1. Government Covid-19 measures – employment retention measures, relaxation of social assistance criteria and one-off financial support – have mitigated poverty incidence among children. Although all of them are pro-children, i.e. tend to distribute proportionally larger share of funds to households with children, none of the measures was designed to directly target children, and their pro-children effects are mainly driven by the household structure and income nexus.

2. Covid-19 has exacerbated child poverty in North Macedonia. It has likely put additional 16,000 children below the poverty threshold increasing the relative child poverty rate from 29.3 per cent to the estimated 33.3 per cent, a rate not seen in the country since the Survey on Income and Living Conditions was first conducted (2010). The projected increase is stronger than the one observed during the Global Financial Crisis of 2009/10.

3. The poverty increasing effect of Covid-19 is the strongest among children living in households with 3 or more children and where education attainment among adult members is low, without significant gender and age differences.
4. Child income poverty is combined with the incidence of other material deprivations of households such as insufficient access to the internet and poor housing conditions, which may be particularly important for the learning progress of children in times of school closures and confinement. Such vulnerabilities are particularly prominent among Roma children.

5. Poorest children may suffer more under Covid-19 due to the combined effects of multiple risks and disadvantages such as undernourishment and stunting; low pre-school attendance; failures in acquiring foundational learning skills; constrained access to sanitation facilities; and heavier reliance on polluting fuels for cooking and heating of the household.

6. Children from single-parent households and from households receiving guaranteed minimum assistance faced increased risk of food poverty amid suspension of free meals due to the closure of pre-school and school facilities. Closure of day-care centers and movement restrictions of care providers deteriorated care quality for children with disabilities.

7. Family violence increased during Covid-19, with children being nearly 10 percent of the victims. Cases of peer-violence were reported among fostered children. They likely suffered increased peer violence during Covid-19. Due to the lockdown and movement restrictions, violation of the right to parenting time between children and the parent with whom they do not live increased.

8. The strongest pro-children effect resides with the relaxed criteria for receiving guaranteed minimum income. However, the additional disbursements in April and May 2020 are negligible compared to the theoretical potential of the measure, suggesting that the effort to reach those most affected by the pandemic has been insufficient.
9. Budget programs related to children underwent cuts despite the slight increase of total government expenditures with the Budget Supplement of May 2020. In particular, some development programs, such as inclusive education, faced severe cuts further exacerbating children’s vulnerabilities and the capacity of institutions (particularly preschool and school facilities) to adapt to the lingering crisis and potential new wave of the pandemic.

10. The educational system in the country shifted to distance learning fairly quickly after the physical closure of the schools and preschool institutions. However, the organization of the process was left to individual schools and teachers, with no unification of the tools and methods used, which created unequal learning opportunities for the children.

11. Learning losses might be the greatest among children from poor households, Roma children and children with disabilities. They were faced with insufficient access to education, lack of quality in the parental support and lack of school support, exacerbated by the insufficient resources of many schools in the areas where these children predominantly reside.

12. The teaching staff is not adequately prepared for distance/digital learning, despite selective and individual efforts that produced rapid gains. Although teachers should use ICT in the classroom-type teaching and learning process, the pandemic revealed that their ICT skills related to planning, implementation and assessment were insufficient for the introduction of distance learning. This reinforces the need for rapid investment in such skills among teaching staff.

13. Mobilization of human resources across the educational system with the main goal of assisting children’s learning process took place. Most notable examples include the creation of the TV classroom and the EduIno platform aimed at enhancing learning of the preschool and primary school children. The efforts continued with forming working groups to devise a strategy for digital learning.
14. **Covid-19 has caused delays in accessing hospital care for newborns, children and mothers.** The provision of services across the healthcare system declined by 39 per cent to the whole population, 33 per cent to children and 25 per cent to mothers and newborns. Yet, the prime reason has been the reduced demand for non-urgent services due to fear of infection, rather than due to significant shift of resources to fighting the virus.

15. **Human resources were identified as the key bottleneck in the health response to the Covid-19 crisis.** Moreover, the pandemic revealed grim shortages in medical and personal protective equipment for the personnel working with infected population. As a result, the rate of infection among medical staff is high at 9 per cent.

16. **Diagnostics and control of chronic conditions and, to an extent, mental health, have been mostly neglected during the pandemic.** In contrast, reproductive health services and healthcare of infants remained largely intact, mitigating the effects of the crisis on young children.

17. **Vaccination during Covid-19 has been conducted with almost no delays, while medical check-ups of school-age children have been postponed.** This may have some short-term effects on children’s health, though it is expected that prevention will be intensified once the pandemic subsides.

18. **The health system has made efforts to fully utilize the available technology during Covid-19.** Doctors, mainly GPs, opted for telemedicine as an alternative to providing healthcare services in person, while the national medical IT system has been adapted to handle testing and monitoring of mild Covid-19 cases.