



Formative and Summative Evaluation of the Child care and
Deinstitutionalisation Reforms in North Macedonia
(2009 – 2022)

July 2024

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This evaluation was conducted by Coram International on behalf of UNICEF Europe and Central Asia Regional Office as part of a regional formative and summative evaluation of child care and deinstitutionalisation reforms in eight countries (Armenia; Bulgaria; Georgia; Moldova; Montenegro; North Macedonia; Serbia; and Tajikistan) from 2009 to 2022. The Coram International team is led by Professor Dame Carolyn Hamilton DBE. Team members who are part of the region-wide evaluation team include, Kara Apland, Sihana Bina, Catherine Burke, Farah Elhouni, Bruce Grant, Ramyah Harrichandrian, Rosalie Lord, Awaz Raoof and Amelia Smith.

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List of acronyms

CPD	Country programme document
CRC	UN Convention on the Rights of the Child
CRC Committee	UN Committee on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CRPD Committee	UN Committee on the Rights of Persons with Disabilities
CSW	Centres for Social Work
CWD	Children with disabilities
DI	Deinstitutionalisation
DUI	Albanian Democratic Union of Integration
ECARO	UNICEF Europe and Central Asia Regional Office
EU	European Union
FGD	Focus group discussion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
IPA	Instrument for Pre-Accession Assistance
KII	Key informant interview
MoES	Ministry of Education and Science
MoF	Ministry of Finance
MoH	Ministry of Health
MoLSP	Ministry of Labour and Social Policy
NATO	North Atlantic Treaty Organization
NGO	Non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
RI	Residential institution
SDSM	Social Democratic Union of Macedonia
SFRY	Socialist Federal Republic of Yugoslavia
ToC	Theory of Change
ToR	Terms of reference
UN	United Nations
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children Fund
UNDP	United Nations Development Programme

UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	United States Dollar

EXECUTIVE SUMMARY

This report presents the main findings, conclusions, and recommendations of a formative and summative evaluation of the childcare and deinstitutionalisation reforms in North Macedonia for the period of 2009-2022. The evaluation was commissioned by the United Nations Children's Fund (UNICEF) Europe and Central Asia Region Office (ECARO), as part of its multi-country evaluation of the impact of national child care reforms across eight¹ countries in Europe and Central Asia and was conducted by Coram International.

1. Purpose, Objectives, User

The purpose and object of the evaluation is to provide a rigorous assessment of the results of the childcare and deinstitutionalisation (DI) reforms undertaken by the government of North Macedonia and UNICEF, with a particular focus on children with disabilities and children for whom it is often difficult to find a durable family-based placement (referred to as 'hard to place' children). The evaluation's geographical scope covers programming across the entirety of North Macedonia.

The objectives of the evaluation, as outlined in the Terms of Reference (TOR) are:

- Assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children, how and why;
- Determine the effectiveness, impact, coherence, relevance and efficiency of national childcare reforms;
- Assess the actual and potential contribution of UNICEF's work to national progress (including the outcomes and impacts of programming) in deinstitutionalisation childcare reforms, including children with disabilities and other 'difficult to place children;'
- Identify lessons and provide recommendations for refinement and potential scaling up of good practices to further support national governments in strengthening child protection systems.

The primary audience for this evaluation includes the Government of North Macedonia, relevant ministries, municipalities, UNICEF North Macedonia and UNICEF ECARO, implementing partners, and donors.

The child care reforms are intended to contribute to Sustainable Development Goal (SDG) 1, by addressing the financial burdens on families with children with disabilities; SDG 4, by offering quality inclusive education; SDG 5, by promoting gender equality; SDG 10, as it relates to mitigating disparities between individuals with and without disabilities and SDG 16, by fostering inclusive and just societies.

2. Methodology and limitations

The Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, coherence, effectiveness/impact, efficiency and sustainability forms the basis of this evaluation framework. In addition, the evaluation methodology was developed according to the UNEG Norms and Standards for Evaluation (2016) and incorporates UNICEF's guiding principles on gender equality, equity, and human rights. The evaluation adopts a theory-based approach to determine whether and how childcare reform initiatives have led to the changes set out in the country's theory of change (ToC). The evaluation draws on a desk review of programming documents, administrative data and secondary sources, as well as qualitative data collection at the national level, and at sub-national level in the City of Skopje and Bitola municipality. This included key informant interviews with 26 stakeholders and programme implementers (Government institutions and UNICEF), and focus group discussions with 42 service providers, civil society organisations, social workers, foster carers, and staff from small group homes. All qualitative data was coded to identify key themes, patterns, and relationships relevant to the research questions, while quantitative data was analysed using Excel software. Strict ethical guidelines were followed at all stages of data collection and analysis.

¹ Armenia; Bulgaria ;Georgia; Moldova; Montenegro; North Macedonia; Serbia; Tajikistan.

An Evaluation Reference Group provided oversight through a validation workshop. The main limitation was the comprehensive scope of childcare and deinstitutionalisation reforms which made it challenging to conduct a nationwide assessment that accurately represented the entire target population. Additionally, the sensitive nature of the subject matter, involving child protection reforms and deinstitutionalisation, introduced the possibility of reporting bias, as respondents might be reluctant to share personal information due to concerns about negative repercussions. The complex nature of the Child Protection Programme posed difficulties in measuring the impact of UNICEF's programming on childcare reforms.

3. Key Findings

Relevance

The childcare reforms during the evaluation period have been highly relevant to the deinstitutionalisation of children in residential care. These reforms addressed both the social and child protection systems, including legislative changes to support DI and the adoption of policy documents particularly the National Deinstitutionalization Strategy 2008–2018 and the Strategy for Deinstitutionalization 2018-2027 “Timjanik” and its accompanying Action Plans. The legal and policy reforms were grounded in international child rights standards, including the CRC, CRPD, and the UN Guidelines on Alternative Care for Children.

The closure of all residential institutions and the placement of children within the community have been highly relevant and were accompanied by the development of inclusive education and the promotion of kinship care and foster care. Community-based services were developed to support children with disabilities, although issues remain regarding the quality and availability of these services. While the reforms have been relevant for children with disabilities, they have been less relevant for hard-to-place children, who continue to face limited access to social protection and targeted support services.

UNICEF has been a trusted partner to the government throughout the reform process, providing advocacy, vision, leadership, long-term technical expertise, and support, all of which were highly relevant.

Effectiveness/Impact

Over the period covered by the evaluation, there have been significant changes in North Macedonia's childcare and protection system. The DI reforms have been highly effective, resulting in the closure of all residential institutions. Children were either reintegrated with their families, placed in foster care, or moved to small group homes, which function as organizational units of the closed institutions. Additionally, there was a notable 70 per cent reduction in the number of children in all forms of residential care between 2010 and 2022. However, reliance on small group homes persists, with little evidence that homes will be phased out in the foreseeable future due to the incomplete establishment of community-based services and an insufficient number of foster carers.

The passing of the Law on Social Protection has provided a critical legal and structural framework for the reforms, including the establishment of regional support centres for foster care which are now responsible for recruiting, training, assessing, and continuously supporting foster parents.

Centres for social work, which play a crucial role in providing child and social protection, face major obstacles in delivering effective services. Challenges include a shortage of qualified staff, low motivation among social work professionals, excessive caseloads per worker, high staff turnover, difficulties in recruiting new staff, and significant administrative burdens.

The prevention services as envisaged in the Social Protection Act 2019, other than day care centres for children with disabilities have yet to be developed. Reasons include insufficient planning or development to keep up with the pace of the DI process; lack of motivation on the part of local municipalities; reliance on NGOs to deliver services needed by communities and an insufficient budget allocation for the development and delivery of social services generally

Active government commitment and engagement in the period between 2017-2020 was integral to the success of the reforms on national level. This was coupled with inter-sectoral cooperation and coordination,

stakeholder buy-in, public awareness, UNICEF support, and the availability of funding: all circumstances which helped generate the desired outcomes of the child care reforms and DI.

Efficiency

Despite notable increases in the overall budget for social services and deinstitutionalization during the evaluation period, the budget remains insufficient and efficiency remains a challenge. Although the 2018-2027 DI Strategy envisions decentralized funding for new services, with money 'following the user' to fund community based services, to date this has not been progressed.²

Other challenges to efficiency include the inefficient utilization of human resources within CSWs and deficiencies in overall case management. CSWs are faced with a severe shortage of social workers. Those who are employed operate grapple with high case-loads, too wide a remit of cases, low pay, inadequate management, and insufficient professional supervision.

The reforms for children with behavioural difficulties have been challenging and less efficient. Staff in small group homes for children with emotional and behavioural difficulties report insufficient training to address the complex emotional and mental health needs of children in their care. Additionally, there is an absence of counselling services, dedicated psychologists, and comprehensive treatment plans for these children. The lack of an effective exit strategy further compounds the issue, potentially confining these children to small group homes until they age out of the system, without adequate preparation or support for their transition into adulthood.

Coherence

The childcare reforms implemented during the evaluation period have been largely coherent and aligned with broader national policies in North Macedonia. The child care and DI reforms, are integral components of the country's overarching development strategies. This alignment was underscored by the adoption of the National Strategy for Deinstitutionalization 2018-2027, which harmonizes effectively with existing social protection legislation.

The government has taken efforts to increase coordination and meaningful participation of a diverse set of stakeholders in reform processes. This includes establishing a dedicated coordination body and a monitoring mechanism to oversee implementation and ensure accountability. Data suggests that during the peak of the reforms in 2017, coordination was achieved at the national level through cooperation between Ministry of Labor and Social Protection (MoLSP), Ministry of Health (MoH), Ministry of Education and Science (MoES), Ministry of Finance (MoF), as well as other donors and implementers. However, political changes have subsequently led to decreased coordination and a decline in political engagement in child care reforms. In addition, the coordination has not been consistently replicated at the municipal level. This lack of local coordination poses significant obstacles to the comprehensive implementation of reforms across all regions of the country.

Sustainability

The closure of large residential institutions for children and the integration of children with Special Educational Needs (SEN) into mainstream education have proved to be sustainable. Additionally, the government has adopted numerous laws and strategies that have significantly influenced the implementation, performance, and sustainability of these reforms. Government ownership and donor support have been crucial in advancing the DI reforms.

However, community-based services remain under-developed, under-funded and present the most vulnerable aspect of the reforms regarding implementation, performance, and sustainability.

² Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy, page 46.

UNICEF has played a pivotal role in supporting the government in implementing essential structural and legal reforms within the childcare system. Its continued involvement is expected to influence the implementation, performance, and sustainability of ongoing childcare reforms.

Lessons Learned

The evaluation generated several lessons learned in the context of childcare and DI reforms.

Adaptation to rapid reforms: When reforms occur rapidly, involving significant legislative, structural, and practice changes, those working within the system may struggle to adapt at the same pace. Continuous awareness-raising within the community and ongoing training are essential to help staff familiarize themselves with the new system, even after the reforms have been implemented.

Small group homes: Countries prioritizing the closure of residential institutions and the deinstitutionalization of resident children often use small group homes as an interim measure. Although small group homes are intended to be temporary solutions, children frequently remain in these settings for extended periods, sometimes until they reach adulthood. The DI process needs to refocus on identifying permanent family-based placements for children who cannot return to their biological parents or extended family.

Community-based services are essential for supporting children and families at risk of separation. Municipalities need to invest in multi-sector planning, based on reliable data and with input from service providers, local communities, parents and children to understand the need in different geographical areas to ensure adequate funding for needed services.

Social workers: Governments need to recognise that social work is a skill based profession and that social workers cannot be replaced by other professionals. Placing responsibility on other professions who are not qualified, skilled or experienced in social work, to undertake child protection assessments is likely to be both ineffective and inefficient.

Conclusions

After a slow start at the beginning of the evaluation period, North Macedonia has made significant progress in its programme of child care reform and DI. It has achieved the closure of all residential institutions and the placement of children in the community; the development of inclusive education, the establishment of day care centres for children with disabilities and the promotion and use of kinship care and foster care. While there have been challenges in implementing the child care and DI reforms over the evaluation period, overall the reforms have had a high level of effectiveness.

Unusually for the region, children with disabilities were a major focus of the reforms, with institutions for children with disabilities among the first to be deinstitutionalised. There are now just 28 children with disabilities in residential care, all in small group homes and an increase in the number of children with disabilities in foster care. There has, however, been an increase in the number of adolescents, aged 13- 17 placed in small group homes. The figures suggest that while recruitment of foster carers was successful following the awareness raising campaign between 2017 and 2019, there are still an insufficient number of foster carers and that a new recruitment drive and a new awareness raising campaign is necessary.

Recommendations

Recommendation	Duty bearer	Timeframe
Legal reform Amend the Family Law to ensure compatibility with international standards and, in particular, enable the adoption of foster children by their foster carers, and remove the 45 year age limit between the foster care and child.	MoJ MoLSP With technical support from UNICEF	Short term (within the next year)
Reform of the CSW (a) Review the functions and practice of the CSW;	MoSLP ISA	(a) short term

<p>(b) Review the reason for the drop in the number of licensed social workers and take action to address and to increase the number;</p> <p>(c) Ensure that all child protection cases are case managed by licensed social workers;</p> <p>(d) Review the role of guardians and their management;</p> <p>(e) Develop and implement a professional supervisory framework for social workers;</p> <p>(f) Together with foster care support centres, build up availability of emergency / short term foster carers.</p>	UNICEF (all aspects)	<p>(b) short to medium term</p> <p>(c) Medium term</p> <p>(d) short term</p> <p>(e) and (f) short to medium term</p>
<p>Foster care support centres</p> <p>(a) Expand functions to include recruitment, training, selection and ongoing support to foster carers and adopters;</p> <p>(b) Review recruitment policy and remuneration of foster carers.</p> <p>(c) Work with CSWs to recruit a cadre of emergency / short term foster carers, seeking external advice on development if required.</p>	<p>MoLSP (a) – (c)</p> <p>MoF (b)</p> <p>Municipalities</p> <p>With technical support from UNICEF (c)</p>	Short term
<p>Children with disabilities</p> <p>(a) Review day care services to ensure that they meet the needs of children with disabilities;</p> <p>(b) Continue the transformation of residential institutions;</p> <p>(c) Develop respite care;</p> <p>(d) Undertake a review of children with SEN in mainstream schools to understand and address the gender gap.</p>	<p>MoLSP</p> <p>Municipalities (a) –(c)</p> <p>With technical assistance from UNICEF for (a) (c) and (d).</p> <p>MoE (d)</p>	<p>(a) short term</p> <p>(b) short to medium term</p> <p>(c) medium term</p> <p>(d) short term</p>
<p>Small group homes:</p> <p>(a) Implement the 2023-2025 Action Plan, and:</p> <p>(b) Close all small group homes for children under 3 within the next three years, rising to 7 years of age by 2027, reassigning staff to CSW and foster care support centres;</p> <p>(c) Reform small group homes for children with emotional and behavioural difficulties to ensure:</p> <p>a) Staff are skilled in managing and addressing complex behavioural needs;</p> <p>b) Each child has regular access to an assigned counsellors and/ or psychologist</p> <p>c) the case of each child in a small group home for emotional and behavioural difficulty is reviewed after the first month of placement every 3 months and, in other small group homes there is a case review for every child not less than every 6 months with a view to DI.</p>	<p>MoLSP (a) and (b)</p> <p>MoE (a) and (c)</p> <p>MoH (a)</p> <p>ISA (a) and (b)</p> <p>Municipalities (b)</p> <p>National Coordination body for implementing the CPRD (a)-(c)</p> <p>UNICEF (c)</p>	<p>(a) short term</p> <p>(b) short term</p> <p>(c) short to medium term.</p>
<p>Institute for Social Activities:</p> <p>Enhance the role of the ISA in supervising the reforms and capacity development of the social services workforce</p>	ISA; National Coordination body for implementing the CRPD	Short term
<p>National Coordination Body for Implementing the Convention of the Rights of Persons with Disabilities:</p> <p>Amend the functions (and name) to include ‘implementation of the Convention on the Rights of the Child’.</p>	<p>National Coordination body for implementing the CRPD</p> <p>Prime Minister’s Office</p>	Short term

1. BACKGROUND

In the twentieth century, countries across Europe and Central Asia Region (ECAR), including the Socialist Federal Republic of Yugoslavia (SFRY), which included the region now known as the Republic of North Macedonia (hereinafter North Macedonia), relied heavily on large-scale residential institutions for the care of children. These institutions were particularly used for children with mental, intellectual, and physical disabilities, those deemed antisocial, and children whose parents were considered unfit or too poor to care for them, as well as a means to address family poverty.³ In recent decades, governments throughout ECAR, with the assistance of UNICEF, have initiated childcare reforms, moving away from the use of institutional care for children towards family and community-based alternatives. In North Macedonia, the process of deinstitutionalization began in the early 2000s and is ongoing, marked by the closure of institutions, implementation of community-based services, expansion of inclusive education, promotion of family-based alternative care, and establishment of small group homes throughout the country.

The UN Convention on the Rights of the Child (CRC) emphasizes that a child's full and harmonious development requires a family environment filled with happiness, love, and understanding. Article 18 states that parents and legal guardians have the primary responsibility for raising the child, with the State providing appropriate assistance. If parents cannot fulfil this role, the child is entitled to special protection.⁴ The CRC also addresses the rights of children with disabilities, ensuring no discrimination⁵ and promoting a full, decent life for disabled children⁶. The Convention on the Rights of Persons with Disabilities (CRPD) reinforces that children with disabilities should fully enjoy all human rights and fundamental freedoms equally with other children.

In 2023, UNICEF Europe and Central Asia Region Office (ECARO) engaged Coram International to conduct an evaluation of the impact of national child care reforms across eight countries⁷ in Europe and Central Asia. North Macedonia joined as the eighth and last country to take part in this series of formative and summative multi-country evaluations.

1.1 Purpose of the evaluation

The **purpose of the evaluation** was to provide a rigorous assessment of the results (outcome and impact level) achieved by the Government of North Macedonia and the support provided by UNICEF, with a particular focus on children with disabilities and other highly marginalised and vulnerable children. The evaluation covers childcare and DI reforms targeting all children (i.e., persons under the age of 18 years), who are rights holders and potential beneficiaries of the interventions. The evaluation focuses on identifying how multi-faceted interventions and policies contributed to de-institutionalisation and other relevant reforms and is both summative and formative. It identifies lessons and good practices that emerge from North Macedonia's childcare reform experience, and can serve as a learning opportunity to inform UNICEF and government partners' future work.

1.2 Object of the evaluation

The **object of this evaluation** is the national child care reforms undertaken in North Macedonia between **2009 and the end of 2022**, with a focus on deinstitutionalisation (DI). For these purposes:

- 'Child care reforms' refer to reforms to support families to care for their children, prevention of family separation, and reforms made to the system of providing care for children whose parents or guardians are unwilling or unable to provide the child with adequate care and protection.

³ UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia, September 2010

⁴ Article 20.

⁵ Article 2.

⁶ Article 23.

⁷ Armenia, Bulgaria, Georgia, Moldova, Montenegro, Serbia, and Tajikistan, in addition to North Macedonia.

- ‘Deinstitutionalisation’ refers to the process of planning transformation, downsizing and/or closure of residential institutions (RIs), while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards.⁸ DI therefore consists of four elements, namely, (i) the prevention of placing children in RIs, (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the child care system.⁹

In relation to the **implementation status of the object of the evaluation**, child care and DI reforms in North Macedonia from 2009 to 2022 straddle several national policies and UNICEF country programme documents (CPDs) 2010-2015 and 2016-2020. This evaluation therefore covers reforms which have already been implemented. However, given that this is a formative evaluation, it is also necessary to consider the Government’s and UNICEF’s planned approach to child care and DI reforms in North Macedonia, as reflected in CPD 2021-2025.

The object of the evaluation covers all government child care and DI reforms in North Macedonia, including those which were not implemented directly with UNICEF. Government financial data on child care and DI reforms are limited, with no official data available on the budget allocated or spent by the government specifically on the reforms (as opposed to social services generally). This creates challenges in identifying the total budget or cost for the object of the evaluation. However, summaries of the available government set out in Table 2, while UNICEF **budget cost information** are presented in table 1, although the information does not cover the whole evaluation period.

Table 1: Overview of the budget of UNICEF Country Office related to deinstitutionalization and child care reform¹⁰

UNICEF Child Protection Programme budget related to deinstitutionalization and child care reform	Years	Budget (in thousands of USD)
	Prior to 2018	Not available
	2018-2020	926,899
	2021-2023	185,820
	Total budget for DI over years	1,112,719

The table below shows the budget for the Period 2016–2022 on Social Protection and DI (in millions). This information is unofficial and taken from Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities

Table 2: Overview of the budget on social protection and DI (in thousands)

Budget Item	2016	2017	2018	2019	2020	2021	2022
Deinstitutionalisation and social services		0	25,713	169,167	261,383	246,235	242,272
Centres for Social Protection and Institute for Social Affairs	507,149	498,005	497,419	435,732	547,239	566,110	576,860
Day care centres and institutions for non-institutional care	100,151	100,618	85,215	82,658	89,469	87,914	82,940

⁸ Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012. See also Care in Action., Website. Available: <https://care-in-action.org/en/events/volunteer-training-on-reforms-to-institutional-care-in-ukraine>, accessed 28 September 2022.

⁹ Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

¹⁰ The budget overview was shared by UNICEF North Macedonia Country Office on March 2024.

Institutions for social care		287,792	230,907	243,474	223,471	254,875	256,347
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Source: Inclusive Development Partners, *Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia, 2022*

1.3 Rights-holders and duty-bearers

The evaluation covers child care and DI reforms targeting *all* children (i.e. person under the age of 18 years), who are rights holders and potential beneficiaries of the interventions. The evaluation pays special attention to the following groups of rights holders and beneficiaries:

- Children with disabilities, including girls and boys with long-term physical, mental (psycho-social), intellectual (cognitive) or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others;¹¹ and
- ‘Hard to place’ children, namely, children for whom it is often difficult to find a durable family-based placement.

Rights holders for this evaluation do not include children in conflict with the law who are remanded into custodial residential care by a court or given a custodial measure post-conviction.

An overview of the description of the rights holders and numbers are set out in [Table 3](#).

Table 3: Description of rights holders

Category of rights holder	Relevance in the reforms	Numbers
All children in North Macedonia	Potential beneficiaries of interventions to prevent family separation and institutionalisation	Nationwide, in 2021 there were 372,558 children (below 18), 20.3 per cent of the total population. Out of the total number 192,145 are boys and 180,413 are girls. Ethnicity: 48.1 per cent are Macedonians, 31.2 per cent Albanians, 4.9 per cent Turks, 3.9 per cent Roma, 3 per cent belong to other ethnic communities, and 8.8 per cent unknown. (2021 Census) ¹²
Children with disabilities	Potential beneficiaries of interventions to prevent family separation and institutionalisation	There is a lack of consistent and comparable statistics on children with disabilities. According to Census data in 2021, 2,255 children (0.6 per cent of the child population aged 0-17) had some form of impairment. However, the number of minors who used disability-related social services in 2021 was much higher, with over 5,000 children.
Children without parental care and children at risk	Beneficiaries of DI interventions	2022: 986 children without parental care and 1,735 children ‘at risk’ (State Statistical Office).
Children in residential care	Beneficiaries of DI interventions	2009: 770 children (428 boys and 342 girls). 2022: 114 children (58 boys and 56 girls). (TransMonEE)

The duty bearers and non-state actors involved in implementing these reforms are summarised in [Table 4](#).

Table 4: Overview of duty bearers

Category of stakeholder	Relevance / roles
Key stakeholders	

¹¹ Convention on the Rights of Persons with Disabilities, Article 1.

¹² Profile of child population in the Republic of North Macedonia: results of the analysis of data on children from the 2021 Census of Population, Households and Dwellings and administrative data, 2021.

Government institutions (Ministry of Labour and Social Policy (MoLSP); Ministry of Health (MoH); Ministry of Education and Science; Ministry of Finance (MoF); Institute for Social Activities; and at sub-national level (Centres for Social Work; Support Centres for Foster Care	These institutions are all duty-bearers and responsible for implementing and monitoring laws, policies, programmes, and community-based services, including to prevent institutionalization, and ensure the deinstitutionalization reforms are in line with international standards. They play a crucial role in identifying progress, addressing gaps, and seizing opportunities through effective monitoring of children's situations and the implementation of reforms.
Ombudsman	National human rights institution which receives complaints of child rights violations and performing a monitoring role.
UNICEF	UNICEF is a key stakeholder and provides technical guidance and support, serving as a liaison with the government, development partners, CSOs, and beneficiaries.
Secondary users	
Non-governmental organisations (NGOs)	NGOs work together with duty bearers and provide technical expertise, advocacy and services to support child care and DI reforms.
International organisations and donors	International organisations and donors provide technical expertise, strategic advice and funding to support the child care and DI reforms above. Key agencies include UNDP, UNFPA, UNHCR, the EU, Council of Europe, British Embassy, USAID, GIZ, and World Bank.

2. CONTEXT

2.1 Geographical context

North Macedonia is a landlocked country situated in Southeast Europe, bordered by Serbia and Kosovo to the north, Greece to the south, Bulgaria to the east, and Albania to the west.

It has a population of around 1.8 million people, out of which 54.4 per cent are women.¹³ The largest ethnic group are Macedonians who comprise 58 per cent of the total population, followed by Albanians, who form 24 per cent of the population.¹⁴ Other smaller populations consist of Roma, Turks, Vlachs, Serbs and Bosnians. The vast majority of ethnic Macedonians identify as Eastern Orthodox Christians (46 per cent), and Albanians as Muslims (32 per cent). There are also other, smaller, groups of Catholics.¹⁵

North Macedonia has a negative population growth and an aging demographic. Between 2011 and 2021, the proportion of the elderly population increased from 11.8 per cent to 17 per cent, while the percentage of people aged 15-29 has declined from 24 per cent to 18 per cent.¹⁶ In addition, from 2011 to 2021, the birth rate dropped from 11 per cent to 10



¹³ State Statistical Office of the Republic of North Macedonia, North Macedonia in figures 2022. Available at: <https://www.stat.gov.mk/publikacii/2022/MK-brojki-2022-en.pdf>.

¹⁴ State Statistical Office of the Republic of North Macedonia, Census of Population, Households and Dwellings in the Republic of North Macedonia, 2021. Available at: https://www.stat.gov.mk/PrikaziSooopstenie_en.aspx?rbrtxt=146.

¹⁵ Ibid.

¹⁶ State Statistical Office of the Republic of North Macedonia, North Macedonia in figures 2022. Page 12.

per cent, while the mortality rate increased from 9.5 per cent to 15.5 per cent.¹⁷ Approximately 20.3 per cent of the total population are children,¹⁸ according to the latest Census data the estimated number of children was 372,558.

2.2 Political and socio-economic context

North Macedonia is one of the successor States of the former Yugoslavia, declaring independence in September 1991 as the Republic of Macedonia. It joined the United Nations in April 1993 with the provisional name 'the former Yugoslav Republic of Macedonia'. In 2001, North Macedonia signed an Association Agreement with the European Union (EU), which came into force in 2004, followed by the European Council granting it EU candidacy status in December 2005.¹⁹ The dispute with Greece over the name "Macedonia" led to a Greek veto on EU and North Atlantic Treaty Organization (NATO) accession talks, extending from the onset of the evaluation in 2009 to 2019. The name issue was resolved in 2019 with the official adoption of the name Republic of North Macedonia. In 2020, North Macedonia became a member state of NATO,²⁰ while in 2022 it began accession negotiations with the European Union.²¹

North Macedonia faces political instability due to ethnic divisions, resulting in polarization between the government and the opposition.²² The Government, composed of the Social Democratic Union of Macedonia (SDSM), the ethnic Albanian Democratic Union of Integration (DUI), and the smaller ethnic Albanian party Alternative, holds a narrow majority in the Assembly, while the opposition is led by the Internal Macedonian Revolutionary Organization–Democratic Party for Macedonian National Unity (VMRO-DPMNE) and Levica (Left), along with some smaller ethnic Albanian parties. The European Commission noted that political polarization is causing delays in the numerous reform processes, and noted that consensus amongst the political parties is necessary for the EU accession negotiation process.²³

Over the past 20 years, the country has experienced economic growth, elevating its economic status from lower-middle income to an upper-middle-income economy in 2000. The current GDP is estimated to be 13.5 billion (USD), amounting to 6,591 (USD) GDP per capita.²⁴ Although the poverty rate is still high, it has substantially decreased over the evaluation period: from 41 per cent at the outset of the evaluation period in 2009 and to 21 per cent by 2018.²⁵ This progress can be attributed primarily to the increased availability of employment opportunities and higher labour earnings for those with lower incomes.²⁶ 12 per cent of children aged five to 17 and nine per cent of children under five are classified as multi-dimensionally poor.²⁷

COVID-19, the energy crisis and the war in Ukraine have exacerbated the socio-economic challenges in North Macedonia. COVID-19 led to a four per cent decline in real GDP, primarily due to the impact of

¹⁷ Ibid, page 13.

¹⁸ State Statistical Office of the Republic of North Macedonia, Census of Population in the Republic of North Macedonia, 2021.

¹⁹ European Council, EU Enlargement Policy. Available at:

<https://www.consilium.europa.eu/en/policies/enlargement/republic-north-macedonia/>

²⁰ Ministry of Foreign Affairs, NATO Relations. Available at: <https://mfa.gov.mk/en/page/7/nato-relations>

²¹ European Commission, North Macedonia 2023 Report, 8 November 2023. Available at: https://neighbourhood-enlargement.ec.europa.eu/system/files/2023-11/SWD_2023_693%20North%20Macedonia%20report.pdf

²² European Commission, North Macedonia 2023 Report, 8 November 2023.

²³ Ibid.

²⁴ World Bank, North Macedonia. Available at: <https://data.worldbank.org/country/MK>.

²⁵ World Bank, 2022, Poverty and Equity Brief. Available at:

https://databankfiles.worldbank.org/public/ddpext_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/current/Global_POVEQ_MKD.pdf.

²⁶ Ibid.

²⁷ UNICEF North Macedonia, Country Office Annual Report 2021.

restrictions on both domestic and external market demands.²⁸ As of 2022, the unemployment rate was 14.8 per cent, while youth unemployment rate was 34.8 per cent.²⁹ In addition, as a result of the Ukraine war the prices of food and energy have risen sharply, with a 25 per cent increase in the cost of energy and heating, and a 29 per cent increase in food prices.³⁰ High inflation, resulting from increased costs is anticipated to have an adverse impact on households, especially for those with lower incomes.³¹

2.3 Legal context

North Macedonia is a parliamentary republic. The 1991 Constitution (amended in 2001 and 2019) is the primary legal instrument of the State and all other laws must comply with the fundamental principles contained within it. Article 40 of the Constitution notes that particular protection will be afforded to children without parental care.³² North Macedonia has ratified all the major human rights treaties, including the International Convention on Civil and Political Rights and the International Convention on Economic, Social and Cultural Rights. In 1993, North Macedonia ratified the Convention on the Rights of the Child (CRC) and, in 2011 the Convention on the Rights of Persons with Disabilities (CRPD). According to the Constitution all international agreements are automatically incorporated into domestic legislation.³³

North Macedonia's main laws governing child care and DI are the Family Law, Law on Child Protection, Law on Social Protection and the Law on Justice for Children.

The **Family Law**, adopted in 1992, has been amended several times and is currently undergoing revision. According to the **Family Law**, a child without parental care is defined as one whose parents are either deceased, missing, unknown, or have an unfamiliar residence for over a year, as well as a child whose parents fail to fulfil their parental rights and duties, regardless of the reasons.³⁴ The Family Law notes that the Centres for Social Work (CSW) are the first-response institution when a child needs to be taken from their parent(s) or placed in State care, and their role is crucial in ensuring that the best interests of the child are considered throughout the processes of adoption or placement under guardianship.³⁵ The authority to permanently revoke parental rights due to child abuse or neglect rests with the civil courts.

The **Law on Child Protection** (amended in 2017) outlines the basic principles for the safeguarding of children, including prioritizing the child's best interests, prohibiting any form of discrimination, and upholding the child's right to express their opinion on all matters concerning their life.³⁶ In addition, according to the Law, a child is defined a person up until the age of 18, while children with disabilities are defined as children until the age of 26.³⁷

The **Law on Social Protection 2019** introduces a range of different social services (see section 5.1).³⁸ In line with the DI reforms the Law introduces the option of placing children in care into small group homes and contains provisions on independent living support, specifying the eligible individuals for placement in these forms of alternative care. The Law also covers financial allowances including guaranteed minimal

²⁸ UN 2020, North Macedonia Common Country Analysis for the 2021-2025 United Nations Sustainable Development Cooperation Framework.

²⁹ Ibid.

³⁰ UNICEF North Macedonia, Country Office Annual Report 2022.

³¹ World Bank, 2022, Poverty and Equity Brief. Available at:

https://databankfiles.worldbank.org/public/ddpext_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/current/Global_POVEQ_MKD.pdf.

³² Article 40, Constitution of the Republic of North Macedonia, 2019.

³³ Article 118, Constitution of the Republic of North Macedonia, 2019.

³⁴ Family Law no. 122/2018, Article 159.

³⁵ Family Law no. 122/2018, Article 14, 87, and 88.

³⁶ Law on Child Protection no.150

³⁷ Ibid, Article 11.

³⁸ Chapter IV.

assistance,³⁹ disability allowance,⁴⁰ permanent allowance for caregivers of a child with a disability,⁴¹ and financial aid for housing and a one-time payment for children transitioning out of State care.⁴² In addition, a revision was made to the Law on Social Protection, Article 123 providing for an allowance to be given to kinship carers.⁴³

The Law on Justice for Children 2010 (currently under amendment) regulates the treatment of children at risk and juvenile offenders. The Law provides measures of assistance, care, and protection, along with the implementation of educational and alternative measures, such as placement in foster families, placement in a children's centre, educational centre, or correctional facility.⁴⁴ CSW plays an important role in these proceedings, serving as the starting point for any action initiated against a child under this Law.

Over the reform period, the Government of North Macedonia has developed several Strategies with Action Plans on child care reform, including the **National Deinstitutionalization Strategy 2008–2018**, the primary objective of which was to enhance the quality of social protection services and ensure their availability at the local level. This was followed by the new **Strategy for Deinstitutionalization 2018-2027 “Timjanik” and its Action Plan**. The overall vision of the Strategy is described as: *“In the future system there will be no more residential care Institutions – they will undergo a transformation process and will have a new role in the social protection system, while residential care will be supplanted by community support services and community-based living services”*.⁴⁵ In addition, the Strategy committed to ensuring that no child would be placed in an institution after 2020.

North Macedonia has also developed other relevant strategies supporting deinstitutionalization (set out in section 5.1).

2.4 Status and needs of the beneficiaries

The most immediate beneficiaries of the childcare reforms are those at risk of separation or already separated and in care, whether as a result of abandonment, abuse, neglect, violence or exploitation, having a disability or for any other reason. Their needs are for social work support to promote safe and stable upbringing by their parents or family, or where this is not feasible or is not in the best interests of the child, alternative care in a family-based setting or for a small minority where a family placement is not possible, in a small group home. For children with disabilities and hard-to-place children their needs are also for social inclusion, both within the education system and the community.

2.5 Linkages with the Sustainable Development Goals

The programme is in line with the SDG targets adjusted to the context of North Macedonia. It mainly contributes to the SDGs and targets presented below:

Table 5: Relevant SDGs and its targets and related indicators to the evaluation

Goal 1: No Poverty
Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

²³ Article 28.

⁴⁰ Article 44.

⁴¹ Article 59.

⁴² Article 57 and 63.

⁴³ 13,209 denars (217 euro) for one child, or if cares for more than one child, 10,619 denars (172 euro) per child; https://mtsp.gov.mk/content/pdf/2023/odluki_socijala/Izmena%20na%20Odluka%202024.pdf

⁴⁴ Article 37.

⁴⁵ Ministry of Labour and Social Policy, National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018–2027 ‘Timjanik’ & Action plan, Skopje, September 2018, page 13.

Goal 4: Quality Education
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
Goal 5: Achieve gender equality and empower all women and girls
Target 5.1 End all forms of discrimination against all women and girls everywhere
Goal 10: Reduce inequality within and among countries
Target 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
Target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
Goal 16 Promote just, peaceful and inclusive societies
Target 16.1 Protect children from abuse, exploitation, trafficking and violence
Target: 16.6 Develop effective, accountable and transparent institutions at all levels

2.6 Implementing bodies and their roles

The reforms have been implemented by the MoLSP with support of UNICEF North Macedonia and in close collaboration with other national and international organisations. The following table shows the main bodies and their roles and responsibilities as per the understanding of the evaluation team:

Category of stakeholder	Relevance / roles and responsibilities and linkages
National-level	
Ministry of Labour and Social Policy (MoLSP)	MoLSP is the primary duty bearer and key implementing partner. As the central level beneficiary, it leads the decision-making processes related to child care reform implementation and the design of policy and legal frameworks for alternative care. Additionally, the Ministry has a specialized department dedicated to child protection and oversees the inspectorate responsible for social work and child protection. Most public day centres for children also fall under the MoLSP's jurisdiction.
Ministry of Health (MoH)	MoH is a duty bearer and implementing partner responsible for health policymaking, organizing the healthcare system, and enforcing health legislation. The MoH oversees community mental health centres and provides training for healthcare workers on early recognition and intervention for children with disabilities.
Ministry of Education and Science	MoES is a duty bearer as well as implementing partner responsible for overseeing the educational system, developing education policies, and ensuring access to quality education for all children. It is the primary authority responsible for implementing inclusive education reforms.
National Coordination body for implementing the Convention for the Rights of Persons with Disabilities	The Coordination Body is a duty bearer that aims to ensure compliance with CRPD provisions, provide political support for deinstitutionalization, facilitate inter-sectoral coordination, and offer recommendations for improvements. The body includes two members from each ministry (MoLSP, MoES, MoH, Ministry of Transport, Ministry of Information Society and Administration, Ministry of Local Self-Government, Ministry of Culture, Ministry of Justice, Ministry for Foreign Affairs, Ministry of Finance, and the Secretariat for European Affairs) and representatives from two organizations of persons with disabilities.
Ombudsman	The national human rights institution is a key stakeholder. The National Mechanism for monitoring the implementation of CRPD sits within the Ombudsman Office (Department for Protection of the Rights of Children and Persons with Disabilities).
Institute for Social Activities	The Institute serves as a professional support entity for MoLSP and the broader social work sector. It oversees professional practices, monitors service implementation, sets standards, supervises social service delivery, conducts data collection and research, licenses staff in social protection institutions, and provides ongoing education and training for personnel in these institutions.
Small group homes	All large-scale residential institutions for children have been transformed. They now manage services, including the foster care support centres and mother and baby units, as well as small group homes for children without parental care, children with disabilities, and children with social and behavioural problems.

Sub-national level	
Centre for Social Work (CSW)	CSWs are duty bearers in the delivery of social and family protection (working under the MoLSP). Their role includes monitoring and detecting social problems, deciding on and implementing social protection measures, working on prevention, and developing and implementing non-institutional forms of care. The day care centers are also run by CSWs. There are currently 30 CSWs across all municipalities.
Support Center for Foster Care	The Support Center for Foster Care are duty bearers; its responsibilities and roles include supporting and overseeing foster care, which include monitoring and offering support to current foster families, and assessing and training prospective foster families. Currently, there are three centers: one in the premises of the former institution for children without parental care "11 October" in Skopje, another in the premises of the former institution for "Home for Infants and Small Children" in Bitola, and the third, within the SOS Children's Villages. The functional team of the Foster Family Support Centers is composed of social workers, teachers, psychologists, and special educators.
Service providers	Service providers, including NGOs and private entities, provide community-based services at the municipal level through accreditation, offering services like small group homes, day care centers, and various other supports.
SOS Children's Village	Supports children without parental care, including foster care services.
Relevant non-state actors	
Non-governmental organisations (NGOs)	NGOs are implementers through the provision of services to beneficiaries. They participate in capacity-building activities and actively engage in campaign and advocacy initiatives promoted by the reforms.
Kinship carers and non-relative foster carers	Kinship carers and non-relative foster carers play essential roles in providing family-based alternative care to children within the community.
UNICEF	UNICEF has been instrumental in supporting child care and DI reforms by offering technical and financial assistance. UNICEF has facilitated policy dialogues for reform endorsement, provided advocacy, visionary leadership, and long-term technical expertise to the government. Moreover, UNICEF initiated awareness campaigns, enhanced capacity for both government and non-government stakeholders, allocated funding, and promoted collaboration horizontally and vertically across sectors.
International organisations and donors	International organisations and donors provide technical expertise, strategic advice and funding to support the child care and DI reforms. Key agencies include UNDP, UNFPA, UNHCR, the EU, Council of Europe, British Embassy, USAID, GIZ, and World Bank.

3. PURPOSE, OBJECTIVES AND SCOPE

3.1 Purpose of the evaluation

The purpose of the evaluation is to provide a rigorous assessment of the results (outcome and impact level) of the child care and DI reforms implemented by the North Macedonian Government with the support of UNICEF with a particular focus on children with disabilities and other highly marginalized and vulnerable children. The evaluation is intended to provide an objective assessment of the strengths and weaknesses in the approach taken by North Macedonia as well as insights on how to address possible system level bottlenecks. The evaluative focus is on the contribution of multi-faceted interventions and policies to the observed outcomes and impacts. The evaluation is formative and forward looking, and an important learning opportunity, both for UNICEF and its partners, especially the Government of North Macedonia in deriving lessons from the experience and existing evidence that can bring attention to the policies and good practices and inform further UNICEF programming. The evaluation aims to:

- Explore the extent to which national child care and DI reforms succeeded or not in addressing bottlenecks and why;
- Better understand the added value and comparative advantage of UNICEF within the country context in order to sharpen UNICEF's approach in supporting national governments' DI reforms;
- Generate findings for learning and advocacy purposes;

- Strengthen the accountability of UNICEF by evaluating UNICEF's contribution to the results (outcome and impact), if any; and
- Learn about how UNICEF's change strategies are operating in North Macedonia, while considering current circumstances.

3.2 Use and primary users

The Government of North Macedonia, relevant ministries, municipalities, UNICEF Macedonia and UNICEF ECARO, implementing partners and donors constitute the primary audience. The evaluation will allow the Government and UNICEF to identify the progress, gaps, and windows of opportunity for further reform and ensure that human rights recommendations are fulfilled in accordance with international standards. The findings and lessons of the evaluation are expected to be relevant across all UNICEF COs teams that work on child care reform and social service reforms, as well as government and non-governmental stakeholders from education, health and social protection responsible for inclusive reforms in their respective sectors. The EU will be an important high-level secondary audience as the EU agenda and related agreements are the national priorities. UNICEF HQ CP section and Evaluation Office will be a secondary audience.

3.3 Objectives of the evaluation

The objectives of the evaluation were first developed by UNICEF ECARO and are set out in the terms of reference for this evaluation (ToR), enclosed in Annex A. North Macedonia was not initially part of the evaluation but joined later with the agreement of the UNICEF North Macedonia Country Office. Given that North Macedonia joined the project later, it was not feasible to undertake an evaluability assessment for North Macedonia. However, the objectives in the ToR (objectives below) apply to all countries involved in the evaluation, including North Macedonia.

Objective 1: To assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children and, in particular in the case of children with disabilities and other 'difficult to place' children, how and why;

- To determine the extent to which actual results for children were achieved, to what extent, if any, how? And why?
- Are there children who were not reached by DI, who are they and what are the factors that contributed for that?
- To verify original assumptions and investigate what factors (or combination of factors) are necessary and / or sufficient for the DI reforms to produce results in certain contexts.
- To generate synthesis of lessons to learn from successful and unsuccessful cases.
- To identify and explain unintended changes and consequences, both positive and negative, for different groups (parents/ caregivers, children, professionals, other sectors and systems).
- To obtain insights about how DI changed the behaviour, attitudes and perceptions of stakeholders.

Objective 2. To determine the effectiveness, impact, coherence, relevance and efficiency of national child care reforms.

Objective 3. To assess the actual and potential contribution of UNICEF's work to the national progress (outcome and impact) in deinstitutionalization child care reforms for children in residential care, including for children with disabilities and other 'difficult to place children':

- To determine the extent to which UNICEF has met its objectives;
- To determine the impact and effectiveness of UNICEF contribution as well as the extent to which it has incorporated gender, human rights-based and equity-focused approaches;
- To assess UNICEF's added value and comparative advantage in North Macedonia (in comparison to other stakeholders); and
- To explore the trigger effect, if any, of UN guidelines on alternative care for children, EU guidelines and policies, Council of Europe strategies and recommendations, the Convention on the Rights of

the Child (CRC) and Convention on the Rights of Persons with Disabilities (CRPD) on the national DI reforms.

Objective 4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening child protection systems.

3.4 Scope of the evaluation

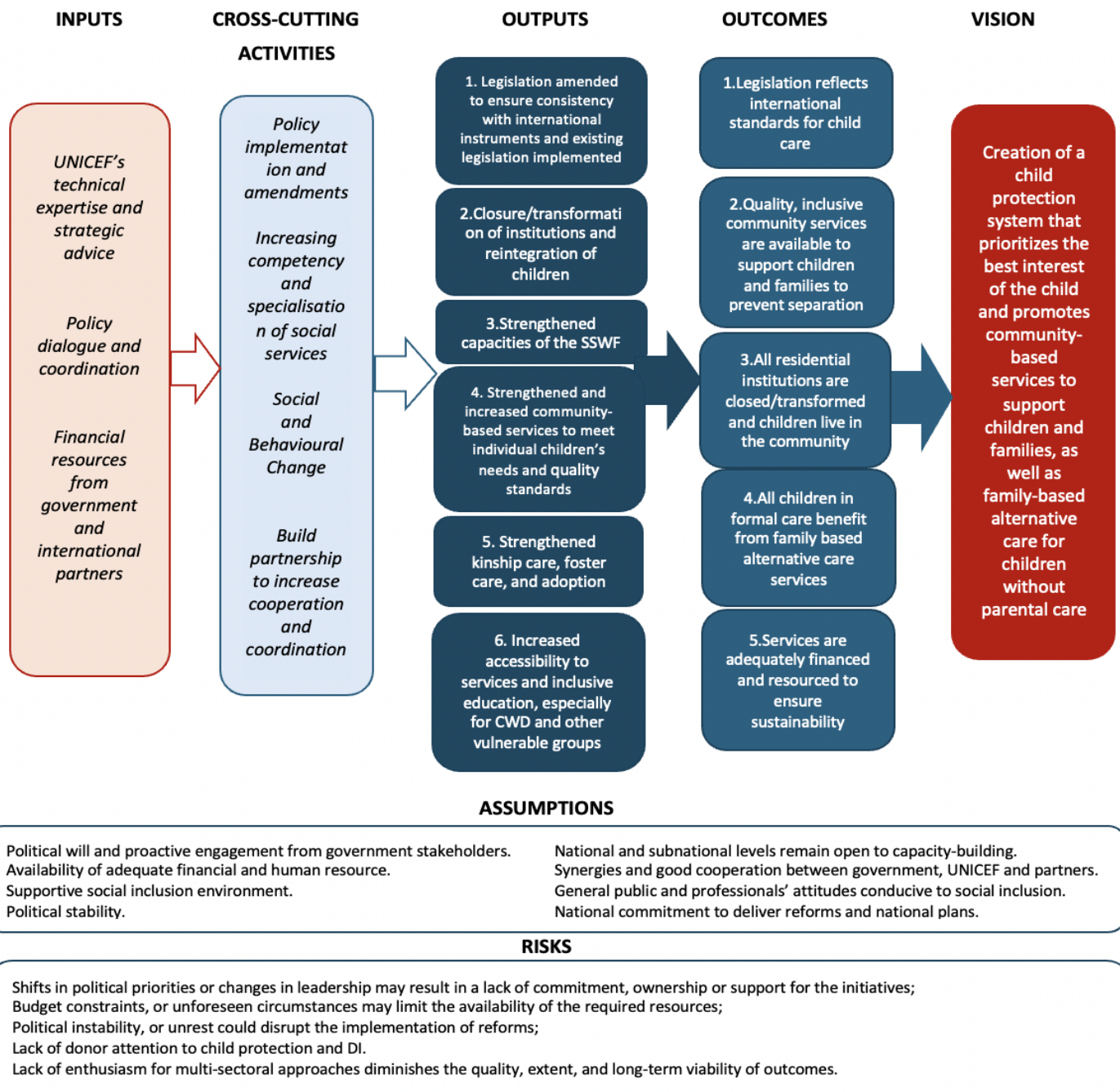
Thematic Scope: In line with the ToR the evaluation covers national child care reform initiatives with a strong focus on DI including prevention and gatekeeping; provision for children with disabilities and other 'hard-to-place' children; planning for change; executing transformation, including redirecting resources from institutional care to extended family and community-based services and overall implementation frameworks and monitoring. As stated in the ToR, given the resources available, the evaluation *does not include programming* in the following sectors:

- Education sector: development of inclusive education as a key, linked component to a national or sub-national deinstitutionalisation agenda.
- Health sector: early detection and intervention in cases of disability, as a key factor to enable early intervention and prevention of secondary disabilities, and the provision of specialized services and additional family support services, rather than a rehabilitative, institutional approach to family support.
- Social Protection: increasing the coverage of children with cash transfers; universal and targeted services, especially for children with disabilities; reforming disability assessment towards a human rights-based approach to disability inclusion.

In addition, the evaluation does not include a cost benefit analysis of the reforms. Instead, the evaluation aims to identify any barriers or bottlenecks in the child protection system to children accessing inclusive education, early detection and intervention services and social protection programmes, with a focus on CWD.

Geographical and chronological scope: The geographic scope of the evaluation in North Macedonia covers the government's child care reforms at national and subnational levels from 2009 until the end of 2022. It addresses the perspectives of a range of programme beneficiaries, including children, adolescents, and their families as well as key actors in the child protection sector.

3.5 Theory of Change



In the absence of a ToC covering the period of the evaluation, the evaluators reconstructed the ToC to capture child care and DI reforms, based on national policies and CPDs. It sought to identify clearly the outcomes and impact of the reforms.

If legislation is amended to align with international instruments, and existing legislation is effectively implemented, and **if** the social services workforce is improved to support vulnerable children and families in need **then** there will be a significant decrease in the rate of children separated from their families.

If kinship care, foster care, and adoption services are fully developed with policies supporting the closure or transformation of institutions and the reintegration of children, **then** children at risk or without parental

care will grow up in a family environment and only be placed in residential institutions in exceptional cases and for a determined period.

If the community-based services to meet individual children's needs and quality standards are strengthened and accessibility to services and inclusive education, especially for CWD and other vulnerable groups, is increased then all children will be able to live in the community.

If the hypothesis held, then the **overall impact** will be establishment of a child protection system that prioritizes the best interest of the child and promotes community-based services to support children and families, as well as family-based alternative care for children without parental care.

The activities are not detailed in the reconstructed ToC, as the focus of the ToC is intended to the outputs and outcomes. Assumptions and risks have been devised but these are necessarily informed by hindsight.

4. METHODOLOGY

4.1 Overall methodological approach

The methodology is framed around the evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), namely relevance, effectiveness, efficiency, sustainability, and coherence. The evaluation methodology has been developed according to the UNEG Norms and Standards for Evaluation (2016) and also incorporates UNICEF's guiding principles on gender equality, equity, and human rights, which will guide the evaluation process. **Our approach is equity and rights-based**, addresses child rights and is rooted in the UN Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Convention on the Rights of People with Disabilities (CRPD), the UN Disability Inclusion Strategy (as appropriate) and other key international standards. In order to ensure no child is left behind, the evaluation paid special attention to vulnerable or 'at risk' groups of children (many of whom are likely to be regarded as 'hard to place'), particularly children with disabilities, girls and children from ethnic minorities, to ensure their particular needs were identified, represented and addressed through our data collection and sampling techniques, analysis and recommendations.

A **theory-based evaluation approach** was applied to determine whether and how child care reform initiatives have led to the changes set out in the country's theory of change (ToC), and why this may (or may not be) the case. This approach allowed the team to analyse the mechanisms, assumptions, risks, and contextual changes that either facilitated or impeded progress. Recognizing the intricate and multifaceted nature of the reforms, which involved various stakeholders and sectors such as education, healthcare, and social protection, the decision to employ a theory-based approach was deemed appropriate.

The evaluation applied a mixed-methods approach to data collection and analysis, incorporating both quantitative and qualitative methods and drawing on the strengths of both to gather data that is rich and explanatory, as well as accurate and measurable. It took a consultative and participatory approach with UNICEF, stakeholders and beneficiaries in order to ensure that the findings were context-appropriate and high-quality and that stakeholders had overall ownership of the process and outputs. In undertaking the evaluation, a gender-responsiveness methodology was employed throughout the methods and tools and data analysis techniques. This included the collection of gender-balanced data to capture the experiences and needs of boys and girls, together with the application of a gender analysis framework to identify and address disparities. An intersectional approach was adopted to examine how overlapping factors such as age, socioeconomic status, and ethnicity intersected with gender to influence outcomes for children. Respondent selection was guided by a gender lens, ensuring diverse representation, particularly of women and gender-sensitive organizations. Additionally, the evaluation team applied a gender lens to the interpretation of findings, ensuring that the analysis captures how gender norms impact the institutionalization of children and influence the experience of children in care.

4.2 Evaluation questions

As part of the multi-country evaluation, evaluability assessments were conducted with UNICEF and five of the seven participating countries prior to the engagement of the evaluation team. North Macedonia joined the evaluation process after the initial evaluability assessments had taken place (with a different consultancy team). To ensure uniformity across the countries taking part in the evaluation, the UNICEF Country Office was provided with the same list of questions relating to the research questions set out in the TOR and, following the OECD-DAC criteria, were asked to rate their level of interest in the answers to these questions. The evaluation team together with the UNICEF Country Office adjusted some questions for clarity and to ensure they addressed the evaluation's overarching aims. The collaborative approach taken was to ensure that North Macedonia's unique perspectives and priorities were adequately reflected in the evaluation criteria, contributing to a comprehensive and inclusive assessment.

Based on the evaluation questions, an evaluation matrix was developed by the evaluators (Annex B). It contains the evaluation questions and sub-questions (set out above) across the evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability, qualitative and quantitative indicators which emerge from / relate to the evaluation questions, data sources for answering research questions and measuring indicators and any limitations in data or the ability of researchers to analyse it.

The evaluation (sub-) questions are summarized in the table below.

Table 6: Evaluation questions

Key Evaluation Questions	Sub-questions
Relevance	
1. To what extent have the child care reforms been relevant to the deinstitutionalisation of children in residential care?	1.1 To what extent have reforms to child care policy and the legal framework been relevant to the deinstitutionalisation of children in residential care? 1.2 To what extent have services introduced under the child care reforms been relevant to the deinstitutionalisation of children in residential care?
2. To what extent have the child care and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities?	2.1 To what extent have the child care and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child? 2.2 To what extent have the child care and deinstitutionalisation reforms been aligned with States' obligations under the UN Guidelines for the Alternative Care of Children? 2.3 To what extent have the child care and deinstitutionalisation reforms been aligned with States' obligations under the relevant EU Guidelines? 2.4 To what extent have the child care and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of Persons with Disabilities?
3. To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CPRD on the national DI reforms acted as a trigger for national reform?	3.1 To what extent have the UN guidelines on alternative care for children acted as a trigger for reform? 3.2 To what extent have , EU guidelines and policies acted as a trigger for reform? 3.3 To what extent has the UNCRC acted as a trigger for reform? 3.4: To what extent has the CRPD acted as a trigger for reform?
4. How relevant have the child care and deinstitutionalisation reforms been to the needs of children with disabilities and hard to place children?	4.1 How relevant have the child care and deinstitutionalisation reforms been to the needs of children with disabilities? 4.2 How relevant have the child care and deinstitutionalisation reforms been to the needs of hard to place children?
5. How relevant are the primary objectives and outcomes of the child care and deinstitutionalisation reforms from the perspective of different stakeholders?	5.1: How relevant are the objectives/outcomes of the DI intervention(s) to the situations of children and families? 5.2: How relevant are the objectives/outcomes of the DI intervention(s) for child protection professionals?

	<p>5.3: How relevant are the objectives/outcomes of the DI intervention(s) for decision makers?</p> <p>5.4: Which outcomes of the DI intervention(s) being evaluated do children and families consider to be the most important?</p> <p>5.5: Which outcomes of the DI intervention(s) being evaluated do professionals consider to be the most important?</p> <p>5.6: Which outcomes of the DI intervention(s) being evaluated do decision makers consider to be the most important?</p>
6. How relevant has UNICEF's input been to national child care and deinstitutionalisation reforms?	
Effectiveness/Impact	
7: How did the DI reforms (and other external factors) contribute to the desired outcomes?	<p>7.1 Which elements of the DI reform generated the desired outcome(s)?</p> <p>7.2 How much of the observed outcome(s) can be attributed to the DI reforms?</p> <p>7.3 What was the impact of other external factors on child care and deinstitutionalisation reforms?</p>
8. Under what circumstances, and why did the DI reforms generate the desired outcome(s)?	<p>8.1: Under what circumstances did these deinstitutionalisation reforms generate the desired outcomes?</p> <p>8.2: Why did the child care and deinstitutionalisation reforms generated the desired outcomes?</p>
9. Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms?	<p>9.1 Has sufficient attention been given to measuring, monitoring and reporting results?</p> <p>9.2 Has sufficient attention been given to measuring, monitoring and reporting results specifically related to gender equality?</p> <p>9.3 How effectively has evidence been used to inform changes and adjustments to the DI reforms?</p>
10. Were there any unintended consequences which resulted from the child care and deinstitutionalisation reforms?	
11. What are the necessary and/or sufficient factors that enable the DI reforms to provide results at different levels?	<p>11.1 What are the necessary and/or sufficient factors that enable the DI reforms to provide results the national level?</p> <p>11.2 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at the sub-national level?</p>
12. Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)?	<p>12.1 To what extent have disabled children targeted by the DI reforms actually been reached?</p> <p>12.2 To what extent have hard to place children targeted by the DI reforms actually been reached?</p> <p>12.3 Have any groups of children not benefited from the child care and deinstitutionalisation programme?</p>
13. What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain?	<p>13.1 What has been the impact of DI reforms on the number and profile of children in alternative care?</p> <p>13.2 What has been the impact of the new services on the use of institutionalisation?</p> <p>13.3 What challenges remain?</p>
14. How and why did the DI reforms make a difference in terms of strengthening/establishing prevention services and family-based alternative care services, if any? What challenges remain?	<p>14.1: To what extent did the child care and deinstitutionalisation reforms result in the strengthening of prevention services?</p> <p>14.2: To what extent did the child care and deinstitutionalisation reforms impact on family based alternative care services?</p> <p>14.3: What challenges remain to providing prevention and family-based alternative care to all children in need of a placement?</p>
15. What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms?	

Efficiency	
16. How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts?	16.1 How has the Government used its human resources to support DI reforms? 16.2 How has the Government used its technical resources to support DI reforms? 16.3 How has the Government used its financial resources to support DI reforms? 16.4 To what extent has this allocation of resources been effective in supporting DI reform efforts
17. Does the efficiency of the DI reforms vary across contexts or subgroups of children? If so, by how much and for which groups of children?	
18. Retrospectively: What resources (national, EU, other donors) were available to carry out DI?	18.1 What have been the transition costs, covered by whom and for how long?
Coherence	
19. Who were the key influencers / who needed to be influenced to achieve the needed changes which led to DI reform?	19.1 Who were the key influencers needed to achieve the needed changes which led to DI reform? 19.2 Who needed to be influenced to achieve the needed changes which led to DI reform?
20. To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors?	20.1 What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from institutions?
Sustainability	
21. Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability?	
22. What is UNICEF's role in the sustainability of the DI reforms?	

4.3 Data sources and collection methods

A range of qualitative and quantitative methods were used to collect data to answer the evaluation questions.

4.3.1 Desk review

The evaluation team reviewed a large number of documents provided by UNICEF and obtained from desk-based research. These documents included situation analysis reports; evaluations; country programme documents; programme strategy notes; annual management plans; programmatic reviews; progress reports; mid-year and end-year reviews and annual reports; third party monitoring reports from Government, the UN and NGOs; and research studies. The desk review also included a review of key government documents (laws and policies, strategies and action plans) and key sectoral and thematic action plans relating to child care and DI reforms and key articles. The list of consulted documents is contained in Annex C.

4.3.2 Key informant interviews

Key informant interviews (KIIs) were conducted to obtain detailed information from experts or key informants who have in-depth knowledge and experience related to child care reforms and DI. Interviews were guided by a standardised set of questions, but allowed for a response-directed interaction. The list of participants and their organisation is contained in Annex D.

4.3.3 Focus group discussions and group interviews with key stakeholders, parents/caregivers, and service providers

Focus group discussions (FGDs) were held with civil society organizations, service providers and staff workers in residential institutions to gather their perspectives on different aspects of the care reform process, to understand how reforms have translated into changes in the provision of services on the ground, and to identify the enabling factors and barriers which have shaped these changes. This enabled the evaluation to assess the nature of services provided, their quality and appropriateness and the capacity of service providers to address child protection issues in line with best practice. Group interviews were also held with parents/caregivers to understand their point of view and how reforms have impacted them and their children.

The FGD tool incorporated an interactive element involving participatory systems mapping. During this exercise, workers were prompted to identify individuals or entities that, based on their understanding, played a role in generating the distinct inputs, outputs, outcomes, and impacts, as articulated in the ToC.

The data collection process involved key informant interviews with 26 stakeholders and programme implementers (from government institutions and UNICEF), and focus group discussions with 42 service providers, civil society organisations, social workers, foster carers, and staff from small group homes. All interviews were undertaken in March 2024.

4.4 Sampling

Selection of research locations

Data collection was carried out at the national level, with national level stakeholders, and at sub-national level in Skopje and Bitola. The research locations were selected in consultation with the UNICEF CO. The selection included areas where there was a high prevalence of residential care facilities and social service providers, including family-type alternative services (foster and small groups), and various types of social services for vulnerable families with children.

Selection of respondents

Given the qualitative nature of the data collection methods, the sampling strategy for the selection of participants was primarily purposive and non-random. Purposive sampling prioritised diversity to ensure respondents of diverse backgrounds and with diverse perspectives are included in the evaluation.

The sampling strategy for key informants was purposive and included key stakeholders at both national and sub-national level who have particular knowledge, expertise and accurate information in relation to child care and deinstitutionalisation reforms, including stakeholders in relevant government agencies, UN agencies and international and national NGO partners. The purpose of this selection was to obtain particular knowledge, expertise and accurate information in relation to indicators in the evaluation framework from stakeholders.

The sampling for focus group discussions with local service providers and staff in residential facilities and former institutions was purposive as well to include the perspectives of NGOs, local service providers and residential facilities. The sampling strategy for interviewing care-users (children, adolescence, and adults) aimed to ensure representation across different disabilities. The identification of the sample relied on organizations that were involved in KIIs and FGDs, utilizing a snowball sampling method.

4.5 Analysis Methods

Qualitative data analysis

All qualitative interviews were transcribed, uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. The utilization of an innovative tool such as MAXQDA was to enhance the efficiency and accuracy of data collection and management, contributing to more robust and insightful results.

A realist evaluation approach was employed for data analysis, aiming to extract specific themes pertaining to "what had worked, for whom, under which circumstances, how, and why?" This analytical approach

played a pivotal role in addressing research inquiries about the underlying mechanisms connecting child care and deinstitutionalization reforms with resultant outcomes and impacts. The objective was to unravel the causal connections between deinstitutionalization reforms and their effects.

Expanding on this methodology, the exploration of "how and why" was enhanced by integrating participatory systems mapping and agent-based modelling into the analysis. These tools were utilized to gain insights into the key stakeholders within deinstitutionalization reforms and to discern the varying contributions of different actors, including entities like UNICEF. Additionally, these tools helped shed light on the intricate interactions among different agents involved in the process.

Quantitative data analysis

Administrative data was analysed using Excel software. Preliminary quantitative data analysis involved assessing the extent and randomness of missing data, which was found to be minimal. Initial analysis produced descriptive statistics on the composition of the sample and the overall results, disaggregated by factors of interest including type of care arrangement and disability status.

Data triangulation

Different types of data and different data sources were triangulated with one another in order to identify any inconsistencies in information. Furthermore, considering the varying array of stakeholders situated at different 'levels' within the system—comprising children, parents, frontline workers, NGOs, government stakeholders, and decision-makers—data triangulation was employed across all participants. This approach facilitated a comprehensive portrayal of DI reform aspects, spanning inputs, outputs, outcomes, and impact across the entire system. This methodology effectively encompassed the viewpoints of a diverse assortment of stakeholders, thereby capturing insights from all key players. Triangulation helped to ensure the accuracy of findings, analysis and interpretation: drawing on different methods helped evaluators overcome any biases or weaknesses associated with a particular method.

It should be noted that ToR of the evaluation did not include a requirement to undertake a cost analysis, nor an analysis of the validity of the ToC constructed before the evaluation began. As a result, neither are incorporated into the methodological approach. Further, the methodology did not employ primary quantitative data collection methods. Rather, administrative data was requested and relied upon to assess implementation of outputs and achieved outcomes for the duration of the reform period, and the quantitative analysis was dependent upon the availability of this data.

4.6 Risks, Limitations and Mitigation Measures

A series of risks and limitations were identified during the inception phase and corresponding mitigation strategies adopted to address these. A summary of the risks, limitations and mitigation strategies are summarised below.

Table 7: Evaluation risks, limitations and mitigation strategies

Limitations and Constraints of the Evaluation	Mitigation strategies
Sampling bias - The complex nature of child care and deinstitutionalization reforms presented a challenge in conducting a nationwide evaluation that represents the entire target population.	The sampling plan was crafted through a series of consultations during the inception phase with the North Macedonia Country Office. Their involvement ensured that the chosen locations and participants align with a well-rounded representation, enhancing the credibility and comprehensiveness of the research outcomes.
Reporting bias - Given the sensitive nature of the evaluation subject matter (which deals with child protection reforms and de-institutionalization of children), it is likely that the evidence gathered is affected by reporting bias. Respondents may be reluctant or unwilling to share sensitive and personal information about traumatic and deeply personal	To mitigate against reporting bias, evaluators took care to carefully explain to all respondents that the evaluation was learning oriented, Evaluators also emphasized that anonymity would be protected, and that no negative personal or professional consequences would result from sharing open and honest information. Questions were asked sensitively, and interactions

events in their lives (children and adults). Further, respondents may be resistant to engaging critically on aspects of their professional experiences, which they may fear will reflect badly on themselves, government agencies, UNICEF, or other partners/stakeholders.	were flexible and participatory, to allow for the most authentic, spontaneous and participant-led exchange.
Limited data - The limitations of existing data and the diffusive nature of the Child Protection Programme have presented a challenge in measuring the contribution of the child care reforms to changes in outcomes.	The evaluators' triangulated data from several sources when analysing differences between intervention and comparison districts, in order to better link any differences identified to elements of UNICEF's programme.
Availability of disaggregated data - quantitative data disaggregated by gender and vulnerable groups was limited. This lack of disaggregated data hindered the research team's ability to fully assess the impact of reforms and UNICEF's programming.	The reliance on qualitative data collected from stakeholders assumed greater significance. The qualitative information served as a valuable alternative, enabling the research team to glean insightful perspectives and augment the understanding of the reform's impact and UNICEF's contributions.

4.7 Validation and oversight

An ERG was established to provide oversight of and input into the evaluation, strengthening accountability, ownership and accuracy of the evaluation. The ERG members include representatives from the MoLSP, Support Centres for Foster Care, experts involved in the DI reform process, representatives from NGOs and UNICEF staff. The ERG provided oversight at strategic points in the evaluation process. An online validation workshop was held on July 18, 2024.

4.8 Ethical considerations

All research was carried out in full accordance with the UNEG Ethical Guidelines and Coram International's own Ethical Protocol (Annex D) and Ethical Guidelines for Field Research (Annex E) as well as UNICEF's Ethical Standards in Research, Evaluation Data Collection and Analysis.

Independence, impartiality, and integrity: The absence of conflict of interest was duly checked prior to the start of the evaluation. Reasons for evaluative judgments and acceptance or rejection of comments on evaluation products were provided in written comment trails for each version of evaluation deliverables. All findings were triangulated. The data analysis and interpretation were conducted objectively, with evaluators carefully avoiding any preconceived notions that could sway the assessment's outcome.

Credibility, completeness and accountability: The evaluation ensured that all evidence was tracked from its source to its use and interpretation. All evaluation questions were answered through triangulation of data from multiple sources and processed using multiple analytical tools. All findings and conclusions are explicitly justified and substantiated, and the recommendations are based on findings and not bias.

Consent, confidentiality and respect of rights: Rights-holders and stakeholders consulted were duly informed about the purpose of the evaluation, the criteria applied and the intended use of findings. The evaluation was conducted in full respect of the participants' right to provide information in confidence through an information and consent form, where possible and where this was appropriate and not intimidating for young people. Researchers explained to participants in clear, age-appropriate language that participants were not required to participate and that they were able to stop participating at any time without negative consequences. All information was used and represented only to the extent agreed to by its contributor.

The evaluation underwent an ethical review process conducted by the 'Health Media Lab Institutional Review Board' which comprehensively assessed the research protocol / methodology, data collection methods and plan and ethical protocol and tools, along with the data collection tools. The ethical approval is attached as Annex F and data collections tools and template consent forms are attached in Annex G.

FINDINGS

5. Relevance

The relevance of the reform programme was assessed using available data, facts and statistics for the years 2009 - 2022 as well as relevant laws, ratified international instruments, strategies, policies, and action plans. Interviews with key stakeholders were also used to triangulate findings.

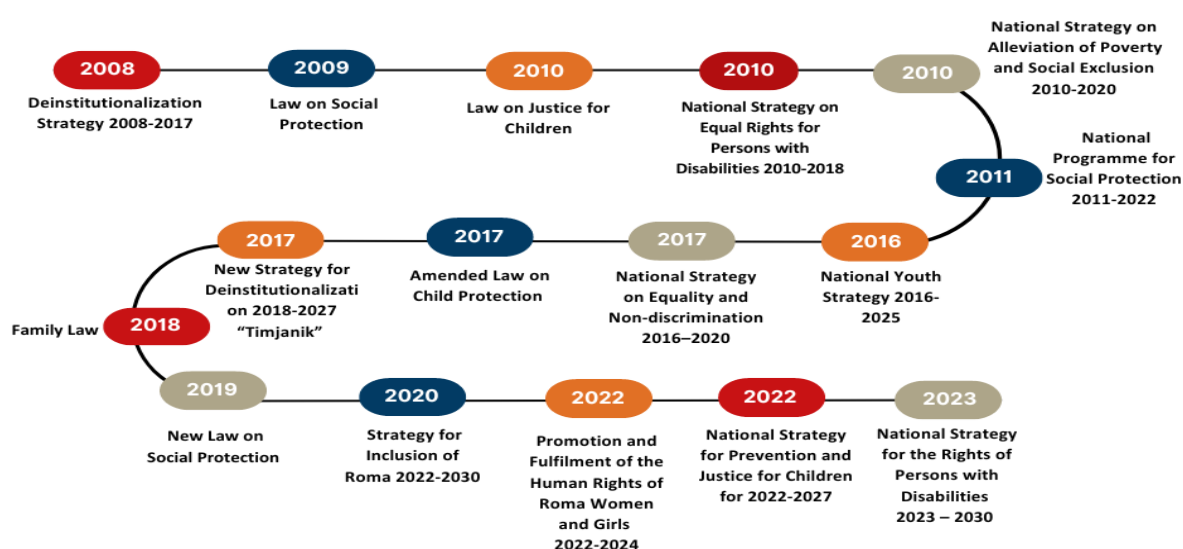
As noted in the previous section deinstitutionalisation consists of four elements: (i) the prevention of placing children in residential institutions (RIs), (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.⁴⁶ The Evaluation addressed the first three elements, but not (iv). It should be noted that (iv) is not a core component of the ToC. In addition, it should be noted that the ToR did not include a cost analysis of the reforms.

Summary of findings on relevance:

- The child care reforms over the period of the evaluation have been highly relevant to the DI of children in residential care, leading to the closure of all residential institutions.
- The legal and policy reforms were grounded in international child rights standards, including the CRC, CRPD, and the UN Guidelines on Alternative Care for Children.
- While the reforms have been relevant for children with disabilities, they have been less relevant for hard-to-place children, who continue to face limited access to social protection and targeted support services.
- UNICEF has been a trusted partner to the Government throughout the reform process. UNICEF provided advocacy, vision, leadership, long-term technical expertise, and support to the government all of which were highly relevant.

5.1 To what extent have the childcare reforms been relevant to the deinstitutionalisation of children in residential care?

Figure 1: Major laws and policy documents relevant to the evaluation



⁴⁶ Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

North Macedonia, particularly while part of ex-Yugoslavia, relied heavily on the use of institutional care to provide for children who, for a variety of reasons, were not, or could not, be cared for by their parents. Reforms started a decade after independence, in 2000, with the adoption of a Memorandum of Understanding (MoU) between the Ministry of Labour and Social Policy (MoLSP), UNICEF and WHO, which stipulated that from that date there would be no further admission of children into residential institution for people with disabilities “Demir Kapija”. At the same time community-based services, in the form of 18 day care centres for children with intellectual disabilities, were opened.⁴⁷ This was followed by the reintegration of 30 children with disabilities, accommodated in the Demir Kapija institution either back into their biological families or foster care.⁴⁸

Building on these early reforms, the Government adopted the **National Deinstitutionalization Strategy 2008–2018**. The primary objective of the Strategy was to enhance the quality of social protection services and ‘to bring services closer to users at local level’.⁴⁹ The Strategy envisaged that the goal would be achieved through the development of already existing and new non-institutional forms of protection and through the transformation of the existing system of institutional protection. During this period the focus was mainly on deinstitutionalization of children with disabilities along with the establishment of day centres, small group homes, and a network of foster carers.⁵⁰ While the National Deinstitutionalisation Strategy 2008–2018 played a role in shaping social service reforms, and was relevant to DI, it fell short of achieving its goals, particularly in terms of the number of residents reintegrated or placed in family-based alternative care and development of services.⁵¹ Additionally, none of the institutions were fully transformed.⁵²

Other relevant policies in the earlier time-period of the evaluation included the **National Strategy on Equal Rights for Persons with Disabilities 2010-2018**; the **National Strategy on the Alleviation of Poverty and Social Exclusion 2010-2020**, the **National Youth Strategy 2016-2025** and the **National Strategy on Equality and Non-Discrimination 2016-2020**.

In 2017, the government also adopted a new and highly relevant strategy: the **Strategy for Deinstitutionalization 2018-2027 “Timjanik”** and accompanying Action Plan. The Strategy and the Action Plan see DI as “a public good and as providing a common benefit, as it delivers better care and support for those in need while enhancing users’ rights and also contributing to a better quality of life for the whole community and to a better society as a whole.”⁵³ The overall vision of the Strategy is described as: “In the future system there will be no more residential care Institutions – they will undergo a transformation process and will have a new role in the social protection system, while residential care will be supplanted by community support services and community-based living services”.⁵⁴ In addition, the Strategy committed to ensuring that no child would be placed in an institution after 2020. The Strategy provides that residential institutions should be replaced by a system of intensive support for children and their biological families or carers; that children should be enabled to live with their peers, attend regular schools and participate in community activities.⁵⁵

⁴⁷ National Strategy for Deinstitutionalisation 2008-2018 at p.3.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ UNICEF North Macedonia, An analysis of the situation of women and children in the Republic of North Macedonia, 2020. Page, 32. Available at: https://www.unicef.org/northmacedonia/media/5296/file/Sitan%202019_En.pdf

⁵¹ Ministry of Labour and Social Policy, National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018–2027 ‘Timjanik’ & Action plan, Skopje, September 2018, page 44.

⁵² Ibid, page 23.

⁵³ Ibid, page 8.

⁵⁴ Ibid, page 13.

⁵⁵ Ibid, page 15.

In addition to the main goals the Strategy provides for policy measures, such as changes to the legislation to support DI, changes in financing, such as redirecting funds from institutions to community-based services and capacity building of staff.⁵⁶ The strategy emphasizes the need for strong political will and active leadership for effective deinstitutionalization. Key components include quality staff training, civil society participation, stakeholder cooperation, commitment to user rights and empowerment, and coordinated activities with robust monitoring based on evaluations and research.⁵⁷ The latest Action Plan covers 2023-2025, setting out a number of activities, which are relevant to the process of child care reform, including the transition of children from small group homes to family based alternative care; increasing the number of foster families; reform of adoption procedures and amendments to the law to ensure compliance with Articles 12, 19 and 27 of CPRD.

In 2017, at the same time as the Timjanik and its Action Plan were being developed, work began on comprehensive social protection reform, aimed at fulfilling the goals of the National Programme for Social Protection 2011-2021. The aim of the reforms: to develop social services, with the intent of facilitating and enhancing the process of DI, prevention of DI and improving the quality of social services, were highly relevant to the child care reforms. The National Programme for Social Protection also initiated the amendments of a package of laws, including the Social Protection Law 2019 and amendments to the Child Protection Law 2013.

The new **Law on Social Protection 2019** was highly relevant to DI as it introduced some key changes, such as the licencing of service providers to enable non-state actors to provide social services, licencing of social protection professionals and their continued professional education, as well as introduction of case management. In addition, it promotes collaborative services among the social, health, and educational sector and strengthened legal provisions for integrated delivery.⁵⁸ The Law introduces different social 'prevention' services for children and families, including home assistance and care services; community-based services (day care service, rehabilitation and reintegration service, resocialization service); temporary services (temporary stay service, respite service, half-way house); and out-of-family services (assisted living, foster care and residential placement).⁵⁹ The Law also introduces the option of placing children in need of alternative care into small group homes, and provides for independent living support, specifying the eligible individuals for placement in these forms of alternative care and providing for guaranteed minimum aid (financial support).⁶⁰

The **National Programme for Social Protection 2011-2021** has been replaced by the **National Social Development Programme 2022-2032**. The 2022-2032 Programme is aimed at strengthening the institutional framework of the social protection system, including changes in the structures, supervision and management, digitisation of administrative procedures, intensifying the licensing process and the financing of social protection based on equal geographic planning and bottom-up planning. The plans to strengthen the centres for social work are particularly relevant to the child care reforms.

The **Law on Child Protection 2013** (as amended) is another highly relevant law, setting out different structures for child care (and staffing) and provisions relating to their monitoring, supervision and inspection. In addition, it provides for a range of allowances, including children's allowances (which can be claimed either by a parent or the person entrusted with the care and upbringing of the child under the Law; special allowances for children with disabilities up to the age of 26; parental allowances and education allowances.⁶¹

⁵⁶ Ibid.

⁵⁷ Ibid, page 11 and 12.

⁵⁸ Ibid.

⁵⁹ Chapter IV.

⁶⁰ Law on Social Protection 2019, Articles 28-43.

⁶¹ The right to an allowance is subject to means testing and a number of other criteria.

The most recent strategies include the **National Strategy (2020-2025) and Action Plan for Prevention and Protection of Children from Violence**; the **Education Strategy 2018-2025**; the **Strategy for the Inclusion of Roma 2022-2030** (particularly relevant to the inclusion of Roma children in education); **Promotion and Fulfilment of the Human Rights of Roma Women and Girls 2022-2024**; the **National Strategy for Prevention and Justice for Children 2022-2027** and the **National Strategy for the Rights of Persons with Disabilities 2023-2030**.

5.2 To what extent have the child care and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities?

The legal and policy reforms introduced during the evaluation period are largely in line with the CRC, CRPD, UN Guidelines for the Alternative Care of Children, and EU Guidelines, meeting outcome 1 of the reconstructed ToC, which notes that the legislation should reflect international standards for child care. In 2022, the CRC Committee in its concluding observations to the combined 3rd-6th report on implementation of the CRC⁶² welcomed North Macedonia's progress in adopting legislative, institutional, and policy measures to implement the Convention.

Overall, relevant laws, such as the Law on Social Protection, the Law on Justice for Children and to a lesser extent, the Family Law, largely comply with the States' obligations under the CRC and CRPD and to a lesser extent with the UN and EU Guidelines. The Law on Justice for Children explicitly references the CRC and fully incorporates key principles, including the best interests of the child, respect for the child's views, the right to be heard, and the prioritization of the child's interests. This is not the case at present, with the Family Law, and the provisions on adoption '*fall short of international standards*'.⁶³ This will hopefully be addressed through a revision of the Family Law with proposed amendments expected by the end of 2024.

The Law on Social Protection 2019 also prioritises the best interests of the child. It places a duty on the CSW to intervene in order to prevent the separation of children from their biological families, and to create conditions for reintegration of children with their biological families.⁶⁴ In addition, the Family Law provides that children have the right to live with their parents and shall only be separated if it is in the best interests of the child.⁶⁵ This aligns with both Articles 3 and 9 of the CRC.

The Strategy for Deinstitutionalization 2018-2027 "Timjanik" is based on the principle that it is in the best interest of the child to grow and develop in a family or family-like setting (in accordance with the preamble to the CRC and the UN Guidelines). The Strategy aims to implement the provisions of the CRC, CRPD, and other international instruments that North Macedonia has ratified. It explicitly references various articles of these conventions and seeks to align the country's social care system with the standards and practices of the European Union.⁶⁶

There is a lesser degree of alignment with the CRPD. The CRPD Committee in its concluding observations in 2018, expressed concerns about the lack of alignment between national legislation and the CRPD, specifically citing the use of diverse disability assessments and definitions that did not conform to the human rights-based approach to disability.⁶⁷ However, there have been notable developments since that date. At the end of 2021, the government introduced a new disability assessment approach based on the

⁶² CRC/C/MKD/CO/3-6 20 October 2022.

⁶³ European Commission, North Macedonia 2023 Report, 8 November 2023.

⁶⁴ Law no 140/2019 on Social Protection 2019, Article 115.

⁶⁵ Family Law no., Article 47.

⁶⁶ Ministry of Labour and Social Policy, National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018–2027 'Timjanik' & Action plan, Skopje, September 2018.

⁶⁷ Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of the former Yugoslav Republic of Macedonia*, CRPD/C/MKD/CO/1, 29 October 2018, paragraph 5.

International Classification of Functioning, Disability, and Health (ICF) model.⁶⁸ This model of assessment is consistent with the CRPD and transitions from a conventional medical model of disability to a more human rights-based approach.⁶⁹

The latest DI 2023-2025 Action Plan includes amendments to several laws to ensure their compliance with the CRPD. Additionally, the government adopted a new National Strategy for the Rights of Persons with Disabilities for 2023-2030, along with the accompanying 2023-2025 Action Plan, which is aligned with the CRPD and the Strategy for the Rights of Persons with Disabilities 2021-2030 of the European Union. One of its priority areas is to enhance the child and social protection system, and ensure greater coverage and access to quality services for children and persons with disabilities and their families by 2030.⁷⁰ These policies and action plans are all highly relevant to ensuring the rights of children with disabilities.

Further to the policies, and in order to ensure full implementation of the CRPD, a dedicated National Coordination Body was established in 2018 which sits within the Prime Minister's Office. This body comprises all relevant ministries and two representatives from civil society organizations for persons with disabilities. In addition, in 2019, a team dedicated to monitoring the implementation of the CRPD was established within the Ombudsperson's office. This team includes 17 stakeholders, such as organizations for people with disabilities, civil society organizations and individuals.

5.3 To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CRPD on the national DI reforms acted as a trigger for national reform?

Both the CRC and the CRPD have been highly influential in the child care and DI reforms, and the concluding observations of the Committees of both the Conventions have triggered change. There is less evidence that the UN Guidelines on Alternative Care for Children have had the same impact.

North Macedonia's accession to the CRC in 1993 was a significant driver of the initial childcare and DI reforms, and remains as a guiding force. For instance, in 2019, to mark the 30th anniversary of the CRC, MoLSP reaffirmed its commitment to the CRC and pledged to end the practice of placing children in residential institutions in accordance with the CRC principles.⁷¹ In addition, the CRPD National Coordination Body and its monitoring Committee have been highly influential in bringing about changes to the manner in which disability is assessed and also contributing to new policies and action plans, including the DI Strategy "Timjanik" 2018-2027.

The process of accession to the EU has also been highly influential in triggering child care and DI reform in North Macedonia. The Stabilisation and Association Agreement between North Macedonia and the EU entered into force in 2004, and North Macedonia became a candidate country in 2005. The institutional and legislative framework for North Macedonia's accession to the European Union is outlined in the National Programme for Adoption of the Acquis (NPAA). Following the start of accession negotiations in 2020, the NPAA was updated to include priorities for 2021-2025, with DI included as one of the priorities, specifically noting the need to commit to creating community-based social services through pluralisation

⁶⁸ UNICEF ECARO, Assessing Disability of Children in North Macedonia, February 2023, available at: <https://www.unicef.org/eca/media/31151/file/Assessing%20disability%20of%20children:%20North%20Macedonia.pdf>

⁶⁹ European Commission, North Macedonia 2023 Report, 8 November 2023.

⁷⁰ National Strategy for the rights of persons with disabilities 2023-2030 with Action plan 2023 – 2026, Skopje, March 2023, page 6.

⁷¹ Pledge by North Macedonia, available at: https://www.ohchr.org/sites/default/files/Documents/HRBodies/CRC/30Anniversary/Pledges/North_Macedonia.pdf

and decentralisation.⁷² While the NPAA is an effective framework, the 2023 European Commission Report notes that there have been no regular updates or reports on its implementation.⁷³

The DI Strategy 2018-2027 explicitly states that North Macedonia is committed to the process of EU accession and is actively taking measures to align with EU principles and practices. Further, it notes that the legal basis for the 2018 DI Strategy is founded on the UN Conventions and European Conventions.⁷⁴

5.4 How relevant have the child care and deinstitutionalisation reforms been to the needs of children with disabilities and hard to place children?

5.4.1 Children with disabilities

There are differing statistics on the number of children with disabilities in North Macedonia, due to a lack of a comprehensive database on children with disabilities. Census data from 2021 indicates that 2,255 children (0.6 per cent of the child population aged 0-17) have some form of impairment.⁷⁵ However, the number of minors who used disability-related social services in 2021 was much higher, with over 5,000 children.⁷⁶ The discrepancy in these figures may be partly due to the fact that in North Macedonia, individuals with disabilities up until the age of 26 are considered children. Furthermore, different duty bearers collect statistical data on disability with varying definitions of disability, producing inconsistency in the data.

Despite the definitions of disability in the Law on the Prevention of and Protection against Discrimination and the Law on Social Protection, both of which align with the UN CRPD's definition of persons with disabilities: as those experiencing long-term physical, intellectual, mental, or sensory impairments,⁷⁷ duty bearers frequently adopt definitions influenced by the medical model of disability. This tendency often neglects to consider functional difficulties and psychosocial dimensions of disability.⁷⁸

The need to deinstitutionalise children with disabilities and to provide a range of community-based services and inclusive education in order to prevent institutionalisation has been recognised in the reform programmes.⁷⁹ The DI Strategy and the Law on Social Protection both acknowledge this, and envision a significant number of new social services to support the DI process of children with disabilities. The Law on Social Protection provides for specialised services for children with disabilities and their families including: personal assistance, temporary accommodation-relief for family care, halfway houses, as well as improvement of the quality of existing services, including expert care and support, day care centres, assisted living, and foster care. However, the provisions relating to community services envisioned in the DI Strategy and the Law on Social Protection have yet to be fully implemented.⁸⁰

The new 2023-2030 National Strategy for the Rights of Persons with Disabilities, along with the 2023-2025 Action Plan are also highly relevant in that they prioritise children with disabilities, with the aim of providing increased coverage and access to quality services. To achieve this the National Strategy for the Rights of Persons with Disability sets out four specific objectives: enhancing the quality and coverage of pre-school

⁷² Government of North Macedonia, National Programme for Adoption of the European Union Acquis (NPAA) 2021 – 2025, page 109, available at:

[https://www.sep.gov.mk/data/file/NPAA/NPAA%20ENG%20Final_compressed%20\(1\).pdf](https://www.sep.gov.mk/data/file/NPAA/NPAA%20ENG%20Final_compressed%20(1).pdf)

⁷³ European Commission, North Macedonia 2023 Report, Brussels, 8 November 2023, page 14.

⁷⁴ Ministry of Labour and Social Policy, National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018–2027 ‘Timjanik’ & Action plan, Skopje, September 2018, page 11.

⁷⁵ Profile of child population in the Republic of North Macedonia: results of the analysis of data on children from the 2021 Census of Population, Households and Dwellings and administrative data, 2021.

⁷⁶ Ibid.

⁷⁷ Law no 258/2020 on Prevention and Protection against Discrimination, Article 4.

⁷⁸ United Nations, Situational Analysis of the Rights of Persons with Disabilities in the Republic of North Macedonia 2021, page 29.

⁷⁹ In line with, and contributing to, the achievement of Outcome 3 of the ToC.

⁸⁰ European Commission, North Macedonia 2023 Report, 8 November 2023, page 36.

care and education; improving social services in the community; aligning social cash benefits with beneficiary needs and ensuring that people with disabilities can live independently within the community.⁸¹ These provisions fall within Output 4 and Output 6 and have contributed to Outcome 2 of the ToC, which aims to ensure that "quality, inclusive community services are available to support children and families to prevent separation".

In 2017, the government implemented the new approach to disability assessment, based on the ICF assessment model. The new model transitions from a conventional medical model of disability to a more adaptable social model of disability. The aim is to provide an integrated response to the diverse needs of individuals with disabilities, spanning health, education, and social protection support, to enable them to engage fully in the community.⁸² The new model foresees nine bodies for functional assessment throughout the country. The activities of these bodies are governed by a Rulebook on the Method and Procedure for the Assessment of Functioning and the Needs for Additional Educational, Health and Social Support for Children and Youth, which was adopted in January 2023. While in theory the system is relevant and well designed, there are practical challenges:

*The system is designed very well, we focus on the ability of children but in practice there are issues, such as financial issues, lack of support by Ministries, resistance, teachers might not be informed. However, we have been implementing the model for only 3 years and it takes more time, and with UNICEF support, we are changing the mind-set to shift the perception from children with disabilities to children with abilities. Obstacles for parents include cash benefits: parents may hesitate to acknowledge the abilities of their child, as they all strive to qualify for cash benefits. Also, taking more time to establish an equitable system would ensure that funds are allocated to those who need them most. Currently, a child with asthma receives the same amount as a child with cerebral palsy. This is a problem of the system.*⁸³

Parallel reforms to the education sector are linked to the childcare and DI reforms. A significant achievement has been the adoption of the Law on Primary Education as a legal basis for the inclusion of students with disabilities in the general education system. Data on inclusive education is elaborated in section 6.7.

Other challenges noted by the CRC in its 2022 concluding observations, include the prolonged stay of children with disabilities in small group homes and day-care centres, insufficient financial and human resources for inclusive education, inadequate community services, insufficient infrastructure, and persistent prejudices that marginalize and discriminate against children with disabilities in accessing essential services.⁸⁴

5.4.2 Hard to place children

National reforms are relevant in that they recognise the needs of certain other categories of 'hard to place children' but to a lesser extent than for children with disabilities. Hard to place groups include Roma children, as well as children who are at risk of offending, child victims of human trafficking and/or sexual abuse, children who use drugs, children with pronounced aggressive and antisocial behaviour, and children with psychiatric disorders.

Overall in North Macedonia there are insufficient social protection and support services, which disproportionately affects Roma children and other children at risk, who need targeted services due to their increased vulnerability to abuse, exploitation, and family separation. As a result of the lack of services,

⁸¹ Government of North Macedonia, National strategy for the rights of persons with disabilities 2023-2030 with Action plan 2023 – 2026, 2023.

⁸² UNICEF ECARO, Assessing Disability of Children in North Macedonia, February 2023, available at: <https://www.unicef.org/eca/media/31151/file/Assessing%20disability%20of%20children:%20North%20Macedonia.pdf>

⁸³ Representative from ICF during FGD with CSOs, 22 March 2024, Skopje, North Macedonia.

⁸⁴ Committee on the Rights of the Child, 2022 Concluding observations on the combined 3rd – 6th periodic report, CRC/C/MKD/CO/3-6 20 October 2022, p. 9.

children from hard to place groups are often placed in small group homes designed for children and youth with social and behavioural problems. The Ombudsman's reports⁸⁵ highlight the questionable functioning of some of the small group homes and the treatment of children within such facilities, citing several concerns. Due to the open nature of these institutions, it is common for children to run away, with some children remaining missing for extended periods, raising concerns of potential abuse and perpetuation of antisocial behaviour.⁸⁶ Moreover, staff in these homes often lack the necessary expertise to support children with psychiatric disorders effectively.⁸⁷ This situation calls into question the relevance of the care provided to these children, and consequently, the successful resocialization and reintegration of the children into the community.

5.5 How relevant are the primary objectives and outcomes of the child care and deinstitutionalisation reforms from the perspective of different stakeholders?

Stakeholders interviewed for the evaluation generally agreed that the closure of large-scale institutions was a highly relevant and indeed, crucial, step for the DI reform process. However, some stakeholders raised concerns about the rapid pace of the closure of large-scale residential institutions without having fully established community-based services and alternative family care.⁸⁸ Other stakeholders argued that initiating the closure was necessary to kick-start the process, as delaying until services were fully developed would have prolonged the process indefinitely.⁸⁹ In relation to the establishment of small group homes the consensus was that they were relevant in that they provide an unparalleled quality of care in comparison to large-scale institutions.

In large scale institution we had limited staff. Children all used to eat together and then if one child had some difficulty it would affect all the children. They didn't have the same level of care as they do in small group homes, where they get washed every day and wear clean clothes. We do more activities and go out. The transformation process in a way rejuvenated them.⁹⁰

It's a significant improvement. Previously, all the small children were crammed into one big bed, but now they are in a family-like environment.⁹¹

Very successful – there is a big difference between children in institutions and small group homes. In large scale institutions there used to be two medical nurses for 25 children, now 2 nurses for 6 children and the cook and cleaning lady. It was different in large institution – children were always sick and now it is easier.⁹²

5.6 How relevant has UNICEF's input been to national child care and deinstitutionalisation reforms?

UNICEF's input over the evaluation period has been highly relevant to the child care and DI reforms, a finding supported unanimously by stakeholders. Its input stretches back before the start of the evaluation period to 2000, providing assistance with the first resettlement of children with disabilities from the Demir Kapija institution.⁹³ Since then, UNICEF has been actively engaged in all aspects of the child care and DI reforms.

⁸⁵ Ombudsman, Special Report on the Situation with the Realization of the Rights of Children Cared for in the JU for Caring for Children with Educational and Social Problems and Disturbed Behaviour - Skopje, with an Emphasis on High-Risk Users, Skopje, December 2023.

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Interview with the Institute for Social Activities, 19 March 2023, Skopje, North Macedonia.

⁸⁹ KII with (former) DI coordinator at MOLSP, 18 March 2024, Skopje, North Macedonia; Interview with former Minister of Labour and Social Policy, 21 March 2024, Skopje, North Macedonia.

⁹⁰ Interview with director and staff from Topansko Polje, 19 March 2024, Skopje, North Macedonia.

⁹¹ Interview with Director of Koco Racin, 20 March 2024, Skopje, North Macedonia.

⁹² Interview with Director from Bitola Centre, 20 March 2024, Skopje, North Macedonia.

⁹³ Georgievska, A., Evaluation Report UNPRDP Project "Working bottom up-building a local model for deinstitutionalization", 2021.

UNICEF has provided advocacy, vision, leadership, long-term technical expertise, and support to the government. Additionally, UNICEF launched awareness-raising campaigns, capacity development for both government and non-government stakeholders, provided funding, as well as fostering horizontal and vertical cooperation.

UNICEF provided technical support, and international knowledge-sharing for the adoption and revision of key legal and policy frameworks. These included the Law on Social Protection 2019; the Law on Primary Education 2019; the Strategy for Deinstitutionalization 2018-2027 “Timjanik” and Action Plan; Standards for Foster Care Service provision and transformation plans for residential institutions.⁹⁴

UNICEF has focused on capacity development for duty bearers, including government officials and authorities at central and local levels, child protection specialists, social workers, and other frontline workers. In addition, UNICEF provided both technical and financial support for the modelling, piloting, and general support for the provision of various social services. These initiatives include establishing foster care support centres; creating personalized services for children with learning difficulties and disabilities, such as personal and educational assistants. Further, UNICEF supported the piloting of the disability assessment model based on the ICF, as well as the establishment of assessment bodies.

Through the nationwide campaign "Every Child Needs a Family," UNICEF together with the Ministry of Labour and Social Policy successfully raised public awareness about the importance of every child growing up in a family or family-like environment. This campaign promoted the concept of foster care, highlighting its vital role in providing a supportive and nurturing setting for children.

6. Effectiveness

Summary of findings

- Political will coupled with inter-sectoral cooperation and coordination, stakeholder buy-in, public awareness, UNICEF support, and the availability of funding were all circumstances which helped generate the desired outcomes of the child care reforms and DI up to 2020.
- The reforms were highly effective in closing down residential institution and promoting kinship care and foster care;
- Inclusion of children with SEN in mainstream schools has risen steadily over the course of the evaluation period;
- It has been challenging to move children from small group homes either through reunification or placement in family based alternative care;
- The prevention services as envisaged in the Social Protection Act 2019, other than day care centres for children with disabilities have yet to be developed;
- There are still insufficient numbers of foster carers for children in need of family based alternative care placements.

6.1 How did the DI reforms (and other external factors) contribute to the desired outcomes? Which elements of the DI reform generated the desired outcome(s)? How much of the observed outcome(s) can be attributed to the DI reforms?

There are five desired outcomes in the reconstructed ToC:

1. Legislation reflects international standards for child care;
2. Quality inclusive community services are available to support children /families and prevent separation;
3. All residential institutions are closed / transformed and children live in the community;
4. All children in formal care benefit from family based alternative care services;
5. Services are adequately financed and resourced to ensure sustainability.

⁹⁴ Ibid.

The outputs to achieve these outcomes are set out in Section 3.5.

As can be seen in Section 5.2, Outcome 1 was largely achieved by reforms to legislation (save for provisions relating to adoption).

Reforms to the social protection system from 2016 onwards and particularly from 2019 (under the Law on Social Protection) with strengthened legal provisions on existing services in social prevention, the introduction of the Integrated Case Management approach ensuring just one point of contact to access the different social services and the Guaranteed Minimum Allowance, which provides cash support to families have all contributed to Outcome 2,⁹⁵ but the reforms have not, as yet, resulted in quality community services, an issue addressed in Section 6.9 below.

Outcome 3 was achieved by the end of 2019, when the last residential institutions in the country was closed. However, Outcome 4, placement of all children in family care in family-based alternative care services has not, as yet, been fully achieved. Children resident in the institutions were either reintegrated with their families, placed in foster care or, in the case of a minority of children (primarily those with disabilities), placed in small group homes which are organisational units of the closed institutions. The closure of the residential institutions was a direct result of the inputs and cross-cutting activities of the reforms as well as external factors, including a high level of political support, especially between 2016 and 2020, and the availability of funding.

Although some progress has been made in developing community-based services, including preventative support, Outcome 5 has not yet been achieved, as these services remain underdeveloped and inconsistently accessible nationwide as will be explained in sections below.

The data below presents figures on the number of children in all forms of residential care from 2010 until the end of the evaluation period in 2022. It should be noted that data from 2019 onwards only includes children residing in small group homes, as the large scale institutions had closed by this date. As can be seen there has been a noticeable decline in the numbers of children in residential care from 2015 onwards. It is unclear, however, whether this decrease was a result of DI activities or due to new data collection and reporting methods introduced as part of the TransMonEE data collection process in 2015. It is possible that the decline in numbers from 2015 – 2019 could be partly due to differences in measures of data calculation and presentation as compared to previous years.

The data shows a significant gender disparity in the years 2015 – 2018 and a reduced but not eliminated gender disparity until 2022, with more boys in residential care than girls. Stakeholders had no obvious explanation for the over-representation of boys between 2015-2018 nor reasons for the reduction in the disparity post-2018. The disparity, however, mirrors that found in other countries in the region.⁹⁶ A recent UNICEF report notes that there has yet to be a study that explains this phenomenon.⁹⁷

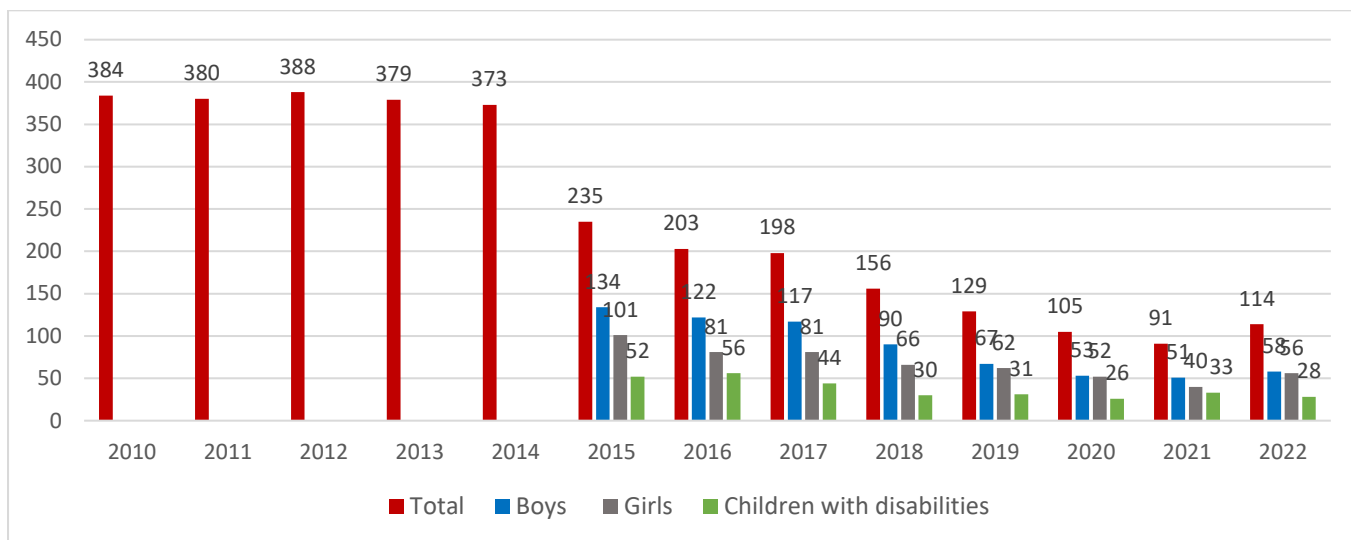
Data on children with disabilities in residential care are not available for all years, but since 2015 the number of children with disabilities in residential care has reduced: from 52 in 2015 to 28 in 2022, though there has been little progress in reducing the numbers since 2018.

Figure 2: Number of children in residential care (2010-2022)

⁹⁵ For more detail see UNICEF North Macedonia: Evaluation of UNICEF Interventions Supporting the Social Protection Reform in North Macedonia, 2023.

⁹⁶ UNICEF Regional Office for Europe and Central Asia, TransMonEE analytical series: Pathways to Better Protection - Taking stock of the situation of children in alternative care in Europe and Central Asia, UNICEF, Geneva, 2024, p. 59 found that this applied to children in the countries of the EU.

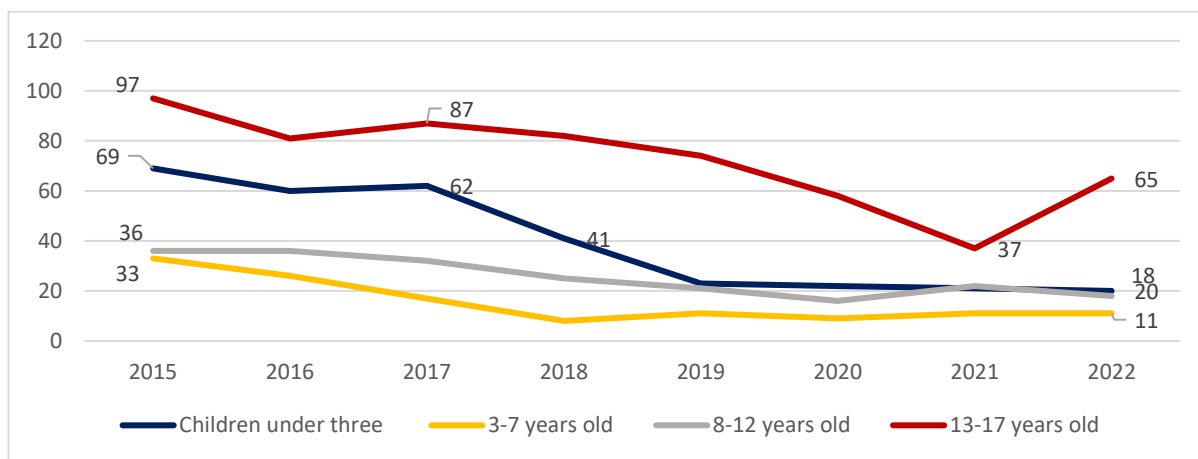
⁹⁷ Ibid. See also Lerch, V., Nordenmark Severinsson, A. 2019. "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission, page 22.



Source: Data sent by MOLSP and TransMonEE 2022.

The impact of residential care on children in the early years is particularly problematic. In 2015, 26 per cent of all children in care in North Macedonia were under the age of three. In 2019, the Law on Social Protection prohibited the placement of children under the age of three in institutions except as a last resort. Despite this, children under three are still placed in small group homes: 20 children were living in small group homes in 2022. While the children may not stay in the small group homes long-term, placement does not appear to be a matter of last resort but a matter of routine and could be avoided by better coordination between the CSW, the foster care support centres and health services (many children enter small group homes from hospital) to allow for initial placement with emergency or short term foster carers.

Figure 3: Children in residential care by age group (2015-2022)



Source: TransMonEE 2022.

While the total number of children in residential care has dropped by around half, It is noticeable that the number of children aged 13-17 in residential care has only reduced by around one-third, with a significant increase in numbers post-COVID-19. Again, there is no official view on the reasons for the increase.

6.1.1 Transformation process

While all large-scale institutions have been closed, not all institutions have, as yet, been fully transformed to provide necessary support services.⁹⁸

Prior to the DI reform process there were 34 large scale residential institutions,⁹⁹ seven of which accommodated children (listed in table 5 below). The institutions were separated from the wider community, and personal development in the institutions was non-existent due to the lack of privacy, personal space, or on any meaningful engagement with staff or the outside world.¹⁰⁰ In 2008, the first DI Strategy (2008-2015) was adopted with the aim of gradually transforming the existing institutions and developing non-institutional forms of care. While some efforts were made to initiate the transformation process it was never achieved, mainly due to the fact that the allocated funding for the DI process ceased and political will regressed following the change of government.¹⁰¹

In 2017, the second wave of DI started, followed by the adoption of the current DI Strategy (2018-2027). One of the main priorities of the DI strategy was to transform residential institutions into community service hubs or to close them down and replace them with small group homes in the community. All 5 of the remaining institutions accommodating children have closed and each now operate small group homes (see section 6.8.1), but not all large-scale institutions have undergone full transformation in terms of developing and offering services. Two of the institutions visited during data collection, '11 October' and 'Home for Babies and Infants – Bitola', have been fully transformed. The 11 October premises now include a Centre for Support of Foster Care, a Centre for Mothers with Babies, and a Centre for Assessment of Children with Disabilities. Similarly, the Home for Babies and Infants, Bitola, now accommodates a Centre for Support of Foster Care, a Centre for Mothers with Children, and a room where new mothers can stay with their children if they are in need of support.

The 'Topansko Pole' institution is currently being reconstructed and will cater to the needs of all children with disabilities in Skopje,¹⁰² including access to psychologists, pedagogues, workshops and activities. 'Demir Kapija' has also renovated part of its premises, including a separate building intended for use as a Respite Centre. Part of the institution '25 May' has been designated as administrative offices, while the remaining space will be allocated for social services.

To illustrate the DI process, table 8 shows the number of children across institutions (for where data is available) in 2017 when they were operating, in 2019 when the transformation process started, and in 2022 when all children had been transferred to small group homes or foster care.

Table 8: Residential institutions and number of children through the resettlement process

Number of children per institution	August 2017	December 2019	2022
Institutions for children without parental care:			
Home for Babies and Infants, Bitola (0-3 years old)	79	0	0
11 October, Skopje (Institution for Children without Parents or Parental Care, 3-18 years old)	48	0	0
Institutions for children with complex behaviour			
25 May, Skopje (Institution for Children and Youth with Social and Upbringing-Related Problems)	27	0	0

⁹⁸ Bogoevska, N., et al., Transformation of Out-of-Home Services for Children in North Macedonia: Towards Individualized and Child Tailored Care, 2023, page 14.

⁹⁹ Ministry of Labour and Social Policy, National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018–2027 'Timjanik' & Action plan, Skopje, September 2018, page 31.

¹⁰⁰ Ibid, page 34.

¹⁰¹ Ibid, page 34.

¹⁰² Funded by the EU IPA Project.

Ranka Milanovic, Skopje (Institution for Children and Youth with Behavioural Problems)	no data	0	0
Institutions for persons with disabilities which also accommodated children			
Special Institute Demir Kapija (Institution for children and adults with moderate to severe mental and developmental disabilities)	10	0	0
Topansko Pole, Skopje (Institution for children and adults with mild to moderate mental and developmental disabilities)	9	3	0
Banja Bansko (Institution for persons with physical and developmental disabilities)	7	2	0
Total	180	5	0

The DI reforms have been highly effective in closing down residential institutions and placing children into community-based alternatives, though the development of community-based services to support these children has been less effective (more on this in section 6.9)

6.2 What was the impact of other external factors on child care and deinstitutionalisation reforms?

A number of external factors have impacted on the reform programme, including political changes over the time period of the evaluation, the COVID-19 pandemic, the Ukraine conflict and the start of the process of accession to the EU.

While there was political support for the child care reforms and DI in the early years of the evaluation, the reforms were slow. However, a change of government in 2017 gave new impetus to the reforms which resulted in the closure of all the residential institutions by the end of 2019, supported by the EU Instrument for Pre-Accession Assistance (IPA) programme. However, a change in the political make-up of the Government following the 2020 election, and a volatile and extremely divided Parliament¹⁰³ has resulted in slow progress in aspects of the reforms still to be achieved.

While North Macedonia signed a Stabilisation and Association Agreement with the EU in 2004 it took until 2020 for the EU Council to endorse the decision to open accession negotiations. The 2023 Screening Report highlighted the Commission's concerns regarding the rights of the child and the State's deficiencies, including an inadequate child-sensitive social protection system and service delivery model, as well as a lack of focus on ensuring that children with disabilities live independently and are included in the community. The requirement to meet the EU *Aquis* and address the issues raised is likely to put pressure on the Government to complete the child care reforms.¹⁰⁴

The conflict in Ukraine has also had an impact on the reforms. As with other countries, the conflict caused an economic downturn, a movement of refugees into North Macedonia and further pressure on existing community-based services and alternative care provision, as well as impacting on the workload of the CSW, though there is little evidence that this has had a significant impact on the reforms. The impact of COVID-19 is analysed in section 6.10.

6.3 Under what circumstances, and why did the DI reforms generate the desired outcome(s)?

Up until 2017 political willingness and progress in implementing the reforms was low. However, a combination of scandals aired in the media, involving evidence of the ill-treatment of children; sexual offences against children in residential institutions¹⁰⁵ and a new Government that recognised that the widespread use of large-scale institutions was harmful to child development, served as a catalyst for achieving the desired outcomes. This was coupled with inter-sectoral cooperation and coordination, stakeholder buy-in, public awareness, UNICEF support, and the availability of funding: all circumstances

¹⁰³ EU Commission Staff Working Document, North Macedonia 2022 Report, SWD (2022) 337 final at p.9.

¹⁰⁴ EU Commission Staff Working Document, North Macedonia 2022 Report, SWD (2022) 337 final.

¹⁰⁵ <https://balkaninsight.com/2018/02/20/child-sex-abuse-scandal-rocks-macedonia-02-19-2018/>

which helped generate the desired outcomes of the child care reforms and DI, especially between 2017 and 2020.

The political will for reform emerged largely due to the appointment of a Minister of Labour and Social Policy (2017-2020), who had a civil society background as well as knowledge of child protection and the skill and drive to push the reforms was crucial to the outcomes.¹⁰⁶ The Minister's expertise in both advocacy and policy development not only facilitated the creation of necessary reforms but also garnered the support of other stakeholders. As noted by a key stakeholder:

It was a combination, mainly having the right person at the right time... MoLSP had a good relationship with the Ministry of Finance, which was key to funding, and this created political will. This combination of factors included strong political will, a clear vision of the desired direction, partnerships with international organizations (UNICEF), and the dedication of professionals ready to act as change agents throughout the process.¹⁰⁷

UNICEF has played a key strategic and technical role in achieving the desired outcomes. It has used its strategic position to help strengthen coherence among stakeholders. In particular, UNICEF has worked closely with the MoLSP, especially during the initial stages of the reforms, to put DI and child care reform on the agenda of the different line ministries and to develop policies to realise this aim. UNICEF significantly influenced public perceptions and attitudes regarding the importance of alternative care arrangements including through its leadership of a nationwide campaign for foster care titled "Every Child Needs a Family." The campaign resulted in a 20 per cent increase in the number of foster families.¹⁰⁸

6.4 Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms?

The responsibility for data collection and reporting results under the reform programme has shifted across government bodies during the evaluation period. Until 2019, the Institute for Social Activities (ISA) was responsible for collecting social protection and welfare data, including for children in alternative care, and sharing them with MoLSP. However, with the adoption of the new Law on Social Protection in 2019 this responsibility shifted from ISA to MoLSP.¹⁰⁹ Despite these legislative changes, in practice, they have not been implemented. To date, the Ministry has not taken on this role and failed to take any substantive action to collect and coordinate data. Instead, ISA continues to gather data, even though it is no longer mandated to do so, and such data is not always publicly available.¹¹⁰ According to UNICEF, MoLSP is in the process of developing an integrated data system for social protection which will include data on children in alternative care, however at the time of writing this has not yet happened.¹¹¹

The available data on children in alternative care consists primarily of information collected by UNICEF for TransMonee and Census data, as well as secondary sources. This data has been obtained on an ad-hoc basis from ISA and MoLSP, rather than being extracted from official reports. Insufficient data collection and monitoring has been consistently highlighted as an issue by the CRC Committee in its concluding observations, first in 2010¹¹² and again in 2020. The CRC Committee recommended in its latest concluding

¹⁰⁶ KII with UNICEF North Macedonia, 09 April 2024; KII with (former) DI coordinator at MoLSP, 18 March 2024.

¹⁰⁷ KII with (former) DI coordinator at MoLSP, 18 March 2024, Skopje, North Macedonia.

¹⁰⁸ Georgievska, A. Evaluation Report UNPRDP Project "Working bottom up - building a local model for deinstitutionalization", 2021, p. 14 and 59.

¹⁰⁹ Article 10 of the Law on Social Protection.

¹¹⁰ UNICEF North Macedonia, Census for children – Data on children in alternative care, Expert meeting on statistics on children, Geneva, Switzerland, 4–6 March 2024.

¹¹¹ Ibid.

¹¹² UN Committee on the Rights of the Child, ration of reports submitted by States parties under Article 44 of the Convention, Concluding Observations, 23 June 2010, paragraph 18 and 19.

observations, in line with General Comment No 5,¹¹³ that North Macedonia should establish a comprehensive and reliable mechanism for data collection. In addition, it recommended that North Macedonia “ensure that data can be disaggregated by age, sex, disability, geographic location, ethnic origin, nationality and socioeconomic background to facilitate analysis of the situation of all children, particularly younger children, children in alternative care, child victims of neglect, violence or abuse, including sexual exploitation and trafficking, children with disabilities, refugee and asylum-seeking children, children of unknown nationality, children in conflict with the law, working children, children in street situations and children in other situations of vulnerability”.¹¹⁴ The lack of change from 2010 to 2020 underscores a significant gap in efforts to improve data collection, monitoring and reporting, and a missed opportunity to ensure the effectiveness of programming within the realm of DI and child protection in general.

The lack of consistent and comparable data on children with disabilities has also been noted by the CRPD Committee, which recommended that there should be a significant increase in the availability of high-quality, timely, and reliably disaggregated data.¹¹⁵

Despite the limitations of data collection, it is promising to note that there is growing recognition of the importance of high quality data and results monitoring, such as the initiative by MoLSP to develop an integrated data system for social protection. In addition, UNICEF plans to provide technical support to ISA, CSW and to professionals in small group homes with respect to data collection, as well as centralising data on children with disabilities by fostering intersectoral collaboration for data exchange.¹¹⁶

There is very little emphasis in the programme, or in the evaluations and analyses, on gender equality, though some data, particularly in residential care and alternative care is disaggregated by gender. It was not possible to find evidence of data being used to inform planning or changes to the child care and DI reforms.

6.5 Were there any unintended consequences which resulted from the child care and deinstitutionalisation reforms?

The decision to close all institutional care for children, which led to immediate transfer of children into other type of residential or alternative care was overall a beneficial move, but the speed of the process meant that many children from residential institutions were transferred to small group homes or foster care. While reintegration with birth families or independent living were occasionally considered these options were not consistently implemented.¹¹⁷ The speed of this process was a concern for some participants, especially in relation to the thoroughness of individual assessments whether decisions were made in the best interest of every child.

*We didn't prepare well enough... we skipped stages, getting children and staff ready, getting families ready. All was done in a very short period of time. There were very quick assessments and we didn't always make the best choice.*¹¹⁸

Interviews with staff in small group homes also highlighted some of the challenges for children faced in adapting to the rapid transformation process. For instance, in one case, a boy ran away from a small group home and was found on the premises of the residential institution, expressing a desire to sleep in his own

¹¹³ CRC/C/GC/5, 27 November 2003.

¹¹⁴ UN Committee on the Rights of the Child, Concluding observations on the combined third to sixth periodic reports of North Macedonia, 20 October 2022, paragraph 12.

¹¹⁵ UN Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of the former Yugoslav Republic of Macedonia, 29 October 2018, paras. 53 and 54.

¹¹⁶ UNICEF North Macedonia, Census for children – Data on children in alternative care, Expert meeting on statistics on children, Geneva, Switzerland, 4–6 March 2024.

¹¹⁷ Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy.

¹¹⁸ FGD with CSOs, 22 March 2024, Skopje, North Macedonia.

bed. Additionally, the Mid-Term Evaluation report of the National Deinstitutionalisation Strategy 2018-2027 observed that many users of the Banja BANSKO small group homes appeared hesitant about going outside the home, potentially suggesting a lack of preparedness activities due to their prolonged institutionalisation.¹¹⁹

Another, perhaps not surprising unintended consequence, has been the continued use of small group homes. The small group homes were initially intended as short-term solutions for the children placed in them, but there is little evidence to suggest that these children will be able to move into family based care or that small group homes will be phased out in the foreseeable future, especially for children with emotional and behavioural difficulties and with severe disabilities. In the case of the latter, in the absence of other family-based options, it appears the plan is for the children to continue living in small group homes for the long-term. The reforms did not appear to anticipate the inability to find family based placements for some of the children needing alternative care nor has it taken sufficient steps to address and resolve this bottleneck.

6.6 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at different levels (Qu. 11)?

National level

The majority of structural and practical reforms are in place: closure of the large institutions, services to prevent separation of families; education inclusion; community-based services for children with disabilities and for family support; social protection and family-based alternative care. However, in order for these to be delivered in practice, active government commitment and engagement in the reforms is a necessary factor. The reforms were and remain, highly dependent upon cross-ministerial and cross-sectoral support. The necessity for active and continuing political commitment is demonstrated by the faltering of the reforms in the face of political change after 2020.

Sub-national level

The major factors at sub-national level necessary to achieve results include the provision of available and adequately resourced preventive community services (see section 6.9.1 and 7.1.2), a supportive social inclusion environment (section 6.7.1); the availability of education and health care for all children; well-functioning CSWs with clear legal duties and a skilled and trained staff able to fulfil them; and the development and support of alternative care services, including foster care (section 6.9.2).

There are 30 CSWs across North Macedonia, 23 of which serve multiple municipalities, while seven are responsible for a single municipality. CSWs are public bodies whose aim, since 2019, is to offer an integrated approach to the family, covering social protection to the elderly, families and children (including determining eligibility for financial benefits), as well as child protection.¹²⁰ Their mandate and powers are set out in the Law on Social Protection, the Law on Protection of Children, the Law on the Family,¹²¹ the Law on Prevention, Prevention and Protection from Domestic Violence, the Law on Justice for children, the Law on Asylum and Temporary Protection, the Criminal Code, the Law on Criminal Procedure and other legal regulations. According to data from the Ministry of Labour and Social Policy there are 477 professionals working in the CSWs (down from 555 in 2016), including social workers, psychologists, pedagogues, legal experts, and administrative staff.

While CSWs play a crucial role in providing child protection and social protection, they face significant challenges in delivering effective child protection services. As with the other countries included in this regional evaluation, the CSWs suffer from a shortage of qualified staff and low motivation amongst social work professionals. Factors contributing to this include: excessive caseloads per worker, high staff turnover,

¹¹⁹ At p.27.

¹²⁰ Reforms were contained in the Social Protection Act 209 and amendments to the Child Protection Act

¹²¹ Laws under the jurisdiction of MTSP, available at: <https://www.mtsp.gov.mk/zakoni.nspx>

challenges in recruiting new staff and significant administrative burdens.¹²² Social workers see themselves as inadequately supported and without effective professional supervision.

*My CSW has only five staff: I am one of this group. I'm a case manager. We are so over-stretched that everybody has to be a case manager in order to be able to cover all the needs of the clients.*¹²³

Delivering child protection services at sub-national level not only requires an adequate number of social workers but also social workers who are trained in the competencies of social work. This includes: child development, family dynamics, children's capacities, the concept of risk to children etc. These are essential skills for carrying out professional assessments and when working with families to provide services in the best interests of the child. Social workers in CSWs in North Macedonia are generalists, taking on all forms of social work: with the elderly, the disabled, the disadvantaged as well as children and families. The result is a lack of specialism and experience in dealing with child protection cases, and especially complex child protection cases. The lack of specialism is further exacerbated by the provisions under the Social Protection Act, which permit child protection cases to be case managed by 'a professional worker', which includes social workers but also lawyers, pedagogues and psychologists.¹²⁴ The allocation of case-management to professionals who have not received social work training and who do not possess the necessary social work skills, requiring that they undertake assessments as well as the majority of case-planning and decision-making in child protection cases, raises serious concerns, particularly in relation to the identification of risk, prevention and effective care planning.¹²⁵

The Institute for Social Activities has responsibility for regulating and overseeing the social work profession and for ensuring that social workers are adequately trained to handle various cases, including child protection. However, current findings indicate that ISA's capacity to provide targeted training and professional development is insufficient. Strengthening ISA's capabilities in delivering training, and overseeing social workers is essential to improve the quality and effectiveness of child protection services.

On a more positive note, there have been a number of changes over the course of the evaluation which have facilitated reforms at the sub-national level. The first, has been the change in the attitude of the community towards the reforms and the inclusion of children in mainstream education. During the initial stages of the reforms, there was resistance to DI, both from the community and the staff in the residential institutions, to the extent that this was reported as being a significant barrier.¹²⁶ Advocacy and multisector collaboration by Government, civil society and UNICEF has contributed to generating wide-spread support for DI and child care reform. In one local community in Timjanik village, where there was resistance towards the establishment of a small group home for children with disabilities,¹²⁷ the Government and UNICEF engaged in meetings and dialogue with the community to address and hear their concerns, with a notable positive effect. Maintaining dialogue, engagement with the local community and an explanation of the reforms, the reasons behind it and the likely impact has been important in ensuring results at the sub-national level.

A further enabling factor has been the recent establishment of the foster care support centres. The centre in Skopje was opened in July 2021 with a further two centres opened in 2022, providing coverage to all the regions. The centres were established in order to support foster carers, with support of children in foster care lying with the guardian (a member of the CSW staff). There appears to have been a blurring of roles, with the Foster Care Support Centres also taking on the monitoring and support of children in foster care, a duty that legally, falls to the guardian.

¹²² These views were expressed by multiple stakeholders.

¹²³ FGD with social workers, online, 27 March 2024.

¹²⁴ The Law on Social Protection 2019 Article 4 and the Rulebook on Case Management Article 2, includes the same definition.

¹²⁵ FGD with social workers 27 March 2024.

¹²⁶ FGD with civil society organisations, 22 March 2024.

¹²⁷ KII with UNICEF, 09 April 2024.

6.7 Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)?

Children with disabilities

All groups of children have benefitted from closure of residential institutions including children with disabilities who have been relocated from large scale institutions to small group homes or foster care, and have been increasingly included in mainstream education. The inclusion of children with disabilities in mainstream primary education started in 1998 as a project initially involving three schools.¹²⁸ However, major reforms were not introduced until the passing of the Law on Primary Education in 2019, which provides that all children have the right to education in primary school and children may not be discriminated against in terms of disability.¹²⁹ Additionally, as a matter of affirmative action, the Law provides for transportation to school to be provided for children with disabilities.¹³⁰

Children falling within the SEN category include children with permanent physical, mental, intellectual, or sensory impairments; children with behavioural or emotional challenges, or specific learning difficulties; and children from socio-economically, culturally, and/or linguistically disadvantaged backgrounds.¹³¹ However, in practice inclusive education has largely focused on children with disabilities,¹³² with the provision of educational and personal assistants, professional support from the support centres, school inclusion teams and assistive technology.¹³³ In order to access these forms of support the child must undergo an assessment based on the International Classification of Functionality (ICF), by a body under the MoH, who decide on the level of support to be provided to the child,¹³⁴ and provide an individual education plan or a modified curriculum taking into account the child's disability. Children with disabilities placed in small group homes have also been assessed by ICF. Data from interviews shows that in the small group homes of Topansko Pole, two out of the five children under the age of 18 were enrolled in mainstream school.

The Law on Primary Education also provides for the transformation of special schools into primary schools with resource centres, providing professional support to students with disabilities, teaching staff, professional associates, parents/guardians, and inclusion teams from other primary schools. Additionally, existing special classes in mainstream schools are transformed into Support Centers for students with disabilities.¹³⁵ In 2020, five special schools were converted into resource centres.¹³⁶

While the legal basis for the inclusive education of children with disabilities is in place, implementation has been challenging, due to the lack of capacity. A report in the 2019/20 school year revealed that 93 per cent of primary schools had established school inclusive teams, however, only 69 per cent had full teams as required by the Law, and only 66 per cent had individualized education plans for all children with

¹²⁸ Raleva, A. "Profile commissioned by NEPC for the Global Education Monitoring Report 2021 - Central and Eastern Europe, the Caucasus and Central Asia - Inclusion and education: All means all", available at: https://gem-report-2020.unesco.org/wp-content/uploads/2021/02/North_Macedonia.pdf.

¹²⁹ Law on Primary Education, Law No. 161.2019 Articles 3 and 5. The Law does not apply to secondary school, though at the time of writing, a Bill was before Parliament which would give equal rights to secondary school pupils.

¹³⁰ Law on Primary Education, Law No. 161.2019 Article 11. But note that the school is only required to make reasonable adaptations which do not cause a disproportionate or unnecessary burden on the school.

¹³¹ Law no.161/2019, Article 35.

¹³² KII with staff from Ministry of Education, Skopje, 22 March 2024.

¹³³ Article 19.

¹³⁴ KII with staff from Ministry of Education, Skopje, 22 March 2024.

¹³⁵ Article 18 and Concept for Inclusive Education.

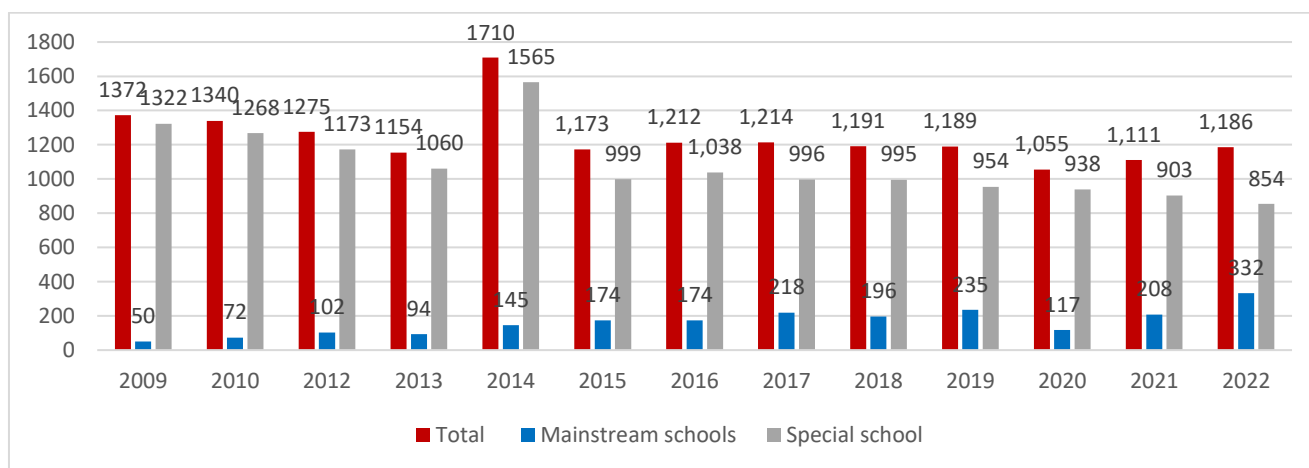
¹³⁶ KII with staff from Ministry of Education, Skopje, 22 March 2024.

disabilities.¹³⁷ In 2019/2020, 230 educational assistants were hired in 35 municipalities,¹³⁸ which stakeholders generally regarded this as an insufficient number. Starting in 2023, all children with disabilities were enrolled in mainstream schools rather than special schools, and the number of educational assistants increased to 800 to ensure adequate support for CwD in need.¹³⁹ The practice of assigning one educational assistant per child has been changes, and assistants are now allocated to support classrooms with children with SEN. The justification for this approach is that it allows educational assistants to be utilized more effectively, it promotes inclusion for CwD and reduces stigmatisation. Whether this approach meets the needs of SEN has yet to be assessed.

Figure 4 shows the total number of students with SEN included in mainstream schools as well as those in special schools (from 2019, these are termed resource centres). As can be seen from the chart the numbers of children classified as having SEN has fluctuated over the period of the evaluation, though the reason for the decrease in numbers between 2009 and 2013 is unknown, as is the reason for the sudden jump in numbers in 2014, though this may possibly be related to identification or the process of classification of children with SEN. From 2015 onwards however, the numbers have remained relatively stable.

The data presented in the chart below illustrates the gender distribution of pupils with disabilities in both mainstream education and special schools. As can be seen from the Figure 4, the number of children with SEN included in mainstream education has been on an upward incline since 2009. The increase in numbers that might have been expected following the adoption of the Law on Primary Education in 2019, was most likely impacted by COVID-19, and the increase in inclusion not evident until 2022. The number of SEN pupils in mainstream schools has substantially increased over the evaluation period and is matched by a decrease in the number of SEN children attending special schools. However, there are no data for the number of children with disabilities who do not attend school and thus the extent to which children with SEN are being included remains difficult to ascertain. As of 2023 no new admissions to special schools were permitted and the numbers currently residing in or attending special schools will be phased out as existing students graduate.¹⁴⁰

Figure 4: Total number of children with SEN in education and by type of school



Source: TransMonEE 2019 and 2022.

¹³⁷ Inclusive Development Partners, Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia, December 2022, page 45.

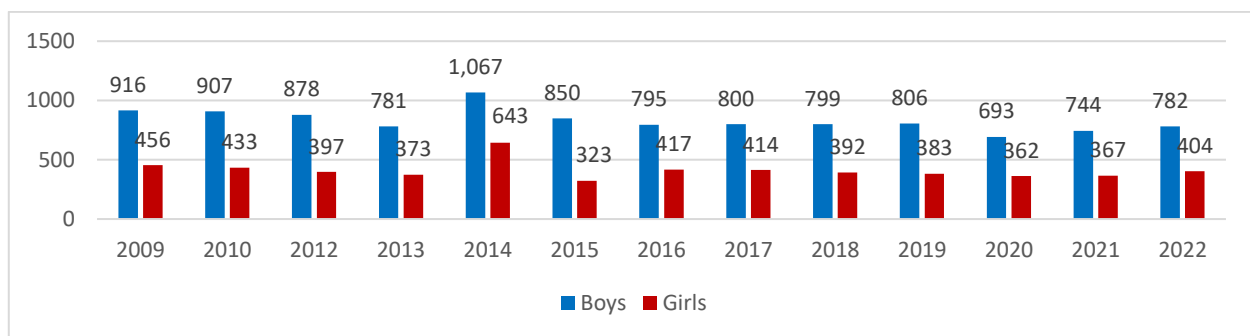
¹³⁸ United Nations, Situational Analysis of the Rights of Persons with Disabilities in the Republic of North Macedonia 2021, available at: <https://www.unicef.org/northmacedonia/media/11706/file/mkd-unprpd-sitan-2022.pdf>

¹³⁹ Information provided by UNICEF.

¹⁴⁰ KII with staff from Ministry of Education, Skopje, 22 March 2024, and KII with representative of Koco Racin/ Resource Centre, Skopje, 20 March 2024.

It is evident that there is a gender imbalance, with a higher number of boys with SEN enrolled in school compared to girls. One explanation for the gender disparity is that parents in rural areas, where children with disabilities face a greater level of stigmatisation, are reluctant to allow girls to enrol in school due to traditional gender norms that place a lower value on girls' education or prioritize their domestic roles.¹⁴¹ The divide may also reflect findings from international research that generally more boys than girls are diagnosed with learning disabilities.¹⁴² However, other research indicates that there is little gender difference between boys and girls in terms of learning disabilities, but that more boys than girls are formally diagnosed.¹⁴³ It may be the case in North Macedonia that more boys are formally diagnosed, especially in relation to disabilities such as ADHD and autism, but the gender imbalance in SEN classification is not known and does not appear to have been explored. This lack of exploration into gender imbalances in SEN classification suggests a critical need for further research. Understanding how diagnostic practices, cultural attitudes, and systemic barriers intersect with gender norms could help uncover hidden inequities and inform targeted interventions.

Figure 5: Number of children with special educational needs in school by gender



Inclusion in secondary education has not progressed to the same extent and special schools for secondary education (14 to 15 age group) are still in operation. A Bill is currently before Parliament to promote inclusion in secondary school but at the time of writing had still to be adopted. Without inclusion in secondary school, children transitioning from primary to secondary will be faced with the option of attending special secondary schools or ending their education.¹⁴⁴

The Law on Social Protection also provides for specialised services for children with disabilities and their families such as: personal assistance, respite care, halfway houses, as well as improvement of the quality of existing services, including expert care and support, day care centres, assisted living, and foster care. However, implementation of these provisions has been sporadic and uneven across the country with community-based services suffering from fragmentation and underdevelopment.¹⁴⁵ As a result not all children with disabilities have been reached.

While children with disabilities have benefitted from the DI reforms to the extent that they were moved from institutional care to small group homes or foster care, it appears that the DI process has not continued and that they remain in residential care rather than family-based care for long periods of time, a practice

¹⁴¹ Inclusive Development Partners, Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia, December 2022, accessed at:

<https://evaluationreports.unicef.org/GetDocument?fileID=44837&documentID=17671>

¹⁴² Abdullah, M. Q., Gender difference in learning disabled children Neuropsychological review, Available at: 10.32474/RRHOAJ.2018.01.000111.

¹⁴³ Quinn JM, Wagner RK. Gender Differences in Reading Impairment and in the Identification of Impaired Readers: Results From a Large-Scale Study of At-Risk Readers. *J Learn Disabil.* 2015 Jul-Aug;48(4):433-45. doi: 10.1177/0022219413508323. Epub 2013 Oct 23. PMID: 24153403; PMCID: PMC3997651.

¹⁴⁴ KII with staff from Ministry of Education, Skopje, 22 March 2024.

¹⁴⁵ Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy.

noted with concern by the CRC in its 2022 concluding observations,¹⁴⁶ and by the CRPD who raised concerns relating to the absence of services and personal assistance for promoting independent living. In addition, the CRPD Committee noted that the State continued to allocate more funds to institutions than to community-based services.¹⁴⁷ The difficulty of placing children with disabilities in family based care was noted by staff of the small group home for children with disabilities “Topansko Pole”:

“The children that are already here will most likely stay as they have a disability”¹⁴⁸

Keeping children in small group homes for long periods of time also means that places for new children become limited and indeed many of these facilities for children with disabilities are already at maximum occupancy. Without developing a greater number of family- based care placements for children with disabilities, it is almost inevitable that, over time, new small group homes will need to be opened.

6.7.2 Hard to place children

The Roma form just 2.53 per cent of the population but their children face major challenges, including stigmatization, poverty, poor housing, lack of documentation and segregation in the education system, despite Roma inclusion being one component of the Government’s implementation of the Ohrid Framework Agreement. Enrolment rates in education are lower for Roma children than for children from other population groups, with data indicating a decrease in enrolments from one school year to another of about 6 per cent.¹⁴⁹ Gender differentiation is also evident in education, with the participation rate higher for Roma girls (60 per cent as against 40 per cent for boys) while the drop-out rate for girls is also 24 per cent lower than for boys.¹⁵⁰ The high drop-out rate, especially for boys, leads to low levels of literacy among Roma and in turn, to low levels of formal employment.¹⁵¹ In terms of improving the situation, scholarships and mentoring/tutoring programmes have been provided to Roma students since 2009, to improve their success rates across all educational levels with 40 education mediators hired in 2022/2023 to support Roma children in primary education.¹⁵² Overall, the numbers of Roma students with SEN enrolled in primary education has risen, albeit slowly, from 0.75 per cent of the school population in 2019 to 1.20 per cent in 2022.¹⁵³

Enrolment criteria for Roma students in secondary schools have been eased to encourage continued education, allowing admission to public high schools with 10 per cent fewer points than required in the overall competition for enrolment,¹⁵⁴ with an increase in the number of Roma children in secondary schools.

There are no figures for the number of Roma children in the care system. The ill-treatment of Roma children in institutional care was a catalyst for deinstitutionalisation, and they have benefited equally from the closure of the institutions. However, access to social protection and support services remains limited. In 2017, almost all children begging in the street were reported to be Roma children (328 out of 337).¹⁵⁵ Roma children leaving the care system also noted that the only option for them was to live on the street when their care ends at the age of 18.¹⁵⁶

¹⁴⁶ CRC 2022 Concluding observations on the combined third to sixth paragraph 29.

¹⁴⁷ Committee on the Rights of Persons with Disabilities, concluding observations on the initial report of the former Yugoslav Republic of Macedonia, 2019, paragraph 31.

¹⁴⁸ KII with director and staff from Topansko Polje, Skopje, 19 March 2024.

¹⁴⁹ UPR State Report.

¹⁵⁰ Ibid, para. 64.

¹⁵¹ ERRC, Promising Change for Romani Children in North Macedonia at p.7.

¹⁵² UPR State Report of North Macedonia.

¹⁵³ Ibid, para 72.

¹⁵⁴ Strategy for inclusion of Roma 2022-2030 .

¹⁵⁵ UNICEF North Macedonia, Country Programme Document 2021-2025, 16 November 2020, page 3.

¹⁵⁶ ERRC, Promising Change: Romani Children in State Care in North Macedonia, 2023.

6.8 What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain?

The impact of the child care reforms has been the closure of all large scale residential institutions for children and an increase in the use of other forms of alternative care. The reforms have supported the development of small group homes as well as foster care (both kinship foster care and non-relative foster care) as an alternative to institutionalisation. A number of challenges remain.

6.8.1 Small Group Homes

With the closure of all residential institutions, North Macedonia established small group homes to accommodate children in need of care. Small group homes are defined in the 2008 DI Strategy as a place *“where a group of people (in need of support) live together and are supported by professional and other care workers. They are situated in ordinary or regular community-based environments, residential areas and ordinary houses or apartments”*.¹⁵⁷ Small group homes are run under the umbrella of the former residential institution,¹⁵⁸ with most situated in rented apartments or houses. The decision to rent accommodation rather than to transform State property was part of the DI Strategy, based on the premise that it is easier to empty or close a leased small group home when no longer needed. The decision was not welcomed by all staff working in small group homes who felt a more appropriate environment could be provided in State owned properties, which could be adapted to suit children with disabilities more effectively.

At present, the findings indicate the existence of 36 public small group homes throughout North Macedonia, as illustrated in the table below. However, evidence was given of some homes funded by NGOs, the number of which is not known. The number of small group homes is not fixed and fluctuates depending on the number of children residing in them.

Table 9: Number of Small Group Homes

Institution	Number of SGH
Home for Infants and Small Children – Bitola	5 (2023)
Children's Home "11th of October" for children without parental care – Skopje	4 (2023)
Topansko Pole	6 (2023)
Banja Bansko	5 (2021)
Demir Kapija	9 (2021)
25 May - Public Institution for Children with Upbringing and Social Problems and Disordered Behaviour is divided into:	
- Upbringing and Social Problems	3 (2023)
- Disordered behaviour	1 (2023)
Homes under the Centres for Social Work:	
- Shtip	1 (2023)
- Berovo	1 (2023)
- Kavadarci	1 (2023)

In each of the homes, there are approximately five to eight residents. However, estimating the exact number of children in each small group home is challenging, particularly because some homes also accommodate adults with disabilities (the Law on Social Protection extends the definition of a child to include a person with disabilities up to the age of 26). For example, during data collection it was found that in the small group homes of 'Topansko Pole,' in April 2024, there were 28 residents, with only five children

¹⁵⁷ Deinstitutionalization Strategy for 2018-2017, the former Yugoslav Republic of Macedonia (now North Macedonia), http://www.mtsp.gov.mk/content/pdf/2019pravilnici/23.4_National%20Deinstitutionalisation%20Strategy%20and%20Action%20plan.pdf

¹⁵⁸ During the data collection there was an indication that there was one NGO small group home. It was not possible to verify this.

under the age of 18, nine between the ages of 18 and 26, and 14 above the age of 26. Most of the children in Topansko Pole are divided in small groups according to their degree of disability, those with mild disabilities and those with moderate to severe.

While the majority of interviewees believe that the small group homes provide superior care in comparison to old-style institutions, there is some concern with regard to the quality of care provided and the extent to which small group homes are able to provide “family-type” care. All carers work in shifts, which raises attachment concerns. High staff turnover also impacts on the ability of accommodated children to build meaningful relationships with staff.¹⁵⁹ Children remaining in small group homes have not yet been integrated into family-based care, meaning that Outcome 4 of the ToC has not been fully achieved.

Most of the staff working in the small group homes transferred from the residential institutions and continue to be operate under their management. While the staff have undergone training programmes during the transformation process, there is some concern about their ability to change their mindset: from ‘managing’ children according to the rules in the old style residential institutions to providing a more informal setting and building relationships with the children in their care. This was observed amongst some staff in a home for children with difficult behaviour where the individual treatment plan consisted of children required to abide by house rules, provisions relating to personal hygiene, involvement in extracurricular activities and relationships with family and friends.¹⁶⁰ There was no evidence of a therapeutic approach being taken to address individual children’s problems or regular access to counselling. The staff, who are social workers or pedagogues felt themselves ill-prepared to work with these children, and inclined towards a punitive approach to emotional and behavioural difficulties, believing for instance, that children accused of theft were better off in pre-trial detention than remaining at the small group home.

Lack of activities was also noted in the small group homes for children under three in Bitola. Caregivers seldom took babies outside the homes except for medical appointments or essential reasons. They viewed outdoor time as unnecessary for such young children, with toddlers remaining indoors and not socialising or engaging with the local community at all. The small group homes for children with disabilities appeared to provide more engaging activities, including crafts, sports, and organized outings, albeit contingent on available funding.

There are two major remaining challenge for small group homes: first how to move on children currently resident in small group homes into family-based care or semi-independent living (for older children). Second, how to avoid placement of children in small group homes and ensure immediate placement into a family based setting. This can only realistically be done by establishing a cadre of emergency of short term foster carers.

6.9 How and why did the DI reforms make a difference in terms of strengthening/establishing prevention services and family-based alternative care services, if any? What challenges remain?

The major reform in terms of prevention services occurred with the Law on Social Protection 2019, which places a duty on municipalities to provide social protection services, including: services for information and referral, professional assistance and support, counselling services, home-based assistance, community services, and out-of-family care services. Despite the legislation, only a few of the services to be made available for children with disabilities under the legislation have been implemented. Services, such as respite care, halfway homes, mobile teams, occupational rehabilitation and crisis intervention services have yet to be developed.¹⁶¹ Unlike many of the neighbouring States, in North Macedonia, government bodies, rather than NGOs or CSOs remain the predominant service providers, but municipalities lack the capacity to establish services and suffer from both a lack of incentive as well as constraints in local budgets.¹⁶² There

¹⁵⁹ It was not possible to find any standards for small group homes that touched on ‘regime’ or standards of care.

¹⁶⁰ Ibid.

¹⁶¹ Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy.

¹⁶² Ibid, page 46.

are some non-State providers, but such services are often provided on a project basis and are not always sustainable.

6.9.1 Prevention services

While the Law on Social Protection includes the establishment of prevention services, the prevention services that exist are of inconsistent quality and provide only limited coverage,¹⁶³ which means that Outcome 2 of the ToC has not been fully achieved. There were 31 day care centres in 2020 (the last year for which figures are available). They are managed by the Centres for Social Work¹⁶⁴ and provide support for children with disabilities who do not attend school, (either because they are too young or cannot be included due to the adaptations that would need to be made to the primary school). Some day care centres specialize in providing support for particular disabilities, such as autism, down syndrome, cerebral palsy etc. However, the majority operate without additional complementary services such as rehabilitation, respite care, or physiotherapy, and are more often used as a "respite" care service for the parents during the day.¹⁶⁵ Of the 31 day care centres currently available, most were opened before the evaluation period, between 2002-2006.¹⁶⁶ 308 children with disabilities were registered as attending day care centres in 2022.¹⁶⁷

The IPA in their mid-term evaluation of the DI Strategy found a number of challenges facing the provision of prevention services for children with disabilities, including:

- Predominantly located in urban areas, posing accessibility challenges for individuals residing in rural areas. For instance, children living in small group homes near Demir Kapija were not able to access day care and rehabilitation services.¹⁶⁸
- Limited availability of services tailored to the needs of all individuals with disabilities.
- Delays in identifying and assessing the needs of children with disabilities.
- Inadequacies in the system for developing individual plans for children with disabilities.
- Insufficient support provided to infants, young children, and their parents during crucial developmental stages.
- Lack of involvement of users, parents, and communities in the planning of services.¹⁶⁹
- Gender imbalance: users are predominantly male: 60 per cent as against 40 per cent female in 2020, a figure that has remained relatively static since 2016.

A further issue, limiting the use of day care centres, highlighted in Bitola, was the practice of mixing children and adults with disabilities. Parents expressed concern at the practice and whether their children were adequately safeguarded and activities and care were appropriate. As a result of these concerns, children do not attend the day centre but attend a NGO service highly rated by its users.¹⁷⁰ This includes children with disabilities living at the small group home for children in Bitola.

In terms of prevention services for children with disabilities, the Law on Social Protection has established home-based services to ensure they continue living in their family environment. These services are divided into home care and personal assistance. The beneficiaries of these services include people with severe disabilities, people with complete visual impairment, as well as the elderly.

¹⁶³ Ibid.

¹⁶⁴ ISA, Report on the Organization and Functioning of Day Care centres for People with Disabilities During the COVID-19 Pandemic, December 2020.

¹⁶⁵ Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy.

¹⁶⁶ Ibid.

¹⁶⁷ Inclusive Development Partners, Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia, December 2022, accessed at:

<https://evaluationreports.unicef.org/GetDocument?fileID=44837&documentID=17671>

¹⁶⁸ Ibid.

¹⁶⁹ Mid-term evaluation of the DI Strategy.

¹⁷⁰ KII with director and staff at small group home for children with disabilities, Bitola , 19 March 2024.

The Law on Social Protection provides for a range of personal assistance services, intended to facilitate independent living, active participation in the community, and engagement in daily activities typically performed without assistance. The service is available for up to 80 hours per month.¹⁷¹ While the Law originally envisioned this service being available only to adults, it was extended to children with disabilities, and from 2020 covers persons from 6 years to 65 years.¹⁷² The home care service is available to individuals whose parents or other guardians are unable to provide assistance due to work engagements or health reasons. Personal assistance and home care services have not developed uniformly across all regions and children do not appear to benefit proportionately. Data from 2021 recorded 145 personal assistants.¹⁷³ However, in 2022 only 30 children were reported as having benefitted from a personal assistant.¹⁷⁴

6.9.2 Family-based alternative care services: foster care

Foster care and kinship care are established by the Law on Social Protection 2019 and relevant bylaws.¹⁷⁵ The Law introduced regional support centres for foster care, including kinship care.¹⁷⁶ UNICEF together with MoLSP, opened two support centres for foster care, one in Skopje and one in Bitola, which offer assistance and support to both new and existing foster families.¹⁷⁷ The third foster care support centre has been established within the SOS Children's Village in Skopje. The support centres have taken on some of the duties previously undertaken by the centres for social work. In particular, the role of the support centres for foster families includes foster parent recruitment, training, assessment, and continuous professional support. The CSW continue to determine whether a child needs a foster placement, and then request the support centre to identify a family. Once the matching is complete, the support centres prepare the family while the CSW continue to work with the child. The preparation of potential foster families involves multiple training sessions covering topics such as integration, potential challenges and strategies for overcoming them, roles and responsibilities, and support networks, among others.¹⁷⁸

In practice, although the CSWs retain responsibility for the child and appoint a guardian for each child in foster care, the support centre in Bitola was also providing support to foster children as part of the foster family. The support centres provide a valuable service. The narrow remit of their activities compared to the CSWs allows them to focus and build up their skills and experience in dealing with foster care and children in the care and protection system. They have time to address the needs and problems of foster carers as they arise and, in Bitola, sufficient space in the support centre offices to offer ongoing training and social events for foster carers and the children, creating a community of foster carers who can share experiences and support one another. While it is good practice to have two social workers: one social worker to support the foster carer and one social workers supporting the child, given the limited capacities of the CSW it would arguably be more efficient at the present time to shift the responsibility for a fostered child to the support centres (with a different social worker to the one allocated to the foster carers if possible), a perspective shared by staff members at the support centres:

"The system is not well placed: on the one hand there is the CSW, which is in charge of the children and, on the other hand, we are in charge of the parents... There is no natural division of obligations.

¹⁷¹ Law on Social Protection.

¹⁷² Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy, page 38.

¹⁷³ Ibid.

¹⁷⁴ Inclusive Development Partners, Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia, December 2022.

¹⁷⁵ See Regulation no. 268 on the detailed criteria for selecting foster families, the types and number of beneficiaries that can be accommodated in one foster family, and the standards for providing services based on the type of care,

¹⁷⁶ North Macedonia, Law on Social Protection 104/2019, Article 111.

¹⁷⁷ UNICEF, New Support Centre for Foster Families opened to expand family-based services for children without parental care, 26 July 2021. Available at: <https://www.unicef.org/northmacedonia/press-releases/new-support-centre-foster-families-opened-expand-family-based-services-children>

¹⁷⁸ FGD with staff from Foster Care Centre in Bitola, 20 March 2024, Skopje, North Macedonia.

We are closer to the family and naturally closer to the challenges the child might be facing. The CSW do not visit the child, so the child does not benefit from any support from them.”

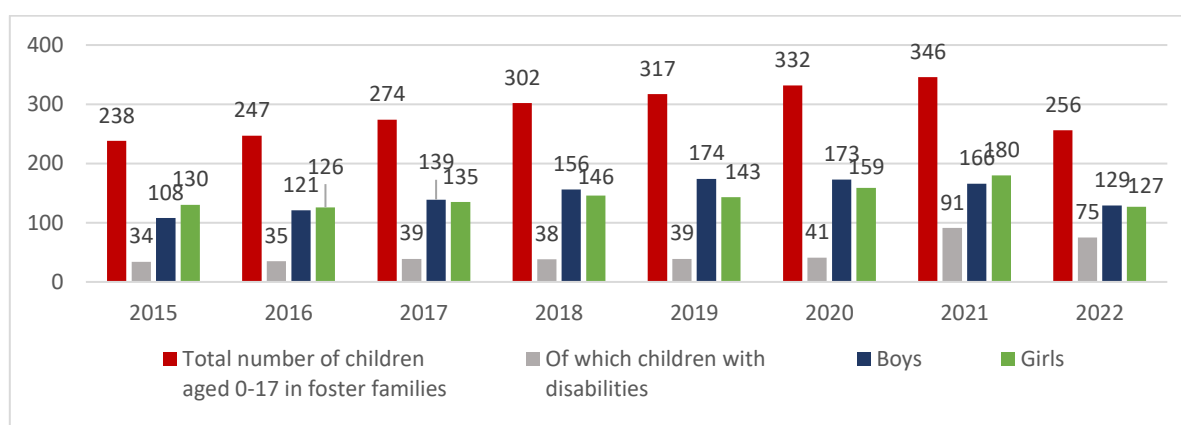
Interviews with foster parents confirmed the lack of contact with CSWs, noting that in some cases, nobody from the CSW had visited for years, and a lack of support from CSW in cases when children have health issues. They reported a greater level of support for the child being provided by the support centre.

“Well, we mainly keep in touch with the support centre for foster families. We only call CSW when we need documents.”¹⁷⁹

“They haven’t been to see us for a year at least. The guardian for my child didn’t answer when I called to say that the child has chicken pox. Then I called the staff here in the support centre and someone answered immediately.”¹⁸⁰

As can be seen from the chart below, the number of children in foster care rose every year until 2021, followed by a significant fall in number in 2022. The number of children with disabilities fostered in 2022 has decreased but not to the same extent as children without disabilities. The increase in the number of children in foster care demonstrates progress towards Outcome 4 of ToC.

Figure 6: Number of children in foster care



Source: TransMonee 2023

The rise in numbers was largely attributed to the success of the awareness raising campaign conducted by UNICEF in partnership with the Ministry of Labour and Social Policy, which led to significant shifts in societal norms surrounding fostering. Changes in the legal framework may also have contributed to this increase. The reason for the fall in the number of foster placements in 2022 is not known but appears to relate partly to the impact of COVID-19, partly due to the economic downturn and inflation and partly due to foster carers aging out of the system or feeling that after a period of years, that they no longer wished to continue as foster carers. It is also the case that some foster parents are closely bonded to their foster children whom they may have cared for over a period of years, after which the child is either reunified, reintegrated or adopted (in practice, foster carers are not able to adopt a foster child). Foster parents related experiencing loss and grief when a long term foster child returned home or was moved to another placement and were unwilling to face such loss again. There is little support available for this aspect of foster carer’s experience, but one which is likely to impact on the willingness to take another foster child.¹⁸¹

Data on children leaving foster care is available only for 2022, when 49 children, including 11 children with disabilities, transitioned out of formal foster care. Data shows that 55 per cent left foster care due to family reunification, 20 per cent were transferred to formal residential care, 12 per cent were adopted, and 10 per cent began independent living.

¹⁷⁹ KII with Foster Parent (1) in Skopje, 21 March 2024.

¹⁸⁰ KII with Foster Parent (2) in Skopje, 21 March 2024.

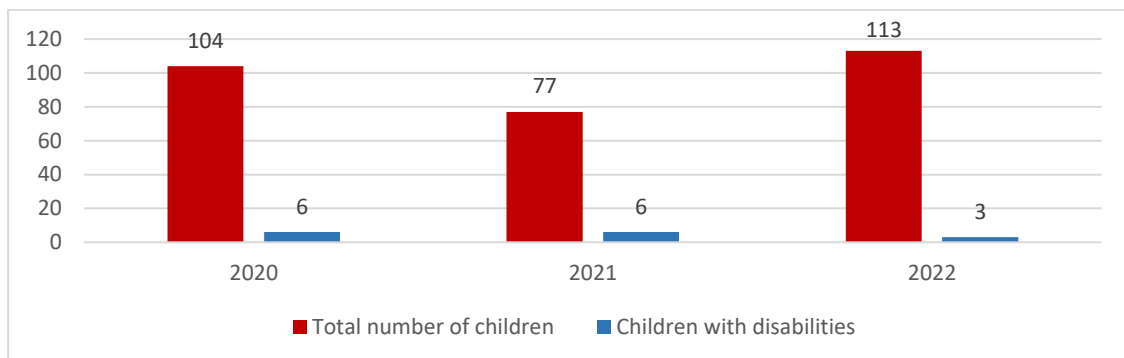
¹⁸¹ KII with Foster Parents in Skopje, 21 March 2024.

While official data on the breakdown of foster care is unavailable, interviews have indicated that it occurs frequently, primarily due to the absence of community support services for foster parents.¹⁸²

“60 per cent of children in foster care are with special needs, and some families where they take care of a challenging child, are burned out. They face many challenges because the network of local support is underdeveloped and they simply cannot cope. There is no day care centre, no speech therapist – there is only so much we can do.”¹⁸³

Data for kinship care is only available from 2020, and is illustrated below in Figure 7. When compared to children placed in foster families, the number of children in kinship care is significantly lower.

Figure 7: Number of children in kinship care (2020-2022)



UNICEF has played an important role in promoting foster care. Between 2017 and 2019, UNICEF together with MoLSP, developed the “Every Child Needs a Family Campaign” the aim of which was to progress implementation of the DI reforms and transformation of the residential institutions, by mobilising support for community-based alternatives and the recruitment of potential foster families. The foster care campaign started with enthusiasm and led to initial highly positive results.

Recruiting sufficient foster carers was reported by foster care support centres as currently presenting a challenge. The majority of foster/kinship families are located in the capital, with some areas without foster carers. Despite the success of the awareness raising campaign there are still not enough foster carers to meet the needs of children requiring an alternative care placement, particularly for children with complex disabilities, child victims of violence and children with emotional and behavioural difficulties. Challenges in recruiting may also be related to the fact that the active recruitment campaign ended in 2019 and its message has diluted, and the level of expenses paid (though it would appear that UNICEF supported a new campaign in 2023). Fostering rates for children with disabilities remained relatively stable over the period 2015 – 2020, with a peak in 2021, possibly due to the need to remove children from residential institutions during COVID-19. Payments to other foster carers are low. In most cases the payment is just enough to cover the basic costs however participants noted that in cases when the child gets ill the money is not enough to cover the medicine.¹⁸⁴

A further challenge to retaining foster carers is contained in the Law. According to Regulation No. 268 on the detailed criteria for selecting foster families, the foster carer should be at least 18 years older than the child and no more than 50 years older. Exceptions to this Rule apply if the child is placed in kinship care or if it is determined to be in the best interest of the child.¹⁸⁵ If the Regulation remains un-amended it is likely to impact on the number of foster carers available. In Bitola, the average age of foster carers is 55 years of

¹⁸² FGD with staff from Foster Care Centre in Bitola, 20 March 2024, Skopje, North Macedonia.

¹⁸³ FGD with staff from Foster Care Centre in Bitola, 20 March 2024, Skopje, North Macedonia.

¹⁸⁴ KII with Foster Parent (1) in Skopje, 21 March 2024.

¹⁸⁵ Ministry of Labour and Social Protection, Regulation no. 268 on the detailed criteria for selecting foster families, the types and number of beneficiaries that can be accommodated in one foster family, and the standards for providing services based on the type of care, 24 December 2019, Article 3.

age,¹⁸⁶ with couples whose children are now grown up and left home being the most likely to offer themselves as foster carers. The age limit means that foster carers are likely to age out and no longer be eligible to foster a child under this Rule. While efforts should be made to increase recruitment of young foster parents, consideration should also be given to amending the regulation to permit older foster carers to come forward.

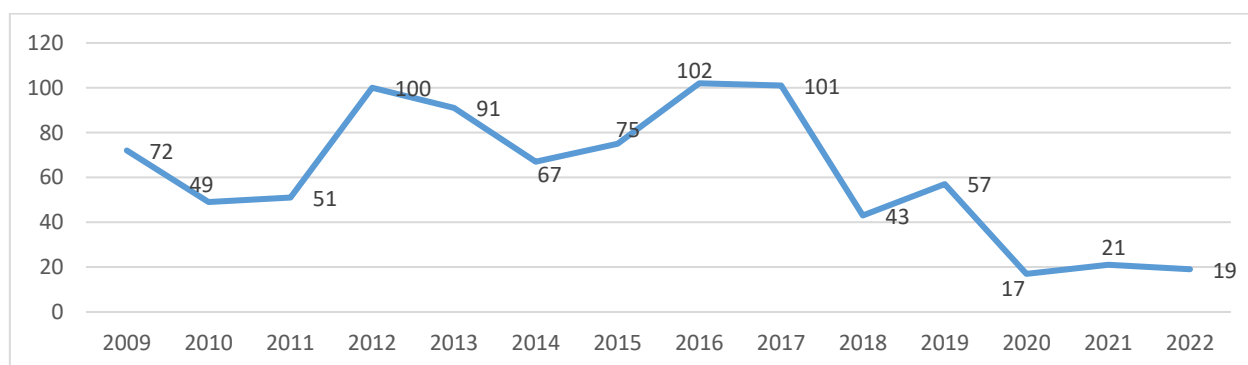
Going forward it will be important to monitor the number and availability of foster carers to assess whether the changes in the legal framework, financial support and the establishment of the support centres for foster care are sufficient to promote and sustain the foster care system or whether further awareness raising, incentives and support are required.

6.9.3 Adoption

The Family Law regulates the adoption process in North Macedonia. However as noted by the European Commission, the legal provisions on adoption do not meet international standards.¹⁸⁷ As mentioned above, the Family Law is currently under revision, and it is anticipated that changes to adoption will be incorporated bringing it in line with international standards.

The evaluation did not examine adoption as it was not specifically covered in the ToR. However, adoption is one end of a spectrum of alternative care options, and can provide a permanent, stable family for a child in need of alternative care who cannot be reunified with his or her immediate or extended family, and especially for very young children. Figure 8 below shows data from TransMonee covering the number of children adopted from 2009 until 2022. The data should be treated with some caution as up until 2020 it includes open adoption cases. From 2020 the number of adoptions relate to full adoption where the child becomes for all purposes the child of the adopters. As can be seen the overall number of adoptions is very low in. Most of the children adopted between 2020 and 2022 were below the age of six (17 out of 19 in 2022), and one-third below the age of one year. Of those adopted in 2022 two were children with disabilities. In the last three years, there was only one international adoption.

Figure 8: Number of children adopted throughout the years (2009-2022)



Source: *TransMonee Data 2019 and 2022*

There are a number of challenges facing those who wish to adopt a child. Participants referred to the slow matching and adoption process which can take up to three years.¹⁸⁸ Further, anecdotal evidence indicates that it is not possible for foster parents to adopt their foster child. This would appear to be related to the

¹⁸⁶ FGD with Bitola Support Centre for Foster Care.

¹⁸⁷ European Commission, North Macedonia 2023 Report, 8 November 2023. Page 35.

¹⁸⁸ Dunn, A. Deinstitutionalisation and the development of child protection and family based alternative care services for children.

mechanisms by which adopters are chosen for a child.¹⁸⁹ The reason for this provision was presumably to stop privately arranged adoptions and to stop foster parents agreeing to foster a child, as a short-cut to adoption. The provision however, may not be in children's best interests. Where a child has spent a considerable time with the foster carers, and is settled and integrated into the family, and at the same time is unlikely to be reintegrated with the biological parents and there are no kinship carers willing to take the child, adoption by the foster carer may well be in the child's best interests. At present the only route to adoption for such a child is another move of placement to a prospective adopter. As noted a revision of the Family Law is currently taking place and will hopefully reconsider the prohibition of adoption by foster carers.

6.10 What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms?

A number of participants expressed the view that COVID-19, along with political changes, had a significant impact on the progress of reforms, which have not yet regained their momentum.¹⁹⁰ For example, the coordination mechanism for DI, involving key stakeholders ceased functioning during the COVID-19 pandemic. The failure to restart the mechanism was put down to government changes and a lack of political prioritisation of the reforms.

COVID-19 also had a significant impact on children, especially those with disabilities and other vulnerable groups, by reducing access to social and child protection services, as well as to healthcare and education. While Eastern Europe and Central Asian countries closed schools for an average of 14 weeks, schools in North Macedonia schools remained closed for 54 weeks. The closure of schools led to a rapid shift to online platforms, providing a temporary solution during the lockdown period and allowing children to continue their education. The use of online platforms presented an opportunity to integrate digital tools more widely into the existing education infrastructure, but at the same time created significant inequalities of access. Roma children and other children living in poverty were unable to participate due both to a lack of electronic devices and internet access.¹⁹¹ In addition, there were a lack of online classes to meet the needs of children with disabilities. Further, children with disabilities who attended special schools faced closure of the schools for a period of three months, with no educational activities arranged during the months of school closure.¹⁹²

Children in small group homes were particularly impacted by COVID-19 as they could not be visited by families during periods of the pandemic to prevent spread of the virus. The hiatus in visits has resulted in a decrease in the frequency of family visits to the children even after restrictions were lifted.¹⁹³ Similarly, there has been a decrease in the number of children attending day care centre as a result of COVID-19.¹⁹⁴

At the same time, the pandemic accelerated certain aspects of reform. For example, training for social workers transitioned online, allowing continued professional development despite restrictions.¹⁹⁵ This shift to digital learning for social workers could have long-term benefits in terms of accessibility and reach, providing opportunities for broader participation in training programs.

7. Efficiency

¹⁸⁹ The system under the Family Law requires that the files of three prospective parents are sent to the Commission for the Establishment of Adoption, based on the number of points the prospective adopters have, which is governed by the Rulebook on the Closer Criteria and the way of Electronic Choice of Adopter. There is no exception to this requirement within the Law, and thus it is not possible for the child to be matched with a particular adopter with whom the child is living.

¹⁹⁰ KII with (former) DI coordinator at MOLSP, 18 March 2024; KII with UNICEF, 09 April 2024.

¹⁹¹ Strategy for inclusion of Roma 2022-2030

¹⁹² United Nations, Situational Analysis of the Rights of Persons with Disabilities in the Republic of North Macedonia 2021.

¹⁹³ KII with director and staff from Topansko Polje, Skopje, 19 March 2024.

¹⁹⁴ FGD with social workers, online, 27 March 2024.

¹⁹⁵ FGD with the Center for Social Work in Bitola, 20 March 2024.

Key findings:

- The current use of human resources in CSWs is inefficient: there are too few social workers, covering too wide a remit and with heavy caseloads;
- Cases of child abuse, neglect and exploitation are not always managed by qualified social workers, leaving children at risk.
- Child protection prevention and response services are inadequately funded;
- Staff in small group homes for children with emotional and behavioural difficulties are not sufficiently trained and counselling and the level of psychological services available for these children is inadequate.

7.1 How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts?

7.1.1 Human and technical resources

The CSWs are the main providers of care and protection services for children, including responsibility for supporting families and preventing the separation of children, receiving and dealing with allegations of child abuse, neglect and exploitation, handling DI and placement of children in need of protective interventions and alternative care.

In 2016, the total number of employees across all 30 CSWs was 1,112. Of these, only 22 percent were social workers (222), 32 per cent was made up of other professional staff such as lawyers, psychologists, sociologists and pedagogues (333), while 46 percent of the total were administrative staff,¹⁹⁶ who are reported to be political appointments, and not necessarily trained in child protection. In 2023, the total number of employees is unknown, but the reported number of employed professionals across all 30 CSWs is 477 (down from 555 in 2016), 249 of whom are social workers.¹⁹⁷ The remaining number of professionals consist, as before, of lawyers, psychologists, and pedagogues.

The licensing process for social workers in North Macedonia was first introduced in 2009, with professionals initially licenced in 2012. At that time, there was only one type of licence available for performing professional work.¹⁹⁸ The 2019 Law on Social Protection introduced multiple types of licences, allowing professional workers to acquire different forms of licence depending on the institution in which they worked. In CSWs, professional workers assigned as case managers are required to obtain a special license for case management.

From 2019 onwards the Institute for Social Activities began collecting data on the number of licensed social workers. From the available data, the number of licensed social workers has seen a significant decrease, from 122 in 2020 to only 60 in 2022 and 48 in 2024.¹⁹⁹ While specific figures for other years are unavailable, this sharp decline raises concerns. The decline may be due to several factors, including the profession's low appeal, high caseload, and insufficient support. Alternatively, it may be that social workers do not apply for a licence and continue to work on case management without a licence. The drop in licenced social workers is a matter that should be investigated by MoLSP as a matter of priority.

The limited number of social workers undertake a range of tasks, dealing with the elderly, children, families and persons with disabilities. When dealing with children and families, their work includes cash transfers, custody and access disputes, failure to pay maintenance, arrangements for children following divorce, children with disabilities, children under the age of criminal responsibility who commit criminal acts, child protection cases and a range of administrative tasks. Information gathered during data collection reveals that social workers generally have a high case-load, are low paid and poorly managed and lack sufficient

¹⁹⁶ Nechev, Z., Petrushev, H. "Report on the Work of the Social Work centres in Republic of Macedonia", Institute for Democracy "Societas Civilis", Skopje, September 2016.

¹⁹⁷ Data provided by MOLSP, 2024.

¹⁹⁸ Information provided by MOLSP, 2024.

¹⁹⁹ Data provided by MOLSP, 2024.

professional supervision.²⁰⁰ The overload of cases on social workers inevitable impacts on the quality of service that can be offered.

*"I could have 20-30 cases at a time. In one week it can happen that there are two family domestic violence cases, a delinquent child and a divorce case. In that week we will deal with all of these cases: the whole team is involved. If I, as a social worker have to take all of these cases in one week, nobody asks if I can or can't manage. There are deadlines to observe, and we must make a good assessment so a decision can be made on an informed basis. We are also taking care of financial entitlements and I have cases of children with disabilities: I have to care of those individuals. So I have a very wide range of cases that I juggle at the same time. I am a social worker."*²⁰¹

The current use of human resources and the current case management approach for children in need of care and protection raise issues of both effectiveness and efficiency. In accordance with the Draft Rulebook on Case Management, when a child or family is/are referred, a case file is to be opened for the family. The rationale for this is that although families may initially present as having financial problems, there may be other difficulties and opening a 'family' file provides an opportunity to assess the whole family. While this is understandable, it is unlikely to be an efficient approach, as it requires assessment of children for whom there is no presenting problem or allegation of abuse etc. A further reason for the family approach is that a child who is referred as being at risk is part of a family, and needs to be assessed within the context of the family. The result of the family approach is that a separate file is not opened for the child. This is the case, even when it is recognised that there is likely to be a conflict of interest between the child and the parents / carers.

While it is important that the child is seen as part of a family and that the strengths of the family are assessed, protection of the child, and the child's best interests (and not that of other family members or the family as a group) must be prioritised and placed at the heart of the assessment. Social work skills are essential in supporting families, and in undertaking a child protection assessment and determining risk to the child. These are not skills taught to lawyers, pedagogues or psychologists. While it is understood that the decision to allow different professions to be case managers was to address the shortage of social workers, and that there is still a shortage of social workers, this is an issue that needs to be addressed and, as a matter of effectiveness and efficiency, the need for social work expertise and skill recognised.

Despite the positive changes contained within the Law on Social Protection, the Law did not include a restructuring of the institutional framework and does not separate the administration of financial assistance from the provision of social services.²⁰² The administration of cash benefits by the CSW consumes much of the time of the professionals, and eats into the time of social workers for engaging in preventive social work and addressing the broader needs of the community efficiently and effectively.²⁰³ Separating the administration of financial assistance from social services within CSWs would benefit professionals to focus on preventive and community-oriented work thereby enhancing the overall effectiveness of social service delivery.

As part of the DI process, the Government decided to redeploy existing residential institutional staff to work in the small group homes, and to rent apartments rather than build or buy small group homes. The use of

²⁰⁰ Interview with former Minister of Labour and Social Policy, 21 March 2024, Skopje, North Macedonia; FGD with the Center for Social Work in Bitola, 20 March 2024; FGD with social workers, online, 27 March 2024.

²⁰¹ FGD with social workers, online, 27 March 2024.

²⁰² Bogoevska, N., Bornarova, S. (2021). Analysis of the Law on Social Protection implementation and challenges: Delivery and financing of social services, Skopje. "Supporting modernization and deinstitutionalization of social services" Europe Aid/139649/DH/SER/MK, Project financed by the European Union and implemented by Eptisa.

²⁰³ UNICEF, Realising Children's Rights through Social Policy in Europe and Central Asia - A Compendium of UNICEF's Contributions (2014—2020), available at:

<https://www.unicef.org/eca/media/14276/file/UNICEF%20ECA%20Compendium.pdf>

existing residential care staff, who received training to enable a smooth transition,²⁰⁴ was efficient in that continued employment reduced resistance to the transformation of residential institutions, and staff were already known to the children. However, not all staff have found the change of regime and the greater freedom offered to children in the small group homes easy to adapt to.²⁰⁵

The decision to rent apartments rather than build or buy small group homes for children deinstitutionalised from the residential institutions was to emphasise the short-term nature of placements and to prevent the long term existence of small group homes. Views on the efficiency of this approach vary. Some participants noted that not all the apartments or houses rented were particularly suited to the needs of children and, as they are rented, cannot be adapted.²⁰⁶ There are also concerns that the lease may expire when the home is still needed and not be renewed, causing the children to move. However, other participants believed this approach to be more efficient, as it allows for flexibility: homes could be vacated and closed simply by ending the lease when they were no longer needed.

In order to promote inclusive education, several hundred education assistants were appointed to assist children with disabilities. This has enabled more children with SEN to attend school. However, there is a recognized need for more assistants to support all children with disabilities requiring assistance.²⁰⁷

7.1.2 Financial resources

Although the Law on Social Protection requires municipalities to submit an annual social plan for community services on which funding is based,²⁰⁸ only a few municipalities have complied with this requirement at the time of writing. The result is a low level of support for community-based services, with reliance on project-based services funded by external donors or local NGOs.²⁰⁹

The 2018-2027 DI Strategy envisions decentralized funding for new services, with funds previously allocated to institutional care gradually shifted to community-based care. One of the main principles of this transformation is that "*money follows the user*". This means that when a user resettles into the community, the funding they received for institutional care should follow them to support their community-based care. However, to date there has been no progress in decentralized funding for community-based services and the '*money follows the user*' principle is currently lacking in the existing service system.²¹⁰

In 2017, a line for social services and deinstitutionalization was included in the national budget, ensuring that all funding allocations were clearly designated and ring fenced. Over the evaluation period, the budget for social services and deinstitutionalization has increased significantly, growing from 25 million MKD in 2018 to 242 million MKD in 2022.²¹¹ However, only 11 per cent of the budget for social services is allocated for community services, while 89 per cent is designated for financial support,²¹² leaving child protection prevention and response services struggling for adequate funding.

Each public institution for social protection (including transformed residential institutions which administer small group homes) develops an annual operating programme which defines the type, scale, content, and quality of services they provide and submits it to MoLSP. The budget funds cover the costs of children's placement and care, as well as maintenance of the buildings.

²⁰⁴ Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy.

²⁰⁵ FGD with social workers, online, 27 March 2024.

²⁰⁶ Interview with staff from 25 May, 21 March 2024, Skopje, North Macedonia.

²⁰⁷ KII with staff from Ministry of Education, Skopje, 22 March 2024.

²⁰⁸ Law on Social Protection, Article 142.

²⁰⁹ IPA, Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy, page 45.

²¹⁰ Ibid, page 46.

²¹¹ Ministry of Finance, Annual Financial Reports.

²¹² IPA, Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy, page 51.

The CRC in its 2022 Concluding Recommendations, and in line with its General Comment No. 19²¹³ on public budgeting for children's rights, recommended increasing budget allocations for the realisation of children's rights, particularly for vulnerable groups; identifying areas for potential savings to redirect funds towards child-related budgets; strengthening measures to protect budget allocations during economic downturns or emergencies such as the COVID-19 pandemic; implementing mechanisms for monitoring and evaluating the adequacy and fairness of budget allocations for Convention implementation; and involving civil society organizations and children themselves in budgetary decisions that affect them, ensuring their opinions are considered.²¹⁴ It is not known to what extent these recommendations have been adopted by Government.

7.2 Does the efficiency of the DI reforms vary across contexts or subgroups of children? If so, by how much and for which groups of children?

The general view of stakeholders is that the reforms have focused heavily on children with disabilities and that state-funded financial support for community based services is directed mainly towards services for this group, in the form of day care centres.²¹⁵ At the same time, those working with children with disabilities and the parents of children with disabilities regard the benefits and services available as inadequate and insufficient to ensure the inclusion of children with disabilities in schools and in the community. In addition, children with disabilities are typically limited to accessing just one social service. For instance, a child residing in a small group home may require an educational assistant but may not be permitted to access this support given that they are already using one social service which is the small group home.²¹⁶ Such a limitation impacts on the efficiency of the reforms and DI for this group of children.

The reforms for children with behavioural difficulties have been more challenging and less efficient. Children from the 25th May residential institution were resettled in 3 small group homes, one of which had closed by April 2024, as the only resident had been placed in pre-trial detention. The children living in these small group homes are both those with behavioural difficulties and children who have committed criminal acts while under the age of criminal responsibility. They may be placed by a CSW or under a court order. Staff are not consulted before a child is placed to determine whether the placement is likely to benefit the child nor or they consulted on whether the placement is compatible with the best interests of other resident children. Staff consider themselves inadequately trained to deal with the various different emotional, behavioural and mental health issues faced by the children. Further, the children do not have access to regular counselling, do not have an allocated psychologist and do not have an adequate treatment plan. Although children's plans are reviewed every six months, there appears to be no exit strategy for these children who are likely to remain in the small group home until they age out.

The inability to find family type placements, especially for children with disabilities and children with emotional and behavioural difficulties, has meant that children have remained placed in the small group homes longer than anticipated and the homes remain at capacity. In the absence of emergency foster care, this means that there are few residential placements available for new children entering the care system.

7.3 Retrospectively: What resources (national, EU, other donors) were available to carry out DI? What have been the transition costs, covered by whom and for how long?

Besides UNICEF, childcare and DI reforms have been funded by a number of international and external donors, including the EU, UNDP, and World Bank. Due to the limited availability of financial administrative data and childcare and the fragmentation of reforms across sectors and programmes, it is not possible to compile an accurate breakdown of all the financial resources for the childcare and DI reforms. However, based on the data available, the EU has been a major funder of the reforms through IPA programmes,

²¹³ CRC/C/GC/19 (2016).

²¹⁴ Convention on the Rights of the Child, Concluding observations on the combined third to sixth period reports, 20 October 2022, paragraph 11.

²¹⁵ Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy.

²¹⁶ Ibid.

although the exact amount expended on transition costs is unknown. Financial contributions by UNICEF have, however, been significant and are presented in section 1.2.

8. Coherence

Key findings

- Successful efforts were made to address societal attitudes towards children with disabilities;
- Overall, there is a broad alignment between North Macedonian reforms and policies, with the child care and DI reforms forming part of its broader development strategies;
- A coordination body for the reforms has been established as well as a monitoring body.

8.1 Who were the key influencers / who needed to be influenced to achieve the needed changes which led to DI reform? (Q19)

The key influencers for the child care and DI reforms were the government, specifically the MoLSP, as well as UNICEF, international donors such as the EU and international monitoring bodies (the CRC Committee and the CRPD Committee through the recommendations contained in the concluding observations to North Macedonia's State reports).

Staff in residential institutions and members of the public also needed to be influenced as the effectiveness of the reforms depended on attitudinal change: from an attitude that residential institutions were best for children with disabilities, children without parental care and children who are too difficult to be managed at home, to a recognition that all children need and benefit from family-based care. The plan to carry out a rapid DI process starting in 2017 led to initial resistance, based on discriminatory views about children in institutions, especially those with disabilities, as well as objections to their integration into communities, and fears of job losses amongst staff. In June 2018, hundreds of residents of the village of Timjanik protested against the decision to open a small group home for children with disabilities in their village.²¹⁷ Additionally, during interviews, staff from small group homes noted that they faced many community barriers. The idea of children with disabilities living in a collective residence led to tense verbal reactions from neighbours, as well as calls to the police:

"Sometimes they would call the police and complain regarding the noise, and the police would come and find that the children are sleeping, so it was a fake alarm call."²¹⁸

However, clear communication about the benefits of the reforms from MoLSP and UNICEF led to a more supportive attitude among the community. The DI Strategy is named 'Timjanik' in honour of the village's citizens, who ultimately supported the establishment of a small group home for children with disabilities and accepted the children in their community.

8.2 To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors?

8.2.1 Alignment of reforms

North Macedonia initiated a comprehensive social protection reform in 2017. As part of this reform, the 2019 Law on Social Protection was adopted, guided by the strategic goals set in the National Programme for the Development of the Social Protection System 2011-2021.²¹⁹ These goals included redefining the financial assistance system and licensing service providers. The changes in the law were accompanied by

²¹⁷ Macedonian National Coalition for the Rights of the Child, Alternative report of non-governmental organizations on the state of children's rights in Macedonia, Skopje, 2022.

²¹⁸ KII with director and staff from Topansko Polje, Skopje, 19 March 2024.

²¹⁹ Ministry of Labour and Social Policy, National Programme for the Development of the Social Protection System 2011-2021, Skopje, 2010.

adjustments in the institutional framework and the introduction of new modalities for financing social service delivery. The new types of social services contained within the Law on Social Protection 2019 laid the foundation for facilitating DI, and improving the quality of social services. The law also clarified the responsibilities of key actors in the social protection system, including the Government, the MoLSP, municipalities, and the city of Skopje, thereby reducing overlaps and conflicts of jurisdiction. As a result of the comprehensive social reforms, the DI process intensified, leading to the adoption of the National Strategy for Deinstitutionalization 2018-2027, which is coherent with the social protection legislation. However, the Action Plan of the DI Strategy highlights existing inconsistencies in some policies, such as the Family Law and the Mental Health Strategy. To coordinate and improve policies, the Strategy and its Action Plan propose actions to eliminate inconsistencies related to DI, and hold regular conferences to ensure continuous alignment and coordination. While, no specific budget is allocated for these measures, the Family Law is currently being reviewed to align more fully with the reforms.

8.2.2 Coordination of the various Government (e.g., social services, health and education) and non-government actors

Data suggests that during the peak of the reforms in 2017, coordination was achieved at the national level through cooperation between the MoLSP, MoH, MoES and MoF, as well as other donors and implementers. However, political changes have subsequently led to decreased coordination and a decline in political engagement in child care reforms.

There has been little progress in strengthening coordination for handling individual cases. Several research participants noted a lack of coordination between health, education and the CSW. The challenges to effective inter-sectoral coordination of individual cases are in part due to the limited availability of dedicated social workers in the child protection system. Also, not all professionals and practitioners in the health sector and education are aware of their required involvement in responding to child protection cases.²²⁰ This absence of coordination hampers the effective implementation of comprehensive care, highlighting the need for improved collaboration among various sectors.

Coordination between government and civil society stakeholders is essential for the reforms, especially where community-based services are lacking. While efforts to institutionalize government cooperation with civil society are being made, for instance, with the adoption of the Strategy for Cooperation and Development of the Civil Society 2018-2020, interviews indicate that this has not worked as effectively as hoped.²²¹ While CSOs formally participate in drafting documents and attending meetings it is believed that their proposals are not always taken into account or reflected in the final documents, such as the DI Strategy.²²²

8.3 What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from institutions?

The DI Strategy provides that the coordination of the child care and DI reform at national level rests with the National Coordination Body for the Implementation of the UN CRPD within the Prime Minister's Office. The coordination mechanism is represented by two members from each ministry (MoLSP, MoES, MoH, Ministry of Transport, Ministry of Information Society and Administration, Ministry of Local Self-government, Ministry of Culture, Ministry of Justice, Ministry for Foreign Affairs, Ministry of Finance, and Secretariat for European Affairs) and representatives from two organizations of persons with disabilities. The Chairman of the coordination mechanism is the advisor of the Prime Minister for persons with disabilities. The aim of the coordination mechanisms, among others, is to ensure compliance with CRPD provisions, provide political support for deinstitutionalization, facilitate inter-sectoral coordination, and

²²⁰ Interview with the Institute for Social Activities, 19 March 2023, Skopje, North Macedonia; KII with director and staff from Topansko Polje, 19 March 2024, Skopje, North Macedonia.

²²¹ FGD with civil society organisations, 22 March 2022.

²²² Macedonian National Coalition for the Rights of the Child, Alternative report of non-governmental organizations on the state of children's rights in Macedonia, Skopje, 2022.

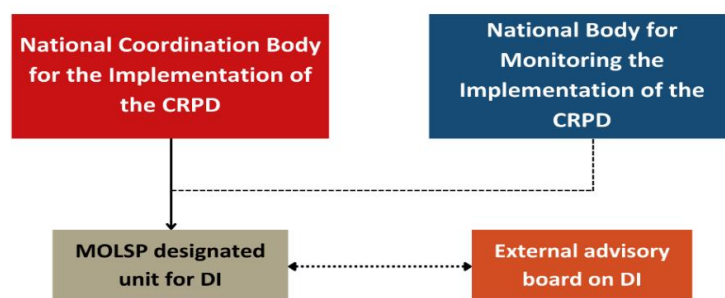
offer recommendations for improvements.²²³ The broad mandate of the coordination mechanism has the potential to dilute the attention given to DI reforms for children without parental care, which can potentially end up being overshadowed by the wider scope of the mechanism.

The independent monitoring mechanisms of the DI Strategy is the responsibility of the National Mechanism (body) for monitoring the implementation of CRPD within the Ombudsman Office (Department for Protection of the Rights of Children and Persons with Disabilities), involving representatives of 22 CSOs (out of which 13 are DPOs). This mechanism aims to ensure alignment with the CRPD, draft progress reports, offer recommendations, and inform the public about the Strategy's progress. The monitoring mechanism held its first meeting in 2021, two years after its establishment. A lack of structure and prioritization has been identified as an issue, along with a recognized need for a systematic watchdog approach to monitoring.²²⁴

Additionally, the DI Strategy envisions the establishment of two groups within MoLSP, one organizational unit to execute planned activities, coordinate with stakeholders, draft progress reports and propose improvement measures, and another external advisory body comprising representatives from public institutions, international organizations, CSOs, persons with disabilities, social service users, and experts to monitor and evaluate the implementation of the Strategy. However, the advisory body is yet to be established. The distinctive roles between the monitoring mechanisms within the Ombudsman Office and the advisory body within MoLSP is unclear. So too are details of how these bodies will collaborate to prevent duplication of functions and avoid fragmentation in monitoring childcare reforms.

The diagram below illustrates the structure of coordination and monitoring bodies involved in the implementation of the DI reforms as presented in the DI Strategy. This structure aims to streamline coordination and monitoring, though there remains a need for clear delineation of roles to prevent overlap and fragmentation in efforts, particularly in the context of DI reforms.

Figure 9: Mechanisms for implementation and monitoring of the DI Strategy



To date there is no comprehensive approach for children transitioning out of care, particularly for those with mental disabilities. This gap in the support system is linked with lack of community-based services and highlights the urgent need for a comprehensive approach to help young adults transition smoothly into independent living.²²⁵

9. Sustainability

Key findings

- There are a number of aspects of the reforms which are highly likely to be sustainable, including the closure of residential institutions and the inclusion of children with SEN in mainstream education.
- Despite some progress, the sustainability of community services is not fully ensured;

²²³ Ministry of Labour and Social Policy, National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018–2027 ‘Timjanik’ & Action plan, Skopje, September 2018, page 63.

²²⁴ UNICEF, Situational Analysis of the Rights of Persons with Disabilities in the Republic of North Macedonia 2021.

²²⁵ Interview with representative from SOS Children’s Village, 19 March 2024.

- UNICEF has played a pivotal role in supporting the government in implementing fundamental structural and legal reforms within the child care system.

9.1 Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability?

By far the biggest achievement is the closure of large residential institutions for children. This reform was brought about both by Government and international donors. The reform should be regarded as sustainable although there are occasionally calls from politicians and other national influencers to re-establish residential institutions for certain groups of children. Up until now this has been successfully resisted by the MoLSP. It is important that UNICEF continues to advocate against the re-establishment of residential institutions.

In addition, the government has adopted a number of Laws and strategies which have influenced the implementation, performance and sustainability of the reforms, including the DI Strategy 'Timjanik' 2018–2027, the Law on Social Protection, and amendments to the Law on Child Protection. Amendments to the Family Law, which are ongoing at the time of writing will also potentially sustain the reforms. In the education sector, the adoption of the Law for Primary Education, the introduction of the concept of inclusive education and closure of the special schools has been highly influential and is likely to be sustainable.

The ownership of the government and support from donors has been a key factor in the progress of the DI reforms. However, changes in the government, and particularly in relation to ministries relevant to the reforms, have had significant influence on the progress and sustainability of reforms during the evaluation period. The lack of political engagement was noted by several key informants as a significant reason for the recent setbacks and the discontinuity of reform efforts. Apart from Government, the other major influence on the reforms is the EU. The need for the Government to meet the *Aquis*, which contain a raft of reforms, in order to become a member of the EU membership is likely to continue to be an influence on implementation, performance and sustainability.

The most vulnerable element of the reforms in terms of implementation, performance and sustainability are community-based services. Findings suggest that community-based services, including preventative support services, remain underdeveloped and inconsistently available across the country and that output 5 of the ToC is not being implemented to the extent necessary. Despite some progress, the sustainability of community services is not fully ensured making it unlikely that outcome 5 in the ToC will be achieved. The availability of services varies, as some are project-driven while others rely on local budgets.²²⁶ Additionally, even if licensed service providers receive financial support from the State budget, it is typically on an annual basis.²²⁷ These inconsistencies contribute to the ongoing challenges in providing stable community-based services, leading to gaps that undermine the effectiveness and sustainability of DI. Without effective and consistent services reintegration of children into the community is unlikely to succeed.

As noted already in the report there are significant human resource gaps in the social services, which affects the sustainability of reforms. There is a pressing need for further investment in strengthening the capacity of social workers to carry out their duties, including a greater level of training on child protection case management and the provision of professional supervision, to ensure efficient child protection services.

9.2 What is UNICEF's role in the sustainability of the DI reforms?

UNICEF has played a pivotal role in supporting the government in implementing fundamental structural and legal reforms within the child care system. By supporting reforms at both central and local levels, providing policy advice and technical assistance for key legislative changes, UNICEF has significantly contributed to ensuring the sustainability of reforms. UNICEF has also fostered horizontal and vertical cooperation, building public-private partnerships and strengthening the civil sector.

²²⁶ IPA, Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy, page 45.

²²⁷ Ibid.

UNICEF supported the development of transformation plans for the three largest residential institutions for infants, children, and youth, turning these buildings into hubs of social services for children and families. In addition, UNICEF has promoted family-based care and foster care. Specifically, in partnership with MOLSP, UNICEF has established the foster care support centres and enhanced the knowledge and skills of professionals at the CSW.²²⁸ UNICEF was also a key contributor in the establishment of inclusive education. It supported the creation of a unified curriculum nationwide for children with complex needs. In addition, UNICEF provided capacity development for school inclusive teams across all primary schools.²²⁹

10. LESSONS LEARNED

1. When reforms can take place at a rapid rate, with considerable legislative, structural and practice change, those working in the system may not adapt to the changes at the same pace. Awareness raising in the community and training for those working in the system to familiarise them with the new system needs to be ongoing, even after the reforms have taken place.
2. Countries prioritising the closure of residential institutions frequently use small group homes as an interim measure when reintegration with the biological family or foster care is not immediately possible. However, children often remain in small group homes long-term. Once residential institutions are closed, the focus must shift to securing family based placement for children. This requires ongoing recruitment and support of a cadre of foster carers and encouraging and enabling domestic adoption, including by foster parents, where appropriate.
3. Community-based services are essential for supporting children and families at risk of separation. Municipalities need to invest in multi-sector planning, based on reliable data and with input from service providers, local communities, parents and children to understand the need in different geographical areas. Without this investment in planning, municipalities face challenges in accessing and ensuring adequate funding for needed services.
4. Governments need to recognise that social work is a skill-based profession and that social workers cannot be replaced by other professionals. Placing responsibility on other professions, including lawyers and pedagogues, who are not qualified, skilled or experienced in social work, to undertake child protection assessments is likely to be both ineffective and inefficient. Further, it raises the possibility of children being inadequately protected from abuse, neglect and exploitation.

11. CONCLUSIONS

After a slow start at the beginning of the evaluation period, North Macedonia has made significant progress in its programme of child care reform and DI. It is the first of the seven countries included in the regional study to close all of its residential institutions, meeting outcome 3 of the ToC: “all residential institutions are closed / transformed and children live in the community.” This should be regarded as a major achievement. While challenges in implementing the full reforms remain, including a stalling of political engagement in the reforms between 2020 and the present day, governmental change and the desire to join the EU are both likely to be influential in continuation and sustainability of the reforms.

Relevance

The numerous policy documents relating to child care reform and DI and especially the activities contained in the National Deinstitutionalization Strategy 2008–2018 and the Strategy for Deinstitutionalization 2018–2027 “Timjanik” and accompanying Action Plan have all been highly relevant to child care and DI reforms. In addition, the adoption of new laws during this period, including the Law on Social Protection 2019 and amendments to the Law on Child Protection 2013 have also been highly relevant to achieving the outcomes set out in the TOC. The legal and policy reforms introduced during the evaluation period are largely in line

²²⁸ UNICEF North Macedonia, Country Office Annual Report 2022, page 4.

²²⁹ Ibid.

with the CRC, CRPD, UN Guidelines for the Alternative Care of Children, and EU Guidelines, meeting Outcome 1 of the reconstructed ToC: *“Legislation reflects international standards for child care.”*

The closure of all residential institutions and the placement of children in the community; the development of inclusive education, the establishment of day care centres for children with disabilities and the promotion and use of kinship care and foster care have all been highly relevant and contributed to the five Outcomes of the reconstructed ToC. Other activities that were not included in the ToC, including a reform of social protection; the establishment of foster care centres and the moratorium on placement of children in special schools, with the phasing out of such schools were also highly relevant. In addition, the creation of the National Mechanism (body) for monitoring the implementation of CRPD within the Ombudsman Office (Department for Protection of the Rights of Children and Persons with Disabilities) and its role for monitoring the implementation of the CPRD and the DI reforms is highly relevant.

Effectiveness

While there have been challenges in implementing the child care and DI reforms over the evaluation period, overall the reforms have had a high level of effectiveness. Output 1: the ‘legislative’ output (*legislation amended to ensure consistency with international instruments and existing legislation implemented*) has been effective. The adoption of the Social Protection Law, the amendments to the Law on Child Protection and the commencement of a revision of the Family Law are all causally linked to the achievement of Outcome 1, *‘legislation reflects international standards for child care’*. Further, the ongoing revision of the Family Law offers a significant opportunity to ensure its full alignment with international standards, strengthening the legal framework for child care.

In terms of Outcome 3: *‘all residential institutions are closed / transformed and children live in the community’* the outputs of the reforms have again, been highly effective. This is evident in the closure of all 7 residential institutions by the end of 2019 and a notable 70 per cent reduction in the number of children in residential care between 2010 and 2022. Children previously resident in the institutions were either reintegrated with families, placed in foster care or in small group homes. However, while all large-scale institutions have been closed, not all institutions have, as yet, been fully transformed to provide necessary support services. Achieving Outcome 3 was the result of Government commitment to closure, and the support of UNICEF and other donors, particularly, the EU.

The outputs were also effective in moving towards Outcome 4 of the reconstructed ToC: *‘all children in formal care benefit from family based alternative care services.’* There has been an expansion in family-based alternative care, in the form of kinship care and foster care, though a number of children who have proved to be hard to place in family based care remain living in residential care, in small group homes.

Unusually for the region, children with disabilities were a major focus of the reforms, with institutions for children with disabilities, particularly Demir Kapija, among the first to be deinstitutionalised. The number of children in foster care has increased over the years, while the number of children in residential care fell. The temporary setbacks seen in 2022 (the last year for which there are available data) emphasizes the need for a systemic, resilient approach that addresses both structural and situational challenges. The extent to which this is due to COVID-19 or to other reasons is not known. However, when the data on children in residential care are disaggregated by age, it indicates an uptick in the number of adolescents, aged 13-17 placed in residential care. The figures suggest that while recruitment of foster carers was successful following the awareness raising campaign between 2017 and 2019, there are still an insufficient number of foster carers and that a new recruitment drive and a new awareness raising campaign is necessary. The establishment of the three new foster care support centres will hopefully address the decrease in fostering placements and decrease the rate of fostering breakdown, but changes to the Rules, particularly in relation to the age criteria for foster carers, and a review of costs of foster care are needed to address some of the bottlenecks in the system.

The outputs to meet Outcome 2, *‘quality, inclusive community services are available to support children and families to prevent separation’* have been partially effective. Awareness raising on the need for deinstitutionalization and the benefits of family-based care, the integration of children with disabilities into

mainstream education, and the establishment of day care centres for children with disabilities have been effective and contribute towards the fulfilment of Outcome 2. However, the acceptability, accessibility and quality of the day care centres, has been inconsistent.²³⁰ Although the establishment of a much wider range of community services is foreseen in the Law on Social Protection few of these services are currently being provided. Stakeholders gave a number of reasons for the failure to develop a wider range of community-based services for children at risk of separation or reintegrated into the community. These included insufficient planning or development to keep abreast with the pace of the deinstitutionalisation process; lack of motivation on the part of local municipalities and reliance on NGOs to deliver services needed by communities, and an insufficient budget allocation for the development and delivery of social services generally.²³¹ The latest Action Plan covering 2023-2025, setting out a number of activities include the transition of children from small group homes to family based alternative care; increasing the number of foster families; reform of adoption procedures and amendments to the law to ensure compliance with Articles 12, 19 and 27 of CPRD. Details of how this is to be achieved still need to be resolved.

Efficiency

In terms of efficiency the output '*strengthen the capacities of the social services workforce*' has only been partially achieved. Although the SSWF have received training and support to strengthen their capacity, the organisation of the CSW and the working practices work against efficient child protection services. The establishment of three foster care support centres mitigate the inefficiency to an extent, but reform of CSW working practices is essential to ensure that social workers are able to handle child protection prevention and response cases. This will involve freeing social workers from administrative and professional tasks that can be handled by other professionals and support staff within CSW.

To ensure efficiency, especially to eliminate the placement of babies and children under three in small group homes, there is a need to develop emergency and short term family-based care. A process for recruitment and retention of emergency / short terms foster care needs to be devised.

Coherence

The working relationship between the Government and UNICEF, especially between 2017 and 2020 resulted in a highly coherent programme of reform. Ministries, particularly MoLSP and MoES worked together to synchronise reforms. The 'Every Child Needs a Family' awareness raising campaigns conducted by UNICEF played an important role in influencing Outcome 3: '*all residential institutions are closed / transformed and children live in the community*' and to the partial achievement of Outcome 4: '*all children in formal care benefit from family based alternative care services*'. The coordination at national level between government bodies, UNICEF, the EU, donors and NGOs, has not been replicated *at municipal level with the lack of coordination hampering the full implementation of reforms*.

Sustainability

The closure of large residential institutions for children and the integration of children with SEN into mainstream education are notable and sustainable achievements of the reform process. These successes have been driven by strong government ownership, donor support, including UNICEF, and the adoption of laws and strategies that have effectively supported implementation and sustainability. Despite this progress, community-based services remain a critical gap in the reform landscape. These services, including preventative support, are underdeveloped and unevenly distributed across the country. This shortfall undermines the sustainability of the reforms and hampers the realization of Outcome 5 of the ToC, highlighting the urgent need for targeted investment and development in this area. UNICEF has been instrumental in driving structural and legal reforms within the childcare system. As the reforms reach a pivotal stage, its continued leadership is essential to maintaining momentum.

²³⁰ See Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy.

²³¹ Ibid.

12. RECOMMENDATIONS

The recommendations below were developed through consultation with UNICEF and the ERG. Short-term is defined as up to one year, medium-term as one to three years, and long-term over three years.

Recommendations	Duty bearer	Short, medium or long-term
1. Amend the Family Law to ensure compatibility with international standards by: (a) Enabling the adoption of foster children by their foster carers, (b) Removing the 45-year age gap requirement between foster carers and the child. (c) Clearly defining the purpose and process of adoption reforms, including procedural guidelines and stakeholder roles.	MoJ MoLSP With technical support from UNICEF	Short term (within the next year)
2. Reform of the CSW (a) Review the functions and practice of the CSW; (b) Review the reason for the drop in the number of licensed social workers and take action to address and to increase the number; (c) Ensure that all child protection cases are case managed by licensed social workers trained to consider the best interests and unique needs of children, including gender-specific vulnerabilities; (d) Review the role of guardians and their management; (e) Develop and implement a professional supervisory framework for social workers; (f) Together with foster care support centres, build up availability of emergency / short term foster carers.	MoSLP ISA UNICEF (all aspects)	(a) short term (b) short to medium term (c) Medium term (d) short term (e) and (f) short to medium term
3. Strengthen the role of the Foster Care Support Centres (a) Expand functions to include recruitment, training, selection and ongoing support to foster carers and adopters; (b) Review recruitment policy and remuneration of foster carers. (c) Work with CSWs to recruit a cadre of emergency / short term foster carers, seeking external advice on development if required.	MoLSP (a) – (c) MoF (b) Municipalities With technical support from UNICEF (c)	Short term
4. Strengthen the support system for children with disabilities (a) Review current provision of day care services and ensure that services provided meet the needs of children with disabilities; (b) Continue the transformation of residential institutions; (c) Develop respite care; (d) Undertake a review of children with SEN in mainstream schools to understand and address the gender gap.	MoLSP Municipalities (a) –(c) With technical assistance from UNICEF for (a) (c) and (d). MoE (d)	(a) short term (b) short to medium term (c) medium term (d) short term
5. Small group homes: (a) Implement the 2023-2025 Action Plan, and: (b) Close all small group homes for children under 3 within the next three years, rising to 7 years of age by 2027, reassigning staff to CSW and foster care support centres; (c) Reform small group homes for children with emotional and behavioural difficulties to ensure: a) Staff are skilled in managing and addressing complex behavioural needs; b) Each child has regular access to an assigned counsellors and/ or psychologist c) the case of each child in a small group home for emotional and behavioural difficulty is reviewed after the first month of placement every 3 months and, in other small group homes there is a case review for every child not less than every 6 months with a view to DI.	MoLSP (a) and (b) MoE (a) and (c) MoH (a) ISA (a) and (b) Municipalities (b) National Coordination body for implementing the CPRD (a)-(c) UNICEF (c)	(a) short term (b) short term (c) short to medium term.
6. Enhance the role of the ISA in supervising the reforms and capacity development of the social services workforce	ISA; National Coordination body for implementing the CPRD	Short term
7. Amend the functions (and name) of the National Coordination Body for Implementing the Convention of the Rights of Persons with Disabilities) to include ‘implementation of the Convention on the Rights of the Child’, to reflect a broader mandate, including the implementation of the Convention on the Rights of the Child.	National Coordination body for implementing the CPRD; Prime Minister’s Office	Short term

Appendices

Annex A: Terms of References

Annex B: Evaluation Matrix and Amendments

Annex C: List of Consulted Documents

Annex D: List of Participants

Annex E: Ethical Protocol

Annex F: Coram International Ethical Guidelines for Field Research

Annex G: Ethical Approval

Annex H: Data Collection Tools

Annex I: Participant Information Sheets and Consent Forms

Annex J: Research Sites