LEAVE NO CHILD BEHIND
BUILDING EQUITY FOR CHILDREN
COUNTRY REPORT:
A situation analysis of girls and boys in the former Yugoslav Republic of Macedonia

2013
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2013
UN Convention on the Rights of the Child
Article 2

The States Parties to the present Convention shall respect and ensure the rights set forth in this Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status
Preface

This study was commissioned by UNICEF to provide independent and objective analysis of the situation of children and families in the country. The Situation analysis will inform the mid-term review (MTR) of the current Country Programme of Co-operation (2010-2015) between the Government and UNICEF and to inform the UNDAF mid-term review process. It is also intended as a contribution to the UN Common Country Assessment to be jointly conducted by UN agencies in collaboration with the Government and civil society. By improving the understanding of decision-makers, partners and stakeholders of the current status of children’s rights in the country, it will hopefully provide a basis for policy formulation to address the causes of inequities in the country.

The independent analysis contained in this report is based on qualitative and quantitative data obtained through a desk-review of the latest research, statistics and reports available; face to face interviews with key stakeholders; focus group discussions (FGDs) with children and parents; and input and impressions received during field-visits in December 2012 and January/February 2013.

Thanks are due to all those who contributed to the evaluation’s design and implementation, especially to UNICEF staff. The evaluation would not have been possible without their support and cooperation. The Centre for Research and Policy Making (CRPM) in Skopje also provided invaluable technical support and assistance. Special thanks are due to Ana Mickovska-Raleva and Lidija Velickovska of CRPM who developed and led the focus groups. Finally thanks are due to all the key informants who gave their time freely, not just to provide research data, but also to share their experiences, opinions, and insight. In return this analysis respects their confidentiality and has limited attribution of direct statements as far as possible.

The text seeks to comply with the European Union and the Council of Europe’s adopted usage of the term ‘Roma’. The term includes – as in recent official EU, Council of Europe and Organisation for Security and Cooperation in Europe (OSCE) documents – Roma, Egyptian, Traveller, Sinti and other groups often inaccurately described as ‘Gypsies’. For readability purposes, the adjective ‘Roma’ is used in this document to refer to the Roma people as a whole or to groups or individuals, e.g. Roma children, Roma families. The adjective ‘Romani’ will generally refer to languages and culture. Readers should note that the use of the term “Roma” is not intended to deny the diversity that exists across Roma, Egyptian, Traveller and other groups. It should also be acknowledged that there is a significant and growing number of Roma families who participate fully as citizens in the countries and societies where they live without sacrificing their culture or identity.
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<td>CPR</td>
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<td>Centre for Research &amp; Policy Making</td>
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<td>Child(ren) with Disability</td>
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<td>GDP</td>
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<td>NAPC</td>
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<td>NAR</td>
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Executive summary

This report presents an overview of the situation of children in the former Yugoslav Republic of Macedonia using the results of the most significant research and analysis over the last five years in areas related to the wellbeing of children. It is the product of a series of focus group discussions with stakeholders, interviews with national and local officials and individuals, and a desk review of key reports, studies, surveys and evaluations produced between 2008 and 2013 in the area of child rights by UNICEF and its development partners.

The Situation Analysis adopted a rights based, equity focused approach to analysing the situation of children and their families. This report intends to improve the understanding of duty bearers, decision-makers, partners and stakeholders, and to provide a basis for formulating policies that address the causes of inequity. The study identifies the obstacles to participation, adequate standard of living, development, health, education, and protection from abuse, violence and exploitation, as well as their underlying causes.

The analysis relies primarily on official government data, supplemented by evidence from independent sources, in order to achieve the most comprehensive and objective picture of the situation of children. The methodologies adopted include a desk review of existing studies, surveys and statistical data, semi-structured interviews with Government officials at central and municipal levels, consultations with key development partners, focus group discussions with children and parents, and consultations with UNICEF staff.

The first section of the report provides background information about the country. This is followed by a section looking at more specifically at the context for children’s rights. The next section addresses the situation of children with regard to rights to health, early development, education, protection, an adequate standard of living, and participation. Next some of the barriers and bottlenecks that constrain these rights are addressed, and the final section contains a series of recommendations for stakeholders.

THE NATIONAL CONTEXT

The former Yugoslav Republic of Macedonia has made significant gains over the past two decades in terms of both economic growth and political reform. However, the benefits of economic development have not been evenly distributed; both absolute and relative poverty rates remain high.

In 2011, 30 per cent of the country’s population was poor. Development gains have varied widely by region and ethnic group, and in some instances the process may be fostering inequality rather than mitigating it. European Union statistics from 2012 report a Gini coefficient of 40.8 per cent, implying high inequality in wealth distribution.

Economic development has not been able to end high unemployment. Overall unemployment in 2012 was 31 per cent with youth unemployment at 55 per cent. There is gender imbalance in the labour market: in 2011 the employment rate was 31 per cent for women and 47 per cent for men. This mirrors an overall gender imbalance in the wider society. Despite the existence of equal opportunities legislation, policies and structures, women do not yet enjoy fully equal status with men.
Although the country has made remarkable progress in improving relations between the two majority ethnicities – Macedonian and Albanian – segregation between these communities is still common. There are also patterns of social exclusion and stigma related to ethnicity, disability and economic status.

MISSING OUT ON THE RIGHT TO HEALTH

Over the last decade mother and child health has been improving, with progress made towards achieving the Millennium Development Goals. However, a reduction in infant mortality from 11.7 deaths per 1000 live births in 2009 to 7.5 in 2011 was followed by an increase to 9.7 in 2012. Over 90 per cent of children are immunised and Roma children are only slightly less likely to receive the full round of vaccinations than the general population.

However, while national mother and child health indicators are consistently improving, regional and urban/rural disparities mean that many families and communities do not fully benefit from the right to health. Disparities also persist between ethnic groups. Infant mortality rates in Roma and Albanian communities are 25 per cent higher than the national average. Stunting is more prevalent in Roma settlements. Fifteen per cent of Roma children under five years of age are too short for their age, compared only 5 per cent in the general population. While 94 per cent of all mothers attended at least four prenatal care consultations, only 86 per cent of Roma women did. Health disparities among Roma children are related to undernourishment and the risks associated with living in settlements without adequate infrastructure. Roma children are the most disadvantaged group in terms of access to health services. However, the most consistent imbalance across ethnic divides is between those in the poorest and those in the richest quintiles.

Socioeconomic status, mother’s education and cultural practices contribute to disparities in health outcomes. The uneven distribution of resources and the availability of services also play a role. Urban areas have a higher proportion of gynaecologists and patronage nursing service. A community-based service mandated to provide prenatal and postnatal care, could cover only 54 per cent of the country in 2011. The shortage of qualified personnel and lack of material resources are major barriers to use of the patronage nursing service. The lack of formal interaction between patronage nurses and primary healthcare doctors aggravates the shortfall of maternal and child health services. Its credibility with local communities makes the patronage nursing service an ideal means to address the current inequalities in healthcare provision with improved communication, collaboration and coordination.

Access to quality healthcare services, particularly community healthcare, is difficult for children with disabilities or developmental difficulties, and for socially vulnerable groups. Home visiting care is unevenly distributed and unable to ensure early detection of children with developmental risks and difficulties. The referral system is minimal, and the guidelines for care of children with developmental risks outdated. The role of healthcare providers is conceived as entirely devoted to prevention and cure of physical diseases: only 20 per cent of nurses have been trained to work with disabled children. Parents lack the knowledge to recognise developmental delays in children or provide appropriate stimulation, and often feel constrained by social stigma to act on their concerns. The reluctance to use counselling development centres prevents effective treatment and aggravates the problem.

Distance and transport costs are also significant barriers for rural families, making home visiting even more important. Under-the-table fees are still charged at hospitals and medical
centres. Contacts within the system are regularly used to ease access, making it difficult for families from vulnerable groups to take full advantage of healthcare services. Service delivery for most vulnerable families and children is constrained by weak planning, management and implementation. Draft secondary legislation on community maternal and child health services, including home visiting nurses and immunisation teams, has not been finalised. Service provision also suffers from insufficient qualified staff and limited resources. In the absence of recognised professional standards, it is difficult to assess capacity needs of staff.

MISSING OUT ON THE BEST START IN LIFE

Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn before they are enrolled in school. However, while 100 per cent of children aged 36 – 59 months are on track in the physical domain of the Multiple Indicator Cluster Survey, nearly 99 per cent in the learning domain, and 91 per cent in the social-emotional domain, only 43 per cent are on track in the literacy/numeracy domain. There are important disparities between ethnic groups in terms of mother’s education and wealth quintiles. In Roma communities, only 72 per cent of children of pre-school age are on track in the areas of social-emotional development.

Overall, there is a shortage of affordable and accessible early education options for preschool children, particularly in rural areas. Only 22 per cent of children aged 36-59 months attend an organised early childhood education programme. Patterns of inequality and imbalance often correlate with socioeconomic status and ethnicity and children most in need of educational services are least likely to receive them. This is both unjust and an ineffective use of resources, as early childhood education yields most returns when targeting poor children.

Only 3 per cent of Albanian children and 4 per cent of children in Roma settlements aged 36-59 months attend an organised early childhood education programme. The current primary function of the state kindergartens is childcare rather than education or development. Most kindergartens give preferential placement to working couples that can afford the fees. In effect, this means that wealthier families benefit more from state supported services than poorer ones.

While access to early childhood development services doubled from 11 per cent in 2005 to 22 per cent in 2011, children from the richest families and children living in urban areas increasingly benefit from them more than the poor – by a margin of 56 per cent in 2011, up from 24 per cent in 2005.

The lack of understanding of children’s early development needs is a major barrier to meeting development goals. Prioritisation of care over education in the national kindergarten system is reflected in the fact that kindergartens still fall under the mandate of the Ministry of Labour and Social Policy rather than the Ministry of Education. Besides cost, other underlying causes of unequal access include distance, the lack of appropriate accessible facilities, discriminatory attitudes and preferential practices that constrain enrolment opportunities. Children with disabilities, and Roma and Albanian children, face discrimination from parents and from other children when they enrol. As a result, enrolment among Macedonians is 36 per cent, but only 4 per cent among Roma children and 3 per cent among Albanians. Meanwhile, an obstacle to the greater inclusion of children with disabilities in the preschool and school system is the lack of personnel qualified to work with them.
MISSING OUT ON THE RIGHT TO QUALITY EDUCATION

Under the current decentralisation process, municipalities have more responsibilities for primary and secondary education. This should allow schools to respond better to local needs. However, local authorities argue that the funding mechanisms constrain their capacity for local development and disadvantage poorer municipalities. Expenditure on education makes up almost half of all government transfers to municipalities. However, since about 80 per cent of the local budget is allocated to employees’ salaries, few resources are left other essential areas such as training, infrastructure, and service development.

Access to primary education among the poor has increased from 86 per cent in 2005 to 96 per cent in 2011 (only 2 per cent lower than the overall rate). This includes 86 per cent for children in Roma settlements. The same survey data shows that only 84 per cent of Roma children aged six (primary school entry age) are attending the first grade. Basic school services are provided free of charge. The Government has introduced free transport for children living more than two kilometres from school, free textbooks for poor families, and financial incentives for school attendance.

The increase in access to secondary education, from 63 per cent in 2005 to 83 per cent in 2011, is the result of improved access among the poor (from 33 per cent in 2005 to 62 per cent in 2011), as well as the Roma community. However, by the age of 14, around 25 per cent of Roma children drop out of school. Almost 60 per cent of Roma children do not attend secondary school, with Roma girls particularly unlikely to complete their education, contributing to the continuing cycle of social exclusion and poverty. This raises questions about families’ and local municipalities’ commitment to education, as well as their material capacity to ensure enrolment. However, in secondary school, gender imbalances across all ethnic groups are levelling out in response to changing social attitudes and government initiatives to encourage wider participation. Data on enrolment figures among children with disabilities is not available.

During focus group discussions, children consistently commented on the poor hygienic conditions at their schools, particularly the toilet and bathroom facilities. Many said they did not feel safe in school, citing verbal or even physical abuse at the hands of teachers and fellow students.

In the face of concerns that the education system does not meet the learning needs of all pupils, legislation, policies and common practices need to be strengthened. The three major subgroups at risk of exclusion are children with developmental disabilities, children with low socioeconomic background, and children from different ethnic groups. Meanwhile, widespread social acceptance of parallel and separate education systems is another structural cause of poor quality education for children of both majority and minority communities.

Family poverty is consistently linked to low levels of achievement across all ethnic, gender and urban/rural divides. Although poor families have begun to benefit from social assistance schemes to help meet the cost of schooling, many do not fully appreciate the developmental value of education. A higher level of maternal education is a strong enabler of child success at school.
MISSING OUT ON THE RIGHT TO PROTECTION

Stakeholders acknowledge that violence against children at home and at school is common. The full extent of the problem is not known. However, in 2000 almost 70 per cent of children aged 2-14 had been subjected to some form of psychological or physical violence by their parents in the month preceding the survey. Nearly 5 per cent of these children had been subjected to severe physical punishment.

There are no official estimates of the rate of sexual abuse but analysis of Centre for Social Work and judicial files shows an increase in recorded cases in recent years. This increase is a result of a greater awareness of the issue among the public and professionals. Thirty-five cases of sexual abuse were registered with Centres during 2008, almost half of them in Skopje. Roma children were most at risk and were disproportionately represented among child victims of sexual abuse. Among the relevant institutions, however, there is no systematic or coordinated approach to preventing or responding to sexual abuse against children. In 76 per cent of cases there was no evidence that assistance was requested. In many cases court procedures to ensure the child’s protection were not followed.

The country has invested considerably in juvenile justice reform over the past decade. The reforms have had a positive impact. None of the children who received mentoring support through a pilot mentoring service committed a new offence. The mentoring service provides individual case management support and facilitates re-integration of children who have come into conflict with the law. The reforms have also had an impact on the time that children spend in pre-trial detention. The proportion of children spending more than the legal limit of 90 days in pre-trial detention has dropped from 50 per cent in 2007 to 18 per cent in 2011. Justice reform and development of non-custodial options need to be grounded in a wider social and community dialogue on the value of children and child rights in society, taking in consideration the real effectiveness of current sentencing options.

While amendments to the Juvenile Justice Law provide for more rights and better protection of child victims and protection measures for child witnesses, research indicates that standards are not being completely and consistently observed. Juvenile justice professionals have benefited from comprehensive training and data collection has improved. Municipal councils for preventing juvenile delinquency have been set up, but they remain underfunded and understaffed. Leadership and coordination of the reform process remains frail. Detention and correctional facilities across the country do not meet international standards.

Foster care for children at risk has been increasingly promoted parallel to the process of deinstitutionalisation; community-based services have been established and existing family-substitute care services have been strengthened. However, care facilities are inadequate and implementation of the existing de-institutionalisation strategy is proceeding too slowly. The Ministry of Labour and Social Policy does not have a policy framework to accept NGOs involvement to support State’ efforts.

While there have been significant improvements over the last decade, the main barrier to children’s right to protection remains the lack of a distinct, coherent and comprehensive system to prevent children coming into state care. A continuum of care, with an emphasis of the primacy of family care and the need for a comprehensive, fully resourced child protection system, is still missing.
Insufficient human and financial resources impede the child protection functions of the Centres for Social Work. Social workers focus on administrative work at the expense of prevention work. While professional standards and accountability mechanisms are being developed, mechanisms to monitor the quality of social services for children and families remain weak.

The Institute for Social Activities has insufficient staff and resources to fully assume its mandate to monitor the efficiency and quality of services provided by Centres of Social Work. Despite adequate legislation and policies, weak implementation and enforcement contribute to poor quality child protection services. Meanwhile, civil society lacks the strength needed to hold Centre for Social Work officials accountable.

MISSING OUT ON SOCIAL PROTECTION

Data from the 2011 Household Budget Survey shows that 53 per cent of poor household include children. However, the social protection system is not always effective at reaching the poorest. One social benefit, Parental Allowance, aims to foster population growth rather than protect children or prevent poverty. The fragmented nature of the various cash transfer schemes sometimes restricts access and reduces the impact on vulnerable children. Insufficient funding leads to poor planning, development and implementation of social protection initiatives. Rigidity and conditionality attached to family services and benefits excludes the poorest families. Applicants can find the eligibility criteria difficult to understand, and the application processes sometimes complex and costly. Some have a perception that the criteria for allocating benefits are not transparent or objective. There is a general sense of a need for ‘contacts’ within government bodies to secure services, and there are no transparent complaint mechanisms within the system.

Centres for Social Work are responsible for receiving applications and making decisions on social protection issues. Frequent personnel and management changes, as well as the complexity and conditionality of many schemes contribute to a perception that the Centres themselves act as bottlenecks. Many informants and focus group discussion participants agree that the Centres are gradually addressing the difficulties in the application process. Professionals in the field state that administering cash benefits swamps the Centres’ other responsibilities, to the serious detriment of social services. The use of highly qualified personnel in the routine administration of cash benefits is a waste of knowledge and skills that could otherwise be put to use to provide social services.
CHAPTER 1. Country context

1.1 Geography

The former Yugoslav Republic of Macedonia is a small country situated in the middle of the Balkan Peninsula bounded by Serbia and Kosovo under UNSC 1244/99 (Kosovo) to the north, Bulgaria to the east, Albania to the west and Greece to the south. The country has an area of 25,713 km² with land boundaries totalling 850 km. It comprises about 79 per cent hilly, mountainous terrain and only 19 per cent plains. About two per cent is covered by water. The country’s average altitude is 830 metres and the climate is mild continental with some Mediterranean influence.

1.2 Population and demographic trends

According to official estimates based on the 2002 census, the total population in 2012 was 2,061,044. Of this, approximately 496,761 (24 per cent) were children aged 0–19 years, and about 8 per cent (137,294) are 0–6 years of age. Between 2001 and 2011, the proportion of the population between 0–14 fell from 21.5 per cent to 17.2 per cent, while those aged 65 or over increased from 10.5 to 21.8 per cent. Although women of reproductive age make up a quarter of the total population, the birth rate fell in 2011 to 11 live births per 1000 inhabitants. Given that most live births (88 per cent) occurred within marriage, it can be deduced that the falling birth rate is due to postponement of marriage to an older age. The number of marriages registered in 2012 was 13,991, and fall of five per cent from the previous year, but the average age at first marriage rose to 25.6 years for brides and 28.4 for grooms.

In the 2002 census, 64.18 per cent of the population defined themselves as ethnic Macedonian and 25.17 per cent as ethnic Albanian. Most of the Albanian population lives in the west and north-west of the country. Albanians form the majority in Northwestern (Polog) region and significant minorities in Skopje, Northeastern, and Southwestern regions. Other ethnic groups include Turks (3.85 per cent), Roma (2.66 per cent), Serbs (1.78 per cent), Bosniaks (0.84 per cent) and Vlachs (0.48 per cent). Although Roma officially make up only 2.66 per cent of the population, the true number may be higher. Roma live in 64 of the country’s 84 municipalities. Approximately 45 per cent live in ten municipalities. Another 43 per cent live in Skopje, half of these in the Roma-majority municipality of Šuto Orizari.

There is a growing rural-urban divide in the country. According to the last national census (2002), 58 per cent of people now live in cities, with 20.5 per cent in Skopje alone. Many rural settlements (141 out of 1728) are already completely depopulated or have so few inhabitants that they face inevitable depopulation in the near future. On the other hand, a relatively small number of rural settlements in the west and northeast have very high population concentrations. Migration is a traditional feature of society, especially among ethnic Albanians. It has increased since 2000 and many families now depend on remittances from abroad. Some work abroad is seasonal, but there are many Macedonians living and working abroad with a diaspora estimated at between 350,000 and 2.22 million.

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2 IMCH Annual Report, Skopje, 2011
3 Bitola, Debar, Gostivar, Kičevo, Kočani, Kumanovo, Prilep, Štip, Tetovo and Vinica
1.3 Recent history

The country became independent 1991 through peaceful secession from the Socialist Federal Republic of Yugoslavia, of which it had been a constituent part for 45 years. The country’s constitutional title is the Republic of Macedonia but due to an ongoing dispute with Greece about the name, it has been accepted into the United Nations and international bodies as the former Yugoslav Republic of Macedonia. Between February and August 2001, there was armed conflict between the Government and Albanian insurgents, which ended after NATO and the European Union intervened to negotiate a ceasefire. The resulting Ohrid Framework Agreement (OFA) signed in 2001 sets out the country’s aspirations and defines the basic principles that underlie its development and reform efforts:

“1. The use of violence in pursuit of political aims is rejected completely and unconditionally. Only peaceful political solutions can assure a stable and democratic future for Macedonia.
2. Macedonia's sovereignty and territorial integrity, and the unitary character of the State are inviolable and must be preserved. There are no territorial solutions to ethnic issues.
3. The multi-ethnic character of Macedonia's society must be preserved and reflected in public life.
4. A modern democratic state in its natural course of development and maturation must continually ensure that its Constitution fully meets the needs of all its citizens and comports with the highest international standards, which themselves continue to evolve.
5. The development of local self-government is essential for encouraging the participation of citizens in democratic life, and for promoting respect for the identity of communities”

Since its inception, the State’s commitment to democratisation, economic reform and peaceful and stable relations with neighbouring countries has been reflected in its pursuit of accession to the European Union. A Stabilisation and Association Agreement (SAA) was signed in April 2001 and came into force in April 2004. The European Council granted the status of candidate country in December 2005 and adopted an Accession Partnership for the country, including key priorities for reform, in February 2008. In October 2009, the European Commission recommended that the Council open negotiations and move to the second phase of SAA Implementation. However these recommendations have not been acted on yet, mainly due to opposition from Greece in connection with the unresolved name dispute.

A High Level Accession Dialogue (HLAD) was launched by the government and the EC on 15 March 2012 to inject new dynamism into the accession process, and the Government adopted an ambitious roadmap for reforms in April 2012. The HLAD focuses on five key areas: protecting freedom of expression in the media; strengthening the rule of law; reforming public administration; improving the election process; and developing a market economy.

1.4 Governance

The country is a relatively stable parliamentary democracy and Parliament reflects its ethnic composition as well as the outcome of proportional party voting. The Government has adopted proposals to improve the electoral system. These are being considered by Parliament, following

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5 Government of Macedonia, Framework Agreement, Ohrid 13 August 2001
6 EC The Former Yugoslav Republic of Macedonia 2012 Progress Report, EU, Brussels, October 2012, p7
OSCE/ODIHR recommendations. These proposals aim to increase the transparency of campaign and political party financing and address gaps and ambiguities in the Electoral Code. The Voters’ List is also being revised. A Code of Ethics for Members of Parliament was proposed recently but has not yet been adopted. A Parliamentary Institute established in 2009 to support the work of parliamentarians has not yet become operational although Parliament continues its ongoing efforts to improve political dialogue and its own functioning. The most recent elections took place in 2011.

Political parties are generally perceived to be ethnically based and the largest parties are seen to primarily represent either Macedonian or Albanian perspectives and interests. Since 2006, Governments have been successful coalitions of parties representing both major ethnic groups. Inter-party cooperation within the current government coalition, comprising the Internal Macedonian Revolutionary Organisation and the Democratic Union for Integration, has successfully put the accession process at the centre of the political agenda and the Government has effectively coordinated it with its own roadmap for development.

Administratively the country is divided into 80 municipalities. Decentralisation is a central plank of the country’s development model as well as a key principle of the Ohrid Framework Agreement. A three-stage decentralisation process has been devised that ties devolution of authority and resources to agreed capacity and preparedness indicators at the local level; and a programme for implementing decentralisation and strengthening local self-government, and an action plan for the 2011–2014 cycle, has been adopted. Despite considerable progress, the programme is still some way from achieving its ultimate aim of a more responsive and effective local social service delivery system that takes into account vulnerable groups’ needs. Although all 80 municipalities have now entered the second phase of fiscal decentralisation, enabling a more substantial transfer of responsibilities and financial management to the local level, the 2013 European Commission Country Progress Report (CPR) indicates that progress on decentralisation still needs to be accelerated, in particular as regards the financial framework.

The country was ranked 69 out of 176 on the Transparency International Index 2012 on the basis that implementation of the country’s strong anti-corruption laws is still weak. The government’s efforts to combat corruption in 2011 focused on legislative adjustments aimed at improving the judicial system’s efficiency, including the introduction of shorter, more precise deadlines in judicial procedures and simpler procedures. Stricter sentences for corruption-related offences were imposed by the courts in 2011 than in 2010 although orders for seizure and confiscation of assets remain exceptional. However, the general capacity of the judiciary to deal with corruption cases remains low. Only a handful of high-level corruption cases have been prosecuted, and almost all of them remain in the court system after many years, having been returned for retrial following appeals.

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7 EC The Former Yugoslav Republic of Macedonia 2012 Progress Report, EU, Brussels, October 2012, ibid
8 EC The Former Yugoslav Republic of Macedonia 2012 Progress Report, EU, Brussels, October 2012, p8
11 EC CPR 2013
13 European Commission, Country Progress Report 2012, p12
According to the 2013 EC Country Progress Report, corruption in public procurement continues to be a serious problem. Existing legislation requires further improvement to address corruption risks and increase transparency in public procurement. The internal control system in central and local administration remains weak. Effective whistle-blowing mechanisms in the public and private sectors have yet to be established. There are few criminal prosecutions for abuse of public procurement. There is a lack of analysis of corruption and ways to tackle it. Operational cooperation and information sharing between institutions needs to be further strengthened. Supervision and enforcement of the law is hampered by the lack of any coordinated system of follow-up concerning the outcome of misdemeanour or criminal proceedings. Despite government efforts to address it, corruption continues to be perceived as endemic and it was generally accepted by adult participants in all the SitAn focus groups representing all ethnic and socioeconomic groups that gifts and informal charges were significant factors influencing the quality of services received (across all areas or 204k). A 2011 UNODC study gave a figure of EUR470 as the average bribe paid in the country.

Despite the European Commission’s repeated calls for a smaller and more professional public administration, and for a more transparent and effective recruitment process, both a Eurofound study and a Freedom House assessment found that knowing the right people through family and political connections is still seen as the easiest way to get a job in the public service. The Government has on occasion refused to reveal the exact number of people working in the public sector and its capacity to stamp out graft and corruption is often hampered by acrimonious relations between the ruling coalition and opposition parties, and the perception that the fight against corruption is too often aimed at political opponents. Many key respondents in this study felt that this scenario, played out between central and local governments, was a major barrier to development of services on the ground.

The country is a signatory to most international human rights treaties, including the UN Convention on the Rights of the Child; the Convention on Elimination of all forms of Discrimination against Women; and the European Social Charter. In 2011 it ratified the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol.

However, according to the US State Department’s 2012 Country Reports on Human Rights Practices the Government’s failure to fully respect the rule of law is reflected in significant levels of corruption. Other problems noted include tensions between ethnic Macedonian and Albanian communities; societal discrimination against Roma, women and persons with

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14 EC CPR 2013
15 UNODC, Corruption in the Western Balkans: Bribery as experienced by the population, Vienna 2011
16 Schuh U, Mateeva L et al Quality of life in Croatia, the former Yugoslav Republic of Macedonia and Turkey Second European Quality of Life Survey, European Foundation for the Improvement of Living and Working Conditions (Eurofound) EU Luxembourg 2011
disabilities; overcrowding in prisons; domestic violence; and trafficking in persons. The 2012 EC Country Progress Report\(^{21}\) also noted limited progress in promoting and enforcing human rights and identified uneven implementation of the legal framework as the major problem. In 2012 the European Court of Human Rights (ECtHR) delivered eight judgements finding that the country had violated rights guaranteed by the European Convention on Human Rights. A total of 374 new applications allocated to a decision body have been made to the ECtHR since October 2010. By September 2011, 1,111 allocated applications regarding the former Yugoslav Republic of Macedonia were pending before the ECtHR.

### 1.5 Economic development

Given that the “Socialist Republic of Macedonia” was the poorest constituent part in the former Yugoslav Federation, the progress in economic reform and development has been considerable since independence. Nevertheless, the country remains one of the poorest in Europe. According to Ministry of Finance data, steady economic growth was set back by the global economic downturn in 2009, but economic activity started to regain strength from autumn 2010. The economy grew by 2.8 cent in 2011, but then shrank again by 0.4 per cent in 2012.\(^{22}\) Average per capita GDP fell from 36 to 35 per cent of the EU average between 2010 and 2011. Overall, economic activity has decelerated since autumn 2011\(^{23}\) and inflationary pressures have increased. The main causes of inflation are higher energy prices, but rising food prices and rent costs also affect the poor disproportionately.

The former Yugoslav Republic of Macedonia was ranked 78\(^{\text{th}}\) out of 186 countries in the world in the 2012 Human Development Index.\(^{24}\) At 0.740 its ranking was lower than neighbouring Albania (0.749) and Serbia (0.769) and significantly lower than former Yugoslav neighbours Slovenia (0.892), Croatia (0.805) and Montenegro (0.791).

The benefits of economic development have not been evenly distributed and both absolute and relative poverty rates have remained high throughout this period of rapid development. The 2010 MDG report\(^{25}\) acknowledges that progress has been slow in reducing poverty and social disparities, as well as disparities affecting various vulnerable groups, and that further efforts are needed to reach the planned targets. Data from the Survey of Income and Living Conditions (SILC)\(^{26}\) indicate that, based on EU-wide indicators, the at-risk-of-poverty-rate in 2010 was 27 per cent and according to State Statistical Office Household Budget Survey (HBS) data for 2011,\(^{27}\) 30 per cent of the country’s population is poor. Regardless of the methodology used to measure poverty, child poverty rates are on average higher than those of the general population. The SILC data for 2010 puts child poverty at 31.4 per cent, while HBS data for 2011 shows a rate of 36.8 per cent. More in-depth discussion on child poverty is provided in Chapter 4. Additionally, child poverty is discussed as a major factor contributing to inequities under each analysed domain separately.

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\(^{21}\) EC, CPR 2012 op cit


\(^{23}\) EC CPR 2013 ibid endnote 11


\(^{26}\) Nolev S. News Release No.4.1.12.83 Laeken Poverty Indicators in 2010, SSO, Skopje, 5/11/2012, T-01 p2

A 2010 South East European University survey\textsuperscript{28} indicated large disparities in poverty rates between ethnic groups, with the members of the Roma community most likely to be living in poverty. Income-based poverty was found to be 20 per cent among ethnic Macedonians; 35 per cent among ethnic Albanians; but 65 per cent among Roma. There were also regional differences and some localities were afflicted by severe poverty and social exclusion. The worst financial situation was observed in Southeast and Northeast regions, which have agriculture-based local economies and receive little remittances. At that time, the global financial crisis was already impacting negatively and disproportionately on some households. The survey also showed the remarkable extent of inequality in the country, with the bottom quintile receiving less than one twentieth of equivalised income, while the top quintile received almost one half. Data published from SILC for 2010\textsuperscript{29} confirms this wide income gap with a national inequality-of-income-distribution (S80/S20) figure of 10.3 and a Gini coefficient of 40.8.

\subsection*{1.6 Unemployment}

Although the existence of a substantial informal sector means that unemployment may be overstated, the unemployment rate is high, particularly among young people and the less educated. The longitudinal data outlined in Table 1 below indicates that unemployment (a major factor in poverty) is structural and is not being addressed. High unemployment, particularly youth unemployment, is not just an outcome of the current economic downturn but has remained stubbornly high for more than a decade.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline
\hline
(a) & 2,081 & 2,185 & 2,363 & 2,564 & 2,919 & 3,283 & 3,269 & 3,434 & 3,630 & 3,615 \\
(b) & 41.9 & 39.9 & 41.3 & 42.8 & 44.0 & 45.3 & 46.7 & 48.1 & 48.4 & 48.2 \\
(c) & 36.7 & 37.2 & 37.3 & 36.0 & 34.9 & 33.8 & 32.2 & 32.0 & 31.4 & 31.0 \\
(d) & 65.7 & 64.8 & 62.6 & 59.8 & 57.7 & 56.4 & 55.1 & 53.7 & 55.3 & 53.9 \\
\hline
\end{tabular}
\caption{Annual Trends in (a) GDP per capita in Euro \textsuperscript{30} (b) Employment Ratio\textsuperscript{31} (c) Unemployment Rate\textsuperscript{32} (d) Youth Unemployment Rate\textsuperscript{33}}
\end{table}

Unemployment was very high in 2012\textsuperscript{34} at 31 per cent and remained largely unchanged throughout the year. Youth unemployment fell slightly, from 55.3 per cent in 2011 to 53.9 per cent in 2012. Youth unemployment fell steadily between 2003 and 2010. In 2011, it increased by 1.6 percentage points to 55.3 per cent, and in 2012 dropped again to 53.9 per cent. Employment in the public sector increased by about 1 per cent year-on-year mainly in the education sector.

Unemployment is a major factor in poverty. According to the 2010 SILC report, the at-risk-of-poverty-rate for unemployed persons is 51 per cent while only 10 per cent of employed persons

\begin{thebibliography}{9}
\bibitem{Bartlett W et al} People Centred Analyses Report; Quality of Social Services, SEEU/UNDP Skopje 2010, at http://www.seeu.edu.mk/files/research/undp/WEB_People_Center_Analysis_eng.pdf; p35
\bibitem{Nolev S} News Release No.4.1.12.83 Laeken Poverty Indicators in 2010, SSO, Skopje, 5/11/2012, T-01 p2
\bibitem{Ministry of Finance} Ministry of Finance website, ibid, endnote 16.
\bibitem{EC CPR} EC CPR 2013
\bibitem{Ministry of Finance} Ministry of Finance website, Ibid. endnote 16.
\bibitem{EC CPR} EC CPR 2013
\bibitem{Figures taken from EC CPR} Figures taken from EC CPR 2012, op cit
\end{thebibliography}
are at risk of poverty.\textsuperscript{35} While the Government has adopted measures in the framework of the Decade of Roma Inclusion to increase the number of employed Roma, approved funding consistently lags behind projected funding levels and Roma unemployment has been estimated to be as high as 75 per cent.\textsuperscript{36} There is also gender imbalance in the labour market (see the section on gender below).

Unfavourable work arrangements, job intensity, long working hours, low levels of support, poor working conditions and high perceived job uncertainty make reconciling work and family difficult for both working men and women. Thirty four per cent of people reported in 2010\textsuperscript{37} that it was likely that they would lose their main job within the next six months. Most jobs created in recent years have been in the ‘grey economy’, which often employs unpaid family labour, especially in agriculture. Small firms have created the most jobs, but labour regulations are frequently ignored. Reportedly men work 45 hours on average and women 44 hours.\textsuperscript{38} Very little part-time employment is available that is suitable for women with families. FGD participants indicated that wages are sometimes delayed, labour law is frequently disregarded, and the social welfare system is not designed to support families at such times.

\textbf{1.7 Women’s rights and gender equality}

The country is ranked 5 out of 86 in the OECD’s Social Institutions & Gender Index.\textsuperscript{39} Despite progress made in improving women’s rights and a strong legislative framework, women are generally accorded a lower status than men in most areas of life including within the family, especially in rural areas. Although equality is enshrined in the Constitution, discriminatory customs, traditions and stereotypes are still widespread and undermine women’s basic rights. Only two out of 19 government Ministries are headed by women. Women’s participation in political life at local level also remains limited with only four women elected as Mayors in 80 municipalities in the 2013 local elections. The percentage of women in municipal councils increased from 27 per cent in 2009 to 30 per cent in 2013.

Many Roma women and girls still suffer from both racial and gender discrimination. MICS4 indicates that about 15 per cent of women believe it is justified for a husband to beat his wife in some circumstances, with significant differentials in relation to ethnicity (Albanian women – 30 per cent; Roma women – 25 per cent). The literacy rate for young Roma women between 15-24 stands at only 77 per cent\textsuperscript{40} which means that a significant proportion of Roma women will be less likely to benefit from any future upturn in the local economy, and their children too are unlikely to break the pattern of low education levels, unemployment and poverty. Only 86 per cent of Roma girls attend primary school which is low but on a par with Roma boys (although only 70 per cent of Roma girls in the poorest quintile attend).\textsuperscript{41}

\textsuperscript{35} Nolev S. \textit{News Release No. 4.1.12.83Laeken Poverty Indicators} in 2010, \textit{op cit}
\textsuperscript{36} People Centred Analysis \textit{op cit}
\textsuperscript{37} Schuh U, Mateeva L et al \textit{Quality of life in Croatia, the former Yugoslav Republic of Macedonia and Turkey Second European Quality of Life Survey}, European Foundation for the Improvement of Living and Working Conditions (Eurofound) EU Luxembourg 2011
\textsuperscript{39} Social Institutions and Gender Index, OECD http://genderindex.org/country/macedonia-fyr
\textsuperscript{40} MICS4 Table ED.1R
\textsuperscript{41} MICS4, Table ED.4R
In the general population, female and male student enrolment in primary and lower secondary education has remained roughly equal for many years, but girls are now staying in school longer. Although girls are still somewhat disadvantaged when transferring to lower secondary school, particularly girls living in the poorest households, in rural areas and in Albanian households official statistics\(^{42}\) indicate that a gradual rise in the number of females in upper secondary education, where girls tend to be more interested in gymnasium education, while boys prefer vocational education. However, Roma girls’ attendance at lower secondary school falls to 35 per cent, compared with 44 per cent of Roma boys,\(^{43}\) showing a widening gender gap as children grow older.

There has been a corresponding increase in the number of women enrolling at universities and colleges and graduating from college courses. Generally women tend to enroll at and graduating from university in social sciences, humanities and medical science, while male students still tend to dominate the technical and technological faculties. While the pattern is changing, the tables\(^{44}\) below demonstrate the continuing educational imbalance between men and women and its resultant impact on employment patterns.

<table>
<thead>
<tr>
<th>Educational attainment</th>
<th>Full-time</th>
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<th></th>
<th></th>
<th></th>
<th>Part-time</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Women %</td>
<td>Men %</td>
<td>Women %</td>
<td>Men %</td>
<td></td>
<td>Women %</td>
<td>Men %</td>
<td></td>
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<tr>
<td>Without education</td>
<td>41.4</td>
<td>58.6</td>
<td>53.9</td>
<td>46.1</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Incomplete primary / lower secondary education</td>
<td>51.7</td>
<td>48.3</td>
<td>53.7</td>
<td>46.3</td>
<td></td>
<td></td>
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<tr>
<td>Primary education</td>
<td>32.5</td>
<td>67.5</td>
<td>47.4</td>
<td>52.6</td>
<td></td>
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<td></td>
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<tr>
<td>3 or 4 years of secondary education</td>
<td>36.7</td>
<td>63.3</td>
<td>37.7</td>
<td>62.3</td>
<td></td>
<td></td>
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<tr>
<td>Higher education</td>
<td>46.0</td>
<td>54.0</td>
<td>58.8</td>
<td>41.2</td>
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<td></td>
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<tr>
<td>University level education</td>
<td>48.5</td>
<td>51.5</td>
<td>50.0</td>
<td>41.2</td>
<td></td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>39.2</strong></td>
<td><strong>60.8</strong></td>
<td><strong>44.6</strong></td>
<td><strong>55.4</strong></td>
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</tbody>
</table>

**Table 2:** Full-time and part-time employed by gender and educational attainment, 2011 (Labour Force Survey 2012)

For some considerable time, there has been a sharp gender imbalance in the labour market.\(^{45}\) In 2011, the employment rate for women was only 31 per cent, compared to 47 per cent for men. While unemployment rates for women (31 per cent) and men (32 per cent) were quite close the economic activity rate for women (at 45 per cent) was significantly lower than for men (69 per cent). This was particularly the case in rural areas, and probably indicates a much greater reliance by women on the informal economy where risks are inevitably higher and wages and benefits are lower.


\(^{43}\) MICS4, Table ED.8R


Table 3: Status of employment by gender, urban and rural, 2012 (Labour Force Survey)

Table 3 above demonstrates the urban/rural differentials in employment patterns as well as the significant gaps between men’s and women’s roles in the market place. There are almost twice as many women as men working as unpaid labour in rural areas, and this figure excludes the significant number of women who have never come into the formal labour market. There is also a large wage gap between men and women and the country will have difficulty in meeting the Europe 2020 challenge of 75 per cent employment among those aged 20–64 years without addressing the issue of the underemployment of women.

Household work is seen primarily as women’s responsibility. Men cook or do housework only infrequently, while 75 per cent of women cook and clean every day. Low levels of male employment are not linked with an increase in men’s involvement in household tasks. Gender bias is also visible in child-rearing. About 45 per cent of women report daily engagement in caring for and educating children. This is higher than the EU27 figure (35 per cent). Supported by traditional family structures and religion, traditional roles persist, despite significant changes brought about by modernisation. The 2011 MICS indicates that only 71.1 per cent of fathers engaged in learning activities with their children, with figures particularly low in families with low parental educational attainment and in the poorest quintile.

Women’s traditional duties and family obligations often prevent them from improving their status in the labour market, and their family’s economic well-being. The problem of women’s employment is partly related to traditional structures of some population groups, with some Muslim families (Albanian and Turkish) in particular having traditional patriarchal families where the head of the household makes decisions about the rest of the family. There is strong social and family pressure on women to accept unpaid household, child rearing and caring roles and/or to work in informal, often non-viable family units, like small farms. Women themselves are not necessarily satisfied with these arrangements and reported the largest dissatisfaction level in the Eurofound study. Nearly a seventh reported very low to low life satisfaction levels.

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46 Eurofound op cit p34
47 MICS4, Table CD.2
In MICS4 rural women expressed life satisfaction of only 65 per cent compared to 73 per cent in urban areas. The data shows that, despite the commitment to equal opportunity enshrined in law and the Constitution, women’s unpaid labour continues to act as a substitute for external childcare; fathers’ lower involvement with their children; too few or too expensive after-school childcare facilities; and unsatisfactory and insufficient social services for the elderly and disabled at community level.

1.8 Disability
The lack of a single agreed definition of disability in the country partly explains the lack of proper statistics and figures on disability. However it is equally clear that the definition, and therefore the response to, disability in country is determined by a medical approach based on pity and charity towards disabled people, who should be “treated” in order to fit into society. While the medical model is based on the person’s “impairment” and “lack of ability”, the social model adopted by most European societies shifts the focus onto “disability” due to surrounding barriers.

The absence of accurate data makes it difficult to analyse the situation of persons with disabilities (PWD) and plan. According to OECD criteria, PWD should constitute between seven and ten per cent of the population. An estimate based on the lower figure of seven per cent would mean that there could be 144,185 PWD in the country. Official estimates come nowhere near that figure. A May 2010 assessment stated that a total of 200,000, or 10 per cent of the population, is accepted as the unofficial number of people with disabilities, in which case there should be at least 55,000 children with disabilities (CWD). Meanwhile, WHO estimates that at least 5.1 per cent of children in any country will be affected with some form or level of disability. This would mean a national population of approximately 25,535 children with disabilities (CWD).

Even this WHO estimate is much higher than official figures. In 2007 reportedly only 8,211 persons under the age of 26 were registered with disabilities. Of these 4,871 were registered with mental disabilities, 2,504 with physical disabilities, and 836 with multiple disabilities. Whatever estimate is accepted, it is clear that a vast number of children are unaccounted for, and their situation is not known to official agencies. There is no national register of disability and official figures relate only to those who use a state service, so it is possible that a large number of people with disabilities are living at home, without any state support. The Eurofound survey in 2010 found that daily care for elderly and disabled relatives is higher in the former Yugoslav Republic of Macedonia than in neighbouring countries, and that 10 per cent of the population provide such services.

1.9 Relations between ethnic groups
There is a comprehensive institutional framework in place to protect the rights of minorities and to support inter-ethnic dialogue. New anti-discrimination legislation was introduced in

49 Velichkovski R and Chichivalieva S. Children with Disabilities in the Republic of Macedonia, SEEHN, Skopje, May 2010
50 Velichkovski R and Chichivalieva S. Children with Disabilities in the Republic of Macedonia, SEEHN, Skopje, May 2010
51 WHO World Report on Disability WHO/World Bank (2011)
2010 and was immediately criticised as inadequate, mostly for failing to address issues of sexual discrimination, but also for the weak implementation framework. A Commission for Protection against Discrimination has been established and has started to act on the complaints submitted. The majority of complaints to date have been on political and ethnic grounds.

The 2013 EC Progress Report noted a continuation of the separation trend along ethnic lines, as well as incidents of interethnic violence in certain secondary schools.\(^{53}\) The media frequently reports on interethnic violence, primarily involving ethnic Macedonians and Albanians.\(^ {54}\) In the first half of 2012, there were a number of violent incidents in the country, which led to heightened tension between ethnic communities and public protests. The Government however responded in a calm and measured way and political leaders on all sides made statements calling for restraint and mutual respect.\(^ {55}\)

Despite the development of shared political and administrative structures and systems, more equal employment opportunities in the public service and increased respect for language rights, the integration process still has some way to go to create an inclusive multi-ethnic society. At this time the priorities are increasing equality of employment opportunities and improving political cooperation between the two major ethnic groups while retaining distinct lifestyles. Ethnic differences are also reflected in religious differences with Macedonians being mainly Orthodox Christians, while Albanians and Turks are primarily Muslims. There has been little integration of ethnic groups as they tend to live in different regions, worship at different places and attend different schools despite Government commitment to inclusive education.\(^ {56}\) However, the Bertelsmann Transformation Index,\(^ {57}\) which monitors transition globally, indicates that the country has made progress in integrating Albanian people into key areas of public life.

The current strategic plan of the Secretariat for the Implementation of the Ohrid Framework Agreement (SIOFA) includes various aspects of policy deriving from the Agreement, such as integrated education, use of languages, decentralisation and cooperation with civil society. Although its budget was increased for 2013, there were no efforts to strengthen its capacity.\(^ {58}\)

A review of Ohrid Framework Agreement implementation was launched and the Government adopted a report for the first time since signature of the Agreement. The report covers all aspects of the Agreement, highlighting progress and the main challenges. It is an important tool for strengthening inter-community dialogue. The review needs to be continued and the recommendations should be followed up in a concrete manner.\(^ {59}\) Committees for relations among communities have been established in a number of municipalities, although most of them still have limited resources, unclear competencies and insufficient representation of local ethnic minorities.\(^ {60}\)

\(^{53}\) EC progress report 2013  
\(^{55}\) EC CPR 2012, p17  
\(^{56}\) Bartlett et al People Centred Analyses op cit  
1.10 Roma

Roma are among the poorest, most socially excluded and most vulnerable ethnic groups in the former Yugoslav Republic of Macedonia. Officially there are about 55,000 Roma in the country but an estimate as part of the Decade MTR put the number at approximately 135,000. National census data indicates that more than 90 per cent of Roma are Muslim, and approximately 80 per cent speak Romani as their first language. Roma have for many centuries been a target of discrimination, persecution, stereotyping, forced assimilation, and violence. The Roma Early Childhood Inclusion study identified a number of challenges faced by Roma and contributing to their social exclusion, including the patriarchal culture in Roma communities, harmful gender practices, early marriage, high unemployment and poverty, inadequate housing conditions in peri-urban and improvised housing, and health disparities.\(^{61}\)

Health

The MICS 2011 health data shows disparities between Roma and non-Roma populations. For example, 11 per cent of Roma children are born with low birthweight, while prevalence is 6 per cent among non-Roma. Stunting rates among Roma children are 17 per cent: much higher than the non-Roma population (5 per cent). Roma children particularly lag behind their non-Roma peers in terms of social and emotional development (72 per cent among Roma, and 91 per cent among the general population), and literacy and numeracy (16 per cent among Roma, compared to 43 per cent among the general population).\(^{62}\)

The Roma population is younger than the general population, with birth-rates comparatively high and life expectancy comparatively low. Approximately 30 per cent of Roma are 0–14 years, compared to about 21 per cent of the total population. Similarly, only about 4 per cent of Roma are older than 65 years, compared with 11 per cent in the general population. Infant mortality is significantly higher than the national average, although calculations by the Institute for Mother and Child Health (ICMH) suggest a gradual reduction in this gap since 2005. Access to basic health services remains difficult for Roma and many children are either not fully vaccinated or not vaccinated at all. A Roma health mediator programme piloted as part of the Decade programme has now been mainstreamed in 16 municipalities.\(^{63}\)

Education

Despite reforms making primary and secondary education mandatory and free of charge, statistical differences in enrolment and completion rates between Roma and non-Roma are clearly visible. While national primary school attendance rates are nearly 100 per cent, among Roma they are 86 per cent. More worringly, more than half of the Roma children do not attend secondary school, and only 35 per cent of Roma girls of school age attend secondary school. Attendance rates in early childhood development programmes are generally low for the country as a whole (22 per cent), but even there the share of Roma children aged 3-6 attending some type of ECD (including kindergartens) is only 4 per cent.\(^{64}\)

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\(^{61}\) RomaEarly Childhood Inclusion – Macedonian Report., p. 82

\(^{62}\) MICS4, Tables CD.5 and CD.5R


\(^{64}\) MICS4, Tables CD.1 and CD.1R
Standard of living

Official data indicates that Roma account for 5.2 per cent of all unemployed persons. Research completed in 2010 found that the real unemployment rate for Roma in 2008 was 75 per cent, higher than any other ethnic community and more than double the national average. Income-based poverty among Roma was 63 per cent, compared with 27 per cent for ethnic Macedonians and 29 per cent for ethnic Albanians. Expenditure-based poverty was 44 per cent for Roma, 30 per cent for ethnic Albanians and only 14 per cent for ethnic Macedonians. Data from 2008 indicates that 33 per cent of unemployed Roma had not completed primary education.

Roma families often live in substandard housing conditions in segregated settlements. About a fifth of the country’s Roma population live in Šuto Orizari. Research conducted in seven Roma communities in Skopje (not including Šuto Orizari) found that while 63 per cent of Roma families live in solid-construction houses, nearly 30 per cent live in dilapidated and montage houses, and 7 per cent in shelters improvised from non-construction materials like cardboard, nylon, tin or plastic. More than half the families included in the research had less than five square metres per family member, with approximately 40 per cent sharing houses with at least one other family. While 77 and 58 per cent of families use outdoor toilets and taps (respectively), 10 per cent lacked any access to a regular water supply and only 16 per cent of houses were equipped with indoor plumbing. About half the families lacked access to sewage or a septic system. Meanwhile, media reports indicate that an unknown number of Roma families have been subjected to forced eviction and demolition of their homes. Legislation is now in place to allow legalisation of illegal houses.

Government policy measures

The country has been participating in the Decade of Roma Inclusion since 2005 and Decade Action Plans for Education, Employment, Health and Housing have been developed. From 2005 to 2008 responsibility for coordinating implementation of the Strategy for Roma in the Republic of Macedonia and the Decade National Action Plans resided entirely within the Ministry of Labour and Social Affairs. The EU Monitoring and Advocacy Programme in 2009 was critical of Decade activities, stating that they were largely without clear action plans and that inconsistent data on Roma populations have hampered opportunities for successful interventions. A general problem with the Roma Decade Implementation was noted in a UNICEF regional position paper, commenting that most governments in the region adopt a project based approach, introducing sporadic measures instead of an integrated programme approach to deal with Roma exclusion issues. Nevertheless, the 2012 CPR noted some progress. A National Action Plan for Roma Women has been adopted along with a National

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65 MLSP, *Situation analysis and the attrition of Romani girls and boys in the educational process in the Republic of Macedonia*, Skopje 2010
66 People Centred Analysis op cit
69 Eminovska E & Spasovski O. *Country Assessment Macedonia REF*, Skopje 2012, p11
70 The Right of Roma Children to Education, UNICEF Position Paper 2011
Strategy on Social Inclusion. Despite budgetary restrictions, financial support for Roma programmes was maintained at the 2011 level.\textsuperscript{71}

In comparison with Roma in neighbouring countries, Roma are well represented in Government. At the central level, since the parliamentary elections of 2008, one Roma parliamentarian has acted as a minister without portfolio serving as National Coordinator for the Decade of Roma Inclusion and the National Strategy for Roma and a deputy minister. At the local level, eight municipal councils include one Roma each, with Roma accounting for nine of the 16 members of the municipal council in Šuto Orizari. Additionally, several municipalities employ Roma civil servants, usually for the purpose of addressing the situation of Roma or minorities in general.\textsuperscript{72}

Outside government, there are 30 or so active Roma NGOs in the country. Coordination among them and between them and government has been relatively successful, with Roma activists providing input on strategic documents and communicating regularly with Government.\textsuperscript{73} There are two private Romani television stations in Skopje) as well as three community radio stations and a number of Romani internet-based media, most of them at an early stage of development.\textsuperscript{74}

\textsuperscript{71} EC The Former Yugoslav Republic of Macedonia 2012 Progress Report, EU, Brussels, October 2012, p8
\textsuperscript{72} Eminovska E & Spasovski O. Country Assessment Macedonia REF, Skopje 2012, pp11-12
\textsuperscript{73} Interview with Mr. Edis Hasan Adviser of the Minister without portfolio Nezdet Mustafa, February 2013
\textsuperscript{74} Eminovska E & Spasovski O. Country Assessment Macedonia REF, Skopje 2012, p11
CHAPTER 2. The national child rights context

2.1 The framework of child rights

Besides the UN Convention on the Rights of the Child (UNCRC), the former Yugoslav Republic of the country has also ratified the:

(a) Optional Protocol on the sale of children, child prostitution and child pornography;
(b) Optional Protocol on the involvement of children in armed conflict;
(c) Council of Europe Convention on Action against Trafficking in Human Beings and the European Convention on Nationality;
(d) Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption;
(e) UN Convention against Transnational Organized Crime and its protocols on trafficking in persons and smuggling of migrants;
(f) International Labour Organization Convention No. 29 on Forced or Compulsory Labour and Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.

The second report of the state was considered by the Committee on the Rights of the Child (CRC) in May 2010 and Concluding Observations were issued in June 2010.

An independent study supported by UNICEF in 2010 concluded that from a legislative perspective much of the Convention has been appropriately reflected in domestic legislation. According to the 2010 CRC Concluding Observations, the major barrier to full realisation of children’s rights is weak enforcement of legislation and poor implementation of policy. New legislation was developed and adopted very quickly and in recent years several child-related legal reforms have been initiated. A new Juvenile Justice Law was adopted in 2007 and a new Law on Social Welfare in 2009 with amendments in 2012 and 2013. The Child Protection Law and Family Law, the Laws on Primary and Secondary Education, and the Criminal Code were amended between 2010 and 2013. In parallel, a secondary legislative framework was developed and adopted. Unfortunately, many of the laws and amendments were adopted within tight timeframes and with only limited input from practitioners and the public, and some have only limited provision for enforcement.

The Concluding Observations also pointed out the need for further efforts to raise awareness of the importance of the Convention amongst the general public and amongst institutions which work with children. Further efforts are also required to raise awareness of the importance of capacity development and relevant experience in working with children of different ages and categories. A process of continuous education is required for parents, teachers, health professionals, social workers, police, lawyers, magistrates, attorneys and all civil servants who work in the domain of fulfilment and protection of the rights of the child. Meeting the needs of the most vulnerable children, such as children deprived of parental care, Roma children, children with special needs, and children living and working on the street, should be prioritised.

75 CRC, Concluding Observations: former Yugoslav Republic of Macedonia, Geneva, June 2010
77 Committee on the Rights of the Child, Concluding Observations 2010 May.
Special attention should also be given to achieving the correct balance between the responsibility of parents to care for, bring up and protect their children (while addressing misperceptions regarding the child as an object of protection) and the need to raise awareness of children as citizens and rights holders in their own right.

As of 2009 there is a Parliamentary Child Rights Working Group functioning within the Parliamentary Committee on Social Policy, a cross-party grouping of six members. The Working Group is tasked to monitor the implementation of child rights related legislation using the parliamentary tools at its disposal such as public and oversight hearings, thematic discussions, and introduction of legal amendments to enhance proposed legislation. A feasibility study to transform the Working Group into a full-fledged Parliamentary Committee on the Rights of the Child is underway. Its outcome will likely determine the future modus operandi of the Working Group.

An amendment to the Law on the Ombudsman in 2009 formally established a child rights protection unit headed by a deputy ombudsman within the Ombudsman’s office. The Committee expressed concern that this unit lacked the authority, capacity, human and financial resources and independence to carry out its mandate effectively, and that children and their parents lack information on the possibility to submit complaints. The 2011 Ombudsman’s Annual Report expressed the same concerns and a representative of the Ombudsman’s Office confirmed that they receive few complaints from children themselves.

A National Commission on the Rights of the Child (NCRC) was established in 2005 and in September 2007 its members were elevated to the rank of State Counsellors. The UN CRC, in its Concluding Observations, expressed concern that the Commission is not sufficiently active in planning policies and setting priorities, and that there were limited possibilities for local government, civil society and children to participate in the Commission’s work. As a result, the Commission was reformed and there are now four NGO members with full voting rights. The Minister of Labour and Social Policy (MLSP) has taken over chairmanship of the Commission, while the General Secretariat of the Government administrates it.

A revised National Plan of Action on the Rights of the Child (NAPC) 2006 – 2015 was adopted in November 2012. It is an improved version of the previous plan with better-defined indicators and improved logical framework and monitoring structure. The CRC, however, remains concerned about the pace of implementation and that no specific funds have been earmarked for implementation, monitoring and evaluation. The work of all these oversight bodies is hampered by the lack of a clear monitoring and evaluation framework that would enable the relevant disaggregated data to be collected by the State Statistical Office.

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79 CRC, Concluding Observations: former Yugoslav Republic of Macedonia, Geneva, June 2010, para 14
81 CRC, Concluding Observations: former Yugoslav Republic of Macedonia, Geneva, June 2010, para 10
82 CRC, Concluding Observations: former Yugoslav Republic of Macedonia, Geneva, June 2010, para 12
2.2 Duty bearers

Government

The national Government remains the major provider of services to children. A 2009\textsuperscript{83} UNICEF-supported budget expenditure analysis indicated a need for improved targeting across all child-related sectors and specific budget allocations for vulnerable groups. It also identified a need for results-oriented budget planning and concrete indicators to measure effectiveness. Decentralisation of government to 80 municipalities is seen as an essential part of the country’s national development process. A programme for implementing decentralisation and local self-government and an action plan for the 2011–2014 cycle has been adopted.\textsuperscript{84} Despite considerable progress, the programme is still some way from achieving its aim of more responsive and effective local social service delivery that takes into account vulnerable groups’ needs. All 80 municipalities have now entered the second phase of fiscal decentralisation,\textsuperscript{85} enabling more substantial transfer of responsibilities and financial management to local level, but progress on decentralization still needs to be accelerated, in particular for the financial framework.\textsuperscript{86}

Different sectoral models of decentralisation apply in terms of children’s services. Their effectiveness and efficiency needs to be further explored. However, initial interviews with key informants confirm weaknesses across all sectors at the interface between centrally-defined legislative, policy and strategy frameworks and local service delivery mechanisms and management systems. In some service areas, operational and allocation decisions remain at the central level, although responsibility for resourcing has been devolved down. Both key informants and FGD participants identified weak staff capacity, bad staff attitudes and high staff turnover as major factors in the poor quality of services and restricted access; and that these were due to the negative influence of an accepted culture of political patronage and undue politicisation of local government structures.

Although government is promoting greater accountability and responsiveness, the civil service is not yet fully client centred. FGD discussions indicate that beneficiaries generally have low expectations of services and do not see themselves as having rights or entitlements. While participants were positive about smiley button initiatives, they expressed no confidence in complaint procedures and did not use them. There is no public culture of active engagement with service providers or of proactive demanding of entitlements. People rarely address the competent institutions by sending letters or emails regarding their problems or registering complaints.\textsuperscript{87} The Ombudsman’s Office confirms that most child-related complaints they receive relate to internal family matters and that only 405 complaints were made against service providers in 2012. There are also limited mechanisms for parents or clients to input positively into decision-making processes.

\textsuperscript{83} Perezneto P & Uzonov V. \textit{Child Focused Public Expenditure Review UNICEF, Skopje, 2009}


\textsuperscript{85} Cyan M.R et al \textit{Fiscal Decentralisation for Local Government}, Ministry of Finance, Skopje, 2012

\textsuperscript{86} EC \textit{The Former Yugoslav Republic of Macedonia 2012 Progress Report}, EU, Brussels, October 2012

\textsuperscript{87} People Centred Analyses op cit
Civil Society

Local civil society is still underdeveloped. A 2011 report concluded that the social capital of Macedonian society is very weak. This affects social cohesion within society, and political stability as well as inter-ethnic relations. Initiatives or networks of social or professional contacts are quite limited and few people belong to the kind of civic, professional or union organisations that help to create and sustain social cohesion in society.88

Under current legislation, anyone can form a civil society organization (CSO) in the country. However, the civil society sector remains largely politicised and polarised. Reportedly many new NGOs have been formed with the apparent mission of supporting the ruling coalition, while others exist only to support the opposition. The inability to cooperate and find common ground is a substantial barrier in the development of the civil sector and its role in fostering dialogue and advocating for the rights of the disenfranchised. Moreover, the obvious political affiliations of many civil organisations damage their public image and credibility.89

The main challenges facing civil society are reportedly public perception; inappropriate relationships with the government; inadequate access to funding; and insufficient capacity. Dependency on international donors puts into question the sustainability of many civil society organisations and their projects beyond the period of implementation. Local NGOs are of varying strength, quality and capacity.90 Of the 100 or more Roma NGOs for instance, only about 30 function in any practical way.91 Relations between government and NGOs are also still in course of development. NGOs are more active in delivering training courses than are the municipal governments. Parents Associations are also active on disability issues and seven disability organisations have been amalgamated under a National Council.

CSOs are generally less integrated into the lives of the public than political parties and that limits their impact. An April 2011 study by the Macedonian Centre for International Cooperation92 shows that religious communities, unions and civil organizations fail to attract citizens’ interest in the way that political parties do. Some 37.5 per cent of the surveyed population were members of a political party while unions and CSOs attracted a membership of only 24 per cent.

Over several years, civil society has received extensive financial support from the EU. The programmes currently being implemented provide significant support for NGO management and resource mobilisation, institutional cooperation between CSOs and central and local authorities and networking at regional level. Since 2012, civil society can also be involved in monitoring EU aid via participation in the biannual IPA Monitoring Meetings. This is a key opportunity for CSOs to raise the profile of children’s rights, influence Government, donors and the international community, and expand their own networks and advocacy approaches. Key informants predicted decreased access to international funding in 2013 as EC funding goes increasingly through national government channels. NGOs will need to become more proactive in seeking out new funding opportunities at home and abroad. This may require more capacity and networking experience than many NGOs currently have.

88 People Centred Analyses op cit
89 Freedom House Nations in Transit 2012 Macedonia
90 See Freedom House, op cit
91 Interview with Mr Edis Hasan, Adviser to the Minister without portfolio Nezdet Mustafa
92 Alpha TV, 24 April 2011 quoted in Freedom House Nations in Transit 2012 Macedonia
There are few NGOs in the country that focus on child rights. This is a real barrier to realisation of these rights. Although the country has no real history of civic engagement, the paucity of child-focused NGOs compared to the 30 or so effective Roma NGOs suggests a lack of public interest in organised action for children’s rights. Full realisation of children’s rights requires active engagement by the full range of duty bearers, including a vibrant, diverse and proactive NGO movement. Promoting and supporting that movement should be as much a priority for donors and international agencies as supporting Government.

Civil society’s potential to positively influence realisation of children’s rights was illustrated by the withdrawal in 2011 of the proposed new Law on Youth. The draft law would have given the State Youth Council 27 to 29 members of which 13 were to be nominated by the Government. Protests led by 45 youth organisations, claiming that it would give the Government excessive control, forced the government to withdraw the proposal, in order to conduct further consultations about its content with youth NGOs.

**Media**

The Vienna-based South East Europe Media Organization noted in 2011 noted that the media environment in the country is partially free but that economic and legal pressures on journalists induce self-censorship. Journalists in the country face an economically and politically challenging environment. Media ownership is highly concentrated and heavily tied to politics. A major positive development was the removal of defamation and libel from the penal code in November 2012. Nevertheless, journalists face economic hurdles, government interference and have little professional support and few legal protections, an atmosphere that undermines the media’s important watchdog role.

In 2013 a new draft Media Law replacing the existing Broadcasting Law introduces an Agency for Media and Broadcast Media Services that would regulate broadcasting, print media and internet publications. The Law foresees seven members of the Agency, six of which will be nominated by national and local authorities. It imposes certain restrictions aimed at protecting children from harmful information presented by the media, regulating for example the broadcasting of commercials for alcohol, unhealthy food and beverages. There is also increased protection of children from printed pornographic content. There are provisions calling for increased educational and scientific programmes, and increasing media time for national and European produced programmes. However, journalists have expressed concern that the new Law can be easily abused to exert censorship.

**Family**

The extended family is the key unit of society across all ethnic and social groups and is still perceived to be the primary protector of children’s interests. A 2011 study found that three generation households are common, especially in rural areas. This can be a significant

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97 Schuh U et al *Quality of Life in Croatia, the former Yugoslav Republic of Macedonia and Turkey*, Eurofound, Dublin, 2011
advantage, especially for vulnerable families. As pensions are higher than social welfare benefits, living with an older person can have a positive impact on family income and an extended family network can offer practical support with issues such as child-minding, and transportation to and from school and health facilities, as well as emotional support for parents. However, in some cases extended-family engagement may divert parents, and particularly mothers, from childcare to other care duties. Women’s daily involvement in care for the elderly and disabled is among the highest in the region.98 The inter-generational structure of the family can also reinforce other negative child-rearing practices such as poor feeding patterns, or make it difficult for parents to adopt more rights-based or developmental perspectives.

Family structures are being affected by urbanisation, a long-term decline in birth rates and demographic ageing. While most children are still born into, and raised by, two-parent families, the pattern of family relationships is changing. The birth rate is dropping and average age at marriage has risen. More couples live apart from parents and other relatives. People are more open about problems within the family and women are less prepared to stay in abusive relationships. In 2011, 48 per cent of complaints to the Children’s Ombudsman related to the child’s rights within the family and 12.5 per cent to family violence. In this context, there were 1,926 divorces in 2012, an increase of 9.9 per cent on the year before. The rate has been climbing slowly but steadily since 2006 across all ethnic groups.99

MICS4 indicates that almost 70 per cent of children aged 2-14 years were subjected to at least one form of violent discipline method (psychological or physical) by their parents or other adult household members during the month preceding the survey and that nearly 5 per cent of children were subjected to severe physical punishment. Among Roma families 17 per cent of children had experienced severe punishment. It should be noted that, although 52 per cent of adults use physical violence as a method for disciplining their children, only 3 per cent of MICS4 respondents believed that they needed to do so to raise their children properly. This implies an ambivalent attitude to violence in the home. MICS4 also indicates that 15 per cent of women believe it is justified for a husband to beat his wife in some circumstances. Key informants confirmed that domestic violence is a serious issue across all ethnic, regional and socioeconomic divides.

98 Ibid
CHAPTER 3. The state of children’s rights

3.1 The Right to Health

Article 24.1 States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Article 24.2 States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;
(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
(d) To ensure appropriate pre-natal and post-natal health care for mothers;
(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
(f) To develop preventive health care, guidance for parents and family planning education and services.

The General Framework of the Healthcare System

By adopting the Millennium Declaration the former Yugoslav Republic of Macedonia committed itself to reduce child mortality and improve maternal health. It has set targets and indicators to further reduce infant and under-five mortality rate and to eradicate measles by 2015. The Government’s Health Strategy refers to the broader policy framework set by the Millennium Declaration, WHO “Health for All in the 21st Century” strategy for the European region and the public health policy of the EU and includes the following priorities:

- Improving the health status of the population, with special attention to vulnerable groups, and with emphasis on health promotion; and
- Modernising the system for protecting public health according to EU standards, with special emphasis on the network of Institutes of Health Protection and occupational medicine services.

The national Health Strategy emphasises the importance of privatising service delivery, except for immunisation services for children under 18, and stresses that the geographical distribution of the existing teams for preventive healthcare will be reformed, given their current uneven distribution. On the ground, healthcare is delivered through a good network of healthcare institutions. These range from healthcare stations and health centres at local level and specialty-consultative and inpatient departments at secondary level, to university clinics and institutes.
that carry out research and educational activities. Delivery of health services is spread across and between the public health sector and the growing private sector.\textsuperscript{100}

According to Health Insurance Fund of Macedonia (HIFM) analysis\textsuperscript{101} only 4.5 percent of GDP is allocated for healthcare, whereas the other ex- Yugoslav republics, with similar health systems, all allocate over 6 per cent, while World Bank estimated 8 per cent of GDP for EU countries in 2011. Public funds are allocated to healthcare mainly through two channels: the Health Insurance Fund and the Ministry of Health budget.

In terms of the overall health service, most respondents in a recent SEEU/UNDP study\textsuperscript{102} reported satisfaction with health services, although the level of satisfaction was low in some aspects. For example, more than 25 per cent of respondents felt that the conditions in local hospitals were poor, particularly in local state hospitals. People were more satisfied with services provided in primary healthcare centres than those in the local hospitals. There were mixed assessments of PHC services from FGD participants in this study with individual stories of very satisfactory service, but overall comments indicated that poor hygiene conditions, long waiting lists, informal charges, and preferential treatment for insiders are considered normal.

The National Action Plan for Health under was assessed as the weakest spot of the Decade for Roma Inclusion (DRI) for 2009–2011 during its’ Mid-Term Review (MTR).\textsuperscript{103} Projects that reached out to Roma (e.g. vaccination campaigns) were considered to be effective, they were not mainstreamed to address the institutional problems blocking access to health services for many Roma families, particularly their lack of health and social insurance. Things have moved forward since then and mainstreaming of the Roma Health Mediators made some progress in 2012. After approval of the strategic framework for introduction of Roma health mediators (dedicated social and health workers to facilitate and improve access to basic health services), the Ministry of Health in partnership with the Open Society Foundation employed 16 Roma Health Mediators in 8 municipalities. The initial effects of this newly established programme are promising.\textsuperscript{104}

**Key Mother and Child Health (MCH) Indicators**

1. **Overall situation**

There have been significant gains over the last decade in terms of improving mother and child health and its overall indicators reflect significant progress towards achieving its MDG goals by 2015. The table below from the annual Institute of Mother and Child Health (IMCH) report\textsuperscript{105} shows progress made since 2008 in terms of basic indicators:

\textsuperscript{100} Ministry of Health, \textit{National Health Strategy, 2008-2012}
\textsuperscript{101} Parnadzieva – Zmejkova M. Mehazi D et al \textit{Health Insurance Fund of Macedonia ANNUAL REPORT FOR 2011}, HIF, Skopje 2011 pp57-61
\textsuperscript{102} Cipusheva H. \textit{Citizens’ Responses for Improvement of Local Policies}, SEEU, Skopje 2010
\textsuperscript{103} Decade Watch 2007 op cit
\textsuperscript{105} IPH, \textit{Mothers and Children’s Health in the Republic of Macedonia 2011}, MOH, Skopje 2012
<table>
<thead>
<tr>
<th>Indicator</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of live births</td>
<td>22,945</td>
<td>23,684</td>
<td>24,296</td>
<td>22,770</td>
</tr>
<tr>
<td>Maternal mortality (per 100,000 live births)</td>
<td>-</td>
<td>4.2</td>
<td>8.2</td>
<td>4.4</td>
</tr>
<tr>
<td>Perinatal mortality (per 1000 live births)</td>
<td>14.6</td>
<td>16.4</td>
<td>12.6</td>
<td>12.3</td>
</tr>
<tr>
<td>Infant mortality (per 1000 live births)</td>
<td>9.7</td>
<td>11.7</td>
<td>7.6</td>
<td>7.5</td>
</tr>
<tr>
<td>Under-5 mortality rate (per 1000 live births)</td>
<td>10.9</td>
<td>13.3</td>
<td>8.3</td>
<td>8.6</td>
</tr>
<tr>
<td>Live birth rate with birth weight under 2500 grams</td>
<td>7.2</td>
<td>8</td>
<td>7.8</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Table 4: National MCH indicators 2008 – 2011 (ICMH Annual report 2011)

Although the overall trends show steady downward progress, these indicators remain below the EU average and are higher than the rates in the wider European Region. Despite good progress in reducing the infant mortality rate from 11.7 in 2009 to 7.5 in 2011, a 30 per cent increase was noted in 2012, and the IMR now stands at 9.7. The national MDG Report also acknowledges the continuing existence of significant disparities in the health and well-being indicators based on geography, socioeconomic status and ethnicity. Disparities continue to persist between different ethnic communities. Roma and Albanian children for instance have 25 per cent higher infant mortality. This child indicator is almost 2.5 times higher than average in the EU, which is set at 4/1000.

2. Mortality

The considerable national progress in Perinatal Mortality Rate (down from 16.4 in 2009 to 12.3 in 2011) and in the Infant Mortality Rate (IMR) (from 11.7 in 2009 down to 7.5 in 2011) is not reflected consistently across the country, and conceals significant disparities between populations. Some regions (Poloski and Vardar) have higher infant mortality than the national average and Roma and Albanian communities generally show a 25 per cent higher infant mortality rate than the national average. The education level of the mother is also a factor with an IMR of only 2.4 among mothers with higher education and 10.6 among mothers with no education.

<table>
<thead>
<tr>
<th>IMR by ethnicity</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7.6</td>
<td>7.5</td>
</tr>
<tr>
<td>Macedonians</td>
<td>6.8</td>
<td>6.0</td>
</tr>
<tr>
<td>Albanians</td>
<td>9.4</td>
<td>10.1</td>
</tr>
<tr>
<td>Turks</td>
<td>6.5</td>
<td>3.8</td>
</tr>
<tr>
<td>Roma</td>
<td>7.8</td>
<td>10.2</td>
</tr>
<tr>
<td>Other</td>
<td>4.6</td>
<td>5.7</td>
</tr>
</tbody>
</table>


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107 ICMH Annual Report 2011
Only a relatively small percentage (1 per cent) of women in the country do not receive antenatal care. Most (93 per cent) receive antenatal care from medical doctors; 5 per cent from midwives; and 0.2 per cent from auxiliary midwives and nurses. Only 87 per cent of Albanian MICS4 respondents received antenatal care from doctors, compared with 98 per cent of Macedonian women. This could reflect either a cultural preference or a shortage of medical doctors in majority Albanian municipalities. While about 94 per cent of all mothers received antenatal care four or more times, as recommended by UNICEF and WHO, only 86 per cent of Roma women did and 6 per cent had no antenatal visits at all. Only 83 per cent of Roma women living in the poorest 60 per cent of households reported four or more antenatal care visits compared with 93 per cent among those living in the richest 40 per cent of households.

3. Morbidity

a. Nutrition

Children’s nutritional status is a reflection of their overall health. While chronic or acute malnutrition is not an issue for children in the former Yugoslav Republic of Macedonia, there is hidden hunger mainly evidenced by the high incidence of stunting due to chronic bad nourishment. The key indicators of malnutrition in the country continue to exceed WHO thresholds even in 2012, representing existing and future public health problems. The current prevalence rates for the four key indicators shown in Table 6 below suggest that approximately 200 thousand citizens, mainly women and children, suffer from some form of malnutrition. For some, these indicators predict future deficits in physical growth, mental development and work performance, but for many this represents a real and immediate threat to survival and health.

<table>
<thead>
<tr>
<th>Nutrition Indicator</th>
<th>Risk Group</th>
<th>National Prevalence</th>
<th>Cases At Risk</th>
<th>Risk or Deficit</th>
<th>Economic Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>Child &lt; 5yr</td>
<td>10.3%</td>
<td>11,626</td>
<td>Growth &amp; Development</td>
<td>Future Productivity</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>Child &lt; 1m</td>
<td>7.75%</td>
<td>1,882</td>
<td>Mortality</td>
<td>Lost Earnings</td>
</tr>
<tr>
<td>Anaemia</td>
<td>Child &lt; 5yr</td>
<td>21.8%</td>
<td>24,606</td>
<td>Mental Development</td>
<td>Productivity &amp; Health Care</td>
</tr>
<tr>
<td>Women</td>
<td>19.8%</td>
<td>163,835</td>
<td></td>
<td>Current Productivity</td>
<td></td>
</tr>
<tr>
<td>Pregnant</td>
<td>28.5%</td>
<td>6,919</td>
<td>Perinatal Mortality</td>
<td>Lost Earnings</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Child &lt; 6m</td>
<td>77%</td>
<td>18,692</td>
<td>Mortality &amp; Morbidity</td>
<td>Lost Earnings &amp; Health Care</td>
</tr>
</tbody>
</table>

Table 6: Summary Key Nutrition Indicators (Macedonia National Nutrition Policy)\(^\text{110}\)

Although 94 per cent of babies are breastfed for some time after birth, the rate falls quickly from 23 per cent of children aged less than six months (a level considerably lower than the recommended national target of 50 per cent) to only 13 per cent by age 20 - 23 months. Since a balance with appropriate solid food has to be achieved for optimum growth and development, the international criteria of adequate feeding are age-related. For infants aged 0-5 months, exclusive breastfeeding is considered adequate, while infants aged 6-23 months are considered to be properly fed if they receive breast milk and solid, semi-solid or soft food, with adequate

\(^{110}\) Adapted from Bagriansky J. ibid
frequency of meals. Comparing MICS4 data with international standards, only 22 per cent of children aged 0-23 months are being adequately fed. There are no differences by wealth index of households or education of mother.

Child nutrition indicators have made slow progress in the past decade. The prevalence of anaemia and under-nutrition among children <5 decreased from 26 per cent in 2004 to 22 per cent in 2011,111 and stunting prevalence has dropped slightly from 9 per cent in 2005 down to 5 per cent in 2012. These figures indicate that there are still serious nutritional issues to be addressed. MICS4 data also confirms a strong pattern of inequality in relation to nutrition. Almost 17 per cent of Roma children are stunted: more than three times the national average and higher than in many developing countries. There is a clear link between poverty and nutrition as the percentage of stunted children in Roma settlements decreases with the improved material conditions in the household. Stunting is nine times more frequent among children living in households from the poorest quintile, than the richest quintile.

Despite this clear evidence of nutrition-related development risk among Roma families, the 2012 UNICEF ECI survey112 indicates that fewer children of Albanian and Roma ethnic origin visit child development centres (established to monitor children with developmental risks or difficulties) than the national average. This may be due to negative attitudes within Roma and Albanian families, or fear of stigma related to use of these centres, but it is possible that the centres’ geographic distribution and location makes them less accessible to these families. Home visiting care services remain underutilised in terms of early detection and care of children with nutrition-related developmental risks. For instance nutrition supplements to prevent nutrition related developmental risks both for 6-24 month old children and for pregnant women are not provided in the PHC essential package of services. Poor coordination among PHC services means that if children with developmental risks are detected through home visiting care, they are not mandatorily referred to specialised healthcare. Also, cases are not automatically referred to the home visiting nursing service for further follow up and care. Specific protocols need to be developed to address these gaps in the system.

Anaemia in children is down from 26 per cent in 1999 to 22 per cent in 2011113 compared to 17 per cent in the European region. Prevalence is higher in rural than in urban areas (26 per cent vs. 19 per cent), and more common among Albanian (30 per cent) and Roma (34 per cent) children. Anaemia in women has unfortunately increased from 12.5 per cent in 1999 to 19 per cent in 2011, compared to a European average of 15 per cent, and is 25 per cent for Albanian women. Meanwhile, three out of eight regions had anaemia prevalence of moderate public health significance (>20 per cent): East (24.0 per cent), Vardar (23.9 per cent) and Poloski (23.2 per cent). Prevalence of anaemia is also high among women 20-24 years of age and those above 35 years of age, women who had only attended primary level education (although the prevalence of anaemia was lower for women who had no education), and women in the lowest three income categories.

b. Preventable Diseases

The percentage of immunised children is generally high at above 90 per cent for both Roma and non-Roma.\textsuperscript{114} The rate of follow up vaccinations too, although lower among Roma, is still above 90 per cent.\textsuperscript{115} Children in Roma settlements are less likely to receive the full round of vaccinations than other children and vaccination is frequently delayed beyond the recommended age. The percentage of Roma children who have all the recommended vaccinations by their first birthday is very low at only 63 per cent, leaving them at greater risk of catching a preventable disease. Roma children’s health is also affected by exposure to under-nourishment and the risks associated with living in settlements without adequate infrastructure and with high unemployment rates.\textsuperscript{116}

Overall, more than 90 per cent of the population use both improved water sources and sanitation and 99.6 per cent have access to an improved drinking water source. However, more detailed analysis reveals disparities between the poorest quintile and the rest of the population. Almost 30 per cent of the poorest non-Roma households, and 67 percent of poor Roma families, do not have access to improved water sources and sanitation. Among Roma, almost one in five poor households (18 per cent) do not have drinking water piped into their dwelling or yard/plot. Overall, 13 per cent of children under five in Roma settlements had diarrhoea in the two weeks preceding the MICS4 survey, more than twice the non-Roma rate (6 per cent).

**Access to Services**

While there are many factors contributing to the clear disparities in MCH indicators – socioeconomic status; mother’s education; cultural practices – the balance in distribution of resources and availability of services is key. Table 7 below shows the gap between the required and actual numbers of gynaecologists assigned on a regional basis. Even with a total shortfall of about 55 per cent, some regions (Skopje, Pelagonija and East) are better served than others (Polog and Southeast).\textsuperscript{117}

<table>
<thead>
<tr>
<th>Region</th>
<th>Current number</th>
<th>Required number</th>
<th>Shortfall (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>15</td>
<td>28</td>
<td>46</td>
</tr>
<tr>
<td>Polog</td>
<td>12</td>
<td>43</td>
<td>72</td>
</tr>
<tr>
<td>Southeast</td>
<td>10</td>
<td>26</td>
<td>62</td>
</tr>
<tr>
<td>Skopje</td>
<td>48</td>
<td>83</td>
<td>42</td>
</tr>
<tr>
<td>Southwest</td>
<td>10</td>
<td>35</td>
<td>71</td>
</tr>
<tr>
<td>Northeast</td>
<td>10</td>
<td>25</td>
<td>60</td>
</tr>
<tr>
<td>Vardar</td>
<td>8</td>
<td>19</td>
<td>58</td>
</tr>
<tr>
<td>Pelagonija</td>
<td>20</td>
<td>32</td>
<td>38</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>133</strong></td>
<td><strong>291</strong></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>

Table 7: Distribution of gynaecologists by region and population (Ministry of Health, 2011)

Key informants during the field visit spoke of the difficulties involved in having a gynaecologist assigned to the mainly Roma municipality of Shuto Orizari, due to refusal by

\textsuperscript{114} Interview with Dr. Brankica Mladenovic, Head of Institute for Mother and Child Health
\textsuperscript{115} Interview with Dr. Brankica Mladenovic, Head of Institute for Mother and Child Health
\textsuperscript{116} Eminova E et al Roma Early Childhood Inclusion Macedonian Report, OSF/REF/UNICEF Skopje 2012
\textsuperscript{117} Ministry of Health Rulebook, Official Gazette, 28/06/2012
several doctors to accept appointment there. FGD participants also spoke of informal charges for check-ups in pregnancy.

A recent assessment\textsuperscript{118} of the patronage nursing service demonstrates its value and its potential impact on maternal and child health. Respondents reported that patronage nurses are well known and accepted in local communities. This however was not a consistent picture. The quality, range and frequency of services varied across communities partly as a result of significant disparities in the distribution of patronage nurses across municipalities, but also because of family attitudes towards health services.

Despite dedication among health professionals and a long history of serving communities, the patronage nursing service only managed to achieve coverage of 54 per cent of the country in 2011 for pregnant women and 86 per cent for infants.\textsuperscript{119} In some geographical regions, patronage nurses spend too much of their time on providing services to infants at the expense of less visits to pregnant women.\textsuperscript{120} Shortage of qualified personnel and lack of material resources are major barriers to optimal use of the patronage nurse service. However, probably the most significant factor in its underperformance in relation to antenatal services is the lack of any formal interaction between patronage nurses and primary healthcare physicians such as gynaecologists. While doctors value the patronage nurses’ role as link between the community and the healthcare system, there is no agreed or recognised mechanism in place that would allow these two pillars of the national maternal and child healthcare system to exchange information or referrals. The main barrier to balanced provision of antenatal and postnatal care is this lack of formal reliable communication channels between healthcare providers.\textsuperscript{121}

The current set-up of patronage services is very unclear, with no definition of professional standards, and weak description of responsibilities and expected outcomes. Nurses are aging more quickly than they are being replaced. The absence of formally recognised professional standards makes it difficult to assess what performance improvements are required. At present, conditions are not in place to ensure minimum quality standards. Understanding of quality in service provision is vague. Quality is not perceived as a performance issue and there is no practice of either assessing or ensuring the quality of local community nursing services. Financial and managerial accounting practices are weak and the current funding mechanisms do not provide incentives for higher performance and/or efficiency.\textsuperscript{122}

The patronage nurse service’s long history of engagement with women’s and children’s health and its credibility with local communities makes it an ideal vehicle to address the current inequities in the national MCH system. However, this will require serious political commitment to real reform. The scale and distribution of patronage service services need to be adjusted to current population needs, and it needs to be streamlined organisationally and functionally. In particular, its communication, collaboration and coordination with the other elements of the primary health service have to be strengthened if it is to fulfil its potential and bring real benefits to excluded communities.\textsuperscript{123}

\textsuperscript{118} CCI/Studiorum, \textit{Community Nursing Assessment with Equity Analysis in Macedonia}, Skopje, 2012, pp1-2
\textsuperscript{119} IMCH op cit 2012
\textsuperscript{120} CCI/Studiorum, \textit{Community Nursing Assessment with Equity Analysis in Macedonia}, Skopje, 2012, pp83-84
\textsuperscript{121} CCI/Studiorum, \textit{Community Nursing Assessment with Equity Analysis in Macedonia}, Skopje, 2012, pp1-2
\textsuperscript{122} CCI/Studiorum, \textit{Community Nursing Assessment with Equity Analysis in Macedonia}, Skopje, 2012, pp1-2
\textsuperscript{123} CCI/Studiorum, \textit{Community Nursing Assessment with Equity Analysis in Macedonia}, Skopje, 2012, pp1-2
While access to and quality of basic health services remains a challenge for the whole health sector, it is especially difficult for children with disabilities. Despite good indicators for coverage and utilisation of child health services at national level, access to adequate and holistic community health care remains a problem for children with developmental difficulties and for socially vulnerable groups. In this regard, the patronage nursing system has underutilised potential to serve as the most powerful equaliser in the health system.\textsuperscript{124} The non-availability and underuse of counselling centres for children with developmental risks and developmental delays prevents early detection, proper care and developmental stimulation. Lack of parental knowledge also contributes to poor utilisation of services.

**Causality and Capacity Analyses**

While national MCH indicators are consistently improving, regional and urban/rural differentials mean that significant numbers of families and communities are missing out on their right to health. There are significant differentials among ethnic groups in relation to at least three key indicators. Infant mortality is 25 per cent higher among Roma and Albanian communities than the national average, and both stunting and anaemia is more prevalent among these communities. Although Roma children are the most disadvantaged group in terms of health, the most consistent imbalance regardless of ethnicity is between those in the poorest and those in the richest quintile. These patterns of inequality do not only apply to health status but also to access to services.

**Supply side**

The most apparent barrier to fair and equal access to health care is unequal distribution of services and facilities. Primary healthcare facilities and personnel are distributed unevenly across the country and need to be rationalised on the basis of need. Distance and transport costs are key barriers for families, making home visiting services even more vital. While resource allocation is a serious barrier, a State Audit Office assessment\textsuperscript{125} of the national public health programmes found that service delivery for most vulnerable families and children is also constrained by weak state budget planning and management practices. Besides transport costs, families in FGDs indicated that unofficial fees are still charged in both hospital and medical centres and most accepted the need for contacts within the system to ease access. This is of course more difficult for families from minority groups to achieve\textsuperscript{126} and probably results in higher costs and reduced use of services.

MCH services are to some extent static. Change is needed to rationalise and develop them to meet current community needs, apply new evidence-based medicine guidelines and particularly to address the clear inequities in health outcomes that exist across the country and which are slowing progress towards meeting the country’s MDG goals. This may involve greater use of pilot projects in the near future to test out models and approaches, but these should only be developed if there is prior commitment to mainstreaming and a clear strategy for doing so. The current mainstreaming of the model of Roma Health mediators already piloted under the DRI


\textsuperscript{125} State Audit Office, 2012 (dzr.mk, accessed 20 November, 2012)

\textsuperscript{126} There is a recognised need for more health professionals of Roma ethnic origin, and this is planned in the National Roma Decade Action (2006-2015)
programme is a good example to be followed to address the significant health gaps between the Roma and non-Roma populations.

In addition, the MCH services suffer from shortages of qualified staff, limited resources and inadequate referral system. The role of health providers is still conceived as entirely devoted to prevention and cure of “physical” diseases. Less attention is paid to psychological, cognitive and emotional child development and adequate parenting education in regard to child wellbeing.127

**Demand side**

Cultural beliefs and child rearing practices contribute significantly to negative health outcomes for children, particularly through poor feeding practices. Preventive services have to be strengthened to address them. Improving families’ economic status and mothers’ level of education are the two most obvious enablers in this area. Parents also lack the necessary knowledge to recognise developmental delays in children or to provide appropriate stimulation, feel constrained by the risk of social stigma to act on their concerns. This leads to reluctance to use counselling development centres which holds back effective treatment and thus aggravates the child’s problem. Although these are all practices or attitudes that could benefit from a more effective and efficient community nursing service or ECD centre, healthcare institutions generally are focused on the assessment of physical health with no national system for recording and monitoring health problems and development delays.

### 3.2 The Right to Care and Development

**Article 6.1** States Parties recognize that every child has the inherent right to life.

**Article 6.2** States Parties shall ensure to the maximum extent possible the survival and development of the child.

**Early Childhood Development (ECD)**

A period of rapid brain development occurs in the first three years of life, and the quality of home care is the major determinant of the child’s development during this period. In this context, adult activities with children, presence of books in the home for the child, and the conditions of care are important indicators of quality of home care. Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn before they are enrolled in school. Yet, analysis of four domains of child development in MICS4 shows that, while 99 per cent of children aged 36 – 59 months are on track in the learning domain, nearly 100 per cent in the physical domain, and 91 per cent in the social-emotional domain, only 43 per cent of all children are on track in the literacy/numeracy domain.

There are significant differentials across ethnic groups in terms of mother’s education and placement in wealth quintiles but the biggest gap is among Roma communities where only 72 per cent of 36-59 month old children are developmentally on track. Children in Roma settlements are significantly less on track in literacy-numeracy than other children (16 per cent) and only 72 per cent are on track in the social-emotional domain. The differentials in the literacy-numeracy domain between children in the poorest quintile (12 per cent) and those in the richest (24 per cent) is particularly significant.

127 CCI/Studiorum, Community Nursing Assessment with Equity Analysis in Macedonia, Skopje, 2012
For 92 per cent of children aged 36-59 months, an adult was engaged in four or more activities that promote learning and school readiness during the three days preceding the MICS4 survey. Only 71 per cent of children had fathers who were involved with one or more activity. There are no gender differentials in terms of adult activities with children, but fathers engage in more activities with sons (76 per cent) than daughters (66 per cent). More adults engaged in learning and school readiness activities in the richest households (96 per cent) than the poorest households (81 per cent). The more educated are more likely to be engaged with their children.

The presence of books in the home is a vital indicator of later school performance. Only 52 per cent of children aged 0-59 months have access to at least three children’s books. The number with 10 or more books declines to 36 per cent. While no gender differentials are observed, urban children have more access to children’s books (66 per cent) than children living in rural households (38 per cent). In Skopje, 48 per cent of children had access at home to 10 or more children’s books or picture books compared to 11 per cent in Polog. The differentials correlated with mother’s education and ethnicity are even wider - from 63 per cent for mothers with high education to 8 per cent for those with primary or less education; and from 57 per cent for Macedonians to 8 per cent for Albanians. The situation is even more extreme in the Roma settlements where only 27 per cent of homes have three or more children’s books and only 12 per cent have ten or more books.

Although the vast majority of children of pre-school age are developmentally on track, the figures overall demonstrate a non-learning ethos at home, and a general lack of understanding of the importance of stimulation and learning in early childhood. They also indicate significant differences in childrearing practices related to socio-economic status, as indicated by the level of their mother’s education and the family’s wealth ranking. These indicators imply a failure to address the inter-generational nature of poverty and deprivation that can only lead to a growing inequity between rich and poor at odds with any commitment to a cohesive, stable and just society. Family poverty, poor housing, ill health and low educational status mean that many Roma families are disadvantaged in providing care, protection and support to their youngest members, and the gap that is still apparent between Roma and other ethnic groups is both profound and chronic.

Attendance at pre-school education in an organised learning or child education programme is an important part of preparing children for life and for school, and thus ensuring positive educational experiences from the start. It is particularly helpful for children whose family language is not the language of the school, or who face other challenges adapting to the school environment. National legislation defines early childhood development (ECD), as preschool education that integrates care and education, specifically including measures and activities for the promotion of health and the advancement of the intellectual, emotional, physical and social development of the child as opposed to baby-sitting and day-care which do not typically have organised educational and learning components.

A new Law on Early Childhood Development (ECD) was adopted in February 2013 which is intended to provide for universal access to quality ECD by enabling - 1. diversified ECD services (not just kindergartens, but also public, private, and civil society ECD centres for different durations; 2. a focus on holistic development and outcomes – Early Learning Development Standards are explicitly mentioned as a framework for holistic domains.

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outcomes and quality support; and as the basis for curriculum, record keeping, monitoring and evaluation; 3. mechanisms for quality and inclusion: licensing, accreditation, inspection, professional development; and 4. per child funding to ensure support for the most marginalised. So far, the main providers of ECD services have been public kindergartens. There are 54 such institutions located in 41 municipalities, as well as an additional 181 dispersed facilities located mainly in urban areas and more than 20 ECD centres in rural and disadvantaged communities which will now be officially recognised by the system.

Overall there is a shortage of affordable and accessible early childhood education options for preschool children. MICS4 indicates that overall only 22 per cent of children aged 36-59 months attend an organised early childhood education (ECE) programme. While this is almost twice as high as in 2006 (14 per cent) it is still low in comparison with other countries in the region with similar GDPs. This shortage is compounded by the concentration of state preschool institutions in urban settings, as can be seen from the contrasting attendance figures of 37 per cent in urban areas and 6 per cent in rural areas. The children most in need of such services are least likely to receive them. For example, 56 per cent of children living in rich households attend programmes, while the figure drops to 0.3 per cent in poor households. This is not only inequitable, it is also ineffective use of resources since international research and experience indicates that ECD programmes yield most returns when they are targeted at the poor. Only 4 per cent of children in Roma settlements aged 36-59 months attend organised early childhood education, despite the fact that Roma children scored lowest on the Early Childhood Development Index (72 per cent compared to 93 per cent nationally), particularly in relation to literacy/numeracy (16 per cent against 43 per cent nationally).

MICS4 thus confirms the findings of the Fair Play study\(^{130}\) in 2010 which found that enrolment in formal kindergarten among four and five year olds stood at about 23 per cent. Most of these children were from urban double-income families where the mother had completed secondary or higher education. Few Albanian or Roma children were included. In general, the state’s network of kindergartens is still used primarily as a child-minding service for working parents. While increased attention is being paid to educational and developmental elements of the kindergarten curriculum, still the focus remains strongly on childcare. The funding formula gives preferential placement to working couples, because they are the ones who can afford the fees, severely restricting places available for vulnerable families.

Full-day kindergarten with meals and dormitories is costly. Fair Play estimates that the costs per child/year in kindergarten are almost half the average annual income and that the real daily costs are almost four times the daily fees. In effect this means that services for better off working parents receive substantial state subsidies while poorer families cannot access them. Fair Play has recommended a multi-pronged approach to address this considerable barrier to quality ECD services. First, lower costs through more cost-effective operations, learning from the experience of other countries and ECD Centres operating outside the kindergarten network. Second, put a realistic and fair pricing structure in place so that those who wish to have a full-day programme pay a fairer price, and subsidies are more equally and more effectively distributed. Third, widen the range of programmes available to include part-time ECD services so that more children from a wider range of family backgrounds can avail of the services. This would also result in greater emphasis on supporting child development rather than simply providing childcare. Fair Play also acknowledges the need to expand the ECD market.

\(^{129}\) Van Ravens J., *Fair Play*, UNICEF Skopje 2010

\(^{130}\) Van Ravens J., *Fair Play*, UNICEF Skopje 2010
considerably by introducing training, accreditation, regulation and supervision to facilitate development of private, community and NGO-run ECD facilities to enable universal access for all children, rich and poor. The new Law is a huge step forward in this direction.

**Causality and Capacity Analyses**

Cost and concerns about staff capacity were the two primary reasons put forward by parents in FGDs for non-enrolment of their children in ECE programmes. However, they also expressed lack of faith in the benefits of ECE as against care in the home. This lack of understanding of early development needs and the value of ECE to children, families and wider society was reflected too in the MICS4 findings. This is the primary structural cause of lack of realisation of children’s right to appropriate support for their development needs. The new Law on ECD should provide opportunities to expand social and community commitment to provision of high-quality ECE programmes. The Law addresses the prioritisation of care over education in the national kindergarten system.

Besides cost, other underlying causes of unequal access include distance; lack of appropriate facilities; and discriminatory attitudes that constrain enrolment opportunities. The present funding arrangements, for instance, subsidise higher-income, urban families instead of directing resources to the children and families that would benefit most from ECD. Public funding should be adjusted to cover all or most of the costs of half-day kindergarten so that any costs to parents are affordable and can be kept proportionate to their income, while those people want full-day care should pay for whatever is added to that half-day program: meals, sleeping facilities and additional activities.131

The main languages of instruction in kindergartens are Macedonian and Albanian and children are strictly separated according to language of instruction, even when attending the same kindergarten. Roma children face discrimination from parents and children even when they enrol. As a result, enrolment among Macedonians is 36 per cent, but only 4 per cent among Roma and 3 per cent among Albanians. Since the language of instruction in kindergartens is either Macedonian or Albanian, Roma children are disadvantaged. Because most Roma children speak Romani, they tend to arrive in kindergarten and primary school with little knowledge of the language of instruction. This could be mitigated by ECE. Unfortunately, most Roma parents are unlikely to be able to pay for any kind of ECE programme so even if mothers are engaged in informal work outside the home, their younger children are usually looked after by relatives or neighbours. Family poverty, physical segregation, parents’ lack of education and consequent under-valuing of ECD all contribute to Roma parents’ deciding not to send their children to kindergarten or other ECE programmes. Roma families also face barriers of cost and distance.132

Very few children with special needs are included in regular kindergartens. While MLSP has identified inclusion of children with disabilities in preschool as a special priority, this is still at an early phase. Only 20 out of 54 kindergartens enrol a total of 77 children with moderate disability.133 A further obstacle to the greater inclusion of CWD in the preschool and school system is the lack of personnel qualified to work with children with disabilities. Training is also needed for kindergarten teachers. Parents in FGDS felt that this lack of trained personnel was

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131 Van Ravens J., *Fair Play*, UNICEF Skopje 2010
the biggest obstacle to enrolling CWDs in early learning programmes. Finally, children with disabilities face stigma and discrimination from parents and other children.

The Law on Protection of Children provides guidance for kindergarten programmes for students with disabilities. It states that that services for children with disabilities will be organised within regular kindergartens, and that children with more moderate or physical disabilities will have care organised in a special programme. The low proportion of kindergartens prepared to accept CWD is another serious barrier to their greater integration in regular schools, since participation in early education centres could not only better prepare CWD for regular school but could also provide an opportunity for local schools to prepare themselves to meet their special needs. Greater coordination is needed between the MLSP and Ministry of Education and Science, the Ministries responsible for these different elements of the education system, to ensure that the government’s overall goals of greater inclusiveness are met.

Initiatives aimed at quality improvement in the ECD sector should focus broadly on ensuring that all children benefit from stimulation, positive experiences, and interactions that nurture all aspects of their development and realise their right to play, to education and to protection. Families, local communities and municipal authorities all need to be informed about the value of early childhood education (ECE) to children, families and society. While its benefits in terms of redressing inequality, disadvantage and deprivation should be promoted, ECE should not be presented solely as an affirmative action programme and its benefits for all children should be the key message of any campaign to promote its development and uptake.

Increased attendance at ECE programmes, particularly for socially excluded populations, would probably make the most significant contribution to addressing basic inequalities. The scarcity of ECE facilities, and their unequal distribution mainly in cities and towns, are significant barriers to equal access. However, perhaps the greatest barrier is families’ lack of understanding of the importance of appropriate stimulation and education in the child’s early years. Prioritising care over development in the early years not only mutes demand for appropriate ECE services but also inhibits child-rearing practices that promote and support smooth integration into the school system.

3.3 The Right to Education

Article 28.1 States Parties recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

(a) Make primary education compulsory and available free to all;
(b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
(c) Make higher education accessible to all on the basis of capacity by every appropriate means;
(d) Make educational and vocational information and guidance available and accessible to all children;
(e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.
General Framework of Basic Education

Access to quality education is not just a basic right for all children: it is essential for their development and access to other rights. Its’ potential in terms of fostering economic growth, addressing social inequalities and creating a modern pluralist society have also been widely recognised. An overall framework of activities in the area of education is represented in the 2005–2015 National Programme for the Development of Education.\textsuperscript{134}

The Ministry of Education and Science (MES) is accountable for the overall educational system from primary to tertiary education, including adult and non-formal education. More concretely, MES is in charge of establishing and operating educational institutions and their accreditation and approval. It also sets curricula, publishes textbooks, and endorses appointments in educational institutions. Bodies within MES include the Bureau for the Development of Education, the State Education Inspectorate, the Directorate for Development and Promotion of Education in the Languages of the Communities, and the National Examinations Centre. The national education budget for 2011 amounted to approximately 4.6 per cent of GDP, which is well below the OECD average of 5.7 per cent\textsuperscript{135}. Although responsibility for providing primary and secondary education services has been devolved to local level, education is mainly funded from central government. Expenditure on education constitutes almost half of all government transfers to municipalities.\textsuperscript{136} However, about 80 per cent of the local budget is allocated for salaries, leaving few resources available for other essential areas such as training, infrastructure, or service development.

Recent years have seen decentralisation of several education functions to municipalities. They are now responsible for building and maintenance of schools, employment of teachers and staff, and provision of textbooks, materials and support services. Education continues to be financed mainly from the central budget, with resources allocated to municipalities. Local authorities argue that the current funding mechanisms constrain their capacity for local development and disadvantage poorer municipalities with smaller local taxation bases.\textsuperscript{137}

Based on self-assessment in the 2002 census, the national literacy rate is 96 per cent,\textsuperscript{138} and therefore 4 per cent of the population aged 15 and above is illiterate. The illiteracy rate among Macedonians was the lowest (2 per cent), while the highest was observed among the Roma population (21 per cent). In 2002, 33 per cent of the Roma population had failed to complete primary education and of the remaining 67 per cent, 93 per cent had only completed primary education. The 2002 census also indicated that literacy was improving with the rate among those aged 15–24 at 99 per cent, with little disparity between men and women. Literacy among 15–24 year old women is of particular concern since it is a key factor influencing mother and child health and later children’s educational performance, and thus breaking inter-generational cycles of poverty. Therefore it is disappointing to note that later MICS4 data indicates a slight fall in literacy among women aged 15-24, from 99 per cent in 2002 to 97 per cent in 2011 (100 per cent for Macedonians; 97 per cent for Albanians; and 77 per cent for Roma); and that only one in two Roma women aged 15-24 years living in the poorest households are able to read.

\begin{footnotesize}
\begin{enumerate}
\item Available online (in English) at http://www.npro.edu.mk/dokumenti/strategija-en.pdf
\item Country Assessment Macedonia REF op cit
\item Lyon A. Decentralisation and the Delivery of Primary and Secondary Education, CRPM, Skopje, 2011 p7
\item Ibid
\item Figures quoted in Government of Macedonia, Report on the Progress towards the Millennium Development Goals, Skopje, 2009
\end{enumerate}
\end{footnotesize}
Primary education is organised in three cycles of three years each. In September 2008, primary education was transformed into a nine-year education programme with children being enrolled at the age of six instead of seven. There were 986 elementary school facilities (including 349 principal schools and smaller affiliated schools) in the country at the end of 2012, and 113 secondary schools. Most were built in the 1970s, although 81 primary schools and 20 secondary schools have been reconstructed and repairs completed in an additional 390 schools since 2008, and ten primary schools and two secondary schools have been built (often with foreign donations). However, the existing school network still reflects the demographic situation of the 1960s and 1970s and this has resulted in considerable discrepancies in the location of educational facilities. There are a large number of rural primary schools, but increasing migration from rural to urban areas has left many of these with very few students. Approximately 30 per cent of all primary schools, for example, have less than twenty students and are increasingly costly to maintain. In contrast, population growth in urban areas, particularly those populated by Albanian and Roma communities in the north and west of the country, have resulted in significant overcrowding in schools.

Access, attendance and completion

The ISCED table below shows an adjusted net attendance ratio (NAR) of 98 per cent nationally for primary schools in 2011. There is no significant urban/rural or gender divide nationally although NARs range from 99 in Northeast region to 94 in East. While there are some differentials between wealth quintiles, the most significant variations are related to ethnicity with a Macedonian NAR of 99; an Albanian NAR of 98; and others at only 92 per cent. MICS4 data shows that only 84 per cent of Roma children of primary school entry age (age 6) are attending the first grade of primary school. While the majority (86 per cent) of Roma children of primary school age do attend school, this still leaves 14 per cent of Roma children out of school.

Given that most Roma children speak Romani and do not attend ECE programmes, they tend to be disadvantaged when they enter primary school. There are systematic efforts to ensure that children master the language of instruction and teachers are trained on how to assist children in mastering it. The educational system lacks cultural sensitivity and offers no mandatory training in multicultural teaching or how to combat prejudice and stereotyping. The shortage of Roma teachers means that many discriminatory practices go unchallenged, and as a result schooling remains a negative experience for many Roma children. Far greater efforts are required to prevent Roma children’s school experiences from reinforcing segregation through language, culture and behaviour in their school. Extra effort is also required to prepare the ethnic majorities (Macedonians and Albanians) for greater inclusion of minority groups and to value diversity in society.

In this context, the rate of Roma attendance decreases with age so that, by the age of 14, as many as 25 per cent of Roma children have dropped out. Since school attendance is mandatory in Macedonia and the systems and structures for tracking pupils are fairly well developed, this high rate of non-attendance raises questions about families’ commitment and capacity to support their children’s education, but also about local municipalities’ commitment and

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139 CRPM op cit
capacity to meet their own legal obligations. Primary and secondary education in public institutions are free of charge for all pupils, as well as textbooks, and transportation for students and pupils living two kilometres or more from school. Poor families, however, still find it difficult to meet the costs of materials. Some municipalities have developed specific initiatives to boost school attendance but some have found it difficult to sustain them after initial project funding expired.\textsuperscript{142}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|}
\hline
 & Male & Female & Total \\
\hline
Net attendance ratio (adjusted) & Net attendance ratio (adjusted) & Net attendance ratio (adjusted) \\
\hline
Age at beginning of school year & & & \\
6 & 81.3 & 91.6 & 86.6 \\
7 & 93.6 & 90.9 & 92.1 \\
8 & 93.4 & 90.7 & 92.0 \\
9 & 88.9 & 90.2 & 89.6 \\
10 & 91.7 & 87.3 & 90.9 \\
\hline
Mother’s education & & & \\
None & 91.0 & 83.3 & 87.2 \\
Primary & 89.6 & 91.7 & 90.7 \\
Secondary + & (*) & (*) & 96.6 \\
\hline
Wealth index quintile & & & \\
Poorest & 72.7 & 73.1 & 72.9 \\
Second & 89.2 & 97.7 & 94.3 \\
Middle & 98.0 & 78.8 & 90.7 \\
Fourth & 100.0 & 95.0 & 97.4 \\
Richest & 97.5 & 100.0 & 99.0 \\
\hline
Total & 90.3 & 90.4 & 90.3 \\
\hline
\end{tabular}
\caption{Percentage of children of primary school age attending primary or secondary school (adjusted NAR), Roma settlements 2011 (MICS4)}
\end{table}

MICS4 data indicates that, among Roma, differences in the mother’s education level have a significant impact on attendance at school, from a NAR of only 87 per cent when the mother has no education to 97 per cent where the mother has secondary education or above. The differences for Roma children in relation to families’ economic status is even more significant and NAR ranges from 73 per cent in the poorest quintile to 99 per cent in the wealthiest quintile. At national level, the percentage of children entering first grade who eventually reach the last grade of primary school is 99 per cent for all groups, including children that repeat grades. The national rate for completion and transition to secondary school is 97 per cent but there are significant differentials based on ethnicity, gender and socioeconomic ranking.

Secondary education has been compulsory since 2008. General secondary education covers a period of four years, whereas vocational secondary education lasts from two to four years, depending on the specific programme. Pupils enrol in secondary education on the basis of their performance in primary education. According to official data, approximately 60 per cent of secondary school pupils in the former Yugoslav Republic of Macedonia attend vocational programmes. The national NAR for secondary school is 85 per cent for children of Macedonian and Albanian ethnicity. However, only 38 per cent of Roma children of secondary school age attend secondary school; 4 per cent are still attending primary school; while 58 per cent are not attending school at all. Significant differences were observed based on socioeconomic status,

\textsuperscript{142} Eminova E et al Roma Early Childhood Inclusion Macedonia Report, OSF/REF/UNICEF, Budapest 2011
with lowest net attendance ratio among children living in poorest households (16 per cent) and highest in richest households (66 per cent). The fact that almost 60 per cent of Roma youth do not attend secondary school contributes significantly to the continuing cycle of unemployment, social exclusion and poverty among Roma in the country.

Positive changes of attitude among Albanian families, combined with government assistance to poor families to meet school costs, have led to increased attendance at secondary school by Albanian girls. Although still below the national average, the rate for Albanian girls has risen from 51 to 68 per cent. Gender differences in secondary school NAR among Roma are slight, with a slightly higher net attendance ratio among boys (42 per cent) than girls (35 per cent). There is no strong evidence that early marriage is a significant factor in young Roma girls’ dropping out of school and MICS4 data confirms anecdotal evidence from key informants that this practice is declining generally.\(^{143}\) International studies\(^{144}\) indicate that the more relevant factors are likely to be family poverty and poor school experiences.

**Quality**

**Article 29.1** States Parties agree that the education of the child shall be directed to:

(a) The development of the child's personality, talents and mental and physical abilities to their fullest potential;

(b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;

(c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;

(d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;

(e) The development of respect for the natural environment.

The urban/rural disparities in the secondary school network have resulted in significant overcrowding in many urban schools. While many schools have to operate two shifts, approximately ten per cent of primary schools have to operate three shifts each day. This not only requires lesson times to be shortened, it also limits the time and space available for extra-curricular activities or classes for students with additional support needs like language or ‘catch-up’ classes. Conditions in educational facilities also vary widely, with schools in rural municipalities and on the outskirts of poorer urban municipalities often in poor repair.\(^{145}\) Children in FGDs consistently commented on the poor state of hygiene in their schools, particularly the toilets but also, in some cases, in relation to the general infrastructure. Violence remains an issue in schools. Many children in FGDs said they did not feel safe in school and that both the teachers and other students use both verbal and physical violence.

\(^{143}\) MICS 3 Table ED.4; MICS4, Table ED.4

\(^{144}\) A School for All? The Access of Roma Children to a Quality Education Împreună Agency for Community Development/UNICEF, Bucharest, August 2010

Assessment of pupil performance in Grades one to three is descriptive. Pupils are sometimes advanced to the next grade without having developed the necessary level of knowledge and skills, leading in turn to frustration and dropping out in the upper cycles of primary education. Additionally, pupils in the upper cycles of primary education are sometimes promoted from one grade to the next despite not meeting performance criteria. Although this may be done with the child’s well-being in mind, the practice allows teachers to abdicate their responsibility for pupils’ academic competencies. The introduction of a final external assessment at the end of primary education is now complete. Its aim is to assess the level of knowledge of students against nationally set benchmarks, as well as the objectivity of teacher assessments. This effort is also intended to improve the international test scores of primary school children whose performance in international assessments has been relatively poor.

When the degree to which students aged 15 can read and comprehend was measured objectively through the OECD Programme for International Student Assessment Tests (PISA) in 2000, the country ranked 38 out of 41. The PISA results indicated that 34.5 per cent of pupils who had completed or were about to complete primary education had not even achieved the first of five levels of proficiency, while an additional 28 per cent had only reached the first proficiency level. These results can be taken as a serious indicator of the poor quality of teaching in the country and illustrate the need for systemic changes in order to raise the level of the population’s actual literacy. Since 2009, UNICEF has been supporting an in-service training programme on numeracy and literacy aimed at covering all early grade teachers in the country. The programme has already yielded positive results.

There are also concerns to be addressed as to how far the education system is meeting the learning needs of all pupils. Social inclusion is a key aspect of a unified and effective education and training system. The basic premise behind inclusive education is that policy and practices should allow students of diverse backgrounds and abilities to obtain the benefits of national education through systems that are flexible and supportive enough to meet the needs of students with diverse needs and backgrounds in general education schools and classrooms. Although there are no specific national laws related to inclusive education, the National Strategy for the Development of Education (2005-2015) promotes the need to improve physical access to education; reduce discrimination within; improve educational experiences and outcomes for all children; and expand care for children with special educational needs. Also the 2007 Concept for the New Nine-Year Compulsory Education addresses issues of inclusiveness such as non-discrimination, multiculturalism, and pupils with special educational needs.

While data is available evidencing participation in education by children of minority ethnic backgrounds and those in families of low socioeconomic background, the prevalence and structure of students with special educational needs is not monitored in a systematic and organised way. The official data available for the 2011–2012 school year, shows that only 981 pupils were educated in 181 special classes in 44 schools. The low number of female pupils (324) may indicate a tendency among parents to avoid enrolling girls in special schools at the expense of any formal education. The majority (823) of these children were in classes for children with intellectual disabilities; 21 were categorised as educationally neglected; and the

146 UNICEF project reports 2010, 2011
148 Research Report: Use of Assistive Information Technology in Primary Schools in the Republic of Macedonia, Open the Window/USAID, Skopje, 2011 p48
149 Primary, Lower and Upper Secondary Schools at the Beginning of the School Year 2011/2012, SSO, Skopje, 2012
remainder (137) were defined with some type of physical disability. Even allowing for the 348 CWD attending Day Centres and those in institutions, these figures imply that a significant number of children with disabilities are either attending regular classes or are not being schooled at all. Follow-up research is needed to determine schools’ real capacity to integrate children with special needs into regular education; and teachers’ willingness to accept them, if suitable facilities and training were available. This is particularly important in light of the country’s recent ratification of the 2007 Convention on the Rights of Persons with Disabilities, which confirms the right of all persons with disabilities to inclusive, quality and free primary education and secondary education on an equal basis with others in their communities.

Many key informants questioned the relevance and effectiveness of the procedure whereby children’s special educational needs are assessed by a commission comprising the primary school director, a psychologist or pedagogue and a class teacher from lower-primary level. Another issue that needs to be addressed is that special schools and classes administer a reduced curriculum with no mechanism for returning to standard classes. This must inevitably add to parents’ determination to avoid their placement there to begin with. In FGD, children with disability were positive about their school experience, in both regular and special classes, but some parents raised concerns about the value of special classes, claiming that children were simply placed there, with little or no educational input. Anecdotal evidence from the FGDs also raised concerns about safety issues, with parents and children claiming that in some instances, children were locked into special classes when the teacher was absent.

Children generally were unsure why some children were actually in special classes at all and expressed willingness to share classrooms with children with special needs. Teachers reported in 2010 that adaptation of infrastructure was required for greater integration of children with special educational needs; along with greater professional support; and further teacher training. All of these can be achieved within the current framework of educational provision but efforts to date aimed at mainstreaming children with special education needs have encountered resistance.150

In the 2008-2009 school year Roma reportedly accounted for approximately 36 per cent of all children in special primary education and 28 per cent of the total in special secondary education.151 The actual numbers need to be verified given that, in neighbouring countries, late entry at school, lack of native tongue opportunities, and inadequate assessment mechanisms, have led to a disproportionate number of Roma children being enrolled in special schools. Roma parents may feel that they have to accept this determination or may sometimes collude because of lower costs and/or additional services available to the child e.g. food, clothing, shelter. Anecdotal evidence from key informants in this study suggests that reasons for the overrepresentation of Roma in special education could include biased assessment procedures and state-provided financial, transport, and employment benefits. Although the native tongue language policy is unevenly implemented in schools, there is no legislation in place requiring native language considerations to be addressed in the assessment of students with possible special educational needs.152

150 Johnstone C. Inclusive Education as Part of a Child-Friendly Schools Framework. Results and Recommendations from a Study in Macedonia UNICEF, Skopje 2010
152 Johnstone C. Inclusive Education as Part of a Child-Friendly Schools Framework. Results and Recommendations from a Study in Macedonia UNICEF, Skopje 2010
Causality and Capacity Analyses

Overall enrolment and attendance rates are rising in both primary and secondary schools, and the gap between boys’ and girls’ attendance rates is narrowing as societal and community attitudes to girls’ education changes. While there are different rates of ethnic, gender, regional and urban/rural imbalance across the entire spectrum of education services, the level of exclusion of children with disabilities and Roma children, particularly Roma girls, from basic education services is concerning. Ethnic differentials are most apparent at pre-school or ECE level and, although the imbalances between ethnic Macedonian and ethnic Albanian children decline after primary school enrolment, Roma children (despite a significant rise in NAR over the past few years) remain significantly disadvantaged. In secondary school, gender imbalances across all ethnic groups are levelling out in response to changing social attitudes and government initiatives to encourage wider participation generally. While it is difficult to get a clear or accurate picture of CWDs’ attendance at regular school, it is clear that the majority of children with disability are excluded from quality basic education. Prejudice and stigma may play some part in CWDs’ poor attendance and completion rates but the absence of proper statistics makes it impossible to judge how much an influence it is in comparison with e.g. absence of suitable facilities.

Family poverty remains a constant negative factor, consistently linked to low educational achievement across all ethnic, gender and urban/rural divides. The government has introduced social assistance schemes to help poor families meet the cost of children’s schooling. Nevertheless, many families, especially those in the poorer quintiles, still do not send their children to pre-school or high-school institutions, and view education solely in terms of improving employment chances later in life. This may be due to the parents’ low level of education and their limited positive experiences of school. Expanding parents’ understanding of the role and value of education, and especially of early education, in their children’s lives is key. The level of the mother’s education is another factor consistently linked with child participation and achievement in education. A higher level of maternal education is a strong enabler of children’s successful participation in education and the advantages of supporting adult and/or community education programmes for mothers and young women cannot be over-emphasised.

Widespread social acceptance of parallel and separate education is another structural cause of poor quality education. Smaller ethnic groups have fewer resources to provide quality schooling, and thus existing patterns of inequality continue. However, the quality of education received by children of both majority and minority communities suffers as a result of separate schooling, as does wider movement towards of a modern, pluralist society.

The national legislative and policy framework of education is adequate although the legal basis for inclusive education needs to be strengthened. Difficulties arise however in interpretation, enforcement and implementation at local level. While devolution of responsibility to municipalities should enable greater flexibility and responsiveness to local needs, it can also lead to slippage from national standards and patchwork development of services. The lack of basic data in relation to excluded groups eg numbers of Roma or CWD, must also raise serious questions about the practical usefulness of many national strategies and action plans in the field of education.

The overall education budget as a percentage of GDP is lower than the EU average but allocation and distribution of resources is equally problematic. Research and anecdotal evidence indicate that the current mechanisms for allocating central budget funds favour
wealthier rather than poorer municipalities. Although the allocation formula is based on the number of children in the municipality, weighted for particularly vulnerable groups, it is not sufficiently sensitive to local need, nor flexible enough to respond adequately to local demand. Municipalities complain that it is based on historical costing and out of date baselines and that costs have already far outstripped available funds. Thus poor and remote municipalities, with higher unit costs per child and smaller tax bases, are disadvantaged. This hinders their development of initiatives to improve the quality of education and facilitate greater inclusion by vulnerable groups. The national funding formula also restricts local municipalities’ capacity to expend funds creatively in response to local circumstances.

At the local level, about 80 per cent of the allocated budget goes to staff salaries, leaving very little for other essential services, even less for development and capacity building. This provides a significant opportunity to improve access to, and quality of, school services through capacity building activities, perhaps around development planning, resource acquisition and management. There are further development opportunities available also around support and development of parental involvement on School Boards and child participation in School Councils. These bodies could act to support, challenge and monitor School Directors and introduce real local accountability and responsiveness.

The relatively well developed local management systems and coordination mechanisms with MES could be strong enablers of local reform and development initiatives, although unfortunately the lack of strong inter-sectoral coordination mechanisms at municipal level mitigates against development of innovative services and a holistic rights-based approach to service provision. The absence of strong civil society and/or private sector partners in the field of education is another major barrier to development of innovative services. Although services are devolved, education is effectively a State monopoly with very little choice available to parents or children. The development of projects and services by Roma NGOs and their later adoption by government provides a template for future development of services addressing other areas of need.

The limited availability of services and facilities locally, particularly for vulnerable groups, is an underlying cause of inequitable access to services. Many schools are in a poor state of repair and unsuitable for use by CWDs. Most facilities tend to be located in urban areas so accessing them can involve a long journey, perhaps not safe or suitable for a child. The absence of suitably qualified and experienced staff is another major barrier at all levels of education. Teachers and other professionals are reluctant to accept posts in outlying schools, so often rural areas have to accept less qualified candidates. In general teacher profession is undervalued and not does not support adequate attention and support. Teacher professional development is still in development and pre-service requires major reform. Suitably qualified teachers, kindergarten teachers and other professionals from non-Macedonian backgrounds, or familiar with minority languages or culture, are still scarce which affects municipalities’ ability to offer appropriate services. Educational textbooks and materials in minority languages, or showing positive images of minority cultures, are also difficult to come by. The national tendency to address poverty and inequality mainly through social benefits or cash transfers also means that alternative or supplementary services e.g. catch-up classes are not readily available throughout the country.

Although many of the cash incentives and affirmative actions supporting increased participation in school by Roma, CWD and poor children originated with international donors and/or local NGOs, the Government has moved to integrate many of them into the mainstream
education system. However, local level discussions revealed that some projects were unable to be absorbed by municipalities when external funding ended, despite a positive evaluation of their benefits. The impression is given that it was often those municipalities with least need for external support that received most donor aid, while remote municipalities with low tax bases struggled to make the appropriate contacts. Improved donor/NGO coordination could lead to expanded opportunities to address local barriers to services.

The Government accepts the need to apply international standards and is slowly adopting international quality criteria. However, the categorisations applied in assessment and definition of children’s disabilities do not follow international standards, and schools have not participated in recent PISA or TIMMS assessments.

3.4 The Right to Protection

Article 19.1 States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Article 19.2 Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

The Framework for Protection Services

The Constitution specifies that the State provides for the social protection and social security of its citizens in accordance with the principle of social justice. In line with this constitutional provision, both the Family Law and the Social Protection Law offer specific measures to protect children against violence, abuse and neglect. Both assign a special role and key responsibility to Centres for Social Work (CSWs) to address these problems. The 30 CSWs are mandated to take action based on their own knowledge or on reports by police, health and education institutions, parents or neighbours. However, child protection is just one element of CSW responsibility and falls within a much wider remit of provision of social services which includes administering of the cash benefits system. Social services are mandated primarily by the Laws on Social Protection, Family, Juvenile Justice and fall into three broad categories.153

BOX 1: PREVENTIVE SERVICES

<table>
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<th>PREVENTIVE SERVICES</th>
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<tr>
<td>The key preventive services provided by the Centres for Social Work are identified in the Law on Social Protection (Article 24) as being:</td>
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<tr>
<td>• Education and advisory work</td>
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<td>• Development of forms of self-assistance</td>
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<td>• Volunteering work</td>
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<tr>
<td>• Other activities that prevent emerging social risk</td>
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BOX 2: CARE AND COUNSELLING SERVICES

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<th>CARE &amp; COUNSELLING SERVICES</th>
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<tr>
<td>Care and counselling services are mandated primarily by the Law on Social Protection and aspects of the Law on the Family. They include:</td>
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<tr>
<td>- Home care for the elderly and disabled</td>
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<tr>
<td>- Residential care for the elderly and disabled; children without parents or parental care; children with behavioural problems; and asylum seekers</td>
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<tr>
<td>- Residential care for disabled children and those in need of care</td>
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<tr>
<td>- Foster care</td>
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<td>- Day care services</td>
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<tr>
<td>- Small group homes</td>
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<tr>
<td>- Independent living with support</td>
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<tr>
<td>- Shelters for vulnerable children and adults</td>
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<td>- Individual, couple, family and group counselling services</td>
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BOX 3: STATUTORY AND PROTECTION DUTIES

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<tr>
<th>STATUTORY &amp; PROTECTION DUTIES</th>
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<tr>
<td>- Taking measures to protect child victims of violence, children exposed to alcohol, drug abuse or child labour</td>
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<tr>
<td>- Guardianship in respect of vulnerable people</td>
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<tr>
<td>- Reporting and supervision duties in respect of juvenile and adult offenders</td>
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<tr>
<td>- Duties associated with adoption of children</td>
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<tr>
<td>- Reconciliation of marital partners</td>
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<td>- Supervision of parental rights</td>
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Local research has consistently reported that CSWs are seriously under-resourced and under-staffed. The National Programme for Development of Social Protection 2011-2021 also noted that provision of financial assistance is a key problem for CSWs due to the overall neglect of the social services. Realisation of families’ rights to financial assistance is unduly burdened with numerous administrative tasks, and so occupies most CSW staff time and energy. In addition the CSWs have weak financial capacity and inadequate human resources. Development and promotion of prevention and social services requires special attention.

Professional standards and disciplinary procedures have been developed and are being rolled out but accountability mechanisms within the system are still weak. The inadequacy of the systems to monitor the quality of social services for children and families has been acknowledged and these standards and procedures, together with the introduction of a database and a licensing process will help to develop quality assurance mechanisms to ensure that social work services are delivered in a timely, effective, efficient and non-discriminatory manner. A Code of Ethics for social workers has also been introduced. However the pace of development is inevitably affected by limited staff and resources available to the Institute for Social Activities (ISA), which bears statutory responsibility for monitoring, controlling, inspecting

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155 Available (in Macedonian) at http://www.mtsp.gov.mk/?ItemID=BD66FCC3A7FBCB47AB9150CBFECD2C96
and advancing the methods and the quality of professional work and CSWs’ efficiency in performing their functions.

While resources, authority and responsibility are being devolved to local level in the education system for example, CSWs remain firmly under the management of the central MLSP. CSW Directors are directly accountable to MLSP although their commitment is to providing local services. This should not be problematic and indeed certain aspects of social protection and care may require strong central management, but equally strong formal, statutory and mandatory links with the municipality and other service providers at local level are also required for provision of holistic, comprehensive and cost-effective family support, and these links are not currently in place. Thus while there are some inter-agency initiatives at local level, they tend to develop sporadically rather than as part of a planned strategy that would enable consistent rationalisation, expansion and development of services for children and families, and best use of limited resources for clients’ benefit. Meanwhile, the fact that CSWs have responsibility for both provision of professional social services and administering cash benefits is also problematic (see the section on the Right to an Adequate Standard of Living above). CSWs face challenges and tensions in having responsibility for both provision of professional social services and administering cash benefits. Feedback from social care professionals in the field during this study confirmed that that this is still the major barrier to providing quality social and family services. Administering cash benefits still overwhelms all other responsibilities of the CSWs, and the complexity of many social protection and social transfer schemes means that most CSW resources are devoted to this particular element of CSWs’ mandate. This does not just refer to administrative or support staff. The complex nature of the social protection application processes and management systems means that social workers often have to engage in them directly, reducing time available for professional social work duties. Social workers confirmed during this study that only about 50 per cent of their work-time can be used to meet their social work responsibilities; the rest is taken up with what they see as inappropriate administrative duties, usually linked to social benefit applications. This is particularly worrying given the rising demand on social services. This is an immediate and ongoing waste of limited and costly professional knowledge and skills. It also de-motivates and de-skills CSW social care professionals and thus seriously hinders future service development.

Most CSW social care teams include social workers, psychologists, pedagogues and lawyers, but not all these roles are available in every CSW. Most key informants confirmed previous findings that many social care teams are inappropriately staffed. Teams do exchange staff members and share resources as required on a case by case basis and some posts cover more than one municipality. A 2010 assessment found that investment in upgrading the professional skills of social workers within the child protection system was heavily dependent on external assistance and noted a need to pursue a more strategic and comprehensive approach to capacity development in this sector. Continuing education of CSW staff is a core ISA function and they have worked with UNICEF to develop a training curriculum for all CSWs which is being rolled out at present.

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158 CSW staff and management interviewed during the January field visit estimated that between 50 - 80% of staff time was taken up with administering financial assistance schemes. This reflects the proportion quoted in previous studies.
159 Davitkovski B. et al. op cit p37
Besides the increased statutory demands on CSWs over the past two decades, social transformation has also inevitably brought a new range of social problems to be addressed e.g. addiction, as well as increased demands for support and assistance in previously hidden or unacknowledged areas e.g. domestic violence and child abuse. This has resulted in an exceptionally wide mandate to be met with declining financial and personnel resources. Social reform and democratisation has also brought new expectations in terms of standards, accountability and transparency within the public service which inevitably has serious practice and caseload management implications for social care teams. However, it should be noted that the standard team composition (described above), as far as could be ascertained during this study, neither the number nor the nature of the team’s key positions have undergone any significant transformation to meet these changed social demands. The dominant model of work has remained office based and there has been little development of outreach or community based services. Further research is necessary to determine more precisely the fit between current CSW work approaches, resource allocation patterns and management systems on the one hand and evolving client needs, legal obligations, statutory requirements, social demands and expectations on the other.

Social care teams for instance identified counselling around divorce and family separation, court duties and sexual abuse as the three major growth areas in their caseload. Teams, however, are not organised around these priorities and case management systems are built mainly around geographic coverage rather than thematic specialisation or other capacity- or responsibility-based management models. Further mapping and rationalising of teams’ responsibilities, duties and capacities needs to be undertaken to establish efficient and cost-effective models of resource allocation (including skilled personnel). While the nature of social care work requires a flexible, client-centred approach to caseload management, a greater emphasis on specialist thematic-focused teams might facilitate a more efficient and cost-effective model and allow targeted capacity building and professional network development.

A major concern is that specific mechanisms for prevention and mitigation of, and response to, serious cases of abuse, neglect, exploitation and violence are still at an early stage of development. At present CSWs allocate child protection referrals on a case-by-case basis so it takes significant time and effort to develop an appropriate inter-agency group each time. The new CSW procedures require a Case Manager who will take responsibility for coordinating all aspects of the case, including inter-agency cooperation. Appointing one or two specialist Child Protection workers within each team who could develop and maintain interagency links on an ongoing basis and seek out alternative care arrangements in advance is a more effective approach than only reacting after the referral.

**Child abuse, neglect and exploitation**

**Article 34** States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

(a) The inducement or coercion of a child to engage in any unlawful sexual activity;
(b) The exploitative use of children in prostitution or other unlawful sexual practices;
(c) The exploitative use of children in pornographic performances and materials.

There is insufficient empirical data on incidence, prevalence and types of violence involving children, and very limited evaluation of how effective existing protection systems and services
are. Violence and abuse against children is still a largely hidden problem and there is no unified database which can provide clear, accurate national data on abuse and neglect. Many institutions that deal with violence do not officially or accurately record all cases.

Despite a lack of statistical evidence, focus group participants indicated that violence against children in the home, school and institutions is common and that the lack of data is more a result of failure in the protection system than of low incidence. MICS4 data indicates that almost 70 per cent of children aged 2-14 years had been subjected to at least one form of violent discipline method (psychological or physical) by their parents or other adult household members in the month preceding the survey. More importantly, nearly 5 per cent were subjected to severe physical punishment. In Roma settlements, the figure rose to 82 per cent and 17 per cent respectively.

Like other forms of violence there is no official government data on or estimates of child sexual abuse. In 2010, over 40 per cent of key government bodies responsible for detecting, reporting and referring cases of sexual abuse and violence did not have systems to officially record and refer cases of child sexual abuse. This was particularly true of educational and health institutions. The current legal framework does not impose this specific obligation on all institutions, so although CSWs receive the majority of reports on child sexual abuse, it is widely accepted that these represent only the tip of the iceberg.

Analysis of data from CSW and judicial files shows an increase in recorded cases of child sexual abuse in recent years, although numbers are still not large. Until 2006, there was little change in the number of registered cases but a major increase occurred in 2007 and the upward trend has continued, though at a slower pace. This is probably due to increased public and professional awareness and possibly to increased willingness among children to speak out about abuse. Thirty-five cases were registered with CSWs during 2008, almost half in Skopje. The CSW files indicate that the main reported criminal offence was sexual assault against a child under 14 (63 per cent). Most victims were aged between 10 - 13, but 30 were less than 10. The figures confirm that girls are more likely by far to be the victims of sexual abuse and assault - 78 per cent of cases in CSW files and 90 per cent in judicial verdicts were girls. Unlike boys, the risk of sexual abuse increases for girls over 10: 57 per cent of boy victims were under 10; while 77 per cent of girl victims were aged over 10.

Roma are most at risk and are disproportionately represented among child abuse victims. Although Roma children account for only about 3 per cent of the total child population, the share of recorded Roma child victims of sexual abuse was about 23 per cent. Children of Albanian ethnicity, on the other hand, who constitute 33 per cent of the overall child population, make up only about 8 per cent of child abuse victims. Domestic violence was reported in a quarter of the families and the risks inherent in families and communities have to be acknowledged – 37 per cent of child victims of sexual abuse were abused by a close member

160 Raijeva M op cit p8 quoting UNICEF “Results of an Institutional Assessment of the Responsiveness of Service Providers to Violence against Children in the FYR Macedonia” (2006)
161 MICS4, Tables CP.4 and CP.4R
162 Caceva V, Miceva S, Forlorn and Scarred: A Situation Analysis of Child Sexual Abuse, op cit
163 See CPR 2012 op cit
164 Ibid
165 UNICEF, Forlorn and Scarred: Situation Analysis of Child Sexual Abuse, 2010
of their families; 25 per cent by a neighbour. In 63 per cent of cases, the sexual abuse occurred in the victim’s or perpetrator’s home.\textsuperscript{166}

There is no systematic or coordinated approach to prevent and respond to child sexual abuse among institutions which should be in a position to identify and respond. Despite an existing legal provision, in 76 per cent of cases there was no evidence that assistance or support had been requested from the CSW.\textsuperscript{167}

Child trafficking is specifically prohibited and can be prosecuted under the Criminal Code. While begging itself is not illegal, the use of children for organised and exploitative begging is prohibited under the Criminal Code. Despite these legal safeguards, forced begging and child trafficking for commercial sexual exploitation occurs. Despite a US State Department assessment\textsuperscript{168} in 2011 indicating only minimal advancement towards eliminating the worst forms of child labour, the country achieved Tier 1 status in the 2012 TIP\textsuperscript{169} ratings. However, according to the ILO, the Government still lacks a list of hazardous occupations from which children are prohibited (although drafting has begun), and its programmes are not sufficient to cover most street working children. Research in 2010 and 2011\textsuperscript{170} indicated that the problem of street children is increasing. Almost 95 per cent of registered children on the streets are ethnic Roma and the majority have parents. They often engage in begging and/or selling cigarettes and other small items in open markets, in the streets, and in bars and restaurants. These children are at greater risk of becoming victims of trafficking.

In 2010 the MLSP adopted a ten year National Strategy to Reduce Poverty and Social Exclusion that addresses children’s rights including social protection, social inclusion, health, education and employment. However, the issue of child labour has not been addressed. The Ministry, with international support, continues to operate five Drop-In Centres that provide social services to children working in the streets, including street children who beg. A team of inspectors search for such children to persuade them to go to the centres or back to school. In 2011, the Government opened a fifth drop-in centre in Ohrid and a 24-hour transit centre for social services in Skopje. The Government also runs a Reception Centre for foreign victims of trafficking but it has no facilities dedicated exclusively to children and they do not have the capacity to handle young male victims or any victims under 12 years of age.

As demonstrated elsewhere, the main problem is not with the legislation or policies but at implementation and enforcement level.

**Juvenile Justice**

**Article 40.1** States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child’s sense of dignity and worth, which reinforces the child’s respect for the human rights and fundamental freedoms of others and which takes into account

\textsuperscript{166} UNICEF, Forlorn and Scarred: Situation Analysis of Child Sexual Abuse, 2010
\textsuperscript{167} UNICEF, Forlorn and Scarred: Situation Analysis of Child Sexual Abuse, 2010
\textsuperscript{168} 2011 Findings on the Worst Forms of Child Labor US Department of Labor, Washington 2012 p 370
\textsuperscript{169} Trafficking in Persons Report 2012 US Department of State, Washington 2012
\textsuperscript{170} Ombudsman, Information about Children on the Streets Republic of Macedonia Skopje 2011; Ombudsman’s Office, Information of the Ombudsman regarding Trafficking of Children in the Republic of Macedonia, , Skopje 2010
the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

Significant resources have been invested in reform of the judiciary and justice system over the past decade, including the juvenile justice system. The thrust of the reforms has been towards aligning practice with international standards and developing non-custodial responses to juvenile crime. However, a 2011 gap analysis\textsuperscript{171} of the normative framework for juvenile justice concluded that while laws and policies have brought the juvenile justice system into line with international standards, implementation continues to be problematic due to lack of capacity within the system. There is also a need to remove provisions targeting children from the Law on Execution of Sanctions and include them in the Justice for Children Law.

One urgent issue to be addressed is the continuing categorisation of children, and the court’s response to them, solely by age. While age has to be a significant factor in determining the system’s response, it is just one factor that has to be considered. Greater clarification and distinction is needed in practical terms of the different categories of children coming before the court: children in conflict with the law; children at risk; and children in contact with the law (victims and witnesses).

While juvenile justice professionals from all relevant institutions have benefited from comprehensive training and collection of statistical data on juvenile justice has improved, continual legislative amendments and policy shifts suggest a piecemeal and reactive approach to justice reform. It also requires continuous retraining to ensure proper implementation of provisions (taking up much time, money and energy). Justice reform generally, and development of non-custodial options in particular, needs to be grounded in wider social and community discourse on the value of children and child rights in Macedonian society; and the real effectiveness of current sentencing options. Both diversionary (keeping children out of the justice system) and alternative (keeping children out of custody) models need to be developed.

Supervision of all institutions dealing with juveniles (whether they are correctional, educational or care facilities) by a judge is needed in order not only to ensure implementation of already-existing provisions, but also to make recommendations for improvement of the legal framework by noting the shortcomings of current provisions. The situation in detention and correctional facilities across the country still requires upgrading and the situation in the educational-correctional facility in Veles remains a matter of serious concern, in particular with regard to the treatment of juveniles in the closed wing, provision of external healthcare, education and rehabilitation services.\textsuperscript{172} The number of specialist staff such as psychologists and social workers remains insufficient. Other serious rights violations include juvenile detention conditions in police stations failing to meet legal requirements and free legal aid not being systematically provided to children.

**Children in State care**

**Article 9.1.** States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a

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\textsuperscript{172} EC, *CPR* 2013
particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child’s place of residence.

Article 9.3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child’s best interests.

Article 20.1 A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

Officially there are 2,334 children without parental care temporarily or permanently deprived of primary care-givers and being cared for by the State through foster care, guardianship or institutional care. The MICS4 results show that nationally 94 per cent of children live with both parents and 5 per cent live with one parent only (among Roma 97 per cent of children are living with their biological parents). In general only 1.9 per cent of the country’s children have one or both parents dead. Orphanhood therefore is not a major issue and is unlikely to explain the numbers of children in State care.

However, the SSO publication Social Welfare for Children, Juveniles and Adults 2011-2012 indicates that there were 255 children without parental care in 2011; and 238 in 2012 who were placed in institutions for children lacking parental care. These 238 were placed respectively in Infant and Small Children’s Homes (79); Children and Youth Homes (62); and Institutions for Children and Juveniles without Parental Care (97). Fifty seven children under three years of age were placed in institutions, which, despite the significant reduction compared to the year before when 93 such children were placed in institutions, is still contrary to acknowledged international best practice. It also indicates a serious weakness of the country’s fostering capacity. While these relate to children in institutions only, another table in the same publication indicates a far greater number of children without parental care in receipt of social welfare assistance of some kind. It also gives a more comprehensive picture of why the children are considered to be without proper parental care

<table>
<thead>
<tr>
<th>State at the end of the year</th>
<th>Categories of recipients</th>
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<tr>
<td>31 December 2011</td>
<td>31 December 2012</td>
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<tr>
<td>1 137</td>
<td>Lacking parental care</td>
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<td>244</td>
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173 Social Welfare for Children, Juveniles and Adults 2012-2013 op cit
174 Social Welfare for Children, Juveniles and Adults 2011-2012 op cit
Table 9: Numbers of children lacking parental care by category 2011/2012 (SSO)

In order to get a more accurate analysis of how children come to lack parental care and the appropriateness of the State’s response, more work is needed to pin down definitions and to break down some of the larger and more generalist categories. While the number of divorces is undoubtedly increasing across all ethnic groups, the total figure for 2011 of 1,753\(^{175}\) is still not sufficient to justify such a large number of children in receipt of social welfare support, even allowing for 2,531 being a cumulative figure. The inference is that the divorce process may be in need of reform to ensure that children’s best interests are placed squarely at the core of proceedings and remain central to divorce agreements. It may also be that mechanisms for determining and recovering child maintenance payments need to be overhauled to ensure that children receive their full entitlement from both parents and that the state does not end up inadvertently subsidising poor parenting.

The same issue arises in relation to the 484 children abandoned by parents. Interviews with key informants shows that social workers have very little time or resources available to them to reunite children with families once they are abandoned, and that taking children into State care is perceived to be the only option available once they are referred. While placement in an institution or foster care may appear to meet the child’s immediate needs, in reality, due to heavy caseloads, unclear lines of responsibility and limited individual care planning, children tend to stay in State care facilities for a long time once they are placed there, despite their acknowledged cost and shortcomings.\(^{176}\)

There have been significant steps in recent years towards deinstitutionalisation, particularly in relation to care of children with disability (CWD). A National Strategy of Deinstitutionalisation in the System of Social Protection 2008–2018 was adopted in 2008 and an Action Plan for the implementation of the first phase. The key partners in the reform process are the Ministry of Health, MLSP and MES. Other key drivers in this process include a National Coordinative Body established by the Government to provide equal rights to people with disabilities, and a National Council of seven associated national organisations of people with disabilities. In the first phases of the movement towards deinstitutionalisation, there has been a focus on CWD rather than on children without parental care, or other children. In 2013, the Government passed a decision to reinforce its commitment to the deinstitutionalization giving priority to three institutions: for children under 3, CWD and children without parents.

There is a lack of reliable data on the number of children with mental and physical disabilities placed in institutions. According to SSO data 49 children with physical disability and 54 children with intellectual disabilities were placed in institutions in 2011. However, some children who attend different institutions may be registered more than once while others who remain at home may not be included in any statistics. There is no official national register of children with disabilities and thus statistics tend to reflect only those children with disability (CWDs) whose family seek a specific service. Since about 95 per cent of children with mental disabilities live at home with their parents, it is likely that many children with disabilities have yet to be identified.

In 2012, the MLSP initiated reform of the categorisation system of CWD to shift from a medical to a social model of classification. The process is ongoing. MLSP has opened 24 daycare

\(^{175}\) Macedonia in Figures, 2012 op cit p14
\(^{176}\) UNICEF Skopje, Assessment of the Reform of the Child Protection System in FYR Macedonia, 2008
centres for children with disabilities as separate organizational units within the competence of
public welfare centres. They include day-centres for children with mental disabilities, for
children with combined disabilities and a day-care centre for children suffering from cerebral
palsy. Data from the Institute for Social Affairs shows that day-care centres in the former
Yugoslav Republic of Macedonia also include children over 18 years of age as adequate
conditions are not yet available to separate older from younger children. A total of 348 children
with mental disabilities currently attend day-care centres, although this probably does not
include children attending day centres run by local NGOs.177

The foster care system in the country has been in place since the 1960s and is part of the social
protection system. Foster care for children at social risk has been increasingly promoted since
1998 in parallel with the deinstitutionalisation process. New community-based services have
been established and existing family-substitute care services, such as foster care, have been
strengthened. This is a welcome development and there are models in the region that can be
drawn on in relation to both closure of institutions and development of community-based
fostering. While such a changeover can prove very cost-effective in the long term, cost savings
should not be the primary motivation for the transition. Whatever model of care is put in place
has to address a range of issues: the need for improved strategic and operational planning,
resource allocation and accountability; standard setting, registration, certification and
inspection of professionals and services; management, monitoring and reviewing systems and
mechanisms; motivation and support of care teams and carers; and above all, facilitating the
child’s own input into the decision-making process.

Causality and Capacity Analysis

The main barrier to children’s right to protection is the lack of a discrete, coherent,
comprehensive national child protection (CP) system that actively works to prevent children
coming into State care and to return them home as soon as possible if they do have to come
into care. Development of such a system is at a very early stage and at present child protection
is just one part of MLSP’s general social services portfolio. Responsibility for providing child
protection services and facilities lies with CSWs, whose main focus is management and
administration of social transfers and benefits. Although the Law on Social Protection has been
updated and a National Programme to reform the social protection system endorsed, clear,
agreed and informed vision is still needed to shape development of the CP system. Otherwise
there is a risk that the welfare orientation of the wider social protection system will be adopted
by default, rather than the child-focused, rights-based approach required for full coverage of,
and access to, vulnerable and marginalised children.

The dual responsibility of CSWs for both providing professional social services and
administering cash benefits is the primary cause of the poor quality planning and management
of child protection services and is probably a major factor holding back their development.
Professionals in the field report that the administration of cash benefits substantially
overwhelms all other responsibilities of the CSWs to the serious detriment of social services,
and particularly of the local social care teams who hold statutory responsibility for child
protection.178 The evidence confirms that, within CSWs administration of cash benefits absorbs
most of the staff and management time and resources and inevitably exerts undue influence on
the organisational agenda and resource allocation. Engagement in social transfers inevitably

177 Ministry of Labour and Social Protection, Дневни центри за деца со посебни потреби, date unknown, at
http://www.mtsp.gov.mk/?ItemID=3F174DEDE9D19D42A9F4F32A0B95A8F9
178 UNICEF, Forlorn and Scarred: Situation Analysis of Child Sexual Abuse, 2010
erodes professionals’ capacity to meet their full professional remit and downgrades public and professional perceptions of their role and function. To be effective and sustainable any developing child protection model has to develop as a discrete service, separate and distinct from (even if still linked to) the social transfer element of CSW work.

An agreed comprehensive and coherent interagency model of best CP practice in line with international standards has yet to be given serious consideration by all stakeholders. The available care facilities are inadequate and implementation of the de-institutionalisation strategy is happening far too slowly. The limited number of NGOs working in this area also inevitably slows down innovation and development, and MLSP’s regulatory, monitoring and support framework is not capable of accepting their involvement.

Because in most cases sexual abuse takes place in the victims’ or perpetrators’ home and in 86 per cent of cases the perpetrator is a family member or neighbour, such abuse is very often hidden for a long time. Widespread acceptance of violence against children in the home also inevitably reduces neighbours’ incentive to report violence and abuse. Besides the SOS Hotline, children have very few mechanisms to self-report abuse, but the reporting rate is rising nationally, thanks to increased public awareness of the problem. The relatively low rate of reporting from schools and clinics may indicate a need for more in-depth awareness training focused on these sectors, but may also be symptomatic of the dysfunctional nature of intersectoral coordination and cooperation mechanisms at local level.

3.5 The right to an adequate standard of living

Article 27.1 States Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development.

Article 27.2 The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

Article 27.3 States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

Child poverty, multiple deprivation and social exclusion

Income-poverty is linked to deprivation and social exclusion and all three must be examined to get a realistic picture of how poverty impacts on children and families. Children experience poverty more acutely than adults because of their vulnerability, their developmental needs, and because lost opportunities in childhood cannot be regained later in life. Children are particularly vulnerable to exploitation and abuse and require basic resources and services to develop mentally, physically, and emotionally. They need educational facilities, vaccinations, healthcare, security, nutrition, clean water, and a supportive environment. They are dependent on their families and on the resources allocated to them while at the same time, they are independent members of society with the right to social participation in all areas of life.

179 See European Commission, Joint Report on Social Inclusion 2004, Directorate-General for Employment and Social Affairs, Unit E.2, 2004
A rights-based analysis of child-poverty, therefore, has to adopt a wider perspective and encompasses analysis of hard economic data as well as access to quality health, education and social protection services and experience of social exclusion. This study has adopted 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.*

Even assessed solely on the basis of expenditure, official records indicate that children have been consistently over-represented amongst the poor since 2009 and data from the 2011 HBS indicate that families with children constituted 53 per cent of poor households (HBS data). Data from 2010 shows that the national at-risk-of-poverty-rate in 2010 was almost 43 per cent although this reduces to 27 per cent when pensions and social transfers are factored in. The at-risk rate for children between 0-17 is 31 per cent and in general children are more at risk than other age groups. For instance, the at-risk-of-poverty rate rises from 21 per cent for households without dependent children to 30 per cent for households with dependent children. Families with three or more dependent children in particular are among the most vulnerable households in the country: 36.5 per cent of persons in that category are poor. National data based on a 70 per cent median expenditure level indicates that the percentage of children living below the poverty line in 2011 was almost 37 per cent, up from 34 per cent in 2009. The overall poverty gap for all children is 12 per cent, rising to 18.2 per cent for families with three or more children. As indicated earlier, these families are distributed unequally across ethnic groups and geographic locations.

Pensions are the second most important source of household income throughout the country (after a regular permanent job) and, where present, constitute 24 per cent of overall household

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180 *State of the World’s Children, UNICEF, NY 2005*
183 Nolev S. *News Release No. 4.1.12.50 SSO, Skopje 2012*
income, while social assistance accounts for only 5 per cent and remittances 4 per cent. This may indicate an inherent bias in the social protection system in favour of older citizens.

Alarming FES data showed that 54 per cent of the surveyed households had unemployed members not in receipt of any public benefit or service which indicates the presence of major institutional difficulties in terms of targeting within the social protection system, and to lend credence to the allegations that social protection services are not reaching the bottom 10 per cent of the population who are most in need. The Nutrition Survey of 2010,\textsuperscript{184} for instance, found that the poorest ethnic group in their (nationally representative) sample was Roma, and that 24 per cent of Roma households had no income at all. The better off households were of Macedonian ethnicity.

An independent study from 2012\textsuperscript{185} shows that material deprivation, poverty and social exclusion are widely present in the country: 31 per cent of all surveyed households could not provide four or more items on a list of nine basic items. The third most frequent item that households could not provide was a meal with meat, chicken, fish or a vegetarian equivalent every second day (39 per cent) which indicates food poverty among one third of the households in the country. Based on Europe 2020 indicators, 45 per cent of households are at risk of poverty; material deprivation; or joblessness which is almost double the at-risk rate in the European Union (23 per cent) but the risk of poverty or social exclusion is greatest by far for Roma at 89 per cent, followed by Albanians at 55 per cent.

\begin{figure}[h]
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\includegraphics[width=\textwidth]{chart.png}
\caption{Households at risk of poverty or social exclusion by ethnicity (FES)}
\end{figure}

The profile presented in the FES study of households at risk suggests that the main factors contributing to family poverty, material deprivation and social exclusion are living in a region with low GDP per capita; belonging to a less represented ethnic community (Roma); living on social assistance, lack of basic education; lack of employment; and household size and structure.

\textsuperscript{184} IPH Macedonia National Nutrition Survey 2011, IPH, Skopje 2011
\textsuperscript{185} Mitev MG. Material Deprivation, Poverty and Social Exclusion in Macedonia, FES, Skopje 2012
The national response framework

Article 26.1 States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.

Article 26.2 The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

There are three primary child-related benefits in the country: Child Allowance, Parental Allowance and Social Financial Assistance. Child Allowance is provided to all families whose total family income falls below a specific financial threshold and is designed to help meet costs associated with raising a child until the age of 18. Parental Allowance is paid monthly to all mothers, regardless of family income, for the third child born after 31 January 2009. Social Financial Assistance (SFA) is available to all unemployed individuals of working age and ability, with the amount provided tied to total household income.

The number of beneficiaries of Child Allowance (CA) has fallen rapidly in recent years. The benefit is not reaching the poorest households with children and the amount is inadequate for meeting basic needs. The number of families that received CA decreased from 20,265 in 2008 to 12,092 in 2010, a reduction of 40 per cent. With only one out of five beneficiaries in the poorest 10 per cent of the population, this social transfer is not reaching those who would benefit the most. There is an urgent need to improve the system for allocation of Child Allowance, since at present only 26 per cent of the poorest 10 per cent of families with children are eligible to receive it. It should also be noted that the average cash transfer under CA represents only 28 per cent of the income of eligible families in the poorest decile.

In contrast, SFA not only targets the poorest more effectively, but the larger cash transfers provided through the scheme constitutes a more meaningful portion of the income of recipients in the poorest decile. Average transfer amounts of SFAs to eligible households in the lowest decile represented almost 140 per cent of the household’s (pre-transfer) monthly income.

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186 This subsection is taken from Carrero L. Beazley R. Strengthening Social Protection for Children: Analysis and recommendations for a more equitable and efficient child benefit system, UNICEF, Skopje, 2013 (unpublished)
Parental Allowance, meanwhile, is very costly and its escalating budgetary obligations may become a serious financial burden. Since the PA’s establishment in 2009, it is already proved the costliest scheme linked to children, and one of the costliest within the social protection portfolio as a whole. Assuming that all eligible households receive their full benefits, estimates indicate that in less than 10 years’ time PA’s annual budget will be close to 51.7 million Euros, which represents 0.75 per cent of current GDP and is almost five times the CA budget and twice the SFA budget.

While the CA is targeted at the poor, the PA is a universal benefit that aims at fostering population growth. Child poverty reduction was never an explicit objective. However, the PA is in fact one of the few transfer mechanisms that pays enough to have a substantial positive impact on the welfare of poor beneficiaries. In addition, it targets relatively large families, which in general tend to be poorer.

Causality and Capacity Analysis

The social protection system lacks a clear, coherent framework or philosophy to guide and shape its development, particularly in relation to family support or protection. The major priority at present is care and protection of the elderly, which is a significant area of need, judging by the country’s current demographic outline. However, it may be that resource allocation needs to be recalibrated somewhat to provide more effective coverage across a wider spectrum of existing needs and beneficiaries, particularly children and families who are at high-risk of poverty.

Although the National Strategy to Combat Poverty and Social Exclusion\(^{187}\) has chapters relating to children and families it is not primarily a family-focused document. This lack of a clear and coherent social protection strategy for children may be the result of an ambiguous and ambivalent understanding of the system’s role in relation to child poverty. Neither child protection and development nor prevention of family poverty, are prioritised at present within the social protection system. Parental Allowance has the potential to be the most effective and easiest-to-access child benefit scheme, although its aim is to foster population growth rather than protect children or prevent poverty. However, it is also the most expensive and resource-intensive benefits scheme and no effort has been made to optimise its cost-effectiveness or to coordinate it with other child-related benefits. As a result it is unsustainable in the long term.

A recent UNICEF study recommends merging Parental and Child Allowances to develop a new model that improves targeting, raises coverage of the poorest families from 18 to 54 per cent, and increases impact and cost-efficiency.\(^{188}\) This certainly merits serious consideration by the Government and indeed all stakeholders.

Undoubtedly, the reactive, fragmented and uncoordinated nature of their development has seriously constrained the effectiveness and efficiency of many social transfer schemes enabling design flaws and implementation barriers that have significantly reduced their impact on vulnerable children. While new rights and services focused on specific vulnerable and socially-excluded populations have been introduced over the past years, they have not always been applied consistently, comprehensively or systematically.\(^{189}\) Key informants for this study perceive many positive initiatives as piecemeal responses to social problems without cohesive


\(^{189}\) Mitev MG. Material Deprivation, Poverty and Social Exclusion in Macedonia, FES, Skopje 2012
or sustainable implementation plans to ensure full coverage of entitled beneficiaries through systematic institutionalisation and roll-out throughout the country.

Lack of available funds has also inevitably contributed to poor planning, development and implementation of social protection initiatives for children but as the PA scheme shows, limited funding is not always the key factor. Another factor that has probably impacted negatively on both development and implementation of such initiatives is the generally negative perception of welfare recipients. Receipt of welfare benefits carries stigma and many social transfer schemes have design flaws that limit entitlement, hinder access and hamper take-up. There has been a significant trend over the past ten years of reduction, rigidity and conditionality attached to the services and benefits currently provided by the social protection system (e.g. reduction in the duration and amount of social assistance, reduction in the duration and amount of unemployment insurance, introduction of work requirement for social assistance recipients and the unemployed, reduction of social insurance contributions).¹⁹⁰

Several design issues undermine the social protection system’s capacity to cover the expenses incurred in bringing up children in poor families. These include – 1) the requirement that one parent must be in formal employment or receive unemployment benefits. This excludes the poorest families whose members have never worked in the formal sector and thus never qualified for unemployment benefit; 2) when calculating income for eligibility, nuclear families rather than households are considered for the income base; 3) informal income is not fully captured when assessing eligibility; and 4) benefits are capped at a very low level which means that the impact decreases as the number of household members increases.¹⁹¹

Some of the barriers identified at implementation level recur across the spectrum of social transfer services. FGD participants in this study stated that applicants were often misinformed about the eligibility criteria, sometimes by CSW staff. Application processes were often complex (especially for those whose first language was not Macedonian or Albanian) and costly in both time and money. Applicants often had to pay for and collect a range of documents from various locations and visit the CSW several times, adding further to their transport costs. When CSW staff were unable to provide support, applicants sometimes had to pay for external advice or technical support such as letter-writing. In addition, there is a perception that these benefits are not allocated on the basis of transparent or objective criteria. There was a strong and extensive acceptance among FGD participants of the need for ‘contacts’ within government bodies in order to achieve a satisfactory outcome to a request for services, and of the need to pay for such support. This was not considered unusual or in any way corrupt, merely a fact of organisational life. There are no transparent complaint mechanisms within the social protection system and some applicants are not even informed of the result of their application.¹⁹²

Since CSWs act as the primary point of application and decision-making on social protection schemes, it is worrying to note the overload felt by CSW staff due to lack of resources, mainly skilled staff. This may account for poor treatment of applicants, as noted in FGDs. During field visits, CSW staff and management estimated that social transfers take up about 80 per cent of CSW time and resources. Because of frequent personnel and management changes in CSWs combined with the complexity and conditionality of many state assistance and social protection

¹⁹⁰ Mitev MG. Material Deprivation, Poverty and Social Exclusion in Macedonia, FES, Skopje 2012
schemes, CSWs were themselves seen as a major bottleneck by many informants and FGD participants, although they were felt to be moving slowly towards addressing the difficulties inherent in the application processes.

The MLSP is already tackling some of these problems through investments in the administrative system and the computerised information systems being developed by the Institute for Social Affairs may be a useful tool to help address some of these problems. They are intended to provide CSW staff with the capacity to quickly determine applicants’ full eligibility for a range of services and thereby ensure more accurate targeting and a comprehensive, holistic approach to applicant families. These will hopefully reduce the workload involved in application processes for both applicants and staff, although CSW staff informed us that these have not yet fully replaced the old system and therefore still involve considerable duplication of effort.

There is lot of scope for changes in application processes to facilitate simpler and more cost-effective decision-making (e.g. reducing the need for annual production of documents). Support systems and structures for applicants could also be developed outside the CSWs that would help to streamline application and decision-making processes and strengthen accountability and transparency. Extending the Information Centre model being piloted at present as part of the Decade of Roma Inclusion programme across all municipalities, and expanding its brief to all local residents could be one model.

3.6 Child participation

Article 12.1 States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 12.2 For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 13.1 The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child’s choice.

Outside political party structures, there are few mechanisms to express opinions in the country, and engagement in civil society bodies is limited. There is no culture of active engagement with service providers or proactive demanding of rights or entitlements. This is especially the case with children, who have few opportunities to input into decisions affecting them or make their voices heard in procedures affecting them. Where such mechanisms do exist, they are not

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193 LYRICUS and SPIL are being piloted at present within CSWs. SPIL is specifically designed to facilitate decision-making around financial assistance.
always respected. Both UNICEF\textsuperscript{194} and CAN\textsuperscript{195} studies confirm widespread breaches of child witness regulations in court proceedings with children having to repeat distressing evidence several times; often in front of the accused and adult witnesses. Although social workers have a statutory role to support children in court proceedings, they cannot always be in court with the child. There are ambiguities inherent in the CSW role in court proceedings related to divorce, and tension and uncertainties exist between their family welfare and child rights responsibilities which are not always resolved in the child’s favour.

Schools lack mechanisms to facilitate children’s and young people’s inputs into decision making or feedback to management. Most child FGD participants had learned of the Convention in class, but the absence of Student Councils in most schools severely constrains their practical understanding of what child rights can and should mean in practice. Participation in these bodies are help to prepare children for active citizenship and also provide school management with input into their planning processes.

The absence of such a mechanism in schools reflects the general absence of a child participation culture in wider society.\textsuperscript{196} Even child-focused agencies (statutory and NGO) do consult with children, or have the necessary child-friendly mechanisms in place to do so. The SOS Hotline is a service for children to express their concerns but, apart from the Hotline, children are generally unaware of complaints and redress mechanisms. The Ombudsman’s Office for instance confirmed that they have had no complaints from children themselves and it is unclear if the Office has procedures or mechanisms to support children to do so. The Government’s commitment to connecting all settlements via ICT, and particularly the ‘Computer for Every Child’ initiative certainly provides scope for expanding opportunities to connect with children and hear their opinions, although these should not substitute for the development of face-to-face methodologies for listening to, and speaking with, children.

While children’s organisations are active in some municipalities, there are no child-led organisations or initiatives at national level to advocate on their behalf or to promote positive images of children’s resilience, capacity and contribution to wider society. Their absence, and the lack of concrete opportunities to actually engage with adult decision-makers, perpetuates a popular negative stereotype of children as passive beneficiaries rather than active citizens and net contributors to society. Service planning and development also inevitably suffers from the lack of children’s feedback on service provision and input into planning.

\textsuperscript{194} Caceva V. Mirceva S. \textit{Forlorn and Scarred: A Situation Analysis of Child Sexual Abuse} UNICEF Skopje 2010

\textsuperscript{195} Raljeva M. \textit{Current situation concerning Child Abuse and Neglect (CAN) in Former Yugoslav Republic of Macedonia}. BECAN/University Clinic of Psychiatry, Skopje 2010

\textsuperscript{196} Interview with Zoran Iligski SEGA Coalition, Skopje, December 2012
CHAPTER  4. Social determinants analysis

4.1 Immediate causes of unequal access to entitlements

Availability of essential inputs

There are significant regional and sectoral disparities apparent in relation to the availability of essential inputs. MES is working to adapt its local funding mechanisms to redress some of these inequalities and ensure a level playing field in terms of accessing resources. Other sectors need to do the same. Qualified and experienced staff are perhaps the most essential requirement. Their distribution across the country is uneven and their assignment is not always based on evident need. There is a shortage of suitably qualified teachers, nursery school teachers, social workers, public health nurses and other professionals. Professionals are not always willing to accept assignments to remote rural locations or to areas considered disadvantaged. The unequal distribution of gynaecologists in the public health system is just one example of this problem. Services need to rationalise their services but also to develop creative alternatives – use of health mediators; teaching assistants; outreach services, NGOs and the private sector. Staff also need to be suitably equipped and infrastructure in many areas, including schools, needs to be renewed and refurbished.

Government efforts to promote official use of Albanian and other minority languages and to improve ethnic representation in the public sector are proving successful but there will inevitably be a gap before there is a sufficient cohort of skilled, qualified and experienced staff able to properly service ethnic minority communities. It is important to establish creative interim arrangements that not only provide a full and proper service but also address the underlying inequalities.

Access to adequately staffed services, facilities and information

Probably the biggest bottleneck in all agencies is trained staff. Despite serious investment in public sector reform and capacity building, training and qualifications need to be revised and strengthened for a number of key roles, such as teachers, public health nurses and preschool teachers. There is currently a drive to recruit more minority candidates to these posts, but it may be some time before suitably qualified candidates are available and in the meantime professionals are operating without full qualifications in a number of areas. The issue of public service professionals or contractors opting out of assignments also needs to be tackled to ensure equitable distribution of services of essential services.

Unfortunately capacity building tends to be associated solely with training, rather than developing quality-committed, results-oriented, client-centred services. Some services need to be totally redesigned to adapt to the needs of today’s families. Standards have to be set that are in line with international best practice; with quality control, performance management systems and institutional learning mechanisms developed as soon as possible.

However, public service training also needs to be upgraded further and systems put in place to ensure equitable and consistent allocation of training places across all regions and municipalities. Training has to be tied to quality standards and performance management, and go beyond technical skills to encompass inclusiveness, cultural sensitivity, gender awareness and child rights.
More skilled managers are required at local social service level to interact with applicants and beneficiaries. Current efforts to depoliticise and professionalise these posts should be supported. Efforts should concentrate not only on skilling up key personnel but also on strengthening the management structure they operate in. In particular there should be a strong focus on developing parent and child involvement in local management structures and developing civil society input into efficient and inclusive models of local management.

The need for infrastructural renewal varies across sectors. Schools in particular require repair, refurbishment and renewal of basic facilities like toilets, sinks, showers etc. But all agencies appear to need renewal of some facilities to enable staff to work effectively.

As indicated above geographic location is a major factor in accessing services. Most rural families have to meet additional transport costs to access services which tend to be town-based. However, geographic isolation is not the only factor impeding access. There are limited numbers of disability services, ECD centres and kindergartens available, and places are limited. Disability is an area requiring specific attention to service provision. Services are being planned based on insufficient and inadequate information. It is not just that basic information like the real numbers of CWD is not available, but there is no readily available public data on which services are most required or what family and community resources are available. This has resulted in service response built around provision of day-centres, which inevitably can only service a limited number of families. Undoubtedly day-centres are an important resource for families of CWD but they should be only one element of an overall response and they may not constitute the most efficient or cost-effective way to meet the rights of the many unregistered CWD.

Timely access to information is vital to redress inequitable enrolment, admission and application procedures. Literacy, language, distance and staff attitudes can be major barriers to children even being admitted to some services. Parents also felt that some local authority staff sometimes gave them the wrong information, sometimes unwittingly, while others saw it as a deliberate attempt to block them, perhaps to keep a place for someone considered more suitable. Extending and mainstreaming the current Roma Information Centres could tackle these barriers.

Service providers across all sectors need to examine the feasibility of outreach services, particularly in remote locations. Although the ongoing devolution and decentralisation process seeks to make services more accessible and responsive to local need, social services generally follow a model of centralised provision and standard setting. There are some existing outreach models e.g. provision of satellite schools and the mobile nursing service, but generally service provision is centre-based. Clients are expected to come to a central service-distribution point. The cost-effectiveness or appropriateness of this model to all services has not really been tested. A more coordinated cross-sectoral approach at local level, particularly between PHC, social work and education services, could yield significant results, not just in terms of shared facilities and resources in remote regions but also in terms of improved targeting, extended outreach of a wider range of services, more effective use of shared resources and mutual reinforcement of professional inputs. A holistic approach at municipal level could potentially add significant value to all agencies’ intervention and bring increased benefits to increased numbers of vulnerable families while making better use of available resources.

Contracting out services to NGOs or the private sector is still relatively unexplored and could also help reach those most in need. Development of ECE services by NGOs and community
groups is a potential model for increasing access (particularly for poorer families) and improving quality through investing in local community development. Provided quality can be assured through certification, licensing and registration, significant economies of scale may be achieved by investing in non-State bodies with lower overheads and greater flexibility.

Quality and access are closely interlinked, particularly when participation is not mandatory. Families have to balance the cost and effort involved in application with the perceived benefits. The high rate of local participation in community based ECE services is a positive example of how quality impacts on the supply/demand equation and affects development of local services. While participants in the PCA study generally expressed satisfaction with local services, FGD participants for this study indicated that the quality of services was patchy and dependent on the experience and attitude of the actual service provider. People in general have low expectations of services anyhow and displayed very little sense of entitlement. Services were not always provided according to international standards and services judged by international standards often fell short.

Most services provided by the State are long-standing, regular and ongoing. However, there is also a history of discontinued projects, usually when external funding is withdrawn. The processes for evaluating projects and mainstreaming them if they prove cost-effective are unclear and may be further complicated by the evolving organisational relationships between central and local governments. Mechanisms to agree success criteria, monitor progress, evaluate results and allocate resources for mainstreaming and replication if successful need to be built into the current devolution framework.

Financial access
The costs associated with accessing services present severe barriers to some families, especially the most deprived. These can include transport costs, document acquisition fees, photocopying charges, postage, stationery, photos, as well as charges and fees. Many social welfare benefits have to be renewed annually, although this condition is being abolished for some benefits. Translation costs have been reduced for many families through official acceptance of documents in minority languages, and to encourage school enrolment and attendance rates the Government has reduced costs by providing free textbooks and transport for poor families, thereby contributed to significantly improved school attendance rates.

Informal fees are often applied. Application processes are sometimes so complex that applicants have to contract an intermediary, usually with an insider connection, to negotiate on their behalf. There are often unofficial charges made, and patients and applicants expect to have to donate a gift or pay a small service charge. While these are not usually high, costs can mount up and could make the service financially unviable for poor families. Even if the costs are small and feasible for the family to pay, informal charges still reduce the practical value of the benefit or service received and further erode trust in state institutions. The Eurofound study found that trust in state institutions and services is particularly low in the former Yugoslav Republic of Macedonia. This needs to be addressed if services are to improve and develop. Better public information on entitlements, including clear statements on the official charges and costs involved, would help here, as would development of local NGOs that could cut out informal middle-men and provide direct assistance and support as required.
Social and cultural practices and beliefs

MICS4 data indicates that some families undertake traditional feeding practices and patterns that may undermine the child’s right to health but generally child-rearing practices hinder, or do not support, the child’s full development. Some families appear to have a limited understanding of the kind of stimulation and support that can benefit a child in early life, including home-based practices such as play and reading but also placement in ECD centres. Most families see kindergarten primarily as a childcare and childminding service. The extremely low number of children attending ECE programmes is partly due to lack of available places, but mainly due to lack of demand. If childminding is available within the wider family, then parents tend to settle for that. Advocacy to provide more ECE places may not be successful without a clear public strategy to educate parents about the benefits of ECE to their child and the need for a range of realistic and cost-effective ECE options.

Social and cultural beliefs about women’s responsibility for care of children, elderly and the disabled not only reinforce negative gender stereotypes but also act as a barrier for accessing and developing services. Many respondents felt that, when places are limited, the perceived availability of unpaid women carers negatively influenced professionals’ decisions on service provision or admission to a facility. Certainly, family expectations about women’s availability for caring influences decisions about even applying for services, especially if a cost is involved. These expectations, when combined with concerns about social stigma, probably put pressure on families to keep children with disabilities at home and inevitably reduce social pressure for policy reform or improved services for children in need of assistance.

FGD participants suggested that many families keep children with disabilities at home out of shame or to ‘hide’ them, but very little concrete evidence was presented to support this. There may be social stigma related to disability in society but the families of children with disability encountered during field visits showed no evidence of shame and were as (justifiably) proud of their children as any parent. Research by the NGO Open the Window also indicates that there are more CWD in the school system than is generally acknowledged, which raises questions about the level of social stigma in wider society. There are undoubtedly many CWD outside the formal school system who are likely being cared for at home. However, this is as likely to be because of the absence of appropriate local services as because of feelings of shame. An accurate database of children with disabilities, and their family circumstances, needs to be established as soon as possible so that appropriate services can be developed in line with the Government’s commitments under the UN Convention on the Rights of Persons with Disabilities.

4.2 Underlying causes of unequal access to entitlements

Legislation and Policy

While much of the UNCRC has been appropriately reflected in domestic legislation, its Committee has expressed concern that national legislation does not fully comply with its principles and provisions and has urged the Government to complete the harmonisation of its legislation with the Convention, and ensure that this legislation is implemented in practice. New legislation has been developed and adopted at a very fast pace and, in the past five years, several child-related legal reforms have been initiated. However, many laws and amendments were adopted to a tight timescale with little input from practitioners and civil society. Lack of clear regulations for much new legislation defining authority, responsibility or accountability...
at local level, and detailing incentives and sanctions for non-provision, inhibits speedy and effective implementation, and also discourages consideration of alternative models of delivery e.g. via outreach services, private sector contractors or NGOs.

**Budget and expenditure**

As mentioned earlier, the country suffers from high poverty levels. Furthermore, it is also being hit by the negative effects of the global economic crisis that have affected social spending. Both the health and education budgets are significantly below EU and regional averages as a percentage of GDP.

Current spending patterns for some child-related services raise significant concerns about budget planning and decision-making. In some cases, such as current spending policy on kindergartens (see above), government funds are spent subsidising higher earners, rather than supporting the families most in need. Meanwhile, Child Allowance has been found not to be reaching most of the poorest households with children, while expenditure on Parental Allowance, which is targeted at all families, is rising and may soon become a serious financial burden to the state.

The long-term development and opportunity costs and benefits of particular services are not always factored in. Bagriansky for instance lays out the potential financial losses associated with particular health indicators, clearly laying down the case for further investment in particular responses[^197] but it is not clear if government budget development processes can absorb this type of data. The ability to cost alternative models of delivery is also missing and as a result, services keep adapting the same model rather than considering radical reform, as can be seen for kindergartens. The quality of the data underlying some of the government’s child-related budgeting is a matter of some concern. While some areas e.g. health and education, have solid baselines and data collection processes in place for most indicators, others like disability lack solid figures for planning.

The commitment to devolve services raises another set of cross-sectoral questions about fairness and transparency of budget allocations. The politicised nature of the civil service inevitably means that local authorities under government party control have preferential access to funds and other resources. While there are systems in place to ensure transparency and accountability, they are not yet embedded and resource allocation processes are not totally protected from political influence. Systems are struggling to adapt outdated procedures to address regional disparities and to ensure transparency and accountability at local level. External commentators have noted the slow development of financial devolution processes.

**Management and coordination**

The politicisation of public services acts as a major bottleneck for developing, implementing and accessing services. Municipal appointments, resource allocation and programme development can be influenced by political processes, and even if they are not, the public perception that they are or might be inevitably skews planning and management processes. It also acts to mute complaints of bad service or discriminatory practice.

The lack of a demand-driven, results-focused, client-oriented, professional organisational culture in the public service, backed by strong legislation and evidence-based policy, creates a series of barriers to access. Although there has been considerable investment in public service reform, an effective and comprehensive performance management system is still not fully in place. Sanctions to address poor performance are weak. This is probably due to the lack of clear quality standards in many areas and limited complaint mechanisms to address issues and redress discriminatory practices.

The lack of inter-sectoral coordination at central level is reflected at local level in the application of different sectoral service delivery models. This prevents development of a holistic rights-based approach to children’s services. It also inhibits development of inter-sectoral initiatives aimed at vulnerable families; and probably reduces the scope for better use of scarce resources.

There are also bottlenecks across all sectors at the interface between centrally-defined legislative, policy and strategy frameworks and local service-delivery mechanisms and management systems. This is where most rights violations are manifested and the results of underlying barriers and bottlenecks become most apparent. In some service areas, operational and allocation decisions remain at the central level, although responsibility for resourcing has been devolved. Key informants also identified weak capacity and high turnover of staff as major factors, due to the negative influence of an accepted culture of political patronage and undue politicisation of local government structures. Professionalisation and strengthening of middle management roles and systems within the local service delivery systems could play a vital role in unblocking a number of underlying bottlenecks for excluded families.

4.3. Structural causes of unequal access to entitlements

Lack of a human rights culture

Since its inception, the country has made great progress towards becoming a pluralist, multi-ethnic society. Its political and economic transformation over two decades has been impressive and its commitment to human rights is clear from its adoption of legislation and strategies in line with international norms and standards. However, human rights norms are not yet embedded in social behaviour or service planning. Civil society is still quite weak, and civic participation in local decision making is low. There are limited mechanisms for holding Government, decision makers and service providers to account and corruption is relatively prevalent. Thus while rights-based legislative and policy frameworks are in place to address inequality, they do not translate easily into practical action and their impact at times seems superficial.

Part of the difficulty is citizens’ continued tolerance of poor quality and discriminatory practices. There is no culture of entitlement or demand, and no tradition of civic engagement to change things. Family connections and party affiliations are seen as the most effective way to improve life chances, resolve difficulties or access services like employment or housing. This diminishes people’s sense of entitlement and their willingness to invest time and energy to develop civil society mechanisms to improve their engagement with decision-makers. To some extent it also enables people to condone official nepotism and, by extension, corruption as inevitable and removes opportunities to complain of unequal treatment. Adults in FGDs often expressed surprise on being asked to comment on services and showed an inclination to accept bad service, informal charges and the need for contacts as the norm everywhere.
Social norms concerning children are neither rights-based nor child-focused. Family structures are strong and generally provide a protective environment for the child but children themselves are not really considered rights holders in society. There are very few mechanisms for them to input into decisions that affect them and even these are often ignored by adults. Children are usually perceived as passive recipients of care and protection, rather than young citizens and their views are seldom sought. They have few opportunities to contribute to wider society and their practical contribution to the household and community economy is seldom acknowledged. Their views are seldom sought when planning services and, as a result, services are seldom planned or delivered in either a child-focused or rights-based way, inevitably reducing their efficiency, relevance and cost effectiveness.

Segregation and social exclusion

While the country has taken significant measures to promote equality and balance between different population groups in line with its development strategy, it remains divided geographically and socially by ethnicity and most families continue to live in relatively tight communities, with minimal interaction with other, often neighbouring, ethnic groups. Although interaction is increasing as a result of Government initiatives, ethnic segregation is still the norm. This denies all children their right under Article 2 of the UNCRC to be raised with respect for their own culture, religion and ethnicity and that of others.

Despite explicit political and societal commitment to gender equality, women continue to have less authority than men in family, community and society. Women of all ages carry a larger share of the burden of poverty, inequality and deprivation, and they benefit less from rising prosperity and well-being. This is gradually changing for young women, but there is still some distance to go. Family, community and social expectations that women will contribute significant unpaid labour to maintain the family and community’s social fabric and compensate for inadequate social services, may also be slowing development. Changing boys’ and girls’ attitudes towards gender imbalance has to be an important element of any strategy in this area.

Another major fissure that runs through Macedonian society is the gap between those living in poverty and others. Intersected with ethnic, regional and rural/urban divides, there are differentials between the top and bottom quintile for most social indicators. The size of the gap varies but is significant when viewed as a whole. Therefore many families are caught in a cycle of poverty. Their existing poverty impedes access to satisfactory health, education, housing and employment services which in turn reinforces their poverty and deprivation. Substantial efforts will be needed over a long period to break the pattern of inter-generational poverty. Without this the country is unlikely to meet its development targets. Poor Roma families as well as certain regions, municipalities or groups require particular inputs. Meanwhile, the Eurofound study has shown that families that are trying to cope with poverty and deprivation also feel cut off from their community by social stigma. This not only adds to their distress but also restricts their support networks. Poverty, discrimination and social exclusion have to be addressed together if the cycle of poverty is to be broken.

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CHAPTER 5. Recommendations

5.1. General recommendations

1. The National Commission on the Rights of the Child has to be strengthened and resourced to fulfil its mandate. Its members should take a lead in explaining to key decision-makers and the general public how the state’s commitment to children’s rights can be realised for all children, and the benefits that can result. In particular it should strongly promote investment in MCH, ECD and social inclusion initiatives which have a high rate of return for society. This requires NCRC members to be familiar with, and committed to, a rights-based equity-focused approach to implementing the UN CRC; and to have sufficient funding for the advocacy, influencing and public education required.

2. The NCRC, with the cross-party Children’s Rights Parliamentary Committee, should assess the national legislative development process to determine how enforcement and implementation mechanisms could be strengthened; and how greater input from a wide range of stakeholders (including children and parents) could be facilitated.

3. There needs to be a further in-depth analysis of Government spending that identifies areas of potential savings where money could be transferred to child-related budgets, as well as funds within current child-related budgets that could be better used.

4. There needs to be a clearer mapping of civil society actors in the children’s sector and an agreed strategy to build their capacity and extend their influence, particularly to expand the number, range and scope of NGOs promoting children’s rights. Donors and international agencies should commit to developing strategic long-term relationships with NGO partners that include practical support for agreed capacity building measures.

5. Regular and ongoing inputs by civil society, and particularly by child-related NGOs, should be facilitated by donors and international agencies. The CPR provides a unique opportunity for reviewing progress on reform and development, and civil society should be supported to take this opportunity, rather than having to wait for the periodic report to the CRC to comment on progress in relation to child rights. The CPR reporting process can also provides a forum for dialogue between scattered civil society actors and between them and government agencies.

5.2 Health

1. There needs to be an increased budget allocated to health in order to bring it up to the EU average, and a reallocation of funds within the overall budget to strengthen services to children and families and to address the acknowledged disparities in the health and well-being indicators based on geography, socioeconomic status and ethnicity. Given the acknowledged need to rebalance the health budget, it would help to undertake a detailed analysis of the budget and resources available that could underpin further reform of the national health system.

2. Those health projects that successfully reached out to Roma as part of the DRI programme e.g. vaccination campaigns should be mainstreamed to address the institutional problems blocking access to health services for many Roma families, particularly their lack of health and social insurance. Roma Health Mediators should be available in all those municipalities with significant Roma minorities, based on the existing pilot posts.
3. A systematic, regular and well targeted campaign is required to improve health seeking practices of pregnant women. Its aims should include (i) increasing the number of Albanian and Roma women receiving antenatal care from a doctor; (ii) increasing the number of women receiving antenatal care at least four times, especially in predominantly Albanian, Roma and poor communities; (iii) providing quality health education for expectant mothers in poor communities; and (iv) ensuring full, adequate and easily accessible antenatal care services in every municipality in the country.

4. Resources need to be allocated or redistributed to ensure that regional and ethnic disparities in PMR and IMR are addressed. The process of distributing primary health care services, and particularly gynaecologists, needs to be examined urgently and a system developed that ensures fair and equal distribution of medical and nursing personnel across every municipality. The agreement between the Ministry of Health and the medical associations may have to be updated to ensure that the government can fully meet its commitment to universal health care and safe motherhood.

5. The capacity of the patronage nursing (PN) service needs to be increased significantly, not just in terms of upgrading PNs’ skills and knowledge, but also in relation to strengthening and extending the coverage, scope, reach and quality of the service. The service’s remit and role within the MCH system needs to be clarified and updated. Professional standards have to be defined, job descriptions updated and management and quality control mechanisms put in place. In particular the lack of any formal coordination or interaction between patronage nurses and primary healthcare physicians (gynaecologists) needs to be rectified as a matter of priority.

6. The key indicators of malnutrition in the country continue to exceed WHO thresholds even in 2012, representing existing and future public health problems. To address this there needs to be a sustained campaign to promote exclusive breastfeeding for the first six months; continued breastfeeding for two years or more; and safe, appropriate and adequate complementary foods beginning at 6 months, adequate nutrition during pregnancy in line with WHO and UNICEF guidelines. This campaign should also include a special focus on mothers with low levels of education.

7. The home visiting care services need to be strengthened, extended and re-organised to promote early detection and care of children with nutrition related developmental risks. Specific protocols have to be developed to ensure that children with developmental risks identified through home visiting care services are automatically referred to specialised health care for further treatment. Nutrition supplements for children 6 to 24 months and for pregnant women have to be included in the PHC essential package of services.

5.3 Early childhood development

1. The network of ECD providers need to be extended and include a range of ECE models and approaches to ensure coverage across the entire country, particularly in rural areas and to address the particular linguistic and cultural needs of excluded children. The curriculum, management arrangements and capacity of ECE staff should be further developed to meet the needs of all excluded children. ECE assistants from smaller ethnic communities should be mobilized and should be mandatory in any municipality with a substantial minority population.
2. The funding formula should be revised to ensure provision to facilitate better use of limited resources and more equitable access to ECE. Subsidies should target the most marginalized groups of children.

3. Models of inclusion, for children from different backgrounds should be designed and implemented throughout the country to ensure inclusion of all children, but most importantly to ensure that diversity is not dividing, but rather contributing to better quality ECE provision.

4. Social norms and behaviours related to young child development need to be challenged at societal and institutional level. Parents and families need to be provided with information and support on the importance of appropriate care, support and stimulation in the early-years through play, positive reinforcement and non-violent discipline. Policy makers should be provided with information and support to emphasise the social and economic returns on investment in initiatives that support young child development and positive parenting. ECD professionals need to implement ECD early learning programmes. Stigma and discrimination attached to Roma children and children with disabilities need to be challenged through advocacy for respect for diversity and inclusion.

5. ECE should be closely linked with the local health, social protection and education agencies and professionals. Modules on child development, health education and positive parenting should be core elements of all ECD programmes, and they should be encouraged to act as community resource.

5.4 Education

1. The inclusion especially of children with disabilities needs to be based on the social model that looks at the abilities as opposed to deficits. A major reform in the school management and teacher education is required to ensure that assessment procedures, school inclusion teams are in place and individual support to children with special educational needs is provided. The social model of inclusion assumes that teachers and the schools have a leading role, and they can receive support by other specialists and institutions. Every school development plan should incorporate a specific strategy to enrol children out of school. The existing school network needs to be updated to accommodate demographic patterns.

2. National curricula is being revised in the area of numeracy, literacy and natural sciences for grades 1-3. Curricular reforms should continue in other areas to ensure alignment with international standards, and provide students with sufficient opportunities to develop skills relevant for life. In line with the national concept for primary and secondary education, the national curricula needs to ensure respect for diversity and multiculturalism, as basis for inclusion of all children in quality learning. Textbooks need to be revised and in addition resources need to be available for teachers to be able to implement the curricula.

3. Teacher education needs to be receive more attention and funding. Teacher professional development needs to be linked to career development. In-service and pre-service teacher training need to be aligned. Teacher-training should incorporate cultural sensitivity, multicultural teaching and how to combat prejudice and stereotyping in the class, but also in how to assist children in mastering it. The number of ethnic minority teachers should be fully supported by all stakeholders.
4. The criteria and mechanisms for apportioning the central education budget to municipalities needs to be revised to ensure greater transparency and evidence-based, child-focused decision-making; improved planning for future needs; and better distribution of funds across municipalities. Schools should receive sufficient funding to ensure healthy, safe and protective environment, minimum hygiene conditions and access for children with physical disabilities. Special budgets need to be allocated at central and local levels to promote and support increased attendance by marginalised children including Roma and children with disability.

5. School and municipal management for education needs strengthening. Current initiatives to professionalise and de-politicise the appointment, role and management of School Directors should be strengthened and extended throughout the country.

6. Mechanisms for child participation should be further strengthened. Child governance bodies and child representatives on the school board should be supported to ensure meaningful child participation. There should also be at least one child-friendly complaints mechanism in each school, and addressing such complaints should be a mandatory duty of both the School Board and the Children’s Council.

5.5 Child protection
1. The MoLSP needs to separate out CSW responsibilities for the provision of professional social services and for the administration of cash benefits. Administration of cash benefits absorbs most CSW management time and resources and inevitably exerts undue influence on the organisational agenda and resource allocation.

2. Building a systematic and coordinated approach to prevent and respond to violence, neglect and abuse in these institutions which should be in a position to identify and respond to suspected abuse should be a priority. Public campaigns raising awareness of these issues should continue and expand. There should be a specific campaign aimed at helping teachers, medical personnel and other professionals to recognise the symptoms of abuse and respond accordingly. The SOS Hotline should be nationalised and extended throughout the entire country.

3. When it comes to children in the justice system, both diversionary (keeping children out of the justice system) and alternative (keeping children out of custody) models need to be further developed and implemented.

4. Provision of external healthcare, education and rehabilitation services to all children in detention should be made a priority and implemented in practice.

5. A full census of CWD is required as a matter of urgency as well as an evaluation of the relevance, accessibility and quality of services within day care centres. A comparison between services provided by NGOs and government agencies could be particularly useful.

5.6 Social protection
1. The recommendations of the Strengthening Social Protection for Children study in relation to reform of the child benefits system need to be implemented as soon as possible, particularly those related to merging of Child Allowance and Parental Allowance. The
study suggests that merging Parental and Child Allowances to develop a new model would improve targeting, raise coverage of the poorest families from 18 to 54 per cent, and increase impact and cost-efficiency.

2. There needs to be consistent production and dissemination of accurate, comprehensive and high quality information related to entitlements and benefits. This should include production of printed material in the relevant languages as well as print and media campaigns related to specific entitlements. Information should be updated regularly in the electronic and print media.

3. Municipalities and CSWs should also establish information centres in key locations, modelled on the Roma Information Centres.

4. CSWs need to have their full quota of staff to deal with the demand. Understaffing is a major barrier to access and affects the whole application process. The MLSP has indicated that they are already planning to further assess the adequacy and distribution of CSW staffing.

5. There needs to be a transparent mechanism for filing complaints and it should be the default position that all applicants should be informed about the result of their applications as soon as possible.

6. MLSP should speed up the reforms it is currently undertaking (IT system, functional review and subsequent plan of investment, licensing of CSW workers etc.) and adjust them where possible to also address the issues highlighted by the child benefit study.

5.7 Child participation

1. In order to develop a genuine human rights culture, it is essential that children and young people are acknowledged in society as full citizens with equal rights that add social value to the family and community. This will inevitably involve facilitating children and young people to be more active in public discourse and supporting them to make their opinions and ideas known. All development actors need to proactively support expansion of current mechanisms and models for children to make their opinions known and participate in decision-making that affects them.

2. Initiatives are required to facilitate interaction and dialogue across ethnic and social divides. Ideally this should occur in the school system but as this is not happening at present, civil society initiatives may be able to fill the gap.

3. Different models of child participation need to be explored and supported including development of child-led organisations; formal consultation mechanisms; public communication and education; and one-off celebrations and campaigns. These should be adaptable to different modes of work - programme design, advocacy, research, influencing and public education.

4. Attention should be paid to how children and children’s issues are presented in the print and electronic media. Children’s rights to privacy continue to be abused in the media and child-related issues and situations are frequently sensationalised. Children and young people should be supported to address these issues and actively shape, design and lead a campaign to raise press standards around children’s rights.
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Annex 1: Methodology

1. Introduction

This Situation Analysis (SitAn) is intended to provide independent input and analysis to inform the mid-term review (MTR) of the current Country Programme of Co-operation (2010-2015) in 2013 and to feed into the UNDAF mid-term review process. It will also contribute to a UN Common Country Assessment to be jointly conducted by UN agencies in collaboration with the Government and civil society by providing the analysis and insights required to define effective programmes of intervention for children. It aims to help improve the understanding of decision-makers, partners and stakeholders of the current status of children’s rights in the country and thus provide a basis for policy formulation that addresses the causes of inequities.

2. Purpose and aims

The purpose of the SitAn is to highlight the strategic priorities for the country to reduce disparities and address vulnerabilities, and hence make a contribution to shape the national development agenda to accelerate achievement of the Millennium Development Goals (MDGs) with equity.

Its main aims include -

- Develop a deeper understanding of the situation of children and families by analysing the social and economic trends affecting them (disaggregated as far as possible by age, gender, urban/rural, ethnicity, wealth and other relevant factors).
- Identify and analyse the barriers and bottlenecks that prevent disadvantaged children and families from realising their rights and benefiting from services.
- Develop recommendations for action to help UNICEF strategically position itself as a development partner in a middle income country in preparation for country programme Mid-Term review (MTR) and as a contribution to the UNDAF Mid-Term review.
- Provide government and other partners with comprehensive equity-sensitive and evidence-based information on children for results-based decision-making;
- Contribute to the (re)formulation of key national strategies so that priorities for the most disadvantaged children are integrated into the national development agenda.
- Identify critical data gaps and contribute to the generation of evidence that can improve the monitoring of the situation of children, especially the most vulnerable groups.

3. Conceptual framework: using a rights-based approach

This study analyses existing disparities in terms of the different drivers of inequities such as gender, geographical location, wealth, ethnicity and ability. It has adopted an integrated, cross-sectoral approach, and tried to take a holistic view of the child from a human rights-based perspective, as well as a thematic approach. The key components of the report include:

1. Causality analysis to determine the immediate, underlying and root causes of inequity
2. Role-pattern analysis to examine the roles and relationships between duty-bearers and rights holders;
3. Capacity-gap analysis to examine the capacity of all concerned duty bearers and right holders.
The study tries to identify, by thematic area, the most relevant barriers to the realisation of children’s rights. Thematic areas examined include the rights to participation; adequate standard of living; development; health; education; and protection from abuse, violence and exploitation.

Development challenges have immediate, underlying and structural causes which are interconnected and impede realisation of children’s rights in different ways –

- Immediate causes are those most apparent at the point of impact or access and define the actual shape which the barrier or bottleneck is likely to take, although this may be only a symptom of an underlying cause.
- Underlying causes often stem from inadequate policies, legislation and/or a lack of resources.
- Structural causes include social attitudes and behaviour within the family, community and higher decision-making levels.

To analyse the gaps in norms, institutions, legal and policy frameworks and the enabling environment that underpins structural causes of inequality requires thorough understanding of the country context, and of factors that create and perpetuate inequalities and social exclusion. This was achieved in this study through consideration of how laws, social norms, traditional practices and institutional responses affect realisation of children’s rights and implementation of international treaties and the recommendations of relevant human rights bodies.

Capacity in this report is considered to be the sum of all factors that enable individuals, communities, institutions, organisations or governments to carry out their respective roles and responsibilities as duty-bearers. Elements of capacity may include knowledge; skills; motivation, mandate and authority; material and organisational resources; as well as supporting values, norms and actors.

4. Approach and methodology

The SitAn process was designed to be inclusive and to generate ownership by local stakeholders. A multi-disciplinary technical working group representing government and civil society was established to identify sources of data and information, participate in consultations, identify potential participants in focus group discussions (FGDs), contribute to development of the conceptual framework, provide input to the various different analyses, and give feedback on the draft report.

This Situation Analysis applies a human rights-based approach to assess the extent to which all children in the country are able to enjoy their rights as established by international and national norms. International standards are reflected in the Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of All Forms of Discrimination Against Women, the UN Convention on the Rights of Persons with Disabilities and other key international agreements and conventions. The SitAn is based on a wide-ranging and in-depth analysis of the situation of all children under the age of 18 who live in the country, but focuses as far as possible on those who are most vulnerable, marginalised and disadvantaged. This latter category includes Roma children, children with disabilities, children in rural areas, and children of families in the lowest economic quintile.

199 The definition of capacity was based on the formulation expressed in the Situation Analysis – Vietnam 2010
The human rights-based approach uses UNCRC as an essential reference and is guided by key human rights principles (universality, equality and non-discrimination, accountability and participation). Application of this model to the Macedonian context implies a practical commitment to (i) putting the child at the centre of the process and (ii) filtering analysis of the data available through the lens of Article 02 of the Convention. This will facilitate analysis that provides a holistic overview of the needs of marginalised and excluded children and their families as well as an assessment of the extent of practical application of all four child rights principles (best interests; survival and development; participation; and non-discrimination). The assumptions underlying this this are that (a) discrimination and social exclusion are root causes of poverty and multiple deprivation, and not just symptoms; and that (b) the factors defining deprivation, discrimination and inequality in Macedonian society are gender, ethnicity, socio-economic status and geographic location. Special attention is also paid in this report to the behaviour, attitudes and values of families, and community traditions and culture that affect the realisation of children’s rights.

The core of this study is an analysis of the immediate, underlying and structural causes of barriers and bottlenecks that prevent or impede a child’s enjoyment of his or her rights. This approach was used to assess the capacity of all the key actors to fulfil their responsibilities for ensuring that children’s rights are respected, protected and fulfilled.

A wide range of reliable sources and research was used and consultations were held with Government and other development partners. Every effort was made to rely primarily on official government data and analysis, supplemented by documented evidence from other independent sources. The aim was to create the most comprehensive and objective picture possible of the situation of children and families in the country today.

The SitAn findings and analysis are based on:

- A desk review of existing studies, reports, surveys, statistical data and other information on legislation, policies and programmes produced by the Government, as well as documents and studies from the Committee on the Rights of the Child (CRC), OECD, OSCE, various EU bodies, UN agencies, academic institutions, international and local NGOs and other sources;
- Semi-structured interviews with Government officials at central and municipal level;
- Consultations with key development partners, including research institutes, donor agencies, NGOs, community groups and women’s and parents associations;
- Focus Group Discussions with a representative sample of children and parents from a spectrum of locations, ethnic and socioeconomic groups;
- Consultations with key UNICEF staff and members of the Technical Working Group;
- Review of the draft text by line ministries working on children’s issues; members of the technical working group; and other partners.

The first field visit in December 2012 focused on meeting with Skopje-based stakeholders. This included representatives of the Ministry of Labour and Social Policy (MLSP), Ministry of Education and Science (MES), Ministry of the Interior, the Institute of Public Health (IPH) and the Institute of Social Affairs (ISA), as well as academics, NGOs and other civil society representatives. The main purpose of the second field visit between 27 January and 6 February

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200This article spells out the four core principles of the Convention of the Rights of the Child: the best interest of the child, non-discrimination, right to life, survival and development, and respect for the views of the child.
2013 was to gain a greater understanding of the reality of service delivery on the ground. Meetings were held with representatives of the municipality in Bitola, Prilep, Stip, Kocani, Gostivar and Tetovo. In terms of actual service delivery mechanisms, visits were made to the inter-municipal CSW in Skopje and the CSW in Gostivar; ECD centres in Bitola, Prilep and Topana; and a school in Sveti Nikole. Local key informants were particularly open and these meetings and visits have given considerable insight into both the local initiatives undertaken for children and the difficulties and obstacles that local service providers face.

Meetings were also held with local civil society organisations. These included discussions with the major child-focused national organisations: the Coalition of Youth Organizations -SEGA and the Children’s Embassy (Megjashi), as well as local NGOs concerned with women, Roma, disability and ECD. A full list of key interviewees is attached as Annex 1.

A pilot FGD with children took place in late December; the pilot with parents in early January. The questionnaire was amended as a result of feedback from these pilots and materials were developed for training moderators which took place mid-January. Twelve FGDs were held throughout January encompassing various groups of children and adults disaggregated by gender, ethnicity, residence and socioeconomic status. Approximately 80 respondents participated in FGDs. In addition, an FGD with a group of children with mixed manifestations of disability was held, to gain insight into their status and situation. The FGD was facilitated by an expert from the NGO “Open the Wondows” and a specialised set of questions was drafted for this FGD only.

5. Limitations and constraints

There were inevitably time and resource constraints on preparation of this analysis. Also, despite the abundance of quality studies related to the country, some of the available data was inconsistent, dispersed or out of date. While the country has invested in development, its main focus to date has been on improving the overall economic situation in the country, rather than promoting equity. As a result, some of the national data was not sufficiently disaggregated, particularly by ethnicity. The State Statistical Office is continually upgrading its capacity to provide data to required standards and should be supported to develop an agreed framework of disaggregated child-related indicators. The database in relation to the most vulnerable children – Roma, children with disabilities and poor children – is particularly limited. Where possible, these gaps have been identified in the body of the report.

The second constraint was the scarcity of non-governmental actors that deal primarily with children’s rights or related issues. Civil society is still developing and there are few child-related NGOs to provide alternative perspectives. There are especially few child-led organisations and child-participation in this analysis was confined to participation in FGDs specifically set up for the study. While the groups proved a valuable source of data, the range of mechanisms for children to express their opinions needs to be significantly expanded.

Although there is general consensus among all stakeholders on the immediate causes of the many barriers that families face in accessing entitlements, there is less agreement on the underlying and structural causes. Time and date constraints prevented analysis on a rights-by-rights basis, so, so rather than systematically analyse causes at the three levels for each and every right, this study presents as comprehensive a picture of the range of causes as possible from the available data and then analyses and categorises them across the spectrum of rights. This is also true of the roles/relationship and capacity gap analyses.
Annex 2: List of key informants

Office of the Prime Minister of the Republic of Macedonia
Krste Maljanovski – Advisor to the Prime Minister on Labour and Social Policy

Cabinet of the Minister without Portfolio Nezdet Mustafa
Edis Hasan – Advisor to the Minister

Office of the Ombudsman
Vaska Mustafa – Deputy Ombudsman for Children (???)

Ministry of Education and Science
Nadica Kostovska – Head of Department for EU Integration
Mitko Ceslarov - Head of Sector, Bureau for Education Development

Ministry of the Interior
Lilijana Jakovcevska

Ministry of Justice
Amina Adema – Legal Advisor

Ministry of Labour and Social Policy
Slobodnka Lazova Zdravkovska
Elena Lazovska
Elka Todorova

State Statistics Office
Violeta Krsteva – Head of Sector for Social Statistics

Institute for Mother and Child Health
Dr. Brankica Mladenovic

Institute for Social Activities
Sonja Kiprovksa – Graduated Lawyer
Vesna Samojlovska – Graduated Psychologist

University of Skopje
Suzana Bornarova – Professor, Institute for Social work and Social Policy, Faculty of Philosophy
Violeta Petroska-Beska – Professor, Faculty of Philosophy
Marija Donevska – Professor of Sociology
Marija Raljeva – Professor of Clinical Psychiatry

Healthgrouper
Dr. Vladimir Lazarevik – CEO

Studiorum Centre for Regional Policy Research and Cooperation
Neda Milevska – Executive Director

Poraka
Violeta Dimovska
SEGA Coalition of Youth Organisations  
Zoran Ilijski – Director  
Tomislav Gajtanoski – Administrative and Financial Manager

COR  
Dr. Nadica Janeva

Megjashi First Children’s Embassy in the World  
Dragi Zmijanac – Executive Director

Open the Windows  
Radmila Stojkovska Aleksova – Special Educator

Sumnal Association for Development of the Roma Community in Macedonia  
Stojanka Dimkova-Stanche – Vice President/Coordinator of the Educational Programme

Office of the European Commission in Skopje  
Manfredas