional Status**

Children’s nutritional status reflects children’s overall health, resources available at the household level and, to a lesser extent, access to primary health care services. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and can be...
considered well nourished – a pre-requisite for adequate educational and social development.

While under-nourishment, wasting and stunting are not major problems in Macedonia some children are clearly not receiving an adequate dietary intake – the World Bank estimate that some seven per cent of the population have expenditure levels that are so low that they are unable to acquire even a minimum level of calorific intake. Figure 11 below shows that about 2 per cent of children under age five are moderately underweight and that approximately 0.5 per cent of children are severely underweight. Nine per cent of children are stunted or too short for their age and 2 per cent are wasted or too thin for their height.

Figure 11: Percentage of children under-5 who are undernourished

![Graph showing percentage of children under 5 who are undernourished](image)

Significantly, the 2005/2006 MICS data also found that children whose mothers have secondary education are the least likely to be underweight and stunted compared to children of mothers with no education. Also Roma children are twice as likely to be stunted and are more likely to be underweight than Macedonian or Albanian children.

Breastfeeding

While breastfeeding may not seem to be related to child poverty international experience has proven that breastfeeding for the first few years of life provides the best foundation for cognitive development through protecting children from infection and through providing an ideal source of nutrients. Breastfeeding gives infants the best start in life and affords improved opportunities for enhanced early childhood development and educational development which, as will be argued in coming sections of this report, contribute towards breaking the intergenerational cycle of poverty. However, in Macedonia many mothers stop breastfeeding too soon or submit to pressures to use milk formula, which can contribute to growth faltering and micronutrient malnutrition.

In this context, the World Health Organisation (WHO) and UNICEF recommend: exclusive breastfeeding for first six months; continued breastfeeding for two years or more; and the introduction of safe, appropriate and adequate complementary foods at 6 months.

Results from the 2005/2006 MICS suggest that much more needs to be done to promote exclusive breastfeeding in Macedonia, and to regulate the promotion, and if necessary supply, of infant milk formulas. Looking at data presented in Table 5, only approximately 17.5 percent of infants are on average exclusively breastfed between 0 and 6 months. Just as concerning is evidence that a very large proportion of infants are being fed milk formulas alongside breastfeeding – unfortunately there is no data available as to how much milk formula is being fed to infants but data demonstrate a situation that is not in the best interests of the child.
Regrettably, provisions developed in accordance with the International Code for the Marketing of Breast milk Substitutes were excluded when the revised version of the 2000 Law for the Protection of Customers was adopted by the Macedonian Parliament in 2005. Currently only the Law on Food and Safety regulates standards in regard to breast milk substitutes but with little reach—companies that produce breast milk have very persuasive marketing campaigns and exert influence over paediatricians by financially supporting scientific conferences. In this context, the 2004–2008 Nutrition Action Plan should be updated to reflect standard EU recommendations for infant and child feeding.

Immunization coverage

Vaccinations protect children against debilitating and potentially fatal diseases which threaten children’s survival rights and, subsequently, their potential for adequate physical, mental, emotional, cognitive and social development. As such, immunization coverage rates are indicative of poverty as well as the quality of, and access to, health services.

The 2005/2006 MICS provides the only available data on trends in immunization coverage in Macedonia in relation to wealth quintiles, educational levels, ethnicity and region. As can be seen from Table 6, only 60.1 per cent of children aged 18–29 months from the poorest quintile have received all recommended vaccinations compared to a national average of 75.5 per cent. Low immunization coverage is also strongly associated with lower mothers’ education. Significantly, coverage rates for Roma (66 per cent) and Albanian (65 per cent) children are lower compared to those of ethnic Macedonian children (88 per cent). Also, urban children are more likely to be vaccinated (80.4 per cent) than rural children (69.5 per cent).

Table 5: Percentage distribution of infant aged under 6 months by feeding pattern by age group

<table>
<thead>
<tr>
<th>Age in months</th>
<th>Exclusively breastfed</th>
<th>Breastfed and plain water only</th>
<th>Breastfed and non-milk liquids</th>
<th>Breastfed and other milk/formula</th>
<th>Breastfed and other complimentary foods</th>
<th>Weaned (not breastfed)</th>
<th>Total</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>40.4</td>
<td>4.5</td>
<td>7.4</td>
<td>44.1</td>
<td>1.1</td>
<td>2.5</td>
<td>100.0</td>
<td>95</td>
</tr>
<tr>
<td>2-3</td>
<td>10.8</td>
<td>23.4</td>
<td>28.7</td>
<td>27.3</td>
<td>1.6</td>
<td>8.2</td>
<td>100.0</td>
<td>116</td>
</tr>
<tr>
<td>4-5</td>
<td>1.5</td>
<td>4.0</td>
<td>7.0</td>
<td>65.3</td>
<td>7.8</td>
<td>14.4</td>
<td>100.0</td>
<td>114</td>
</tr>
</tbody>
</table>


Table 6: Vaccinations by background characteristics

<table>
<thead>
<tr>
<th>Percentage of children aged 18-29 months currently vaccinated against childhood diseases, Macedonia, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percent of children who received:</strong></td>
</tr>
<tr>
<td>BCG DPT1 DPT2 DPT3 Polio1 Polio2 Polio3 Measles All None Per cent with health card</td>
</tr>
<tr>
<td>Residence</td>
</tr>
<tr>
<td>Urban</td>
</tr>
<tr>
<td>97.5 97.0 95.0 89.5 96.1 95.1 91.7 89.2 80.4 1.5 82.6</td>
</tr>
<tr>
<td>Rural</td>
</tr>
<tr>
<td>98.5 96.0 93.3 86.7 98.0 94.9 80.1 87.6 69.5 .3 66.3</td>
</tr>
<tr>
<td>Mother’s education</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>91.2 88.4 86.1 83.3 90.8 87.9 84.4 70.8 64.6 5.3 68.8</td>
</tr>
<tr>
<td>Primary</td>
</tr>
<tr>
<td>98.6 97.2 94.9 87.0 97.3 94.8 83.8 87.6 72.5 .7 71.5</td>
</tr>
<tr>
<td>Secondary +</td>
</tr>
<tr>
<td>97.8 96.6 94.3 91.1 97.2 96.2 91.1 91.9 81.7 .9 82.1</td>
</tr>
<tr>
<td>Wealth index quintiles</td>
</tr>
<tr>
<td>Poorest</td>
</tr>
<tr>
<td>95.9 93.9 91.6 85.2 94.7 90.2 75.1 79.8 60.1 2.8 67.1</td>
</tr>
<tr>
<td>Second</td>
</tr>
<tr>
<td>98.8 97.4 96.2 93.8 98.1 97.3 92.1 92.2 84.0 .0 83.8</td>
</tr>
<tr>
<td>Middle</td>
</tr>
<tr>
<td>100.0 99.4 96.7 88.5 99.1 98.2 91.2 88.9 79.2 .0 73.2</td>
</tr>
<tr>
<td>Fourth</td>
</tr>
<tr>
<td>97.9 96.5 93.3 85.3 95.9 93.4 89.1 91.4 79.1 .7 81.4</td>
</tr>
<tr>
<td>Richest</td>
</tr>
<tr>
<td>96.9 95.7 92.9 85.5 97.7 97.7 85.9 93.2 77.1 1.2 65.1</td>
</tr>
<tr>
<td>Ethnicity</td>
</tr>
<tr>
<td>Macedonian</td>
</tr>
<tr>
<td>98.5 97.6 96.9 93.5 97.8 97.5 94.1 93.7 88.3 .9 89.8</td>
</tr>
<tr>
<td>Albanian</td>
</tr>
<tr>
<td>97.8 96.3 92.7 82.3 98.4 93.1 78.8 86.2 85.0 1.0 61.4</td>
</tr>
<tr>
<td>Roma</td>
</tr>
<tr>
<td>95.6 91.1 85.4 82.6 94.3 88.5 84.8 74.7 68.4 3.4 75.5</td>
</tr>
<tr>
<td>Other ethnic group</td>
</tr>
<tr>
<td>97.0 96.2 94.2 89.8 98.5 96.5 93.3 80.5 76.2 .0 90.8</td>
</tr>
</tbody>
</table>

In addition, only 75.5 per cent of children have received all recommended vaccinations and only 75.1 per cent of informant mothers were able to produce a vaccination ‘Health Card’ which raises serious questions about the quality of primary health care in Macedonia and about levels of utilisation and access to basic health services. Clearly much more needs to be done to ensure comprehensive immunization coverage for all children in the country.

3.3.2 Development rights – child poverty and education

Introduction
Educational attainment, access to, and quality of education are key indicators of child poverty and its socio-economic consequences. Education is without doubt the area most highlighted by policy makers, governments, multilateral agencies and donors as being of the utmost priority in relation to preventing and alleviating child poverty and societal poverty in general, and in relation to disrupting intergenerational cycles of deprivation and social exclusion. Levels of educational access and quality are structurally linked to poverty risks for children and adults, and in regard to society as a whole. Education also directly and indirectly contributes towards the empowerment of women; protects children from hazardous and/or exploitative labour and sexual exploitation; fosters the promotion of human rights and democracy; and has a positive influence on population growth.

This section of the report will look at some key education indicators and demonstrate that despite some progress in the education sector, much more needs to be done if Macedonia is to ensure that children reach their full potential, and that society attains a level of competitiveness and social cohesion on a par with its European neighbours.

Educational attainment
Rights-based poverty indicators demonstrate that Macedonia is currently paying the price for the sustained and inadequate levels of investments in quality education that have typified the pre-transition era. As the World Bank argue:

“In Macedonia, about one-quarter of all firms identify the skills of the workforce as a serious obstacle to growth and in more dynamic sectors, skills deficits appear to be an even more serious problem. As the country further integrates into the European and global economies, it will need to seriously reform education at all levels to ensure that its workforce remains competitive. As these efforts are long-term in nature, action needs to be taken now. Education and training have simply not kept up with the challenging demands of the post-transition economy” 36

Educational achievement, adult literacy, participation rates for tertiary education, and levels of participation among young people (aged 15 – 19) in employment, education or training are the available indicators of educational attainment, and by proxy of levels of access and quality.

In Macedonia 3.85 per cent of people over 15 have no education at all, 10.77 per cent have incomplete primary education and 34.77 per cent have only completed primary education. The Roma population has the lowest level of educational achievement – with 39 per cent of the Roma not attending primary school; only 44.6 per cent completing primary school; and only 17.4 per cent enrolling in secondary education.37

In terms of the participation of young people, SSO calculations from the 2002 Census show that 33.9 per cent of the total number of young people aged 15 – 19 were not employed or participating in education or training at the time of the census.38 This compares unfavourably with EU member states where the figure is around 10 per cent. Similarly, data indicate that there are only 2212 students enrolled in any form of tertiary education for every 100,000 inhabitants, which also represents a very low participation rate compared to other EU countries.39

Table 7, extrapolated from 2005/2006 MICS data, shows that while literacy levels among adolescent girls and women aged 15 – 24 are close to 100 per cent for Macedonia as a whole, illiteracy remains a persistent problem for some socio-economic groups, for the Roma and other ethnic minorities.

<table>
<thead>
<tr>
<th>Table 7: Percentage of women aged 15-24 years that are literate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Urban</td>
</tr>
<tr>
<td>Rural</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Primary</td>
</tr>
<tr>
<td>Secondary</td>
</tr>
</tbody>
</table>

Early childhood education
Some form of organised early childhood education is widely recognised to be hugely beneficial to early cognitive and social development and pays significant dividends in terms of: children’s subsequent social development and capacity to learn; and in terms of their productive contribution to society in later life. With regard to children from disadvantaged backgrounds, several studies have shown that early childhood education (pre-school, kindergarten, crèche, etc.) for children aged from 3 to 5, can result in significantly enhanced academic performance at primary and secondary school and “…interrupt the flows that produce poverty”.40

Unfortunately in Macedonia, only 0.7 per cent of children aged from 3 to 5 years old were attending any form of organized early childhood education programme in 2005.41 In the poorest quintiles only 1.4 per cent of children aged 3 to 5 months were benefiting from early childhood education. Of children aged 3 – 5 whose mother has no education only 0.7 were benefiting. Regardless of income or education, Roma children fare the worst, with only 3.5 per cent benefiting from any form of early childhood education.

Primary school entry
Of children who are of primary school entry age (age seven), 95 per cent attend the first grade of primary school. There are no significant differences between boys and girls, urban and rural areas or regions. A positive correlation with mother’s education and socio-economic status is observed – for children age seven whose mothers have at least secondary school education, 98 per cent were attending the first grade, compared to 83 per cent of children whose mothers have no education. In the richest households, the proportion is around 98 per cent, while it is 86 per cent among children living in the poorest households. Roma children have the lowest entry levels with only 63 per cent attending the first grade of primary school.

Primary school attendance
95.2 per cent of children of primary school entry age attend primary school in Macedonia. The lowest proportion of children attending primary school is again observed in the poorest wealth quintile (86.3 per cent), and among the Roma (61.1 per cent).42
9A Situation Analysis

Figure 14: Primary school completion by wealth index quintiles


Figure 15: Primary school completion by ethnicity


Transition to secondary

95 per cent of children that attended the last grade of primary school in the previous year were found at the time of the MICS survey to be attending the first grade of secondary school. There is virtually no difference between urban and rural children, or males and females; however, Roma children are significantly less likely to transition to secondary school (only 27 per cent transition) against a national average of 84.6 per cent.

Figure 16: Transition to secondary by wealth index quintile


Secondary school attendance

The situation in regard to secondary school attendance is just as dire with the overall secondary school net attendance ratio being 63 per cent. Among the poorest quintile the secondary school net attendance ratio is only 33.7 per cent. The worst indicators are once again observed among the Roma ethnic group where the secondary school net attendance ratio is 17.4 per cent.

Figure 17: Transition to secondary school by ethnicity


Figure 18: Secondary school net attendance ratio


3.3.3 Protection rights – child poverty, abuse, neglect and exploitation

As noted previously in this report, 66.6 per cent of the poor in Macedonia in 2005 were households with children, and the representation of households with children, as a proportion of the poor, has increased by 17.3 per cent since 2002. International evidence relating to the gamut of child protection issues clearly demonstrates that poor and/or marginalised children from ethnic minorities and/or households with limited resources are more likely to suffer neglect, discrimination, abuse or exploitation at the hands of service providers and others. Poor and marginalised children are also more likely to be sexually exploited and abused, trafficked and/or employed in an unsafe or otherwise exploitative
ire. Parents in poor households, often as a consequence of extreme financial hardship and the emotional pressure that this causes, generally have lower health status and lower self-esteem, which can manifest in situations where children are more vulnerable to a range of violations.

Feelings of guilt and inadequacy often experienced by unemployed men, especially the long-term unemployed who are usually also socially marginalised, can lead to alcoholism and/or drug abuse which are known contributors towards family violence and child abuse. Children in poor households are often forced, out of economic necessity, into situations where they are compelled to work in exploitative conditions (for girls, and to a lesser extent boys, this can mean prostitution and/or risks of being trafficked and sold into forced prostitution). Children can also be forced into institutional care or into situations where they have to fend for themselves on the street, especially in circumstances where family resources are so limited that they precipitate the death of the parents, or parent, who perhaps cannot afford to access health care, or where parents are so physically run down by poverty and hardship that they are unable to care for their children. Poor parents, particularly impoverished sole parents, can become so consumed with the daily grind of making ends meet that children are neglected as the parent(s) simply does not have the time or energy to adequately care for their children.

Any of these factors, or any combination of these factors, can lead to situations where children and adolescents are more vulnerable to drug and / or alcohol addiction, antisocial and criminal behaviour patterns including violence between children and adolescents, the risks of contracting HIV/AIDS or other sexually transmitted infections (STIs), and a range of other violations which serve to exacerbate their poverty, and reinforce intergenerational cycles of poverty. Significantly, levels of abuse, neglect and exploitation, usually correlate, when good data are available, with reduced access to health care and education.

In the context of these arguments, the Government, service providers and social development partners need to consider the range of issues clustered around child neglect, exploitation and abuse as concerns that relate not only to social welfare and social protection, but also to broader issues of social cohesion, poverty reduction and overall economic and societal wellbeing.

As with other rights-based indicators in Macedonia, hard data disaggregated by region, sex, wealth quintile, education level and ethnicity are thin on the ground. This section of the report will present an overview of the data that are available and anecdotal sources culled from a variety of recent studies. Evidence of the conditions that precipitate violations of children’s rights to protection and an analysis of the social protection system in Macedonia will be presented in section 5 of this report.

**Family violence and violence in the school**

Violence in the family includes the uses of force, threat and intimidation as well as emotional and sexual abuse. Violence is in many cases directed at women in the family which is known to have a hugely detrimental impact on children’s psychological development and wellbeing. In Macedonia, where family violence is still very much perceived as a ‘private family matter’, there are unfortunately no adequate systems in place for recording, referring and treating cases of violence against children.

According to 2006 data from the Ministry of Labour and Social Policy (MoLSP) there were 775 cases of family violence of which a total of only 115 victims (60 women and 55 children) were protected in Short Term Protective Shelters managed by the Centres for Social Work (CSWs). For 2007, 201 cases of family violence have so far been registered which may represents a substantial increase considering that these data were collected mid-year and of the 27 CSWs 8 have not as yet submitted mid-term reports on registered cases of family violence.43

Other evidence of violence in the home from the 2005/2006 MICS suggests that as many as 70 per cent of all of children aged from 2 – 14 are subjected to at least one form of physical or psychological punishment in the home, and 16 per cent of children in this age range are subjected to severe physical or psychological abuse. In regard to violence against women perpetrated by spouses, the 2005/2006 MICS data suggest that 21 per cent of women aged 15 to 49 feel that men are justified in beating their wives or partners in certain circumstances (these data correlate with levels of education and wealth quintiles, i.e. poorer less well educated women are more likely to think violence is justified). In these contexts, much more needs to be done to raise awareness about children’s and women’s right to live in an environment free of violence.

Violence in school, both among children themselves and between children and teachers, is another critical issue in Macedonia. This is also something of a hidden problem and there is hardly
any data that could help determine the frequency of its occurrence or what is driving it. However, anecdotal evidence from a 2007 baseline study commissioned by UNICEF on educational quality suggests that abuses do take place within the education system. Strong boys terrorize the weak ones; girls are often victims of sexual abuse; and sometimes teachers become victims of abuse at the hands of their students. The same study also refers to government data from 1998 which suggest that at age 11 some 15 per cent of girls and 14 per cent of boys among ethnic Macedonian children, and 16 per cent of girls and 21 per cent of boys among ethnic Albanian children have been subject to abuse at school. Data from the 2007 baseline study also indicate that 6 per cent of girls and 16 percent of boys among ethnic Macedonian children, and 20 per cent of girls and 9 per cent of boys among ethnic Albanian children occasionally take part in abusing other children in school.

**Sexual abuse**

There is also virtually no data on the sexual abuse of minors in Macedonia apart from one study of 37 children aged 3 to 14 who were reported as victims of sexual abuse to the Mental Health Office and Psychiatry Clinic in Skopje between 2002 and 2004. Of these reported cases, 32 were girls and five were boys, 14 were abused in the home and 23 were abused at other locations.

**Neglect**

The neglect of children is a common violation of rights that is linked to physical and emotional abuse as well as to increased risks for trafficking, drug abuse and antisocial behaviour. In fact many child protection specialists argue that neglecting children, especially their rights to education and a safe and secure environment are themselves manifestation of violence against children. However, neglect is also often a symptom of poverty as poor parents frequently lack the resources, time and energy to adequately care for their children.

Only 2005/2006 MICS data can give any indication of child neglect in Macedonia. As can be seen from data presented in Table 6, there is a correlation between education levels, wealth quintiles and whether or not children have received adequate care.

**Trafficking**

Child victims of human trafficking are exposed to a range of violations included forced prostitution, physical and mental violence, coercion and deception and increased vulnerability and exposure to the risks of drug abuse, HIV/AIDS and STIs.

It is thought that internationally between 10 and 40 per cent of all trafficked persons are under the age of 18. According to statistics provided by the International Organisation for Migration (IOM), between 2000 and 2007, 771 profiles/cases of victims of human trafficking have been registered in Macedonia, of which 100 (or 12.9 per cent) are minors. However, it must be acknowledged that variations in the criteria used to identify trafficking victims by the Government, non-governmental organizations, intergovernmental and multilateral agencies have led to sometime significantly divergent statistics on the number of victims in the country. On the other hand, government efforts are underway to establish standardised criteria based on the international standards (such as the Palermo Protocol) that define trafficking in human beings and provide specific provision for the identification of child trafficking victims. Also, the National Referral Office started registering all victims reported by NGOs and the Government since 2006.

<table>
<thead>
<tr>
<th>Table 8: Children aged 3 to 5 years left in the care of other children under the age of 10 years or left alone in the past week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Mother’s education</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Primary</td>
</tr>
<tr>
<td>Secondary +</td>
</tr>
<tr>
<td><strong>Wealth index quintiles</strong></td>
</tr>
<tr>
<td>Poorest</td>
</tr>
<tr>
<td>Second</td>
</tr>
<tr>
<td>Middle</td>
</tr>
<tr>
<td>Fourth</td>
</tr>
<tr>
<td>Richest</td>
</tr>
</tbody>
</table>

A 2006 study on child trafficking commissioned by UNICEF concluded, based on all available data, that between 2002 and 2006 approximately 85 children of Macedonian origin have been either trafficked within Macedonia or to other destinations. The study argues that while Macedonia is both a destination country and a country of transit, it is also a country of origin for child trafficking. In terms of all child victims of trafficking, the study surmises that in total there have been around 155 victims of trafficking (85 Macedonian children and 70 foreign children).48

The study also found that the experiences of trafficked children were more or less the same for both foreign and domestic victims and that the most common forms of recruitment were coercion and deceit. Of the 85 Macedonian child victims the study concluded the following:

- 71 were female and 14 were male; 83.5 per cent where recruited for the purpose of sexual exploitation, 15.3 per cent for forced labour and 2.3 per cent for adoption;
- 37.6 per cent of the total of child victims of trafficking was from the Pelagonija region, 22.4 per cent from the Eastern region, 18.8 per cent from the Polog region and 16.5 per cent from Skopje. 2 children were identified as coming from the Northeast and Southeast regions;
- 89.4 per cent of child victims were from families of low socio-economic status, 9.4 per cent were from middle class families and 1.2 per cent were from the wealthy classes; and
- 20.5 per cent of child victims were illiterate; 40.9 per cent did not complete primary school; 16.9 per cent did not complete secondary school and only 1.2 per cent did complete primary school.

These data clearly show the link between poverty, education levels and vulnerability to trafficking.

IOM latest data would also confirm that there is an increasing trend of children trafficked for labour exploitation and for participation in organized minor delinquency activities in Macedonia.

Child labour

Article 32 of the Convention on the Rights of the Child recognises the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development. In Macedonia, the 2005/2006 MICS is the only available official source of data on child labour.49

The 2005/2006 MICS survey estimates that 6 per cent of children aged 5 – 14 years were involved in child labour activities at the time the survey was conducted. Of these, about 3 per cent participate in unpaid work for someone other than a household member and about 3 per cent are working for a family business. Less than 1 per cent of children are engaged in paid work. Boys are somewhat more likely to participate in unpaid work outside the household and for family businesses than girls. Younger children (aged 5 – 11) are more likely than older children (aged 12 – 14) to be involved in activities considered as child labour, however, this may be due to the stricter definitions of child labour for younger children. Levels of child labour vary from less than 1 per cent in South East region to almost 15 per cent in Vardarski region. Of the 85 per cent of children aged 5 – 14 years attending school, 6 per cent are also involved in child labour activities.

As noted above, there is also a clear link between child labour and child trafficking. Again according to IOM statistics, 10 per cent of the whole caseload of assisted children who are victims of human trafficking is linked to labour exploitation. Trafficking for the purposes of economic exploitation and forced labour is to be considered, in line with international standards, as one of the worst forms of child labour.50

Children in public care

Children who are orphaned or living away from their parents may be at increased risk of impoverishment, discrimination, the denial of property rights, including rights to inheritance as well as various forms of sexual, physical and psychological abuse and/or exploitation. Monitoring the living conditions of children in institutional or foster care can help to identify those who may be at risk.

According to the 2005/2006 MICS, 94 per cent of children aged 0 – 17 are living with both parents, 0.4 per cent of children are not living with either biological parent, and 2 per cent of children aged 0 – 17 are in situations where one or both parents are dead. There is a slight statistical correlation between wealth quintile and whether or not children are living with both parents (i.e. children from the poorest quintile are slightly less likely to live with both parents). The MICS also found that it is more likely that the child’s father will be dead than their mother - four per cent of children live with their mother only and other evidence suggests that these single parent families may be at acute risk of impoverishment.
With regard to institutional care it is estimated by a recent feasibility study on the deinstitutionalisation of children’s services that some 400 children under the age of 18 are living in state run institutions. Children without parents or parental care are currently accommodated in 2 state run institutions that accommodate some 200 children. In addition, a ‘children’s village’ which is operated on a not-for-profit basis by an umbrella organisation called SOS Kinderdorf International accommodates some 80 children without parents or parental care. Children who have educational, social or behavioural problems are accommodated in 2 institutions in Skopje that combined accommodate some 120 children aged seven to 18 years. Children and adults who have severe mental and/or physical disabilities are served by three institutions which have the capacity to accommodate some 550 adults and children. However, there are some 1600 children with moderate to severe disabilities in Macedonia suggesting there is a shortfall between the need for services and the availability of services.

### Table 9: Number of children in institutional care

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphanages</td>
<td></td>
</tr>
<tr>
<td>Children’s home “11th October”</td>
<td>94</td>
</tr>
<tr>
<td>Home for Infants Bitola</td>
<td>100</td>
</tr>
<tr>
<td>SOS Children’s village</td>
<td>79</td>
</tr>
<tr>
<td>Institutions for people with disabilities</td>
<td></td>
</tr>
<tr>
<td>Special Institute Demir Kapija</td>
<td>27</td>
</tr>
<tr>
<td>Institute for protection and rehabilitation Banja Bansko</td>
<td>7</td>
</tr>
<tr>
<td>Institute for rehabilitation of children and youth</td>
<td>39</td>
</tr>
<tr>
<td>Institutions for children with behavioural problems</td>
<td></td>
</tr>
<tr>
<td>Institution for care of children with social and educational problems “25 May”</td>
<td>60</td>
</tr>
<tr>
<td>Institution for care, upbringing and education of children and youth “Ranka Milanovik”</td>
<td>30</td>
</tr>
<tr>
<td>TOTAL NUMBER OF CHILDREN IN INSTITUTIONS</td>
<td>436</td>
</tr>
</tbody>
</table>

Source: Institute for Social Activities (2007)

In terms of foster care, some 150 children and young people between 3 and 26 years of age are cared for by 93 foster families and another 166 children are cared for by close relatives. Foster families receive modest assistance from the MoLSP and the current foster care system is considered to offer good prospects for children who would otherwise be without adequate care. However, foster care in Macedonia still lacks a clear framework for accreditation and, most importantly, quality control.

In terms of non-institutional care there are 18 day-care centres in Macedonia that provide services to some 330 children and young people with special needs. In addition, there are two centres for drug abusers, six for victims of family violence, three for street children and one for homeless people. These centres are in general also understaffed and under-resourced.

### Street children

Children living on the streets are usually amongst the poorest of the poor and often come from dysfunctional families where alcoholism, drug abuse and violence may be factors that force them into situations where they have to fend for themselves. Without as a minimum, a roof over their head and some level of family care children are, by virtue of their physical and emotional immaturity, more vulnerable to abuse and exploitation.

For example, the UNICEF study on child trafficking reveals that indicators of vulnerability to trafficking were present among 71 of the 119 street children observed. Other findings of the study suggest that some children live on the streets full time and carry out begging activities organised by adults, while other children are mobilised to beg only on the weekends; 59 per cent of children begging on the streets are controlled by adults, most of whom are women; most of the 119 children observed spent more than 12 hours on the streets which increases the potential for these children being exposed to adults who would seek to exploit them physically, sexually or emotionally; and most children observed on the street are Roma (65 out of 119 observed). It is worth highlighting that in the case of street children begging on the streets or engaged in other exploitative economic activities, the line between vulnerability to trafficking and actual trafficking is in reality very thin. If the international definition of child trafficking contained in the Palermo Protocol is applied, street children who are in most cases recruited, organized and transferred by adults from one place to another for the purpose of economic exploitation do already qualify as victims of trafficking. As such, they should be entitled to special protection services provided by the state.

Currently in Macedonia it is estimated that there 500 – 1000 children living full time on the streets in Macedonia. Unfortunately, disaggregated data on street children that could indicate wealth quintile correlations is unavailable, but anecdotal and international evidence confirm that this correlation does indeed exist.

### Drug and alcohol abuse

Adolescence is a period of rapid change to which young people respond actively, often experimenting with risk. Risk behaviours such
as tobacco smoking, alcohol consumption, substance abuse, promiscuous and/or unsafe sexual behaviour, can be considered as common adolescent development behaviours. Interestingly, along the poverty and ethnic lines there are no significant differences in regard to the incidence of risk behaviours among children of all ages, particularly in regard to tobacco smoking and beer and wine drinking which are in many ways traditional habits and not directly associated with family material status. However, when it comes to drunkenness and the consumption of alcoholic beverages there are significant differences between children from families with different levels of affluence (among 15 years old Macedonian boys) with well-off children more frequently engaging in these practices. The absence of any differences among children of Albanian ethnic origin might be partly attributed to affirmative attitudes towards smoking, or to the normative ban on alcohol consumption in the Albanian Muslim community.

Birth registration
The right to birth registration, at birth or shortly after birth, fundamentally protects children’s identity, their rights to citizenship and their subsequent rights to protection, care and support, from both their families and the state. In this context, evidence of locales where birth registration rates are inadequate (universal birth registration is the target) is indicative of social exclusion and situations where child rights to survival and development may be compromised.

The 2005/2006 MICS found that: 94 per cent of all children in Macedonia that are 5 years and under have had their birth registered – 96.2 per cent of ethnic Macedonian children have had their birth registered. However, only 88.5 per cent of children from the poorest quintiles, 91.9 per cent of children from Roma communities, 92.4 per cent of children from Albanian communities and 92.5 of children from other ethnic groups have had their births registered. These data suggest that there are children who are going to grow up in Macedonia facing institutional hurdles and/or discrimination that could inhibit their access to public services including education, and consequently retard their capacity to exit poverty and participate in economic and social growth. Finding a way to register the births of all poor and excluded children is a key children right, but also an access point for service providers who can use the contact to initiate a series of pro-poor interventions that have positive development outcomes for children and society as a whole.

Children in contact with the law
Disaggregated data that could shed light on the link between poverty and antisocial and/or criminal behaviour among children are unavailable in Macedonia. However, international evidence clearly shows that poor children from dysfunctional homes, street children and children without parental care are more likely to exhibit antisocial or criminal behaviour patterns – this is not a reflection on these children but rather on the societies that cannot ensure adequate access to rights to education and social protection.

In progressive countries, children are considered to have diminished responsibility by virtue of their emotional immaturity and vulnerability and therefore should not be subject to the same judicial processes as adults. In Macedonia there has been an overall decrease since 2000 in the number of juveniles convicted and incarcerated but there are still some serious problems with the way juveniles are treated within the justice sector, including the incarceration of adolescent boys alongside adult males at the Skopje Prison for adults in Suto Orizari.

A recent UNICEF report points out Macedonia as one of the most encouraging examples in which experienced “juvenile crime waves” in the 1990s have displayed impressive declines since

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**Table 10: Children and juveniles in contact with the law**

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2003</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crimes committed by or with the participation of juveniles</td>
<td>3120</td>
<td>2393</td>
<td>2360</td>
</tr>
<tr>
<td>Violent crimes committed by juveniles</td>
<td>84</td>
<td>52</td>
<td>39</td>
</tr>
<tr>
<td>Number of juveniles/children juveniles</td>
<td>939</td>
<td>828</td>
<td>844</td>
</tr>
<tr>
<td>Number of male juveniles/children convicted</td>
<td>922</td>
<td>810</td>
<td>812</td>
</tr>
<tr>
<td>Number of juveniles/children incarcerated</td>
<td>54</td>
<td>37</td>
<td>31</td>
</tr>
<tr>
<td>Number of male juveniles/children incarcerated</td>
<td>51</td>
<td>37</td>
<td>30</td>
</tr>
<tr>
<td>Number of convicted juveniles/children in corrective/punitive institutions</td>
<td>120</td>
<td>94</td>
<td>92</td>
</tr>
<tr>
<td>Number of juveniles/children in residential schools/correctional institutions</td>
<td>18</td>
<td>70</td>
<td>62</td>
</tr>
<tr>
<td>Number of juveniles/children in prisons</td>
<td>13</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

*Source: SSO 2006*
year 2000. However, despite the improvement, Macedonia is the second country in the region, after Bulgaria, with highest offending rate or 1, 856 crimes recorded per 100,000 juveniles in 2005. The report also shows that the response to juvenile offending remains largely repressive, with emphasis on punishment and custodial sentencing rather than prevention and rehabilitation.

Problems relating to the juvenile justice sector will be addressed as comprehensively as possible in section 5 of this report, but for the meantime Table 10 shows available data on children in contact with the law.

3.4 HIV/AIDS and the special protection needs of young people

HIV/AIDS is indeed a special problem. Because it has the potential to negatively impact on economic growth and social cohesion, because international evidence shows that HIV/AIDS impacts most profoundly on young people aged 15 – 39, because prevalence levels can rapidly escalate in certain circumstances, and because preventive strategies are cross-cutting and relate to both the health and education sectors, the prevention of HIV/AIDS is an issue that has important socio-economic relevance to Macedonia and its aspirations for EU integration.

Related to the threat HIV/AIDS poses to economic vitality is the direct correlation that can be seen between levels of awareness about HIV/AIDS (an understanding of which must underpin any primary prevention strategy) and levels of poverty; education; and access to quality health care services. In this sense HIV/AIDS data can also be viewed as indicative of poverty and exclusion – the poor and the marginalised in Macedonia are more vulnerable to infection because they have less knowledge of HIV/AIDS and how to prevent it. Similarly, marginalised adolescents are more vulnerable to infection, and children from marginalised families live with parents that may be more likely to contract HIV which can lead to exacerbated financial hardship (for example, costs associated with treatment) and/or being left orphaned which can: increase vulnerability to abuse, neglect, exploitation; diminish access to education rights (for example, as a result of elder children having to care for orphaned siblings); and ultimately, increased risks for poverty in the short and long-term. In this context, levels of awareness of HIV/AIDS and how to prevent it, along with evidence signalling those who are most vulnerable, has a direct bearing on the rights based analysis of poverty contained within this report.

3.4.1 HIV/AIDS and sexually transmitted infections in Macedonia

In Macedonia, the first HIV positive person was registered in 1987 and the first person with AIDS in 1989. According to official data, the total number of people found to be HIV positive from 1987 to the end of 2005 was 79. However, surveillance of HIV and AIDS in Macedonia has, to date, relied on passive case reporting and as a result it is likely that the true number of people infected with HIV is under-estimated. Between 1980 and 2005, there were 143 reported cases of syphilis and 3,114 cases of gonorrhoea. Table 11 shows the full extent of official HIV/AIDS related statistics for 1987 – 2005.

<table>
<thead>
<tr>
<th>Route of transmission</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>68%</td>
</tr>
<tr>
<td>Homosexual</td>
<td>13%</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>9%</td>
</tr>
<tr>
<td>Mother to child transmission</td>
<td>6%</td>
</tr>
<tr>
<td>Number of deaths</td>
<td>50</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>24%</td>
</tr>
<tr>
<td>30-39</td>
<td>47%</td>
</tr>
</tbody>
</table>

Source: Institute for Health Protection (2005)

3.4.2 Awareness of HIV/AIDS in Macedonia

Awareness among women aged 15 – 49

Data extrapolated from the 2005/2006 MICS presented in Table 12 clearly show that awareness of HIV/AIDS is lowest amongst women aged 15 – 49 who have less education and come from the poorest families – there are direct and corresponding correlations between all levels and types of awareness, wealth quintiles and levels of education.

For the MICS, women were asked whether they knew of the three main ways to prevent HIV transmission (i.e. having only one faithful uninfected partner, using a condom every time, and abstaining from sex). The results were quite alarming – while 71.2 per cent knew at least one method of prevention, only 21.5 per cent of all women new all three methods of prevention. Among the poorest quintiles only 15.2 per cent of surveyed women knew all three ways, and
perhaps more alarmingly, 55.2 per cent did not know any way to prevent the transmission of HIV. Among the least educated women (those with no education) only 4.1 per cent knew all three ways to prevent transmission and only 22.1 per cent could name one way to prevent HIV. In terms of ethnicity Albanian and Roma women have the lowest levels of awareness with 56.3 per cent and 51.8 per cent, respectively, having no knowledge about prevention.

Although awareness is lowest among poor and uneducated it is also worryingly low among all women in Macedonia which, it is often argued, is a proxy indicator for the quality of health care services. Even among the best educated, and wealthiest women only 26.7 per cent and 27.9 per cent, respectively, know all three ways of preventing male to female HIV transmission.

The 2005/2006 MICS also shows that knowledge in relation to the prevention of mother to child transmission, and in relation to how to access testing services is low in general (compared with Europe as a whole) and extremely limited among ethnic minorities, the poor and the least educated. Only 45.1 per cent of all women surveyed know of a place to get tested for HIV and among the poorest and the least educated, only 19.7 and 5.9 per cent, respectively, know of a testing location. Only 11.7 per cent of all women surveyed by the MICS where provided information about HIV testing during antenatal care visits.

### Awareness among young people
While the 2005/2006 MICS did collect data on young women aged 15 – 24, the survey did not collect data on young people aged 15 – 24 as a discrete category. However, the Ministry of Health study ‘Surveillance of HIV Prevalence and Risk-Behaviours among Most-at-Risk Populations’...
The 2006 MoH study did not disaggregate findings in relation to knowledge about HIV/AIDS and STIs in relation to ethnicity, education level or wealth quintile. However, the study shows that overall levels of awareness of HIV/AIDS and other STIs is low although awareness of condom usage, as a preventative measure, is relatively high with 90.21 per cent of all participants identifying condom use as a means to reduce the risk of HIV infection. Table 14 presents the main findings from the MoH study.

From these data it can be seen that almost all (97 per cent) of young people surveyed knew of diseases transmitted by sexual intercourse. However, when asked about the names of diseases known to them the disease most commonly identified was AIDS (73 per cent). 36 per cent knew of syphilis, 25 per cent knew of gonorrhoea and only 27 per cent had heard of HIV. That AIDS, as opposed to HIV and other STIs, is more widely recognized may be attributable to the

### Table 13: Background characteristics of the 2808 young people aged 15 – 24 that participated in the MoH 2006 study – ‘Surveillance of HIV Prevalence and Risk-Behaviours among Most-at-Risk Populations in Macedonia’

<table>
<thead>
<tr>
<th>City of recruitment</th>
<th>Per cent</th>
<th>Nationality of participants</th>
<th>Per cent</th>
<th>Marital status</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bitola</td>
<td>13.64</td>
<td>Macedonian</td>
<td>79.88</td>
<td>Single</td>
<td>90.42</td>
</tr>
<tr>
<td>Gevgelija</td>
<td>4.81</td>
<td>Albanian</td>
<td>12.96</td>
<td>Married</td>
<td>2.39</td>
</tr>
<tr>
<td>Ohrid</td>
<td>7.12</td>
<td>Rama</td>
<td>1.00</td>
<td>Extramarital co-habitation</td>
<td>0.11</td>
</tr>
<tr>
<td>Skopje</td>
<td>54.67</td>
<td>Others</td>
<td>5.63</td>
<td>Divorced or widowed</td>
<td>0.32</td>
</tr>
<tr>
<td>Strumica</td>
<td>7.09</td>
<td>Missing</td>
<td>0.53</td>
<td>Missing</td>
<td>6.77</td>
</tr>
<tr>
<td>Tetovo</td>
<td>12.68</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex distribution</th>
<th>Per cent</th>
<th>School student</th>
<th>Per cent</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>48.82</td>
<td>Yes</td>
<td>52.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>51.10</td>
<td>No</td>
<td>5.95</td>
<td>N/A: 41.27</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>0.07</td>
<td>Not applicable or missing</td>
<td>0.64</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2006 MoH (selected data)

### Table 14: Awareness of STIs, AIDS, HIV transmission and risk reduction

<table>
<thead>
<tr>
<th>1) Percentage of young people who know STIs transmitted through sexual intercourse (Percentage)</th>
<th>2) Percentage of young people who know the name of STIs (Percentage)</th>
<th>3) Knowledge of HIV transmission (Percentage)</th>
<th>4) Percentage who now how to reduce the risk of HIV by: (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>AIDS 73.06</td>
<td>Sexual intercourse 96.82</td>
<td>Abstinence 18.42</td>
</tr>
<tr>
<td>No</td>
<td>Bacterial Infections 0.70</td>
<td>Blood transfusion 84.79</td>
<td>Avoiding contact with HIV + 43.82</td>
</tr>
<tr>
<td>Missing</td>
<td>Candida 2.82</td>
<td>From mother too child 70.23</td>
<td>Avoid sharing injecting equipment 73.92</td>
</tr>
<tr>
<td></td>
<td>Chlamydia 3.45</td>
<td>Coughing sneezing 13.91</td>
<td>Avoid staying in the room of HIV + 11.63</td>
</tr>
<tr>
<td></td>
<td>Condyloma 0.07</td>
<td>Sharing eating utensils 15.61</td>
<td>Correctly using condoms 90.21</td>
</tr>
<tr>
<td></td>
<td>Herpes 4.62</td>
<td>Food, water, insects 13.15</td>
<td>Only having sex with one regular partner 39.99</td>
</tr>
<tr>
<td></td>
<td>Gonorrhea 24.60</td>
<td>Sharing tooth brush 49.21</td>
<td>Don’t know 0.14</td>
</tr>
<tr>
<td></td>
<td>HIV 26.50</td>
<td>Skin contact 5.38</td>
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</tr>
<tr>
<td></td>
<td>Syphilis 35.74</td>
<td>Using public toilets 16.76</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis (all types)    5.24</td>
<td>Using used needles 91.04</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HPV 0.22</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Others 1.65</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Don’t Know 9.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Missing 0.11</td>
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</table>

Source: 2006 MoH (selected data)
stigma attached to the disease and information emanating from the media and popular culture, although there is no evidence to support this.

The most commonly identified ways of reducing the risk of HIV transmission were the correct use of condoms (90 per cent) and avoiding the sharing of injecting equipment (74 per cent). Most young people interviewed could correctly identify ways in which HIV could be transmitted, such as sexual intercourse (97 per cent), using shared needles (91 per cent), blood transfusions (85 per cent) and from mother to child (70 per cent). However, data also show evidence of misconceptions with 16.76 per cent of respondents indicating that using public toilets was a risk factor for HIV transmission. That only 26.5 per cent of young people could identify HIV as an STI is also concerning and implies an unsophisticated level of knowledge that may not necessarily translate into preventive actions. This is to say that young people may not always consciously link AIDS with an infectious virus that poses a risk to them.

Looking again at 2005/2006 MICS data, we can see that condom usage among adolescent girls and young women is overall quite good at 69.8 per cent among those who had sex with a non-marital partner in the last 12 months. This is supported by data from the MoH study which indicate that approximately 68 per cent of adolescent girls and young women aged 15 – 24 had used a condom the last time they had sex with a non-regular partner (88 per cent for adolescent boys and young men). However, looking at 2005/2006 MICS data disaggregated by wealth quintile and education it is clear that poorer and less educated girls and women use condoms less frequently than the wealthier and better educated – 26.9 per cent of adolescent girls and young women from the poorest quintile used a condom, compared to 82.1 per cent among the richest quintile, and 24 per cent of girls and young women who have only primary education used a condom, compared with 73 per cent of those with secondary education or better.

### 3.4.3 Most-at-risk adolescents and young people

While HIV is a virus that disproportionately affects the poor, the less educated and the marginalised, it can and does infect all people of all ages and doesn’t restrict itself to any particular demographic. The 2005/2006 MICS found that 5.4 per cent of all adolescent girls and young women had had sex with a man more than 10 years older (22.9 per cent among the poorest quintile) and according to the previously cited MoH study, some 2.6 per cent of young men reported having had sex which a commercial sex worker in the past 12 months – of these 47 per cent had more than one commercial sex partner and only 58 per cent used a condom. Following a similar line of argument, while people who inject drugs intravenously and share needles (a high risk for HIV transmission) are frequently young people, they can also be adults for whom other risk factors are present.

In this context, anyone of any age, can, theoretically, infect anyone else and therefore a consideration of all at-risk groups in Macedonia is appropriate to an analysis of HIV/AIDS and the risks it poses to the wellbeing and fundamental rights of children, adolescents and young people.

The MoH study empirically identifies several categories of most-at-risk individuals. These categories of high-risk, and evidence from a 2007 UNICEF study that considers most-at-risk adolescents (MARA), including adolescent males who have sex with other males, adolescent injecting drug users and adolescents who sell sex, are presented below.

#### Injecting drug users (IDUs)

It is estimated that there are some 15,000 – 20,000 injecting drug users in Macedonia, of these 6000 – 8000 are in Skopje. While to date the number of people infected with HIV through injecting drug use is low, the risk of transmission remains high. Growing numbers of people injecting drugs, high levels of risk behaviours, such as sharing injecting equipment and limited availability of mitigation programmes, including needle exchange programmes and drug substitution therapy could easily exacerbate an already precarious situation. The MoH study found that a relatively small proportion of the young people surveyed where injecting drugs, but also that the mean age for starting intravenous (IV) drug use was 16.3 years, and of those that did inject drugs 29 per cent reported having shared needles. Some 25 per cent of IDUs of all ages reported passing syringes on to others for re-use and some 73 per cent of all IDUs reported having had sex during the month prior to the interview. Of these only 41 per cent used a condom.

For the MARA study thirty-three adolescent injecting drug users were interviewed, of these, twenty-four respondents initiated injecting drugs before 18 years of age. Drugs were reported as easily available and could be bought in many locations. Most stated that they wished for permanent and legal places in which they could freely and safely inject drugs, somewhere private and free from police abuse, where they could...
obtain sterile syringes and needles, advice and necessary medical care and social services.

Adolescent injecting drug users procured injection equipment from pharmacies and through needle exchange programmes although the practice of using previously used needles and syringes was not uncommon. Respondents knew the potential risks of lending or borrowing injecting equipment, although they perceived the need to inject drugs as stronger than fear over the consequences, including the risk of HIV infection. Drug taking took place within social networks, and adolescent injecting drug users felt their shared injecting drug use forged companionship and peer groups that were maintained in other situations and activities. Injecting in a company of two or more companions was seen as a social interaction, and this appeared to be associated with joint preparation of drugs.

When asked about health-seeking, the MARA study found that respondents gave examples of other drug users who had been denied medical assistance, although none of them had personally experienced such discrimination. Many injecting drug users had no information about organisations that give services and support to drug users, nor did they expect such services. Those who did know about NGOs working on drugs related issues had limited knowledge about what services were available. Use of existing services among adolescent injecting drug users is very low, primarily due to the legal age limits for service delivery, but also because many did not identify themselves as problem drug users. Furthermore, repressive measures by the police cause many adolescent injecting drug users to hide themselves and fear contact with authorities, including prevention programmes for HIV/AIDS, Hepatitis B and C and other health risks.

Sex-workers
There are approximately 2500 – 3500 sex workers in Macedonia, most of who work in Skopje. Different types of sex workers were identified by the MoH study based on where they work for example, streets, clubs, apartments and hotels. Street sex workers are considered particularly vulnerable to HIV because of purported low education levels and limited access to health, social and legal services. There has been a reported increase in the number of sex workers and trafficked women as a result of the transition to a market economy, the opening of borders and increasing poverty and unemployment. While 85 per cent of all sex-workers reported using a condom when last with a client, the main reason reported for not using a condom was not having one with them – 47 per cent of sex-workers did not have a condom with them at the time of interview suggesting that self-reported condom use among sex-workers may be overstated.

For the MARA study, twenty-one adolescent respondents (5 male and 16 female) were interviewed. The majority of those interviewed in Skopje were purposively sampled from the Roma community, as previous research has suggested that the Roma areas of Suto Orizari and Topansko Pole had significant numbers of sex workers, associated with local poverty, low educational attainment, and poor economic opportunities. One respondent was forced to start providing sexual services, three initiated sex work to obtain drugs for either themselves or a partner, and the remaining 17 began engaging in sex work in order to earn money for themselves or their family, in some cases to fulfil basic household needs and in others to be able to afford consumer goods such as clothes and cosmetics. All the male sex workers reported that they served male clients, and did so voluntarily in order to increase their incomes. The male sex workers did not associate with an MSM or gay identity and reported that there was no pleasure involved in their involvement in sex work.

In terms of risks to health, sex workers experienced significant levels of violence with sex workers from Skopje reporting particularly severe problems with violent clients, including experiences of rape, beating and robbery. Sex workers displayed very good knowledge of condoms and where to obtain them, stating that availability was not a problem. Most got free condoms from NGOs or bought them in kiosks and pharmacies. The participants in this study claimed to use condoms with clients, although 8 of the 14 female respondents had experienced a pregnancy, suggesting low use of contraception or condoms in some situations. As was the case with MSM sex workers were more likely to use condoms with commercial partners than with partners with whom they shared an emotional relationship; this was partly an explicit strategy to separate their professional from their personal lives.

When asked about the need for specialised health services intended only for people who exchange sexual services, respondents to the MARA study were divided between those who felt it was a good idea because they could attend without shame and would obtain information and treatment directly related to their work, others felt it would be discriminatory and did not want to be set apart and made to feel different from other patients.
Men who have sex with men (MSM)
There is little information about this group mostly because most men who have sex with men usually do not identify as homosexual, because homosexual behaviour is acutely stigmatised in Macedonia (same-sex sexual contact was illegal in Macedonia until 1996) and because there has been to date no in-depth qualitative study that has attempted to determine the role MSM may be playing in HIV transmission. MSM carries a higher biological risk of HIV transmission than heterosexual intercourse and evidence from other countries indicates that MSM, who also have sex with women, can become a conduit for the transmission of HIV to women who are otherwise low-risk. This is also true of IDUs, but as MSM behaviours are frequently stigmatised, often secretive and less ‘observable’ than drug use/addiction, women are less likely to have the information about their partners/boyfriends sexual habits that could enable them to make an informed decision about condom use, or abstaining from sex.

The MoH study concluded that 79 per cent of all MSM had a non-regular sex partner over the past 12 months (male or female not specified) and of these, 83 per cent had more than one sex partner. 5 per cent of these MSM did not use a condom.

The UNICEF MARA study recruited twenty seven adolescent male informants aged 13 –18 who have sex with other males and interviewed a further ten MSM from an adult group. Respondents reported that their first sexual experience occurred between the ages of 9 and 18 and in most cases this was with a male partner. Young MSM reported preferring to meet sexual partners at clubs or parties and often engaging in sex with multiple partners.

The MARA study also found that most respondents kept their sexual behaviour secret and did not tell their family or their friends for fear of discrimination or, in some cases, reprisals. Where young people did feel able to disclose having a gay identity, this was usually to a trusted sibling or other close relative (although not parents). Most respondents had either directly experienced adverse situations where their sexual behaviour was discovered, or had heard of similar situations through friends. The police were often heavily implicated in discriminatory harassment.

Knowledge of HIV and how it is transmitted was generally high, although MSM exhibited a poorer understanding of other STIs and how they are contracted. The majority of informants reported almost always using condoms during sex, with use dropping off once they have been with the partner for longer time.

Ethnic minorities
As has been demonstrated in this report, Roma populations in particular experience high levels of poverty and unemployment and therefore are especially vulnerable to economic exploitation and to being forced into prostitution by economic necessity. Selling sex and injecting drugs are reportedly more widespread than in other ethnic groups, both of which increase vulnerability to HIV. MICS data show that girls and women from Roma communities have less knowledge about HIV/AIDS which indicates that knowledge levels amongst the Roma community as a whole are probably low. This lack of knowledge is reflected in the fact that while the Roma and Albanian communities represent 2.7 and 5.2 per cent of the population they represent, respectively, 11.1 and 33.3 per cent of all HIV cases in the country.

Prisoners
Internationally prisons are recognized as important locations for transmission of sexually transmitted infections and HIV. Many injecting drug users are incarcerated, and high risk and frequently violent sexual behaviour, including rape, are common. Effective prevention programmes are often absent and syringe supplies are usually limited to what prisoners can smuggle into the prison – a situation which exacerbates needle sharing behaviours. Macedonia has just over 2,000 prisoners, of these just over 1100 are housed in the Central Prison (KPU – Idrizovo) just outside Skopje. Almost one quarter of prisoners at KPU – Idrizovo are registered drug users.

Patients with sexually transmitted infections
Patients with sexually transmitted infections are more vulnerable to HIV infection. The MoH study found that people with sexually transmitted infections seek treatment in private clinics and although they are usually offered HIV testing, uptake is low and behavioural information is not collected. 8.2 per cent of the young people interviewed in the MoH study reported symptoms of STIs in the past 12 months but only 68 sought professional treatment.

Young people
All vulnerable groups contain young people and all vulnerable groups are interconnected. Among the groups of young people most-at-risk of HIV transmission in Macedonia, adolescents co-exist with older community members and both share many of the same experiences and vulnerabilities, as well as some specific to their age group. Unless
harm reduction and risk mitigation programmes that target most-at-risk populations, especially young people, are put into place very soon, the above risk factors may well increasingly intermingle in such a way as to create a situation where the incidence of HIV infection escalates rapidly and spreads into the general community. If this were to occur, the implications for children, and for Macedonian society as whole, could be dire.

In 2002, there were 327,367 people aged 15 – 24 years in Macedonia. Most of the young people interviewed by the MoH study were sexually active. In the context of the findings made by the MoH and UNICEF studies (in particular the low level of the national epidemic) it is unlikely that it will be necessary or financially sustainable to address HIV prevention programmes for all young people. Rather it would be more effective to focus programmes on those young people most vulnerable, that is the estimated 20,000 young men and 3,000 young women buying or selling sex; the 4,000 young men having sex with other men; and the estimated 1000 young women and 3000 young men injecting drugs.

There do seem to be, however, particular barriers to most-at-risk adolescents accessing appropriate preventive and remedial care that relate to both legislative restrictions on service provision for adolescents, and the caution with which harm reduction organisations working with at-risk groups operate to avoid being criticised of exploitation or abuse of young people. These barriers are further framed by prevailing social attitudes that stigmatise at-risk adolescents and marginalise them for their participation in risky activities.

These constraining factors need to be addressed through relevant policy and legislative initiatives and wide awareness raising campaigns.

3.5 Conclusions – child poverty and social exclusion

3.5.1 Conclusions

Social exclusion is both a manifestation of poverty and a cause of poverty that reinforces intergenerational cycles of deprivation and the conditions that allow these cycles to persist. However, while social exclusion reinforces poverty, poverty must be understood as the underlying cause of exclusion because restricted access to services, educational opportunities and economic participation all conspire to deny marginalised individuals access to the civil, political and cultural rights that can assuage societal and institutional discrimination. Any poverty analysis must encompass social exclusion but must also recognise that while social exclusion is intimately related to poverty, it should primarily be considered as a discrete manifestation of poverty that requires special consideration to inform parallel strategies that identify excluded communities, families and children, and target their specific needs. In this context, the European Commission defines social exclusions as:

‘......a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities or as a result of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities.'

People who are both excluded and poor can feel socially marginalised to the extent that they are reluctant to access basic services (when they are available) and perhaps through experience, become cynical about the willingness of service providers to assist them. That is to say the socially excluded may feel that accessing services is arduous as they sense that they might be discriminated against or treated condescendingly. For the marginalised and excluded the disincentives to accessing services are often more tangible than the benefits. In this context, social exclusion is a complex problem that has an historical and cultural ancestry. However, tackling poverty in a way that targets the most poor, and those that drop through the social safety net is the most proven, effective and systematic way that a progressive society can address this problem - tackling child poverty in particular should be viewed by the Government of Macedonia and development partners as a key strategy for engendering intergenerational economic, political and social progress.

Evidence presented so far throughout this analysis has demonstrated that poor children and their families, and children from ethnic minorities, especially the Roma community, suffer varying degrees of exclusion from access to: employment and other forms of economic participation; appropriate and quality health care; and, primary secondary and tertiary schooling. In summary, it has already been noted that:

- Roma populations endure a rate of unemployment double the national average and unemployment rates among Albanians and other ethnic groups (e.g. Bosnians and Turks) are
also substantially higher than the national average;
- Households with children represent 66 per cent of the poor indicating that children are disproportionately disadvantaged by the social exclusion caused by poverty;
- Higher rates of child mortality are evident among the poor and ethnic minorities;
- Roma children are twice as likely to be stunted or underweight than Albanian or Macedonian children;
- Health-seeking behaviours may be influenced by issues of ethnic discrimination;
- Poor children, Roma children and children from other minority groups have lower levels of literacy and educational attainment which correlates with their lower levels of primary and secondary school enrolment, transition and completion;
- 33.9 per cent of young people aged 15 – 19 have very limited access to education, employment and training which is a manifestation of inequity of access to educational rights;
- Poor women, Albanian women and Roma girls and women have the lowest levels of knowledge about how to prevent male to female HIV transmission;
- Evidence suggests that condom usage is far lower among adolescents and young people from poor backgrounds.

Beyond the manifestations of family and child exclusion that have been identified within the rights-based analysis of child poverty contained within this section of the report, there is other strong evidence of poverty and social exclusion in Macedonia that is worthy of attention.

3.5.2 Other evidence of social exclusion in Macedonia

There has been a tendency in Macedonia towards a rather limited view of what constitutes social exclusion which has focused on institutionalisation and ‘visible’ manifestations of exclusion, including problems associated with disability, children who are without parents, alcoholism and drug abuse. Perhaps as a legacy of socialist times, the MoLSP still has rather narrow definitions of what it means to be socially excluded, although the definitions do relate to categories that enable access to social protection services.

Currently, the MoLSP determines socially excluded individuals as belonging to the following groups: street children and their parents; victims of family violence; drug users and members of their families; and homeless people. While undoubtedly these groups are representative of some excluded populations, an explicit link between social exclusion and poverty is missing, as is a recognition that restricted access to basic services implies exclusion. A much more flexible and dynamic understanding of poverty and social exclusion are required if Macedonia is to address these problems and move towards parity with other EU accession countries and the EU as a whole. On a positive note, it has to be highlighted that the new Social Protection Law (still pending in the Parliament) does contain a much broader definition of social exclusion.

Minority rights and discrimination

It should be noted that research and policy action in relation to ethnic minorities has focused on the Albanians and the Roma. Other ethnic and religious groups have not been paid the same attention and consequently there is little qualitative or quantitative data relating to the social problems these groups face, their level of access to basic services or the situation of children within these communities. These less well understood ethnic communities often face multiple problems including, for example, issues around political and religious recognition. The Macedonian Muslim and the Bektashi communities have had difficulties registering organisations with the Ministry of the Interior and Macedonian Muslims are disadvantaged by an Albanian Muslim majority that determines that Albanian language will be used for sermons in mosques.

There have been discussions in the Macedonian Parliament about introducing guaranteed quotas for minority representation but ethnic Albanian parties were against this proposal as they viewed it as having the potential to restrict the number of seats that they could hold. Out of the total of 120 sitting members in the Parliament, 85 are Macedonian, 25 Albanians, 3 Turks, 3 Serbs, 2 Bosnians, 1 Roma and 1 Vlachos.

Since the Ohrid Agreement there has been increasing emphasis on developing anti-discrimination policies, partly as a response to pressure applied by multilateral agencies and foreign donors. Notions of non-discrimination and even positive-discrimination are gaining ground within the Government’s policy discourse and hopefully this will pay future dividends in terms of increasing evidence based, pro-poor and pro-child policy that is both deliverable and reckonable.

Despite the existence of a solid national legal framework to protect citizens from all forms of discrimination, ethnic discrimination, particularly against Roma people, is in practice still common
in Macedonia and widely intersects with poverty and social exclusion.

A more detailed analysis of the social protection system in Macedonia will be presented in section 5 of this report. Meanwhile it is important to point out that while Albanian and Roma populations are the biggest recipients of welfare (suggesting that they are benefiting the least from the transition to a market economy), minority groups within the Roma and Albanian populations, the very poor and people from other ethnic and religious minorities face difficulties accessing their social welfare rights. This is because: they lack the educational or employment certificates that are needed to register as unemployed; they may not have been granted citizenship rights; and/or lack the means, literacy or will to negotiate with government authorities. Institutional blockages both perceived and real become deterrents to accessing services, and to the efficiency of government service delivery. Children pay the price for these shortcomings, especially children from amongst the most poor and excluded populations.

**Gender-based discrimination**

While the analysis contained within this report is focused on children, there is a need to recognise that improving the welfare and status of women is beneficial for children, as well as for women, and that evidence of discrimination against women and diminished levels of women’s educational, health and political status are indicative of societies that are not adequately equipped to nurture their children without discrimination or bias. Maternal health and issues such as access to antenatal care have a direct bearing on child health and are proxy indicators for the overall quality of health care. These issues will be considered in section 5 of this report.

Data previously presented on women’s knowledge of HIV/AIDS prevention (which is also indicative of women’s general level of access to information), women’s participation in education and women’s participation in the market suggest that more needs to be done to ensure gender parity in Macedonia. According to the previously cited Euro Balkan report on social exclusion, women represent 61.6 per cent of the economically inactive population (compared with men 38.4) and tend, when they are employed, to work in lower paid sectors –the lowest levels of economic participation are among Roma, Albanian and Turkish women. Women’s participation in decision making is also marginalised – only 17.2 per cent of parliamentarians in Macedonia are women, although this has increased significantly since 1990 when only 4.2 per cent of parliamentarians were women.
5 CHILDREN IN MACEDONIA
4.1. Introduction

Section 3 of this report considered, to the extent that data are available, how child poverty manifests in Macedonia and some of its immediate determinants. Determinants and indicators have been shown to be in many circumstances interchangeable, for example, limited educational access is both a symptom and a cause of child poverty, and social marginalisation is often indicative of deprivation, and is a serious obstacle for families who are trying to ensure the best for the children.

This section of the Situation Analysis will look at some of the key problems and development challenges that underpin child poverty and social exclusion, looking specifically at the three public sectors that have the most relevance to the realisation of child rights to survival, development and protection; and, by proxy, the mitigation of child poverty. These sectors are the health sector, the education sector and social protection sector. Generic and cross-sectoral challenges to social development will be addressed in section 5.5.

4.2 The education sector – human capital, quality and participation

4.2.1 Overview of the education sector

Funded entirely by the state and regulated by the Law on Primary Education and the Law on Secondary Education the national education system guarantees the constitutional right of all children to be educated in their own languages. The education system is comprised of pre-school (3 – 6 years), compulsory (6 – 14 years) and two streams of secondary education (15 – 18 years), as well as specialized vocational, and general secondary and tertiary education. Budget allocation and public spending on education is not uniform, varies across primary, secondary and higher education and seems to be most cost effective and poor oriented at the primary education level.

Pre-school education, which starts from six months of age and lasts up to six years of age, is provided through 52 public pre-school institutions that operate at 178 different locations. However these pre-school institutions only have the capacity to provide early childhood development for approximately 11 per cent of all children under the age of seven. Primary education, which lasts for nine years, is universal, compulsory and
nominally free, although students are expected to pay for school supplies and text books which can be prohibitive for the poor. Secondary education which lasts for 2, 3 or 4 years is also compulsory, following on from changes introduced to the Law on Secondary Education in April 2007. Access to secondary school is based on grades achieved at primary school with even the earliest year’s grades counting. Transport may also be a problem for poor children living in outlying or rural areas. As noted previously in this report higher and tertiary education participation rates are very low compared with EU countries.

4.2.2 Key issues

65 per cent of the total of poor households in Macedonia has a household head that is either without education, or has a low (uncompleted or completed primary) level of education. Levels of education also correlate strongly with income and earning capacity. For these reasons, ensuring access to quality education for the poorest and most marginalised children offers the best opportunities for these children to exit poverty, which as a consequence, disrupts inter-generational cycles of deprivation and exclusion.

Access

As has been noted already in this report, access to any organised form of early childhood education is extremely low. This is an issue that requires serious policy attention, not only in the interests of children’s rights to education and development, but with regard to overall social cohesion. Organised early childhood education can pay significant social dividends by providing an inter-cultural pre-school environment which has a positive influence on both parents and children, and paves the way for a more inclusive, respectful and tolerant society.

As the report of the September 2007 session of the European Parliament noted, the European Parliament calls upon Member States and by virtue of their aspiration for EU accession, EU candidate countries, to:

‘...invest much more in pre-school - including nursery -education, since such investment can be an effective means of establishing the basis for future education, for developing a child’s intellect, for raising overall skills levels and can significantly increase the equity of the education system’

Relative to GDP, access to primary education is good with MICS estimating that some 95 per cent of children attend primary school. However access falls of markedly in relation to wealth quintile, education levels of the mother, and ethnicity. Dropouts are also higher for children from poor backgrounds or ethnic minorities and transition rates to secondary school are lower. As children advance into education the situation gets worse with as many as 40 per cent of Macedonia’s teenagers not finishing secondary school and for those that do finish, leaving with a level of skills that, according to international assessments of learning outcomes (for example, the ISCED), is not on par with other EU and OECD countries. This report has already noted that more than 33 per cent of young people aged 15 to 19 are neither employed, attending tertiary education or receiving training. It could easily be conjectured that a majority of these young people come from disadvantaged backgrounds.

In this context, it is clear that poverty, ethnic marginalisation and household education levels are a self perpetuating cluster of impediments to children’s access to education. The costs of textbooks and uniforms may be prohibitive; children may be required to work in the household or in exploitative conditions to supplement household income; discrimination based on ethnicity may be a factor; and the lack of relevance and quality at school may be disincentive for both parents and children.

Relevance and quality

Analysis of the labour market shows that there is a general skills mismatch and an increasing skills gap between labour force demand and supply, another strong determinant of the long-term unemployment associated with poverty and deprivation. As the World Bank has recently noted:

‘As the country further integrates into the European and global economies it will need to seriously reform education at all levels to ensure that its workforce remains competitive. As these efforts are long-term in nature, action needs to be taken now. Education and training have simply not kept up with the changing demands of the post transition economy’

Although curricula for primary education are currently being revised by the MoES, basic pedagogical approaches are not integrated into the education system and teachers generally use outdated didactic teaching methods. At both the primary and secondary level there is an absence of engaging participatory teaching methods and curricula are inflexible. Creativity, team work, critical thinking or problem solving are also not actively encouraged and efforts aimed at providing vocational training often take
precedence over providing a quality education that affords independent and life-long learning - students are often formerly assessed in regard to their capacity to memorise lessons.

Quality is also compromised by a lack of resources. What resources are available are stretched to capacity by demand for primary and secondary education: schools are large and often overcrowded; premises are sometimes run down and deteriorating; there is widespread use of double shifting; and pupil teacher ratios at both primary and secondary schools are higher than elsewhere in Europe. There are a shortage of educational materials; inadequate levels of access to information technology education; and a lack of incentives for teachers, opportunities for training and professional support.

Gender issues
At the national level, data show that there is no difference between boys and girls enrolment in primary education. However, findings from a recent UNICEF analysis on the education system in Macedonia suggest that girls living in rural areas or girls from families with lower socio-economic status and / or from certain ethnic groups are at a greater risk of being excluded from the educational system. Other issues identified by the UNICEF study on education that undermine educational quality in Macedonia are the absence of legislation that properly defines responsibilities and accountability in accordance with the CRC; the prevalence of a culture of unconnected mostly unsustainable, short-term teacher training projects that take place sporadically for a few schools; the lack of attention paid by curricula to child and human rights principals; and the absence of any socialisation on child and human rights principals for teachers and trainee teachers.

Education management
The main problems in the education sector are that it is restricted by its rigidity; is under-resourced, in terms of financial, technical and quality managerial investments; is overly centralised; fails to sustain innovation; and, like other sectors, suffers from the inflexibility and structural vulnerability of its bureaucracy to malpractice.

Capacity and accountability will be enhanced at the school level by the recent introduction of school boards that include parental representation. These boards are required to prepare school development plans and are monitored internally, and by the Ministry of Education and Science (MoES). It is also hoped that the development of a comprehensive student assessment and testing system and the introduction of secondary school national examinations will reduce the favouritism and discrimination that the education system can occasionally exhibit. Secondary school attendance is dependent on primary school grades which, according to some recent reports, indirectly results in the bribing of teachers to afford secondary school entry, and for later admission to tertiary institutions.

Other issues identified by the UNICEF study on education that undermine educational quality in Macedonia are the absence of legislation that properly defines responsibilities and accountability in accordance with the CRC; the prevalence of a culture of unconnected mostly unsustainable, short-term teacher training projects that take place sporadically for a few schools; the lack of attention paid by curricula to child and human rights principals; and the absence of any socialisation on child and human rights principals for teachers and trainee teachers.

Education financing
Data on actual expenditures, as opposed to data on planned expenditures, is not available for the education sector; however, conjectures, based on planned expenditures from 2001 to 2007 indicate a generally positive trend with funding increasing by 38 per cent. Funding remained relatively stable between 2003 and 2005, decreased in 2005, and increased again in 2007. Planned budget allocations for education in 2007 were 12.283 billion MKD (approximately 204.8 million Euros).

As a percentage of GDP, funding for education peaked in 2003 at over 4.5 per cent of GDP and then fell to 3.5 per cent of GDP in 2006. Since 2006 funding levels have increased but further increases will be required if the Government is to meet its own target of allocating 5 per cent of GDP to the education sector by 2010.
Over the last seven years funds allocated for primary education have represented between 44 per cent and 57 per cent of total budget expenditures on education. More than 85 per cent of these funds were used for salaries suggesting that improvements to quality are not receiving the attention the need and deserve.

4.2.3 Recent reforms

If effectively implemented and enforced, the ongoing comprehensive reforms within the education sector aimed at ensuring equitable access and improvements in the quality of education will have a positive impact on poverty reduction and the mitigation of social exclusion. Reforms in the education sector started in 2005 with the preparation of the 2005 to 2015 National Programme for the Development of Education, and with efforts to implement the Education Modernization Project.

The Education Modernization Project is a 5 year project which aims to assist the Government of Macedonia in its efforts to improve the quality of learning and develop an efficient and decentralized education system. The project provides an agreed framework for donor support and has two major components: Improving Education Quality and Participation; and Capacity Building for Decentralised Education.

The MoES has also commenced work on a National Programme for the Development of Education which covers all levels of education from pre-school through tertiary learning. The 10 year Programme stipulates that the Ministry of Education and Science, in collaboration with local authorities, will develop mechanisms for monitoring children who are in and out of the education system and argues that all stakeholders must be involved in the processes of identifying out of school children, or children who have never enrolled, and ensuring that they are provided with opportunities to access education. The Programme also pays particular attention to issues of coverage and to problems of ensuring access to education for vulnerable groups and for students with special educational needs.

Overall, the key government targets and objectives for the education sector are as follows:

- Implement the “Every Child Goes to School” Programme;
- Promote mandatory primary and secondary education and enforce penalties for parents whose children are not attending school;
- Introduce information technology as a mandatory school subject in primary schools and ensure access to computers in schools;
- Introduce mandatory English language classes from the first grade, and as a second foreign language from the fifth grade;
- Assess and control the quality of education through standardized tests.

Some of these measures have been already introduced, for example, attendance at primary and secondary schools is already mandatory and there are penalties for non-compliance. However, the proposed increase in budget allocations to 5 per cent of GDP has not occurred, and the 2007 allocation of 3.8 per cent of GDP is way below the Government’s targets for education spending.

These education policies should become increasingly complementary to JIM and JAP processes (see Recommendations: section 6.3).

4.3 The health sector – improving efficiency and access

4.3.1 Overview of the health sector

When Macedonia was a part of the Republic of Yugoslavia the health system was highly decentralised and operated by 30 local municipalities with only large capital projects being managed centrally. The health system was consequently fragmented and typified by a lack of central governance, strategic planning and oversight which resulted in internal inefficiency and service duplication. Following independence in 1991 a Ministry of Health (MoH) and a Health Care Law (HCL) were established which has led to significant and ongoing reforms. However, the legacy of a system that discouraged the functional separation of primary and secondary health care, and encouraged a proliferation of care providers, is strongly felt to this day.

The Health Care Law (HCL) is the foundation of Macedonia’s current health care system and prescribes the operational modalities of the health insurance system, stipulates the rights of service users and the responsibilities of service providers, and determines the organisational structure of the sector and the orientation of funding. The HCL stipulates that the state is responsible for ensuring the availability of health care services
and for providing preventative health care services through the Institute for Public Health. To ensure, in line with constitutional provisions, equality of access to health care services the Health Insurance Law was established in April 2000. This law forms the basis for the funding of the health sector and stipulates that the Health Insurance Fund and its Board of Management should be completely independent.

The Health Insurance Fund (HIF) – established to coordinate health insurance for the population and to oversee health services – was initially subordinate to the Ministry of Health but is now autonomous and accountable to the Parliament. The Board of Management comprises of 13 members, six are representatives of service users. As well as providing compulsory health insurance, the HIF contracts with health providers to determine service specifications; is indirectly responsible for the supervision of health care workers; and is required by law to collect and maintain data relating to insurance coverage and health care provision. The HIF has 30 branches around the country each of which has separate departments for the collection of subscriptions and to provide services for the insured. The manager of each branch is officially accountable to the Director of the HIF in Skopje.

Overall, the Ministry of Health is accountable to the Parliament for the management of the national health care system, the development and implementation of policy and the operationalisation of relevant legislation. In terms of health care delivery there are 77 health orientated organisations in the public sector, including: 11 preventative health care institutions; three health stations; 18 health centres that provide primary and secondary health care; 16 medical centres that provide primary and secondary care; 15 specialist hospitals; one general hospital; 28 specialist clinics; six self-managing pharmacies; and a number of tertiary dental and medical centres.

4.3.2 Key issues

According to a 2004 World Bank assessment the national health care system faces the multiple challenges of improving access, quality and efficiency. Underlying factors include serious governance problems and weak institutional, technical and managerial capacity within the Ministry of Health, the Health Insurance Fund and among health providers. Overall, accountability mechanisms are ineffective and although various laws have been developed, they are not routinely enforced. Processes of collecting, analyzing and utilizing information for health sector decision-making are also inadequate which results in a lack of transparency. A 2004 International Monetary Fund report also points out that inefficiency and corruption in the state Health Insurance Fund and state owned healthcare institutions are a major cause of poor performance.

The European Observatory on Health Systems and Policies has detailed a number of additional challenges including the need to: rationalize provider structures; reduce the oversupply of personnel in the sector; and secure sustainable health financing, including adequate funding for preventive programmes and capital investment. To this end the Ministry of Health will need to further strengthen its policy formulation, implementation and monitoring capacities, and the Health Insurance Fund will need to significantly develop its capacity for budgetary planning, monitoring and reporting.

Maternal health

Before addressing issues of access and quality more generally, it is helpful to review the maternal health situation in Macedonia. Quality maternal health care is essential for child survival and physical wellbeing. Only a healthy mother can have a healthy child and be able to care and provide for children. For these reasons, and because quality maternal health care services must be at the core of a quality health care system, maternal health status and women’s access to health services are recognised as reliable proxy indicators of overall sector quality and the capacity of service providers to reach the poor and excluded.

The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth. Prior to birth antenatal care is also critical and affords service providers a practical and important conduit for public health interventions by presenting opportunities for reaching pregnant women with a number of services that may be vital to their health and well-being, as well as that of their infants. The antenatal period provide opportunities for the supply of information on birth spacing, which is recognized as an important factor in improving infant survival; and, for the treatment of STIs which can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women’s nutritional status and prevent infections during pregnancy.

In this context the proportion of births attended by a skill birth attendant and the percentage of women receiving antenatal care at least once...
during pregnancy are recognised as indicators of quality and access, even though the WHO recommends that women receive antenatal care at least four times. Similarly, the proportion of women who receive information about HIV testing and counselling during antenatal care visits is considered indicative of progress towards integrated and effective preventative services. The level of unmet demand for contraception is indicative of the quality of family planning services and/or adolescent reproductive health services, which afford fertility regulation, and provide couples with information and services to prevent pregnancies that are too early, too closely spaced or too late.

Table 15 suggests, from a quantitative position, that maternal health care services for pregnancy and childbirth are sufficient to ensure that some 98 per cent women access at least one antenatal care visit and some 98 per cent of births are attended by skilled personnel. However, data also clearly indicate that in terms of access to antenatal care and attendance at birth by skilled personnel, the least educated, the poor and the Roma are missing out.

In regard to the percentage of women that are provided information about HIV testing and counselling we can see that opportunities to utilise the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, are also being lost. Only 11.7 per cent of all women received appropriate information and generally the poor and least educated received the least information – interestingly, the very poor (who are often also Roma) are receiving more information than women from the second, middle and fourth wealth quintiles which may be indicative of pro-Roma and pro-poor interventions supported by non-government organisations. Access to contraception also doesn’t correlate quite as systematically with poverty as other indicators do, perhaps for similar reasons, but it is clear that there is a large unmet demand.

<table>
<thead>
<tr>
<th>Table 15: Percentage of women aged 15-49 years who received antenatal care at least once, had the birth of their child attended by skilled personnel, and were offered HIV counselling as part of the antenatal care</th>
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<tbody>
<tr>
<td>Received antenatal care from a health care professional for last pregnancy</td>
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<td>Region</td>
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<td>Education</td>
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<td>Secondary</td>
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<tr>
<td>Wealth index quintiles</td>
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<td>Macedonian</td>
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<td>Albanian</td>
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<td>Roma</td>
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<td>Other ethnic group</td>
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<td>Total</td>
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HIV/AIDS prevention

In accordance with UNAIDS recommendations, the recently endorsed Government of Macedonia 2008 – 2011 National HIV/AIDS Strategy aims to maintain low HIV prevalence by focusing and scaling up responses for most-at-risk population groups including injecting drug users, commercial sex workers, men who have sex with men and prisoners, regardless of social or ethnic background. In addition, for Macedonia to remain a low prevalence country an approach is required which results in the shortening of the time between primary HIV infection and diagnosis, in combination with ensuring the availability of antiretroviral therapy for those infected – currently most patients are diagnosed when clinical symptoms are present and consequently access antiretroviral drugs too late.

In 2005, efforts were undertaken to strengthen routine surveillance through the establishment of second generation routine surveillance for HIV/AIDS. The system is now operational and as a result the first national behavioural and serological study on HIV was produced in 2006. Recently, the Amsterdam based HIV Monitoring Foundation has undertaken work to further strengthen second generation surveillance system and also recommended that combining HIV surveillance with regular health care monitoring data would have some distinct advantages for the health system in Macedonia. These include being able to connect prevalence and incidence data for at-risk populations with health care data, providing insights into: the occurrence and frequency of HIV infection in Macedonia; as well as, the physical impact it may be having on particular individuals who are being treated. Combining such data can also be used to track the resistance of HIV to antiretrovirals.74

With regard to family planning, antenatal care and STI/HIV prevention for teenagers and young people, nascent efforts are underway to establish adolescent-friendly reproductive health care services but they are as yet not integrated within the scope of primary health care. A National Adolescent Health and Development strategy is currently being prepared and will include media and health education campaigns. This strategy will provide the necessary policy framework for the introduction and integration of adolescent friendly health services across all levels of the health sector.

Unfortunately, there is an acute unmet need for services that target most-at-risk-adolescents. Some NGOs are providing preventive, harm reduction and counselling services but within the health sector as a whole, an integrated approach that systematically addresses prevention for most-at-risk-adolescents is yet to emerge. As noted in the 2007 UNICEF study on Most-at-risk adolescents, there are significant barriers to adolescents accessing appropriate preventive and remedial care as a consequence of legislative restrictions to service provision (for example, age restrictions that prohibit access to needle exchange programmes), and the restrictions felt by non-government service providers who are forced by stigma and sometimes arbitrary accusations of exploitation, to adopt a cautionary approach that limits their reach and capacity. Barriers to prevention and harm reduction services are further exacerbated by the stigma attached to HIV/AIDS and prevailing social attitudes towards prostitution, drug abuse and men who have sex with men. Other key problems that need to be addressed include: the often punitive treatment of most-at-risk-adolescents by the police and the judiciary (especially sex-workers and IDUs); the lack of outreach and counselling services for adolescents in general; ignorance about HIV/AIDS (especially, although by no means exclusively, among pockets of the poor, the least educated and the marginalised); discriminatory attitudes, and evidence of potentially discriminatory attitudes towards people who may or not be HIV positive; and finally the need for the health sector to realise that clinical services in support of HIV prevention should include harm reduction strategies such as needle exchange and Methadone programmes for IDUs, condom distribution for sex-workers, and etc.

Other access and quality issues

The Macedonian Constitution states clearly the principal of the universality of health care access. For many this is true enough but adults and their children who come from the intersecting categories of the poor, the least educated, the ethnically marginalised and the socially excluded are in general missing out on rights to appropriate (adequate, sustained and quality) basic health care. 38 per cent of respondents to a survey conducted in 2000 described basic health services as inadequate.75

There is a marked urban bias of health personnel located in the city which is leaving some rural areas underserved, and further exacerbates access problems for the poor and excluded. Rural health care services are often very limited and lack adequate facilities and equipment. This in turn acts as a disincentive for health workers who might otherwise relocate and results in potential users, particularly rural users, bypassing primary care. Other restrictions include the problems of
geographical access faced by isolated communities and the acute hardship endured by families who are not covered by health insurance.

Health insurance covers those registered as employed in the public and private sectors, the retired, students, the disabled and dependents, including children, and recipients of social welfare assistance. However, children are only covered by the Health Insurance Fund if there parents are, and in situations were parents cannot prove their eligibility for health insurance, children also have no cover. Frequently it is people from the most poor and marginalised communities who are unable to provide acceptable evidence of unemploy- or other eligibility criteria. UNICEF estimates that as many as 10 per cent of Macedonian children are not covered by the HIF.76

Health care in Macedonia is provided by a multitude of general physicians, paediatricians, school physicians, gynaecologists, occupational physicians, emergency care staff and a variety of specialised doctors and nurses, none of whom provide comprehensive primary care, except in villages where there is usually one doctor who works as infrequently as once a week. In Skopje there are four times as many doctors as there are in Tetovo.

According to the UN, 2005, Common Country Assessment there is, relative to typical EU ratios, some 700 surplus doctors and 400 surplus dentists across the scope of the health sector Macedonia. Primary care doctors see only one quarter as many patients as the EU norm. Hospital bed occupancy is markedly higher than in the EU or other Eastern European countries which is also indicative of systematic inefficiency when considering that overall hospital occupancy rates are low, and that there is an oversupply of hospital beds. In general, the network of hospitals and clinics exhibits many signs of fragmentation and duplication, and importantly, there is a lack of any clear distinction between the provision of primary and secondary care. While the recently endorsed Law on Medicinal Products and Devices addresses issues around procurement, current weaknesses in drug registration processes are compromising quality, and inadequate mechanisms for pricing and reimbursement are resulting in an uncompetitive pharmaceutical market and rising drug prices.

The privatisation of health care services in Macedonia may also be having a detrimental effect on access levels among the poor and excluded. As of 2007, primary health care has been fully privatised and physicians are signing contracts with the Health Insurance Fund where payments are based on the number of patients treated. While the MoH does conduct detailed premises inspections before issuing licences and contracts; there is no system for re-licensing so it is uncertain whether standards are maintained. In 2005, MoH sources indicate that 607 out of 1722 primary care physicians were working in private practices and although the stated purpose of the privatisation of primary health care is to improve the quality of health services, the short-term and long-term consequences of privatisation for the sector, and for children, have not as yet been adequately assessed.

Health financing
Revenue for the health sector is raised primarily through compulsory contributions to the Health Insurance Fund which are made by all registered employed people and by the social protection system on behalf of welfare recipients. In 2005 contributions to the HIF accounted for 95 per cent of the public resources available for health care. However, the system does not adequately limit public sector liability or offer incentives to health care providers to increase efficiency and improve quality. Revenue for the health sector is also raised through co-payments which can discriminate against the poor as payable amounts are fixed at around 20 per cent of costs, regardless of income.

The quality of health care has been most significantly undermined in Macedonia by inadequate financial management, ad-hoc adjustments in spending, capital expenditure cuts, the pre-defined allocation of funds, and a significant decrease in public funding since 2001. Actual expenditures are unavailable but government figures related to planned expenditures for the period 2001 and 2007 indicate that total funding for all 11 programmes in the health sector decreased by around 2 billion Macedonian Denars (approximately 33.33 million Euros). These figures also show that the level of funding for health care, as a percentage of annual budget expenditure and of GDP, has decreased. As a percentage of GDP, spending on health has decreased from just over 1 per cent to less than 0.2 per cent of GDP for the same period. As a percentage of overall budget expenditure, health expenditures have decreased from 3.5 per cent in 2001 to under 0.5 per cent in 2007.

Funding for the Health Protection for Mothers and Children Programme has decreased 25 times since 2001 from 1.68 billion Macedonian Denars (approximately 28 million Euros) to 43 million Macedonian Denars (approximately 716,666 Euros) in 2007. Funding for the Systematic Medi-
According to the European Observatory on Health Systems and Policies, the implementation of a number of reforms has been very successful and brought about positive changes. For example, the Ministry of Health’s focus on improving the quality of neonatal and perinatal health care through the provision of adequate equipment, and training for doctors and nurses on the use of evidence-based protocols, has resulted in a 2 per cent reduction in neonatal deaths. In the pharmaceutical sector training has been provided on the rational prescribing of drugs for primary health care; a Drug Information Centre has been established; and international tendering processes for the purchasing of drugs have been mainstreamed. However, generally speaking, health care reforms have been subject to the same delays that have affected all structural reform programmes in Macedonia and despite improvements, substantial challenges remain.

The Government of Macedonia acknowledges that further reforms of the health sector will need to take place at a high level of intensity. To this end a Health Sector Management Project, financed through a USD 10 million loan from the World Bank, commenced in 2005. The ultimate objective of the project is to make the health system more sustainable by implementing policies and programmes that contribute to a cost-effective, equitable and efficient health care system. The Project contains the following components: strengthening governance and management in relation to the Health Insurance Fund; improving service delivery through capacity development and enhancing operational capacity; and capacity development for policy formulation and strategy development.

According to the 2006 World Bank Status of Projects in Execution report:

“...project implementation has continued to proceed at a steady pace, and good progress has been made. Several important strategies have been developed (IT Strategy, Health Strategy, Pharmaceutical Policy and Business Plans), and the stage has been set for a rapid ramping up of disbursements, especially as the grants programme begins operations. It is clear that the project is being increasingly used to actively support health reform activities and build up capacity where needed, consistent with the development objectives, and ongoing discussions with senior Ministry of Health management.”

Within the overarching framework of the Health Sector Management Project a new Health Strategy for Macedonia until 2020 has been prepared. The strategy emphasises the need for inter-sectoral cooperation in regard to: environmental health; food safety; occupational health and safety; the

4.3.3 Recent reforms

The ongoing reforms of the healthcare sector are a critical challenge for the Government of Macedonia. Reforms of the national health system commenced after independence in 1991 when the country shifted away from the highly decentralized health care system to a centralized system targeted at ensuring efficient strategic and operational planning, effective spending and sustained access to health care for the entire population.
mitigation of smoking; the fight against alcoholism and other diseases of addiction; and the need to make citizens more responsible for taking care of their own health. The strategy addresses a range of priorities including improvements in health care quality, financing and financial control, and the management of health care reform. The Health Strategy for Macedonia includes the following targets:

- Reduce by one third the gap between the health status of Macedonia and the member states of the European Union;
- Reduce by at least 25 per cent the health gap between different socio-economic groups in Macedonia;
- Ensure that all newborn babies, infants and pre-school children in Macedonia enjoy a healthy start to life, and that young people in the country are healthy and better able to fulfil their roles in society;
- By 2015 (in line with Millennium Development Goal targets) reduce under-five mortality by two-thirds (in 1990 the under 5 mortality rate in Macedonia was 34.9 per 1,000 and by 2015 it is expected that it will be below 11 per 1,000);
- Improve psycho-social well-being, by providing comprehensive and accessible services for all people, including children and adolescents;
- Achieve, by 2020, a significant and sustainable reduction in the number of injuries as well as disability and death arising from accidents and violence.

In the context of these targets, specific attention will be paid to reducing infant and under-five mortality rates, and to health education for school children that includes the promotion of healthy lifestyles, proper nutrition, adequate physical exercise, the avoidance of addiction to tobacco, alcohol and narcotics; the mitigation of mental health problems; and the prevention of sexually transmitted diseases including HIV/AIDS. To this end, inter-sectoral cooperation for health promotion between, for example, health and educational institutions, local authorities, and the media will be actively encouraged.

The goals and objectives of the Health Strategy for Macedonia will be achieved through the adoption and implementation of the Action Plan. However, while it does seem that the appointment of a new Minister for Health has lead to reforms in the health sector being implemented at a faster pace than usual, the scale and complexity of the tasks that lie ahead cannot be understated.

4.4 The social protection system – performance for children most at need

4.4.1 Overview of the Social Protection system

The social protection system in Macedonia dates back to the early 1960’s, both in terms of its legal frameworks and the institutions that are regulated by this framework. The legal framework for social protection in Macedonia, especially as it relates to children, is provided by the Family Law, the Law on Social Protection and the Law for Child Protection.

The main responsibility for social protection rests with the Ministry of Labour and Social Policy (MoLSP) which manages 10 separate departments – seven of these address social policy and welfare issues including: labour; pension and disability insurance; social protection; child protection; social inspection; equal opportunities; and international cooperation. The other three departments deal with legal and general issues; coordination and technical assistance to the Minister; and budgeting, financing and accounting. In addition, there are two other administrative bodies within MoLSP – the office for Veterans and War Disabled Affairs and State Labour Inspectorate. The MoLSP is also in charge of supervising the work of the: Agency for Employment; the Pension and Disability Insurance Fund; and the Agency for the Supervision on Mandatory Fully Funded Pension Insurance. Other ministries that play a role in planning and supervising the implementation of social welfare policies include: the Ministry of Health; the Ministry of Education; the Ministry of Local Self Government; the Ministry of Justice; the Ministry of Finance.

The Social Protection Department within the MoLSP is responsible for administering and supervising the work of the Institute for Social Activities, the Centres of Social Work (CSW) and the Social Protection Institutions. Created in the 1960s, the CSWs are the main suppliers of social welfare and professional services for children, families and individuals. Currently, there are 27 CSWs covering 84 municipalities but as yet decentralisation processes have not devolved responsibilities and the CSWs remain units of the central Government.

Social protection institutions are providers of care services and their legal status corresponds to public law entities supervised by the MoLSP.
Social protection institutions are distinguished by the target group they cover which include the following: children and youth without parents or parental care; children and youth with educational and social problems and behavioural disorders; children and youth with intellectual development impediments; children and youth with physical disabilities; elderly and adult disabled persons; and adults with moderate and sever intellectual development disorders. Early childhood development is organised by the Child Protection Department in the MoLSP and provided through 51 public kindergartens.

Four other institutions part of the social welfare network include: the Pension and Disability Insurance Fund, the Agency for the Supervision on Mandatory Fully Funded Pension Insurance; the Employment Agency and the Health Insurance Fund. Although all of these funds function as independent public institutions, they fall under the supervision of relevant ministries.

4.4.2 Key issues

The absence of focused and sustained structural and economic reforms in Macedonia has resulted in a substantial increase in unemployment, poverty and inequality, all of which have resulted in serious social problems. State resources for tackling these problems have been diminished by low levels of economic growth, low employment rates and a large informal economy. Problems have been further compounded by inadequate public administration and the ineffective use of available resources. This section of the Situation Analysis will consider some of the key challenges facing the social protection system, especially as it relates to children. Section 5.4.3 will consider some other issues relating to child protection in general.

Social welfare payments

Social welfare payments, especially for the poor, are a key means by which poor families and their children are able to avoid the worst consequences of poverty, including abuse, exploitation and neglect. For many families they are the only potential source of income.

Although the geographic distribution of the social welfare system is comprehensive in Macedonia, the targeting of assistance is, in general ineffective and there are many impediments to accessing social welfare that ultimately discriminate against the most poor and the socially excluded including, means testing criteria that prohibit access to payments for some of those who are most in need. Also an issue is the discretionary power bequeathed to social workers in the CSWs, other professionals providing services and to those administering and processing payments. Many factors including the absence of employment records; the absence of birth certificates; and ethnicity and legal status can influence arbitrations between potential recipients and welfare providers. There have been incidences of the unlawful and illegitimate use of professional discretion including documents being issued with false names to defraud the welfare system. Briefly though, welfare payments are, in general, not being distributed efficaciously because of systematic and structural administrative problems that are compounded by an unnecessarily complex, entrenched and hierarchical bureaucracy, and leave the system vulnerable to abuse and discrimination. Below is an overview of some key problems faced when accessing social assistance and unemployment benefits:

- There are six different categories of social assistance benefits all of which are means tested but do not take into account the number of children within the household. A checklist of documentation is required for eligibil-
ity and an estimation of household income is conducted through a household visit. Even if they meet other requirements, people are not eligible for social relief if they own: real estate or more than 7000 square metres of land; a car or other motor vehicle capable of being used for commercial purposes; agricultural equipment such as a combine or tractor; or livestock which, according to the assessment of the CSW, is able to ensure family survival. These processes are prone to arbitrary rulings and discrimination.

- Eligibility to unemployment benefits is dependent on having worked continuously for at least nine months continuously (or 12 months with some interruptions) out of the last 18 months. Those who did not pay unemployment insurance contributions, or did not have official labour contracts, are ineligible for cash benefits but can claim health insurance. Of the 36 per cent unemployed in the country, as of April 2007, only 7.5 per cent were receiving a cash unemployment benefit, which does not mean that the rest have other sources of income but that they have been deemed ineligible. If eligible, people can receive unemployment benefits (which are calculated as a proportion of insurance paid) for a maximum of 18 months. After the maximum period, or insurance contributions have been fully allocated, the unemployed must apply to use ‘the Social Financial Assistance’, however, there is no real integration of the services provided by the Employment Agencies and the CSWs. Social protection bureaucracies function without much horizontal cooperation.

Child benefits

Benefits targeting children have the potential to provide direct assistance to children and families in need. The Law on Child Protection stipulates three different financial benefits contributing to child welfare including: Child Allowances; Special Allowances; and First Born Baby Allowances. However, as with other benefits there are a myriad of complicated bureaucratic requirements that must be surmounted to successfully claim benefits. Even if successful the amounts paid are very low and would only make a difference to the poorest of the poor who are the very group that are not currently reached.

For each child below the age of 15 a household receives 612.53 Macedonian Denars per month (approximately Euro: 10) and for each child aged 15 to 18 a household receives 9seven.06 Denars per month (approximately Euro: 16). There are also special payments for disabled children equal to 3,592.32 Denars (approximately Euros: 58) per month while allowances for first new born babies can vary from 166.45 Denars (Euro: 2.seven) to 3,828.35 Denars (approximately Euros: 63). The First Born Baby payment, which is given once and only for first born babies to all mothers, is the only universal benefit existing in the country. It is. Also, the current law sets the maximum amount that a family can receive as child benefits at 1,800 Denars (approximately Euro: 29.5) regardless of the actual number of children and the income of the family.

In the revised Child Protection Law (still pending Parliament’s adoption at the time of finalisation of this report), this issue is being amended to make the system more effective and equitable. Also, in its currently amended version this Law includes specific anti-discrimination provisions in line with the EU Council Directive 2000/43 of June 20 2000.

According to the revised Child Protection Law eligibility for Child Allowances, the principal payments that can benefit children, requires that children must be Macedonia’s citizens and that children’s parents must be either Macedonia’s citizens or have legal residence status. Their parent(s) must also be one of the following:

- In possession of an official labour contract for not less than half of a working day (or for working time treated by the Labour Code as equal to half a working day);
- A user of the rights provided under the Pension and Disability Fund;
- Registered as unemployed and receiving unemployment benefits (not just registered).

If parents meet the above criteria they are entitled to child allowances if the incomes of the family, per family member, are less than 16 per cent of the average national salary paid for the first half of the previous year. For lone parents that percentage is 32 per cent. Parents who are unemployed but are not receiving cash unemployment benefits (only 7.5 per cent of the registered unemployed) are ineligible; therefore children with jobless parents, who in most cases already live under the relative poverty line, are suffering unnecessarily because of an inequitable and unjust system.

Another example of the systems vulnerability to arbitrary and ineffective determinations can be witnessed in the ruling that anyone considered by the CSWs to be a founder of a company or institution, regardless of whether they have a 100 per cent or a 0.1 per cent share or, whether the company/organisation is profitable or not, is also ineligible. In post-transition free market
Macedonia the State Statistical Office estimates that there were 157,973 private companies and entities in 2005 and as many as 350,000 private company founders. According to the 2007 UNICEF Child Poverty Study this represents some 24 per cent of the population who are ineligible for child allowances regardless of their economic status.

Service delivery by the Centres for Social Work
The administration of social relief, including eligibility verification, monitoring and control, is also assigned to the 27 CSWs. According to official data received by the MoLSP there were, up to October 2006, on average 97,957 social relief users per month all of whom have to be checked and monitored by the less than 500 people who are employed in the CSWs. These employees are also engaged in a range of other activities, including, working on: child protection and domestic violence issues; adoption; foster family issues; and the social protection of refugees and asylum seekers. In this context, and considering the complicated eligibility criteria for social relief and child allowances, it is not surprising that decisions faced prolonged delays and are often discriminatory or unfair.

The Family Law also obliges CSWs to deal with domestic violence cases and requires all individuals that have taken any actions in relation to incidences of domestic violence to submit, within 48 hours, all documents, notes, testimony and medical evidences to the appropriate CSW. When an incident of domestic violence is reported the CSW is obliged to intervene by: providing protective measures including shelter; providing appropriate psycho-social intervention and treatment; assuring the continuation of school attendance for children; reporting the case to the prosecution office; providing for legal support and representation; initiating a case in the court; and if necessary, requesting the court to prescribe temporary protective measure. However, the Family Law tends to address problems faced by adult women victims of domestic violence and does not adequately address issues of the child as a direct, or indirect victim.

Legal standards relating to violence against children are weak and a variety of definitions are used to describe violence against children. Some forms of maltreatment are missed by these definitions and social workers often do not recognise specific manifestations of violence against children. In addition, there is an absence of officially regulated criteria, and systems in place, for recording, referring or treating cases of violence against children. None of the relevant laws provide such criteria and there are no protocols in force yet for cooperation among the institutions that could potentially address these problems. There are also no systems in place to monitor and evaluate the quality of services available for children and families affected by violence.

Professional staffs employed at the CSWs include social workers and psychologists, sociologists and lawyers. However, recent data from the 2007 UNICEF Child Poverty study show that only 18 of the CSWs across the country have a full professional team on board and the rest operate without, or with a very limited number of, professionally qualified personnel. The lack of trained staff is a major source for concern and has serious implications in terms of the quality and delivery of care and protection services. In the last few years, professionals from CSWs have received some training but there are still big gaps in terms of professional knowledge and skills. Professionals involved in the social services sector continually point out the need for the development, and effective implementation, of child care standards and protocols. In this context, expanding staffing levels and strengthening the institutional capacity of the CSWs would greatly contribute towards increased efficiency and better service delivery.

Institutional care
Although some social protection institutions have attempted to improve conditions, institutional care in Macedonia is nevertheless of inadequate quality and suffers from under-funding and a lack of trained staff. Despite also the recent drafting by the MoLSP of a Strategy for Deinstitutionalization (2007 – 2014), overall progress towards reforming institutional care remains to date rather limited. Outreach services for street children are also limited with three Day Care Centre’s for Children on the street located in Skopje, and very limited rehabilitative services for adolescent drug addicts.

Financing the Social Protection System
A 2004 World Bank report states that social protection programmes in Macedonia are costly compared to other transition economies in the region. In 2002, expenditures through the Pension and Disability Fund alone accounted for more than 10 per cent of GDP and together with unemployment insurance and social assistance programmes (including health expenditures) they represented the equivalent of nearly one third of total GDP and comprise over two thirds of public spending. According to the World Bank assessment the efficiency and effectiveness of these programmes are relatively low.
Social security benefits have represented a significant amount of public expenditures. In 2002, total cash benefits amounted to 2.7 per cent of GDP and a total of almost nine per cent of government expenditure. Over 270,000 benefit payments were disbursed monthly to individuals and households and it is estimated that there are as many as 0.5 million people (25 per cent of the entire population) living in families that receive some form of government funded benefit.

The above mentioned World Bank analysis also found that due to poor budgeting and accounting procedures, expenditure data for various social assistance benefit programmes is difficult to disaggregate. Different agencies used different categorizations, which makes it difficult to track links between beneficiaries and various social assistance expenditures. Systemic weaknesses in budgeting, accounting, and categorization procedures have made inter-country comparisons of social assistance expenditures very difficult.

As for the Health and Education sector there are no figure available that indicate actual expenditures on social protection. Looking at planned expenditures a gradual increase is apparent; from just under 5 billion Macedonian Denars (approximately 83.33 million Euros) in 1994 to just under 20 billion Macedonian Denars (approximately 333.33 million Euros) in 2007. However, expenditures on children have significantly decreased over the same period from just under 5 billion Macedonian Denars (approximately 83.33 million Euros) to just under 1 billion Macedonian Denars (approximately 16.66 million Euros).

For 2007 the Government has allocated 1.474 billion Macedonian Denars (approximately 24.56 million Euros) for programmes that relate to children, however, 8seven8 million Macedonian Denars (approximately 14.63 million Euros) from this total is allocated towards costs associated with the construction of buildings, decentralised programmes administered by local government and the financing of day care and recreation centres. Only 596 million Macedonian Denars (approximately 9.93 million Euros) is allocated to programmes that directly address child poverty. Of the total 2007 budget for social protection (88.5 billion Macedonian Denars - approximately 1.475 billion Euros) only 0.7 per cent is allocated towards programmes that explicitly address child poverty.

4.4.3 Other child protection challenges

A number or underlying factors that have a bearing on protection outcomes for children are also salient but are considered separately here because they fall outside of the primary jurisdiction of the social protection system and relate to a broad range of issues including legislative reform that have multi-sectoral implications.

Legislation and institutional capacity

Developing a legal framework that addresses all children’s rights through mutually reinforcing legal mechanisms which, establish accountabilities; can be implemented; are enforceable; are properly resourced (in terms of funds and technical capacity); and are backed by political commitment, is fundamental to child well-being and therefore to Macedonian society as a whole. Child rights are specifically addressed through a number of legal and constitutional instruments, including: the Constitution; the Declaration for Protection of the Child from Political Manipulation and Abuse; the Declaration of the Macedonian Parliament for Protection of the Rights of the Child; the Law for Ratification of the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflicts; the Law for Ratification of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography; the National Youth Strategy, the Law for Child Protection; the Family Law; the Labour Code, the Law on Social Protection. In addition, the Government ratified the CRC in 1993.86

Clearly there is, and has been, good intention on the part of the Government in regard to respect for child rights. However, a number of problems contribute to render some of the programmes and processes designed to support these laws either inoperable or unsustainable. There are concerns that state service providers are having difficulty making sense of the plethora of administrative burdens, and of the conflicting, resource competitive, priorities that are deputised to them by legislators and policy makers.

Recent amendments to the Law on Child Protection, including amendments aimed at developing a more equitable approach to assessing family income, have been submitted to the Parliament and may help to alleviate some of the system challenges identified in this report. However, it is proposed that amendments stipulating changes to the way the payment of child allowances are assessed will only come into effect when Macedonia becomes a member of the European Union. Currently a date has not been approved to commence negotiations for accession, so unless corrective actions are taken earlier, the rights of many poor and excluded children will continue to be undermined.
The Law for Child Protection should ideally be clear, and focused on providing a firm foundation for sensible pro-child legislation. However, since 2000 the LCP has been amended 3 times. These amendments represent 45 pages of changes to the main text which was originally only 26 pages long. As a consequence of its prolix and confusing language, the text is extremely difficult to read, follow and comprehend and as it currently stands, of little practical value to the officials who are required to interpret it. In addition, the LCP does not provide a comprehensive framework for child protection but is limited in its scope to issues concerning child allowances; special allowances; financial help for families with new-borns and assistance for kindergarten payments. Article 5 of the CLP addresses the care and upbringing of pre-school age children; rest and recreation and unspecified ‘other’ forms of protection.

Underpinning the LCP is the assumption that the protection of children is achieved through the dispersion of child allowances, and through the efforts of public institutions and authorities. Instead of comprehensively addressing children’s rights through a law that creates a clear framework for comprehensive protection, legislators have instead bifurcated child rights throughout a range of regulations, the net result being that children’s rights are diluted within a complex nexus of legislation and policy.

Child poverty and social exclusion are broad issues that relate to the full extent of children’s rights to protection. A comprehensive Child Code regulating all aspects of child well-being, development and protection may contribute to a more effective enforcement of children’s rights.

Problems with juvenile justice
The administration of juvenile justice in Macedonia is seriously hampered by a lack of skilled and trained professionals and a shortage of material and financial resources. Other problems that are apparent include: an inadequate focus on preventative and alternative strategies; inconsistent separation of adult and juvenile prisoners; a lack of educational and vocational training opportunities for detained juvenile offenders; the lack of continuous professional development and training for police, correctional officers, educators and social workers; and the inability of the CSWs to effectively implement preventative and alternative measures - a direct consequence of the lack of human and financial resources that typify the CSWs despite their many responsibilities.

In 2000, the UN Committee on the Rights of the Child recommended in its concluding observations (2000) on the first CRC re-port submitted by the Government: “... that the state party consider relevant reform of the juvenile justice policy and practice in accordance to articles 37 and 40 of the CRC....”.

Despite ongoing major justice sector reform processes taking place to meet EU requirements, juvenile justice issues have been thus far largely overlooked. However, since early 2000 the Ministry of Justice has been addressing juvenile justice reform with the strategic focus of fostering a more child-friendly and restorative justice system in line with EU standards. Recently, in a further attempt to redress this situation, the Parliament approved a new Juvenile Justice Law. This law implicitly recognizes that, in the best interest of the child, appropriate juvenile justice can only be achieved if juvenile offenders are dealt with outside of the formal criminal justice and penal system that is in place for adults. In the new law child welfare is considered; measures can be imposed which call for assistance and protection to be afforded by the CSWs; and there are provisions that allow alternative mediation and reconciliation procedures. However, capacity issues, like those addressed above remain a challenge and considerable efforts are still needed to ensure compliance with the CRC.

Reform of the juvenile justice should be achieved parallel with the reform of the justice sector as a whole (see Recommendations: section 6.3)

Trafficking
Despite the adoption of the National Anti-trafficking Strategy and Action Plan in 2006, there are still problems that hinder the protection of victims of trafficking, including children. These include the lack of any system for monitoring the implementation of the strategy; an absence of accountability structures; weak coordination among active anti-trafficking partners; the lack of a clear reporting process for progress achieved; and, last but not least, the lack of an accurate process to identify, and subsequently protect, victims of human trafficking. However, some good progress has been made with the establishment of a National Referral Mechanism (NRM) for victims of human trafficking under the auspices of the MoLSP. The NRM office is developing standards for the care and protection of trafficking victims but timely finalisation, adoption and effective enforcement of these standards must be ensured. As always, adequate financial and human resources must be secured to guarantee implementation but almost all counter trafficking activities rely on external donor-funded support.
4.4.4 Recent reforms

There is no organised child protection system in Macedonia; rather child protection exists as sub-stratum within the Social Protection system which is characterised by fragmentation and a serious disconnect between policy and policy implementation. Integrated systems are not present and there are no departments within the MoLSP that specifically address planning or coordination for child rights gains. Inter-ministerial cooperation does occur but there are no protocols established that stimulate, guide and formalise processes, or establish accountability for cross-sectoral initiatives. In addition, the absence of efficient monitoring and evaluation systems results in the lack of a strong evidence base that could be used to identify opportunities for improved coordination and inter-departmental responsibility. Many challenges to the establishment of a more efficient system still remain.

Given that the efficacy of child protection measures is largely determined by the effectiveness of the overall social protection system a consideration of proposed changes to the Law on Social Protection is needed. These changes include: improved standardisation of the conditions and procedures for acquiring rights to social protection (including conditional transfers); means testing benefits for the disabled (this was previously a universal benefit for the disabled); broadening the scope of social protection to include asylum seekers; introducing EU Directive 2000/43/EC that requires equal treatment regardless of race or ethnic origin: and, specifying rights entitled by communities as social protection functions are decentralised.

Recognising the challenges that the Government will face when decentralizing social protection functions, social protection reform has also been included as a component of the Social Protection Implementation Programme. The main objectives of this programme will be to enhance the effectiveness and efficiency of the social protection system through improvements to: administrative systems; the long-term sustainability of the pension system; and the targeting of cash benefits. The project includes two main components - component one supports the ongoing continuation of pension system reforms and component two is focused on social protection programme support. Formulating strategies and mechanisms to improve resource management and service delivery will form a part of these efforts.
This section will address some of the key underlying problems undermining service delivery and child rights realisation in Macedonia. These challenges are cross-sectoral and relate to problems that are to varying degrees encountered within all the Government ministries and departments that are responsible for ensuring children’s rights to survival, development, protection and participation. Looking first at overall governance issues, including economic management and fiscal transparency this section will then focus on key governance issues that have a direct impact on service delivery, including monitoring and evaluation, sectoral funding stability, issues of institutional capacity and decentralisation. In conclusion, this section will consider efforts that have been made to improve the focus on child rights as well as some coordination issues that may jeopardise future progress.

5.1 Economic growth and employment generation

Accelerating economic growth is fundamental to achieving the Government’s ambitious economic and social objectives and will have a positive effect on mitigating child poverty in the longer term. However, it is specifically through employment generation that the benefits of growth reach children as parents become better able to allocate resources in support of children’s development, and tax-based revenues for service provision increase.

Recognizing the negative impact that the current business environment has on economic growth and employment generation, the Government, supported by the international community, the International Monetary Fund and a series of World Bank loans, has been taking steps towards improving the investment climate. Recently introduced reforms include a new one-stop shop for company registration; the passing of new bankruptcy laws; the introduction of regulatory reforms targeted at simplifying and minimizing regulatory requirements; and a flat tax on corporate profits and personal incomes.

Ultimately, it is hoped that improvements in the investment climate will stimulate growth, create new jobs and self-employment opportunities, raise incomes and living standards and contribute to an overall reduction in poverty. However, economic growth alone cannot ensure that the rights of all socially excluded and poor children will be realised – experiences in Macedonia and other CEE/CIS countries has shown that economic growth does not benefit all children, and that part of the generation of children born since the transition are being left behind.

In many ways the current macro-economic situation is favourable for economic growth and job creation. Inflations is low, foreign debt levels are moderate; the budget deficit is minimal; and Macedonia has the lowest levels of personal and corporate income tax in Europe. However, if
Macedonia is to avoid situations were profits and gains are siphoned off by big-business and those well positioned to exploit economic growth, then a multi-faceted and socially just approach will be needed to ensure employment generation and poverty reduction. Economic growth without sustained job creation will do little to help increase overall living standards; enhance social cohesion and political stability; or, provide revenue for much needed investments in health, education and protection. For this reason sustained employment growth can only be achieved though an inclusive approach that includes issues of both labour demand and supply.

To address these issues the Government has recently approved a National Employment Strategy and a National Action Plan for employment. Both of these have been developed with the support of the EU and represent a solid attempt to align with EU goals and recommendations on the labour market according to the three horizontal priorities of: increasing employment; improving the productivity and quality of work; and strengthening social cohesion and inclusion. However, while the Strategy and Action Plan address many important issues they tend to be too narrowly focused on labour market reforms and lack a clear rationale for implementation. As the World Bank has argued:

‘A comprehensive approach to improving employment requires efforts in a number of areas that encompass sound economic and regulatory policies, efficient labour market regulations, institutions, education and trainings systems that develop relevant and high quality skills, and a social safety net that offers protection for the most vulnerable while encouraging employability’ 87

5.2 Corruption

The signing of the Stabilisation and Association Agreement (SSA) with the EU has increased consensus on the need to sustain progress towards improving governance and addressing corruption at all levels. The experiences of the EUs most recent members, Bulgaria and Romania, has made it clear that the European Commission places great importance on mitigating corruption as a pre-condition for accession. The 2006 UNDP Early Warning Report indicates that some 42 per cent of Macedonian people feel corruption is one of three top governance issues that worry them. 88 Since 1998 all governments in Macedonia have won elections on strong anti-corruption platforms and as a consequence there is an extensive list of legislation that has been adopted to address corruption. Macedonia has also developed an anti-corruption strategy and action plan; has implemented legislation guaranteeing access to information; has started to promote electronic procedures that are more accessible to the public and has established a special commission to check asset disposals by public officials and investigate cases of corruption. While there is still a big disconnect between the anti-corruption legal framework and enforcement actions, charges have recently been brought against high ranking current and former public officials and some judgements have been issued in ongoing corruption cases.

However, corruption in Macedonia’s institutions is still endemic and rooted in a range of administrative, legal and governance problems that defy quick solutions. In some sectors the institutional and legal measures to address corruption are in place but implementation is absent, whereas in other sectors major reorganisations are required to reduce incentives and opportunities for corrupt behaviours.

Perceived and real corruption is seriously hampering service delivery and good governance in Macedonia. As has been already noted, corruption associated with the health sector (specifically the administration of the Health Insurance Fund) and the social protection system seriously impact on children’s rights to good health and protection by diverting resources from where they are needed, obfuscating service delivery priorities and creating disincentives for assistance seeking behaviour, especially among the socially excluded.

According to the 2007 European Commission report on social protection and social inclusion there have been many reported (and unreported) cases of the misuse of professional authority and power in the social sector. These have included: the misuse of social assistance benefits by some managers and professionals in the CSWs; the acceptance of bribes for service provision; and anecdotal evidence of informal payments made for adoptive children. In the health sector individuals are sometimes forced to make substantial out-of-pocket payments for services that are nominally free, despite high levels of public spending on the sector as a whole. Generally speaking the public views the health sector as corrupt and providing poor services. 89

Underlying governance issues and corruption in particular, is a lack of institutional oversight and a lack of public demand for greater transparency, which both may be a consequence of deep-seated dissatisfaction with service delivery and...
public fatigue. In addition, civil society is yet to reach its potential for oversight and many non-government organisations are weakened by conflicts of interests and are subject to political influence.

5.3 Institutional capacity

There are major institutional capacity deficits throughout the entire Macedonia’s civil service, and particularly within the health, education and social protection sectors. As a consequence of consistently inadequate past levels of investment in health, education and social protection, and a host of structural problems within the civil services, including inadequate opportunities for staff development and training, public institutions in Macedonia are not functioning to their potential.

In terms of human resources, evidence in this report suggests that administrative, technical, and managerial capacity among administrators, service providers and other professionals is still largely inadequate.

Capacity within the public administration system is also being undermined by the still persistent politicisation of the system which is evidenced by political interference in recruitment (especially senior recruitment) and advancement procedures and the prevalence of political or non-professional influences. Other problems include: frequent ministerial shifts and the movement of senior managers between departments; and a lack of capacity in regard to establishing and setting priorities, proposal writing and reporting, and strategic and cross-sectoral planning. Inter-departmental information exchanges are infrequent and general knowledge of social policy issues, in the context of Europe, is inadequate.

There is still a way to go before Macedonia establishes a meritocratic and fully professional public administration system, despite it being a priority of successive governments. The Law on Civil Servants, which determines recruitment procedures, pay and career rules, only applies to 13 per cent of the public administration and administrative issues in other parts of the public administration remain non-transparent. As a result, staffing changes and arbitrary replacements and inter-departmental shifts are common. Furthermore, efforts to contain wage costs without reducing the size of the civil service are translating into a lowly-paid and unattractive civil service that is vulnerable to corruption and the exit of talented and professional staff that either move to the private sector, or one of the many bilateral and multilateral organisations that work in Macedonia. The exit of talent to neighbouring countries may become a risk in the future.

In the above context, shortfalls in institutional capacities are both a manifestation and a cause of governance problems. Therefore, strategies for capacity development require comprehensive (multi-layered) but also innovative and multi-faceted approaches that address both how to improve the efficiency and efficacy of state service delivery, and how to sustain that efficiency and efficacy in the longer term.

5.4 Budget execution and transparency

A basic tenet of democratic society is that taxpayers and citizens have a right to participate in, and be informed of, governmental decisions in regard to the use of public resources. However, a lack of fiscal transparency and adequate accountability measures often conspire to keep this information out of the public eye. As such, it is essential that governments release expenditure figures and are held accountable for budgetary promises and actions that may or not be in accordance with these promises. Fiscal transparency can also be enhanced by: passing legislation that encourages civil society oversight and assists civil society organisations to make claims on behalf of disadvantaged groups; by engaging parliamentarians more directly in budgeting processes; and by establishing mechanisms for the dissemination and sharing of financial information.

Much attention in government circles is often directed towards drafting policies, legislation and plans. However, it is the actual allocation of resources that allows the implementation of activities that result in development outcomes. For this reason assessing budget execution is a key strategy for evidenced-based policy development and implementation. Only through knowing where funds have been spent and how they have been spent can planners determine programme corrections and future options. Opaque budgets and inadequate financial controls only serve to hamper the effective implementation of service delivery programmes by diminishing fiscal accountabilities which enhances vulnerability to corruption, and managerial negligence.

Just as transparency in relation to public expenditures, and the capacity of governments to ensure the effective monitoring of those expenditures, is indicative of institutional capacity and the quality of governance, budget executions on health care,
education and social protection are indicative of the available government revenue base and the level of government commitment to social welfare and child rights. Only through effective financial management and the commitment of adequate resources can governments ensure that the rights of children are realised, and only through the effective monitoring of expenditures can governments ensure that resources are reaching target beneficiaries.

Government efforts to increase financial oversight have improved with the establishment of a State Audit Office and the strengthening of internal auditing systems in some ministries. Support for the further strengthening of external and internal audit functions is being provided by the EU as a component of compliance with Chapter 32 of the acquis.

However, the fragmentation of public financing and delivery systems and the sometimes arbitrary way that funds are allocated is currently contributing to increasing variations in the resources available for social services, and hampers an analysis of relative sectoral funding stability. Nevertheless, when considering that Macedonia allocated less than 10 per cent of GDP to the social sector in 2003 and that the EU Member States allocated 31.3 per cent of GDP to the social sector for the same period, it is clear that stability could be significantly enhanced by increased and sustained levels of social sector funding. There will always be a degree of inefficiency in any public administration, but transparent budgetary procedures allow policy makers and planner to better assess where inefficiency is occurring and to make appropriate changes.

In this context ensuring the availability of public expenditure data should be a key priority for public administration (see Recommendation: section 6.3)

5.5 Decentralisation and service delivery

In 1999, Macedonia embarked on an ambitious decentralisation reform programme which was an important cornerstone for furthering democratic transition. The Ohrid Framework Agreement in 2001 marked a turning point for decentralisation processes and provided much needed impetus and a detailed roadmap for the process. Since 2004 the following laws relating to decentralisation processes have been passed: the Law on Local self-Government (2002) which stipulates services to be provided at the local level, including, urban planning and economic development, local finance, culture and education, social welfare and health care and tax administration; the Law on Territorial Organisation (2004) which reduced the number of municipalities from 124 to 84; the Law on Local Financing of Self-Government (2004) which stipulates sources of local financing; and the Law on the City of Skopje (2004) which determines Skopje as a separate unit of self-government.

The general perception is that the transferring of competencies to the municipalities has been politically successful (compliant with Ohrid Framework), however, implementation of decentralisation processes is lagging and a key test will be ensuring that municipalities deliver better services. In a March 2007 survey undertaken by UNDP some 80 per cent of respondents reported seeing not much change, or being dissatisfied with the process so far. In addition, a 2007 UNICEF/UNDP Mission Report observed, in regard to the second phase of decentralisation processes, that government personnel within the line ministries and working at the municipal level are unclear about what the further reforms mean in practical terms, and that expectations diverge considerably among the various different stakeholders.

At this stage service delivery for health care, education and protection remains administered at the central level and it remains to be seen how the decentralisation of these services will be implemented. Of principal concern are the low levels of capacity evident at the municipal level. In addition, the Law on Self-Government envisages equal levels of competencies for all municipalities regardless of size and capabilities even though the Ministry of Finance has recently revealed that only a few municipalities fulfil the criteria for moving on to the second phase of fiscal decentralisation. In reality, municipalities are unequal in size (15 municipalities have less than 5000 citizens) and there are concerns that current mechanisms for decentralisation do not take into account divergences in regard to staffing and capacity levels, the quality of infrastructures, or opportunities for income generation.

In the health sector it is thought that at least half of all municipalities are not ready to develop local health policies or preventative programmes. Many municipalities also face acute funding shortages that will hamper their future capacity to implement priorities identified in local development plans. In addition, municipal funding grants have been calculated on the basis of historical costs through a ‘retrospective’ methodology and this approach has assumed that current levels of
spending are somehow adequate, and that spending levels at the central and local levels will remain unchanged. This system unfortunately perpetuates past inequalities in levels of funding for basic service delivery and fails to address population dynamics and other changing local conditions. In this context, minimum service delivery standards and protocols need to be developed to ensure that poor children and their families have equal access to locally provided services.

Currently, a new programme for decentralisation and action plan for the period 2008 – 2010 are being developed but a comprehensive assessment of fiscal decentralisation will be needed to inform this programme and the second phase of fiscal decentralisation that will start in 2008. To support this programme and action plan UNDP has recently recommended that the overall vision for decentralisation and key objectives for the second phase should be re-communicated within a new decentralisation strategy paper that, ideally, should be informed by an analysis of fiscal decentralisation based on 2005/2006 financial data. These data are however, currently unavailable.

The MoLSP should lobby for a pro-service community approach to decentralisation that is cognisant of opportunities that this presents for improved data (see recommendation: section 6.3).

This decentralisation strategy should go beyond the current operational planning which focuses primarily on the legal framework and provide a coherent road map for reform. The strategy should address linkages with sectoral reforms within the education, health and social protection sectors, and address relationships with other important national strategic objectives. These include public administration reform, the EU integration agenda and European social inclusion mechanisms, especially the Joint Inclusion Memorandum.

Another element of the ‘Strategy’ would include a capacity building programme that supports decentralisation processes. This programme should encompass: training and consultation programmes that bolster the key competencies required for local governance; the provision of guidance and technical support by line ministries; targeted support to less well resourced municipalities; and technical support for line ministries to assist with required adjustments and restructuring needed to support devolutionary processes.

Key to the success of decentralisation processes will be ensuring that an effective communication strategy is developed that targets different stakeholders, including, parliamentarians, line ministries, government agencies, institutions, development partners and community members. Such a strategy should be rights-based; ensure that citizens are informed of their constitutional rights and obligations in relation to local government; and, encourage poor and socially excluded families to exercise rights to quality services.

5.6 Data issues, monitoring and evaluation

Problems with monitoring (the systematised collection of data) and evaluation (the analysis of these data and the efficacy of programmes that data reflect on) underpin the scope of this analysis, and its underlying concerns. As is evidenced by this and other reports, data currently available can in the most only assist with the identification of key social development issues such as the pressing need to address the fundamental rights of poor and excluded children and, indeed, the very absence of quality data. The Government and its institutions are conscious of this problem and are attempting to redress the situation. However, the current absence of quality, routinely collected data disaggregated by, as a minimum, age, sex, educational attainment and economic status is rendering the development, implementation and monitoring of programmes that target discrete groups, especially children (including poor children) and marginalised and poor families, extremely problematic. Reducing disparities to the access and utilisation of services is fundamentally dependent on ascertaining: what ways disparities are manifesting; which families and children are missing out and why; where they live and what works and what doesn’t. Only with this information can service providers pro-actively target those most in need and ensure improved equity, as is required for compliance with EU social inclusion obligations and the applicable Macedonian legislation and policy directives.

Progress has been made with regard to the collection of social statistics through the rollout of the Development Information (DevInfo) project and through a Statistical Literacy Project within the SSO but there is still a long way to go. Cooperation between data providers is at times constrained by inter-departmental competition and a lack of inter-ministerial coordination prevents a pooling of resources and the establishment of workable systems that address a minimum package of national data requirements.

Political commitment is needed to ensure improvement across a range of issues relating
to cross-sectoral cooperation, however, the Government must recognise the pressing need for critical financial, technical and managerial investments in statistical institutions and the work that they do; and, that improvements in the availability of quality data presages the efficacy of many social development efforts, and by association, longer term economic and social stability. As is acknowledged by the European Commission in its 2006 report on Macedonia’s progress towards meeting the requirements of the acquis (chapter 18):

‘The Law on State Statistics still has to be amended to address shortcomings as regards, for instance, the definition of official statistics, the scope of the statistical council and the appointment of top management of the statistical office’92

With regard to progress towards demographic and social statistics the European Commission concludes that recent progress has been limited to improvements in the production of labour force statistics and with regard to improving the scope of the household budget survey. The implication here is that little has been achieved, especially in regard to data collection and analysis in support of programmes that address children’s rights and the poor. In its latest progress report (2007), the European Commission notes that, despite some good progress made, for instance as regard to cooperation and coordination among different stakeholders of the national statistical system, alignment with the acquis in the area of statistics is advancing moderately.

Throughout this report it has become clear that there is an acute lack of quality government data on the situation of children, and on the situation of the poor and excluded in general. Only the 2005/2006 MICS has been able to provide adequately disaggregated data. Consequently, there is not a great deal that can be said about data in the health, education and protection sectors because it is not always routinely collected and in some cases simply doesn’t exist. National level data is collected routinely by the MoH, MoE and the MoLSP but it is generally patchy and sometimes unverifiable. In the health sector, where data collection is most advanced, the recent draft National Report for Macedonia on the Evaluation of Public Health Services concludes that: there are insufficient socio-economic indicators or data on life styles; that there is no system in place for the evaluation of health care service provision and quality; and findings from the few research surveys that have been done are not used to inform the development of health policy.93 Currently the MoH is in the process of revising (for the first time since 1978) the Law on Health Statistics and it is hoped that the new law will regulate the methodology and frequency of data collection and define rights, responsibilities and professional obligations in this regard. The revised law will align with health statistics laws in the EU and is due to be adopted by the end of 2008.

The MoLSP with its numerous departments faces similar problems with data collection and programme monitoring. For example, the CSWs do not routinely collect disaggregated client data that can be fed back for central level analysis, and programme monitoring and evaluation is acutely neglected, which inadvertently provides cover for unethical or illegal transactions and obstructs sector reform.

In the education sector, where most resources are directed towards the payment of salaries at the expense of management and quality, overall data collection and analysis systems are still weak. Training and implementation for the use of a computer-based Education Information Management System would be hugely beneficial for the sector and education policy development.

In spite of the Government’s increasing interest in issues of child poverty and social inclusion, Macedonia is still in the very early stages of preparing data for the Laeken Indicators, and as yet does not have the statistical foundations on which to build a comprehensive social inclusion policy, let alone to guide the implementation of such a policy in a coherent and effective manner. In the context of forthcoming preparations for a Joint Inclusion Memorandum these shortcomings are particularly salient. Also, if decentralisation processes are to be successful, capacity for data collection and analysis will have to be leveraged both downstream and upstream.

The most practical, cost-effective and sustainable way to gather and assess quality disaggregated data is to collect it at the municipal level, and the most efficacious way to ensure improvements in evidence-based evaluation and national planning is to make sure that disaggregated municipal data are available for analysis at the national level. The development of protocols and standards for decentralised data collection would be a good a first step (see Recommendations: section 6.3)
This report has argued repeatedly that many children, especially poor children, are missing out on fundamental rights and that this is happening as a consequence of a wide range of underlying problems in governance, social policy development and implementation, and in the education, health and social protection sectors. This report has also argued that quality investments in children at all levels are in the short-term and long-term interest of Macedonia.

Many of the problems described, particularly in regard to governance issues, are critical and suggest that Macedonia has a long way to go to comply with nascent legislation and policy, and other obligations. However, these problems are not unique to Macedonia. In many ways efficiency in government, correlates to the level of available resources, high-level resource management experience and being able to remunerate civil servants appropriately. Democratic governance in Macedonia is a relatively new phenomenon and in this sense achievements have been substantial. However, political will, hard work and cooperation will be the key to ensuring the wide ranging reforms that Macedonia so urgently requires.

This section of the analysis will: enlarge on the policy rationale for investments in children; look more specifically at the policy context, especially as it relates to institutional processes and how they impact on children; and offer recommendations for action.

6.1 The policy rationale

International experience suggests that there are four broad arguments for putting child poverty at the centre of the national policy agenda. These relate to the scale and persistence of child poverty, the threat to fundamental rights, the negative impact on economic and social development and the impact on political and social solidarity and social inclusion generally. All of these issues must be factored in to any modern comprehensive strength assessment.

The EU social inclusion process has shown that the risk of poverty for children is higher than for adults. The problem is not peripheral or residual and countries who invest in pro-child policies are the most successful in reducing and preventing child poverty and poverty in general. There is also growing evidence that emerging problems such as drug abuse and trafficking, contribute to the mix of deprivations that perpetuate intergenerational cycles. Similarly, the steady growth in the number of lone parent households is associated with growing poverty as are changing family structures, the decline in extended families, and community fragmentation. The key arguments for pro-child investments are as follows:

1 Children’s rights form part of the broader human rights conventions and protocols that member states are bound to respect, including the United Nations Convention on the Rights
of the Child and its Optional Protocols, the European Convention on Human Rights, and the European Charter of Fundamental Rights. Therefore, governments are duty-bound to uphold the fundamental rights of children. Tackling child poverty and its root causes is also an international obligation that is in accordance with internationally agreed social and economic development targets contained within the Millennium Development Goals and the World Fit for Children.

2 High levels of child poverty lead to high economic and social costs. Children growing up in poverty are less likely to reach their full potential and are at higher risk of being unemployed; suffering poor health; being marginalised economically or socially; and of not acquiring the means to exit poverty. This has serious implications for economic and social development – in an increasingly technical labour market it is critical that governments maximise investments in education and human capital to ensure that children grow up to be adults who are best able to contribute to economic growth, and towards the taxation revenue base for service delivery. This last point is particularly salient for Macedonia where ageing populations and falling birth rates may cause serious labour constraints in the future. SSO data show that the Total Fertility Rate in Macedonia has declined from 2.06 in 1990 to 1.5 in 2005 which is indicative of an ageing population that will place increasing demands on the state pension system. A key way to fund increased social welfare expenses, and for that matter increased national costs in general, is to invest heavily in children’s education and human capital in support of income generation and economic growth. It is much more efficacious, and considerably less expensive to tackle the root causes of poverty, than it is to address the widespread and intransigent poverty that can result from inaction, ineptitude and a lack of strategic planning.

3 Investing in children makes both good economic, and political, sense. Poverty and unemployment place significant demands on societies and result in lost opportunities for economic, social and cultural development. Poverty and social exclusion can also lead to political instability and socio-economic divisions. Tackling child poverty is therefore an investment in the future and a public good. European Union social inclusion processes have demonstrated that overall efforts aimed at the eradication of poverty and the mitigation of social exclusion will only be achieved if they are accompanied by early interventions that lift children out of poverty and ensure their full development and participation in society.

4 Child poverty, exclusion and marginalisation rooted in ethnicity, gender or legal status must be implicitly understood as key components within mainstream political debate, both from a social justice perspective and to improve economic and social efficiency. Child poverty and exclusion are also critical issues in terms of their relationship to many other key policy challenges that are faced by developed and developing countries alike. These challenges include: globalisation and the need for a skilled and technologically adept workforce; demographic and social changes caused by increasing mobility and higher levels of ethnic diversity; concerns relating to political disaffection and democratic deficits; the need to promote and support greater gender parity; the need to increasingly reconcile work and family life, and to adjust to changing family structures; and the need to promote environmental sustainability for economic stability and growth.

6.2 The policy context

Child poverty, social inclusion and the management of policy

The National Plan of Action for Children (2006 – 2015) and the National Youth Strategy specifically address child rights and the situation of young people. The National Plan of Action for Children provides a list of actions that need to be undertaken, deadlines for their implementation, indicators for the verification of goals, and determinations in regard to agency responsibility.

The National Action Plan for Children aims to define state policy towards children’s rights over the next 10 years and addresses issues of children’s rights to education and health, as well as child poverty and social exclusion. The plan combines (in a single document) the child related action plans of all ministries, state agencies and institutions that work in areas related to children’s rights. These include: the Ministry of Education and Science; the Ministry of Labour and Social Policy; the Ministry of Health; the Ministry of Justice; the Ministry of Internal Affairs; the Agency for Youth and Sports; the Agency of Information; the Ministry of Foreign Affairs; and the Ombudsman.
However, unless key budgetary, sequencing, accountability, activity level and planning issues are resolved the action plan is unlikely to be of much practical use. And in the absence of pending implementation, the plan may need to be revised in order to take account of changing circumstances. The action plan was developed with the assistance of a National Commission for Children which has, since completion of the plan in early 2006, ceased to exist. The Ministry of Foreign Affairs is responsible for ensuring that the country responds to its international reporting obligations and the Government of Macedonia received its first concluding observations from the UN Committee on the Rights of the Child in 2000. Noted among the concluding observations was the absence of any mechanism for the coordination of information and issues around the CRC, or in relation to evaluating compliance with the CRC. The establishment of an inter-ministerial National Commission on Child Rights, in December 2007, is undoubtedly a positive step forward. In June 2007, the Government submitted its second periodic report to the Committee. The Committee’s observations will be critical to assess the country’s progress in the implementation of the CRC and to identify the major shortfalls affecting the degree of fulfilment of its obligations.

Following on from the recommendations made in the Declaration of the Parliament for Protection of the Rights of the Child, a National Youth Strategy was also adopted in November 2005, and covers a 19 year period from the time of its adoption. The Strategy addresses many problematic youth issues in Macedonia but there is no way to currently evaluate its performance since inception.

Other government strategic documents that have a bearing on Macedonia’s children and social protection and development issues include: the National Development Plan (2007–2009); the National Strategy for Integration in the EU (2004); the National Strategy for Employment to 2010; and the National Employment Action Plan (2006–2008). All of these policy documents attempt alignment with EU goals and recommendations and recognise, in accordance with the European Employment Strategy, the priorities of: increasing employment, improving the quality and productivity of work, and strengthening social cohesion and inclusion. However, they also lack workable implementation frameworks that detail budgetary allocations, time frames and accountabilities.

The National Strategy for EU Integration attempts to address social policy reform and alignment with EU common approaches. In relation to better targeting social protection to address post-transition poverty, the Strategy obscurely comments: ‘...the system of social protection which is robust and egalitarian and that offers a relatively high degree of protection, needs to be transformed to prevent endangering the balance of the public finances, as well as companies’ competitiveness’

And then: ‘...The system must be transformed quickly, without damaging the social inclusion and causing greater social tensions’.  

The 2007–2009 NDP has little content focused specifically on children’s rights but like other national policies and European development policy it is open to some degree of interpretation. The 5 key objectives of the NDP are: strengthen economic competitiveness; develop new physical infrastructure and to upgrade existing physical infrastructure; improve the quality of education and ensure responsiveness to changes in the labour market; improve agricultural practice and productivity; and, create pre-conditions for balanced regional policy development.

Given that NDP implementation is dependent on the implementation of a range of sectoral policies there are concerns that certain strategic elements of the NDP may be compromised. However, the NDP component that addresses education is important for social development initiatives and could provide opportunities for cross fertilization with national education policies, as well as leverage on education for the Joint Inclusion Memorandum and the Joint Assessment Paper on Employment.

However, policy development and social protection planning in Macedonia are often driven by external influences which, unfortunately, are contributing to the confusion and dysfunction the public administration sometimes exhibits. Currently, social policy development and social protection planning are driven by EU integration aspirations and by the EU and EC directives and protocols that guide compliance structures. However, changes to regulatory documents are also frequently a result of interventions by influential organizations including UNICEF and UNDP, and major donors, including the EU, the World Bank and the IMF.

As is evidenced by the recent establishment of a working group in preparation for the Joint Inclusion Memorandum, and the general business evident within the MoLSP, there is a level of enthusiasm about policy development for social inclusion. However, this enthusiasm needs to be tempered by a practical dialogue with partners and stakeholders that builds consensus around key priorities. Efforts must be made because it is
only through dialogue and improved partnerships and coordination at all levels that real progress will be made. In the context of the Joint Inclusion Memorandum and the Joint Assessment Paper on Employment, it might be time to step back a little, take stock and agree on what is best over the longer term. As the European Commission has noted:

‘Partnership and dialogue at every level are important tools for delivering social inclusion. They can help with the identification of problems and disadvantaged groups, in directing social assistance and in activating people experiencing poverty and social exclusion’ 99

Children and young people in Macedonia

The rights of children and young people represent a big part of the current policy context, arguably the most important part, because short-term and expedient compromises will never substitute for actions that ensure longer-term sustainability.

The disenfranchisement of young people and the precarious situation that many young people face has been noted by this analysis in relation to: unemployment and the lack of educational opportunities; exclusion from economic and social participation; and vulnerability to a range of risks including drug abuse; HIV/AIDS and trafficking. However, this analysis hasn’t been able to comprehensively assess the situation of young people because beyond the studies cited in this report, there is a dearth of qualitative and quantitative information addressing the problems young people face and how they cope.

From the evidence presented, low participation rates seem to be the most pressing problem. Within the present milieu of aspirations for European integration and expanding media and corporate influence, the absence of opportunities for young people to advance, both economically and socially, may increasingly frustrate progress towards social cohesion, as well as the young people themselves. Efforts must be made to ensure that the special needs of young people are incorporated more actively within the policy discourse.

Younger children in Macedonia will soon be adolescents and adolescents will soon be adults. For this reason, tackling young child poverty is a key intervention for long-term social and economic stability. Improving access to organized early childhood education (kindergartens and preschools) for all children, improving health outcomes, and ensuring education rights for the poor and the marginalized can provide a social safety net for the next generation, and for Macedonia as a whole.

Opportunities

With the introduction of business reforms and incentives for foreign investment it is likely that Macedonia will soon be poised to enjoy increasing levels of income growth. The challenge will not be to eliminate income disparities, but to ensure that growth is sufficiently pro-poor to help deprived children and their families exit poverty. Competition, good business practices and entrepreneurial innovation will undoubtedly benefit Macedonia but measures are needed to ensure that increased public revenues are orientated in such a way as to ensure longer-term social stability and cohesion. This calls for increased levels of pro-poor and pro-child social sector spending, better government management and planning and also the growth of an active and educated middle class that engages with the Government.

The current EU inclusion process, especially the Joint Inclusion Memorandum, must be viewed as the blueprint for social sector reform in Macedonia. In accordance with the Paris Agreement on Aid Effectiveness UN agencies and other multilaterals are required to explicitly support national development objectives and orient their work, collectively, around key government priorities. In Macedonia this applies as it would in any other country that is a recipient of Official Development Assistance (ODA), but in Macedonia where the influence of EU legislation and social and economic policy is so pervasive, it is important to be cognizant of this relationship.

To prepare for the JIM and the Joint Assessment Paper (JAP) on Employment national authorities will be required to complete a comprehensive analysis of key employment and social inclusion challenges, assess the strengths and weaknesses of existing policies and systems and develop a clear strategy for sectoral progress. As such, JIM and JAP processes can provide real opportunities for consensus around key issues and provide a framework that assists national authorities to take clear responsibility for coordinating contributions and engaging civil society participation. Importantly, the JIM and JAP processes will set priorities for the accessing of funding for human resources development through the Instrument for Pre-Accession (IPA). Furthermore, while the five key components of the IPA do not overtly address social issues, Component I: Support to Institution Building is of direct relevance to social development. In addition component four may
provide funding opportunities in support of pilot projects in the area of employment, education and social inclusion.

Even though the JIM preparations may perhaps prove more instructive and useful than the Memorandum itself, a solid review of policy development processes and the establishment of at least adequate monitoring and evaluation systems and protocols would go along ways towards ensuring that JIM processes do in fact lead to beneficial outcomes for children. Hopefully, efforts will presage a closer look at the human rights obligations stipulated in the Copenhagen Criteria and the ‘social’ dimensions of the Acquis.

6.3 Recommendations100

As Macedonia moves closer to European Union accession, ramped up investments in children, coupled with a broader recognition of the value of such investments, and the sound economic sense that these investments make, will go along way towards ensuring that Macedonia’s citizens are healthy, educated and best able to ensure that their children are in turn given the opportunities that are necessary for peace, stability and prosperity.

Based on the analysis contained in this report, the following priority actions are put forward for the Government’s urgent consideration. The recommendations presented below are intended to be both actionable and imperative. They also reflect the narrative intent and advocacy objectives of this report.

1. Ensure that the recently established National Commission for Children is properly resourced and vested with sufficient authority to effectively monitor compliance with the CRC; ensure that the provisions and principles of the CRC are reflected, applied and enforced in State policy and administrative practices; coordinate inter-ministerial information exchange; and take a lead on issues relating to child rights, child poverty and the social exclusion of children and their families.

2. Establish a planning department within the MoLSP to coordinate social development policies in preparation for the JIM and JAP, and to provide technical support to strategic planning in the area of social policy. This department would be sensitive to child rights concerns and establish a functional relationship with the National Commission for Children. The planning department would operate as a clearing house within the MoLSP and accumulate institutional knowledge and data to inform social policy discourse.

3. Strengthen systems, both at national and municipal levels, for data collection and analysis to promote increased evidence-based policy making in the social sector, giving priority to social inclusion statistics and measurement of Laeken indicators.

4. Develop a ‘decentralisation strategy’ with a pro-child and pro-poor approach and create standards for delivery of basic social services at local level.

5. Warrant increased transparency of public budget allocations and budget execution data. Public expenditure reviews and generally improved information on state budget allocations and execution will facilitate better monitoring, provide a better evaluation of trends, and assist with the timely identification of areas where increased investment is required.

6. Prioritisation of budgetary allocations, to the maximum extent of the country’s available resources, in a manner which ensures the best possible implementation of the CRC, giving particular attention to the situation of children of poor families and from the most economic disadvantaged regions.

7. Further develop legislation, standards and normative frameworks supporting child care and protection services in a manner which assures greater respect for the principles of the CRC.

8. Boost up institutional and human resources capacities for effective and equitably delivery of quality basic health, education, including pre-school education, and social protection services as a strategy to address child poverty. While this calls for increased political commitment it also requires sustained engagement and investment by the wider community, including the EU, development agencies, bilateral donors, private sector and civil society. This should become a central component of the JIM.
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UNICEF Macedonia, 2006, *Background Note for the European Commission on the Progress on Children’s Issues in Macedonia*

UNICEF Macedonia, 2005, *Assessment of policies, Statements and Programmes for Street Children*


In 2000 the Committee for the CRC made a number of concluding remarks in regard to the Government’s first report on progress towards the CRC. Some of these comments would usually be included in a UNICEF report such as this one, however, as the comments where received seven years ago and much has changed in Macedonia, it has been decided to this time not incorporate the concluding observations of the Committee.

The 2007 – 2009 NDP serves as a guiding framework for the allocation of EU resources. In addition to the NDP the Government developed a National Strategy for European Integration in 2004 and an Action Plan for European Partnership. None of these documents explicitly address social development issues. The Joint Inclusion Memorandum (JIM) process is the main opportunity for Government, UNICEF and other development partners to address social development issues within the context of the EU accession agenda. The National Plan of Action for Children was adopted by the Government in 2006.

The Multiple Indicator Cluster Survey (MICS) is a household survey programme developed by UNICEF to assist countries in filling data gaps for monitoring human development in general, and the situation of children and women in particular. MICS is capable of producing statistically sound, internationally comparable estimates of social indicators such as the Millennium Development Goal (MDG) indicators. The survey was implemented in Macedonia by the State Statistical Office with support from UNICEF.

Issues around decentralization and governance, in relation to child poverty and social exclusion in particular, will be addressed in section 5 of this report.

For a detailed analysis of progress towards the Acquis to date and a full list of the 33 chapters, see: Commission of the European Communities, 2006 and 2007 Progress Reports (chapter 23)

Social inclusion is the inverse of social exclusion and can be defined as: Ensuring the marginalised and those living in poverty have greater access to services and participation in the decision-making which affects their lives, allowing them to improve their living standards and their overall well-being


The International Standard Classification of Education (ISCED) was designed by the United Nations Education and Scientific Organisation (UNESCO) in the early 1970s to serve ‘as an instrument suitable for assembling, compiling and presenting statistics of education both within individual countries and internationally’. In this context level 0 refers to pre-primary education, level 1 – primary school, level 2 – lower secondary, level 3 – upper secondary, level 4 – post secondary non-tertiary, level 5 – first stage tertiary, and level 6 – second stage tertiary (advanced research qualification).


While this report is primarily concerned with how poverty impacts on children and their rights, and with the implications of child poverty in regard to a range of issues clustered around social, economic and political development, it is nevertheless important to recognise that concepts of ‘poverty’ and ‘child poverty’ are intimately related and are, in the context of this text, somewhat interchangeable terms. As this report will argue, poverty and child poverty are both precursors and manifestations of each other – adult poverty, or societal poverty, is indicative of child poverty and the existence of child poverty directly implies overall societal poverty.

Parts of this section have been adapted from the 2007 UNICEF Child Poverty Study
The Gini coefficient measures inequality of income distribution and is defined as a ratio with values between 0 and 1 where 0 corresponds to perfect income equality (i.e. everyone has the same income) and 1 corresponds to perfect income inequality (i.e. one person has all the income, while everyone else has zero income).

A poverty line analysis of 33 countries conducted by the World Bank in 1985 established that poverty lines were clustered around the USD$1-a-day (constant PPP dollars i.e. Purchasing Power Parity (PPP) conversion factor).

The GoM SSO official relative poverty rate for 2005 is 29.3 per cent.

20 High and persistent unemployment rates reflect low new job creation which is in part due to: a restrictive labour market; a high tax wedge; and the poor corporate governance which emerged from the insider orientated privatisation process of the mid-nineties which favours status-quo over competition. These forces have collectively encouraged the development of an informal economy which may represent over 40 per cent of GDP (id. P 4).

21 See: http://www.zvrm.gov.mk/ItemID=7876A4C875B08F43A1CCCE7E0B425AA38 It should be noted though that the very high number of unemployed people registered at the Government Employment Service Agency does not necessarily reflect the real number of people without a job. This is because many people do register only for the purpose of qualifying for the health insurance fund. According to information provided by the Ministry of Labour and Social Policy, 21.1 per cent of the total number of unemployed people registered by the Agency, as of 31 November 2007, did so only for obtaining the health insurance.


19 This represents a slight decrease from 2005 when the GoM SSO determined the unemployment rate at 36.5 per cent.

20 High and persistent unemployment rates reflect low new job creation which is in part due to: a restrictive labour market; a high tax wedge; and the poor corporate governance which emerged from the insider orientated privatisation process of the mid-nineties which favours status-quo over competition. These forces have collectively encouraged the development of an informal economy which may represent over 40 per cent of GDP (id. P 4).


26 UNICEF Macedonia, 2007, Review and Assessment of the Water and Sanitation Sector in Macedonia NB: This report also noted that while there are 32 municipal land fills for solid waste, there also at least 1000 illegal uncontrolled land fills that pose a threat to children’s health. Unfortunately, while this report does raise some very valid concerns about environmental management, data in this report are not disaggregated to a degree that allows correlations in relation to poverty or ethnicity. More research on environmental issues and how they impact on children, the socially excluded and the poor is needed.

27 The Government of Macedonia is currently pursuing housing policies that apportion 25 per cent of the state housing budget to people living on social welfare, but as we shall see in section 4.4 of this report the very poor and socially excluded are slipping through the social safety net. Some authority in regard to public housing is being decentralised and it is hoped that this will lead to more accountability and efficiency at the local level (see section .5.5 for a discussion on Government decentralisation).

28 A qualitative study that was conducted as a part of the UNICEF 2007 Child Poverty Study. This study was undertaken with the participation of children from different ethnic groups, different community backgrounds (rural and urban) and of different educational status (i.e. both within and outside of the education system). The methodological approach revolved around a participatory workshop on “poverty versus well-being in my community” where children were given a chance to talk about things that make them happy or worried; to discuss poverty as a notion; to define and connect the components that constitute the experience of poor children and to discuss the impact of poverty on health, school achievements, work, social relations and children’s rights. All of the children attending the Day Care Centre for Children on the Street, which is located in Skopje and caters for the needs of homeless children, participated in separate workshops that also informed the study.

29 Generally speaking health and education indicators in Macedonia reflect a standard that is in line with national per-capita income. However, indicators still demonstrate that many children are not accessing the services that they are entitled to, as stipulated by the CRC. This section of the report will also consider some data that do not directly correlate to child poverty, but are related to overall issues of the quality of health and education services. Overarching issues relating to the quality of, and access to, basic services are addressed in detail in section 5 of this report where descriptions of recent sectoral reforms and the structure of the health, education and social protection sectors can also be found.

30 As mentioned previously, some manifestations and indicators of child poverty relating to the benefits of, and levels of access to, ba-
sic services, are also evidence of social exclusion. These indicators and manifestations will be considered within the conceptual framework of ‘rights to participation’ to the extent necessary to demonstrate that social exclusion is a manifestation of poverty. However, given that evidence of social exclusion is less ‘quantifiable’ than some other manifestations of child poverty evidence and analysis of social exclusion will also emerge within other thematic discussions contained within this report.

31 PMR: incidence of mortality between 22nd week of pregnancy and 1st week after delivery expressed per thousand births (including still births); NMR: probability of dying during the first 28 completed days of life expressed per thousand live births; IMR: probability of dying between birth and exactly one year of age expressed per thousand live births; and, U5MR: probability of dying between birth and exactly five years of age expressed per thousand live births.

Since 1967, the National Programme for the Reduction of Infant Mortality, later renamed as the National Programme for Maternal and Child Health Care, has contributed to significant improvements in the health status of children.

Although according to SSO data the IMR was 12.8/1000 for 2005 (a reduction of 9.9 per cent since 1995) this is still three times higher than the EU average of 4.75/1000.


33 Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight while children whose weight-for-age is more than three standard deviations below the median are classified as severely underweight.

34 UNICEF and WHO guidelines stipulate that children should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination, all within the first few months of life (at 13 months for Measles).

35 As for the previous section of this report that assesses child health indicators, this section of the analysis reports on 2005/2006 MICS data because there are no other sources of disaggregated data by wealth quintile, ethnicity and region relating to early childhood, primary or secondary education. Where available, other ‘national level data’ are included as footnotes to the main text.


37 2005/2006 MICS data

38 Ibid.


40 European Commission, Frazer and Marlier, 2007, Tackling Child Poverty and Promoting the Social Inclusion of Children in the EU, European Commission

41 2005/2006 MICS

42 The UNICEF 2007 State of the Worlds Children reports Net Primary Enrollment as 92 per cent for the period 2000 – 2005 (same for boys and girls). The GoM SSO reports a Net Enrollment Rate of 90.53 per cent but this includes primary and lower secondary and refers to children aged 6 – 14.

43 MoLSP, 2006/07


45 2002/04, Skopje Mental Health Office and Psychiatry Clinic

46 NB: These data are highly subjective as they do not consider a range of cultural and social influences that may influence child care practices. In this sense, even though problems of child neglect are very real, these data are at best only indicative.


49 For the purpose of MICS, a child is considered to be involved in child labour activities if during the week preceding the survey children aged 5 – 11 did at least one hour of economic work or 28 hours of domestic work per week, or if children aged 12 – 14 did at least 14 hours of economic work or 28 hours of domestic work per week.

50 See Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography
(2000) and ILO Convention 182 on the Worst forms of Child Labor (1999). Both conventions have been ratified by the Government of Macedonia.

51 ARK, 2006, Deinstitutionalization of Children’s Services in Macedonia

52 European Commission 2007, Social Protection and Social Inclusion in FYR Macedonia

53 Ibid.

54 Ibid.


56 UNICEF 2005, Assessment of policies, statements and programmes for street children

57 UNICEF, 2007, Lost in the Justice System – Children in conflict with the law in Eastern Europe and Central Asia

58 Issues relating to surveillance and state responses to HIV/AIDS will be addressed in section 4 of this report.

59 Awareness of HIV/AIDS among women aged 15 – 49 was determined at the 2001 United Nations General Assembly on HIV/AIDS as a key indicator by which to assess overall societal awareness. Women are more physically vulnerable to HIV infection and in most developing countries women have less access to information than men – for these reasons assessing women’s awareness is considered most efficacious, both from an empirical point of view and in terms of designing evidence-based interventions aimed at preventing HIV infections among women, and by proxy, within society as a whole. For more information please see http://www.un.org/ga/aids/coverage/

60 HIV testing and counselling should be promoted, and voluntarily available, to all at-risk women and girls who are receiving antenatal care. Similarly adolescent girls who are pregnant should be able to access voluntary testing and counselling through appropriate (adolescent friendly) reproductive health services.

61 Government of Macedonia, Ministry of Health, 2006, Surveillance of HIV Prevalence and Risk-Behaviours among Most-at-Risk Populations in Republic of Macedonia. NB: This study was funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, contains a wide range of comprehensive data and data analysis on most-at-risk populations in Macedonia and is to date the best available source of information on most-at-risk populations.

62 Global evidence on HIV transmission indicates that older men (especially men who frequent sex-workers or have sex with other men) often infect younger women and girls (especially young women and girls who are sex-workers as they have more frequent contacts which increases their risk of becoming themselves infected, particularly when condoms are not used). Similarly, although less frequently, young men and boys become infected through sex with sex-workers who may be older or IV drug users.

63 UNICEF, 2007, Mapping and Community Based Research Study on Most-At-Risk-Adolescents to HIV/AIDS/STI in Macedonia

64 GoM, 2005, Millennium Development Goals Report

65 GoM, 2002 Census


67 The Government of Macedonia has been of late taking a more proactive approach to gender equality with the passing of an equal opportunity law in 2006 and the establishment of a department for equal opportunity within the MLSP and a parliamentary commission for equal rights.

68 UNICEF, 2007, Child Poverty Study


71 2007, Child Friendly Schools – A Situation Analysis for Macedonia (unpublished)

72 According to the World Bank one third of participants in higher education have been asked for a bribe at some stage (Ibid.)

73 This section on financing for the education sector is based on information from the UNICEF, 2007, Child Poverty Study which also provides a more detailed analysis of planned expenditure for the health, social protection and education sectors.

74 For more detail and some specific recommendations on surveillance data systems and data protocols, see: De Wolf, HIV Monitoring Foundation, 2007, Mission Report on the consultation regarding surveillance and monitoring systems for HIV/AIDS in Macedonia

75 UNDP, 2000, National Human Development Report

76 Based on approximate calculations made in the UNICEF 2007, Child Poverty Study

77 Evaluation of Public Health Services in South Eastern Europe, 2007, draft National Report for Macedonia
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79 European Commission, 2007, Social Protection and Social Inclusion in FYR Macedonia (p.52-53)

80 For a comprehensive overview of eligibility requirements, payment amounts, and payment calculations for all welfare payments in Macedonia see: European Commission, 2007, Social Protection and Social Inclusion in FYR Macedonia, and UNICEF, 2007, Child Poverty Study

81 One of the reasons that the official unemployment rates are so high is because many people who are employed in the informal economy register as unemployed to receive health insurance.

82 Directive 2000/43/EC of the Council, Implementing the Principle of Equal Treatment between Persons Irrespective of Racial or Ethnic origin

83 European Commission, 2007, Social Protection and Social Inclusion in FYR Macedonia


85 For a full description of all of these instruments and how they purport to relate to child rights see UNICEF, 2007, Child Poverty Study

86 European Commission, 2007, Social Protection and Social Inclusion in FYR Macedonia

87 World Bank 2007, Country partnership Strategy for FYR Macedonia (2007 – 2010) – (This approach is apparently consistent with the MILES approach that has been used in recent labour market assessments)

88 UNDP, 2006, Early Warning Report

89 A recent survey quoted in the World Bank 2007, Country Partnership Strategy for FYR Macedonia reports that 58 per cent of respondents rate health services as poor or very poor. This is despite spending levels at nine per cent of GDP.

90 UNDP, 2007, Issues Paper


95 There is also a Ministry of Labour and Social Policy Strategic Plan (2007–2009). The details of this and other key GoM policy are described in detail in UNICEF, 2007, Child Poverty Study


97 Summarised from GoM, 2007 – 2009, National Development Plan

98 UNICEF, 2007, Assessment of Reforms to the Child Protection System in Macedonia

99 European Commission, 2005, Social Inclusion in the new Member States

100 A number of detailed recommendations relating to the education, social protection and education sectors can be found disbursed throughout the UNICEF commissioned studies cited in this Situation Analysis, including: the Child Poverty Study; the Baseline Study of Educational Quality; the Review of Reforms in the Child Protection sector; and the Child Trafficking Report. Some of these recommendations have not been officially sanctioned but they are all mostly informed by UNICEF social development priorities.
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