ASSESSMENT METHODOLOGY ON GOVERNANCE ISSUES AND THEIR IMPACT ON SOCIAL INCLUSION IN THE EDUCATION AND HEALTH SECTORS IN THE REPUBLIC OF MACEDONIA

January, 2011

Contents

Terminology and Acronyms

Badinter rule: Rule anticipated in the Ohrid Framework Agreement, which grants the non-majority ethnic communities the right of veto in issues concerning culture, religion, use of language and education.

BDE: Bureau for Development of Education.

CSOs: Civil Society Organizations (including NGOs, research institutes, religious organizations, etc).

CSOs focusing on excluded groups: Civil society organizations that advocate for the rights or one or more group that is considered by itself or others as socially excluded (such as ethnic minorities, people with disabilities, rural women, etc).

HIF: Health Insurance Fund.

Front-line service facilities: schools and health facilities that provide care at different levels (primary healthcare, hospitals, etc).

Front-line service providers: teachers, nurses, doctors, etc.

MDG: Millennium Development Goals.

MH: The Ministry of Health is responsible for designing and implementation of health policies, defines priorities in health sector and monitors the system of health protection in the Republic of Macedonia

MES: The Ministry of Education and Science is responsible for managing education institutions and programs. Monitors the work and quality of the programs in primary, secondary and tertiary education

<u>Non-majority Community:</u> This term refers to ethnic communities in Macedonia except Macedonian ethnic community. The Constitution stipulates that Albanians, Turkish, Vlachs, Serbians, Roma and Bosnians represent these communities. For the purpose of this report the term non-majority community will relate to other minority groups.

<u>Ohrid Framework Agreement (OFA):</u> The Ohrid Framework Agreement was the peace deal signed by the **government** of the **Republic of Macedonia** and ethnic **Albanian** representatives on August 13, 2001. The agreement ended the **armed conflict** between the **National Liberation Army** and the Macedonian Security Forces and set the groundwork for improving the rights of ethnic Albanians and other ethnic communities in the Republic of Macedonia.

<u>Poverty:</u> People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty, they may experience multiple disadvantages through unemployment, low income, poor housing, inadequate healthcare and barriers to life-long learning, culture, sport, and recreation. They are often excluded and marginalized from participating in activities (economic, social and cultural) that are the norm for other people and their access to fundamental rights may be restricted.

<u>SEEU:</u> South East European University.

<u>Specific issue:</u> an issue related to human development, which appears to be particularly problematic in the country where the governance assessment is carried out (e.g. high levels of child malnutrition, high levels of maternal mortality or low quality of education).

<u>Sub-sector:</u> an area within the education or health sectors, typically with its own programs and budget within the sector, such as primary education, reproductive health or child health.

Social exclusion: Social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully because of their poverty, lack of basic competencies and life-long learning opportunities, or because of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feel powerless and unable to exercise any influence on the decisions that affect their daily lives.

Social inclusion: Social inclusion is the process, which ensures that those at risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in economic, social and cultural life and to enjoy a standard of living and well-being that is considered normal in the society in which they live. It ensures that they more fully participate in the decision-making, which affects their lives, and access their fundamental rights

I. INTRODUCTION

The objective of this methodology is to provide the tools for assessing the governance in health and education with regard to social inclusion and poverty reduction.

This methodology is developed to serve as a critical accountability mechanism for variety of stakeholders, especially the citizens of the Republic of Macedonia and non-state actors regarding the governance as well as to the decision makers to have the necessary information to improve the governance system.

In preparing the methodology, we underline the fact that the central government has adopted a national strategy on alleviation of poverty and social exclusion (2010-2020) in the Republic Macedonia which will be encompassing the following areas:

1. Employment
2. Informal economy and strengthening entrepreneurship
3. Labor market
4. Poverty and social disadvantage
5. Health protection
6. Long-term care
7. Education
8. Social protection
9. Transport
10. Communications
11. Housing
12. Child protection
13. Equal opportunities for men and women
14. Develop public sensibility for social inclusion

We believe that for this stage comprehensive analysis of governance policies and its implication on social policy seem valid, but due to the vast amount of information and the complexity of the assessment, it is crucial to concentrate on certain sectors in the pilot phase. For the purpose of the methodology, we propose to assess the social inclusion policies in the healthcare and education sectors. Education and health belong to the area of social services that are strongly correlated with social inclusion. Poor education and health are the outcome of individuals' vulnerable position and poverty. In addition, insufficient education level and poor health can lead to exclusion.

Experience shows that emphasis on governance is crucial for health/education systems to fulfill their essential public health/ public education functions. Both

health and education governance encompass institutions and linkages among citizens, government officials and health/education service providers. Ideally, good governance in health and education should have the traits of responsiveness and accountability, transparency, encompass engagement of citizens, and the capacity of state actors (central and local government decision makers) to design and implement policies in these sectors. The Republic of Macedonia, as a multiethnic, multi-lingual and multi-religious society, represents a highly diverse society which implies the responsibility of the decision makers and political elites to put extra efforts to provide policies that are comprehensive and inclusive to all segments of the society regardless of the ethnic, religious, linguistic, gender, special needs, geographical (urban or rural) background.

The methodology will make use of the information available from variety of sources and focuses primarily on data collection from the national and local decision makers, NGOs and academia to determine pitfalls particular to vulnerable groups that are not sufficiently encompassed in the sectors of education and healthcare. This mechanism is indispensible to have a complete picture of their vulnerability and risk in the context of education and health policies.

The methodology will utilize on comprehensive bases, a variety of stakeholders (government, academia, research institutions, and CSOs) to define areas of governance that would be relevant for the social inclusion aspect of the health and education sector in the Republic of Macedonia. The methodology for governance assessment in the education and health sector is a comprehensive document that provides guidelines for researchers on the research methods and research issues related to governance system in the education and health sector (with specific focus on the issue of social inclusion). It can serve as a manual that could be the basis for assessment in other areas of the public sector or for other public service providers (such as transport, public services, child care, etc.).

In this respect the methodology may be used by both policy makers in Macedonia, both at national or municipal level, but also by practitioners delivering public services in the respected sectors: education, health, social protection, etc. The Academia, civil society, media and the private sector contracted out to provide scrutiny to the work of the public sector may utilize the methodology for their own watchdog activities.

The product of such assessment also proves to be very informative for public policy debates, public hearings and media products as a result of which it might be used for initiating policy reforms.

A. DEFINING THE BASIC CONCEPTS RELATED TO SOCIAL INCLUSION

In order to understand the methodology there is a need to define a variety of approaches and policies with regard to social inclusion in the health and education sector. For the purpose of this report at this stage, we will present the following official definition sand explanations of the UNDP related to the concepts of social exclusion and social inclusion:

- **Social exclusion:** Social exclusion is a process whereby certain individuals are pushed to the edge of the society and prevented from participating fully because of their poverty, lack of basic competencies and life-long learning opportunities, or as a result of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feel powerless and unable to exercise any influence on the decisions that affect their daily lives.
  In general terms, being 'excluded' is understood as being left outside the mainstream and denied access to the social, economic and political rights afforded to others. Social exclusion originates within the European tradition of thought and can be traced to a commitment to social solidarity reflected in various European social models. Although these models vary, they nevertheless underscore the importance of solidarity, community and equity. Social exclusion draws not only on economic and social rights but is related to all entitlements relevant for enlarging the choices of individuals to live a decent and meaningful life. A social exclusion perspective shares with a Rights - Based Approach (RBA) a common concern with equity, non-discrimination and the importance of participation that should be inclusive. In this respect, a social exclusion perspective is concerned with governance and citizenship rights, with the institutional dimension of exclusion and with the organizations, institutions and processes that exclude.[1]

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[1] UNDP Report (2007) Human Development Report Bosnia and Herzegovina p.10

- **Social inclusion:** The mainstreaming of human rights in development programming is a way of tackling certain forms of social exclusion and strengthening inclusion policies. A social inclusion approach implies addressing need or alienation wherever it exists. Social inclusion reaches beyond the enforcement of rights in legal terms by tackling material deprivation, stigmatization and social separation and hence the approach seeks to understand this complex social phenomenon in terms of causes as well as outcomes. It also has an operational bias, devising workable policy responses, effectively recognizing that the State has a 'duty of care' to include and involve all members of society in political, economic and social processes.[2]

B. REPUBLIC OF MACEDONIA AND SOCIAL INCLUSION POLICIES

1. *Constitution of the Republic of Macedonia and Social Inclusion*

Paramount for every democratic society in our region is the aspiration of more social welfare, which implies social cohesion of the country. The ultimate goal of economic growth and development of any socially responsible government is increasing gains in human development, which entails the increase of the living standard of the population, equitable and pro-poor growth and sustainable reduction of the social exclusion of individuals, groups and communities in the society.[3] Social inclusion in the Republic of Macedonia is a constitutional category. Constitution asserts the obligation of the state to ensure care for individuals and groups at risk, which makes it - at least from a systemic and normative perspective - a declared social state.[4]

2. *International Commitments*

The Republic of Macedonia is signatory of a wide spectrum of documents which encompass the principle of human rights and elimination of discrimination policies.

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[2] Ibid., p.10
[3] UNDP (2008) People Centered Analysis, p.27
[4] Constitution of the Republic of Macedonia, Article 35

Our country has subscribed to the following international commitments: the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the European Convention for the Protection of Human Rights and Fundamental Freedoms, the Framework Convention for the Protection of National Minorities, and the UNESCO Convention Against Discrimination in Education. These commitments oblige Republic of Macedonia not only to adopt the domestic legislation in line with the principles and spirit of the above-mentioned documents but also to introduce policies and practices, which respect these principles in practice.

3. The Ohrid Framework Agreement and Inclusion

When referring to the issue of the social inclusion it is indispensible to relate it to the Ohrid Framework Agreement (OFA). This document will briefly focus on the instruments and mechanisms offered by the OFA to increase inclusion of non-majority ethnic communities in the Republic of Macedonia. The aim of the Ohrid Framework Agreement (OFA) is to enhance the power-sharing mechanisms of the political system and to prevent any further discrimination against Albanians and other non-majority communities at social and political levels. OFA states that, "the multi-ethnic character of Macedonia's society must be preserved and reflected in public life". For the purpose of this methodology, I will shortly dwell on a few elements of the OFA, which directly or indirectly represent an entry point for a more inclusive society in our country.

"Badinter rule"

One of the most important mechanisms to increase the "power/relevance" of non-majority communities is the so-called **Badinter rule**, which grants the non-majority ethnic communities the right of veto in issues concerning culture, religion, use of languages and education. The passing of these laws (culture, religion and education) and constitutional amendments "shall require a two-thirds majority vote of the total number of Representatives, within which there must be a majority of

the votes of the total number of Representatives claiming to belong to the communities not in the majority.

"Non-discrimination and equitable representation"

The Ohrid Framework Agreement focuses on the element of non-discrimination and equitable representation in public administration and public enterprises through special measures in order to assure equal representation of all communities in public administration and public enterprises in the Republic of Macedonia. The spirit of the Ohrid Agreement asks for actions to correct the imbalances in the composition of public administration institutions through recruitment of members of non-majority communities. This is crucial to integrate excluded communities in the institutions of the system.

"Education"

In addition, education and the use of languages can be perceived as an important element to introduce more comprehensive policies that reflect the multiethnic and multi-lingual character of the Republic of Macedonia. The agreement stipulates the right of the students in primary and secondary education to have an education in their native language within the system of the Republic of Macedonia. At the tertiary level, the Government has the responsibility to provide state funding for students whose language is spoken by at least 20% of the population in the Republic of Macedonia. In addition, it stipulates requirements for State Universities to introduce positive discrimination (positive action) policies so that the student population will be a reflection of the diverse society in the Republic of Macedonia.[5]

"Language use"

The OFA lays out the foundation for the use of other non-majority community languages beside the Macedonian language. Alongside the Macedonian language, an official language is the languages spoken by at least 20% of the population at a central and municipal level. The OFA calls for the right of any person whose language is spoken by at least 20% of population to communicate with both the central government institutions and the municipalities (20% applies for the municipalities) in their native language.[6] There is overall understanding that there

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[5] Ohrid Framework Agreement Retrieved
     (http://faq.macedonia.org/politics/framework_agreement.pdf)
[6] Constitution of the Republic of Macedonia, Amendment V

are difficulties to apply this principle of OFAin practice due to both a political will and the capacity of the institutions to translate and to communicate with the citizens in other language other than Macedonian.

The principles of the OFA regarding issues related to inclusion and non-discrimination, equitable representation and usage of the languages are an integral part of the Constitution of the Republic of Macedonia through an amending procedure after 2001. Amendments IV, V, VI, VIII, X, and XVI of the Constitution of the Republic of Macedonia regulate these components of societal relations in the Republic of Macedonia.

These legal principles ought to have implications in the policy formulation and policy implementation in every sector. Particularly important elements, such as equal representation, usage of languages and positive discrimination are a prerequisite of inclusion and easier access to services for a variety of segments of population, in particular non-majority communities. The methodology ought to provide analysis how policies in these sectors (heath and education) are in line with the above-mentioned principles established by the Ohrid Framework Agreement.

4. National Strategy on Alleviation of Poverty and Social Exclusion in the Republic Of Macedonia

The political will of the Macedonian political elites to tackle more seriously the issue of social exclusion can be exemplified by the fact that the Government of the Republic of Macedonia adopted a national strategy on alleviation of poverty and social exclusion. This document lays out the outline for sectoral policies to tackle poverty and social exclusion in the areas of: employment, informal economy and strengthening entrepreneurship, labor market, poverty and social disadvantage, health protection, long-term care, education, social protection, transport, communications, housing, child protection, equal opportunities for men and women, development of the public sensibility for social inclusion.

When discussing the social inclusion issue, the Strategy for the Roma (2005), adopted by the Government of the Republic of Macedonia, is worth mentioning. The aim of this document is to produce coherent and coordinated policies to deal with specific problems of the Roma population in the Republic of Macedonia.

5. *Who is excluded in The Republic Of Macedonia?*

The official definition of an excluded population has been given by the Ministry of Labor and Social Policy. The Ministry of Labor and Social Policy in 2004 defined four target groups as lacking more effective access to social protection services: drug users and members of their families; street children and their parents; victims of family violence and homeless people. The definition afterwards evolved and in the Strategic Plan (2007-2009) it also included disabled children, immigrants and asylum seekers as well as elderly people.[7]Oddly, this definition does not mention the main source of exclusion – the ethnic exclusion. Ignoring this important aspect of exclusion may run the risk to have askewed picture of exclusion in the Republic of Macedonia. According to the People Centered Analysis Report (2009),vulnerability affects members of the ethnic groups in the Republic of Macedonia, for instance, three quarters of the Albanian population experience some vulnerability, one quarter of Roma people are highly vulnerable. The same report states that even though factors of vulnerability are highly diverse, the most pronounced differentiating factor of vulnerability is ethnicity.[8]

Ethnic division - The notion of ethnic division and its specific connection with social exclusion has been a topic of interest of variety of actors. It is perceived as one of the strongest root causes and manifestations of social exclusion in the Republic of Macedonia.[9]This has a three-fold dimension:

Firstly, the ethnic division directly works to exclude minorities within majority areas. Secondly, countries such as the Republic of Macedonia where political power is grounded on political parties on ethnic linescan face a process of erosion of the institutional framework's ability to tackle the issue of exclusion. In a system where political elites are building their reputation and legitimacy on the platform, which is ethnically exclusive, it is difficult to cultivate policies of multi-ethnic diversity. Thirdly, this process of division has a malevolent and pervasive effect on social processes. It therefore retards progressive change and continues to alienate the people from one another.

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[7]   UNDP (2008).People Centered Analysis p.21
[8]   UNDP (2009).People Centered Analysis p.40
[9]   According to FOSIM research project "How inclusive is Macedonian society" only 35% of the citizens feel that Republic of Macedonia is tolerant society

It is evident that ethnic division has negative effects on the Macedonian society. As it leads to poor integration in the society, this division is an impediment for political participation and access to service provision in a variety of sectors.

Particularly affected with this division is the Roma population. The Roma population has traditionally faced social exclusion. On the one hand, this has been caused by preventing their inclusion on the grounds of ethnic discrimination and on the other by objective consequences of the previous, self-imposed confinement of the Roma within their own Roma community.

Other groups like the disabled, the elderly, and the youth are not only at the highest risk of income poverty and unemployment, but also have far more difficulties accessing public services and participating in political life.

Gender-based differentiation is present but there is no comprehensive statistical analysis of gender aggregated data which would provide a picture about the situation in this area. It would be interesting to analyze governance policies in the healthcare and education sector and their effect on the gender discrimination. Even though there are polices of affirmative action in order to increase the number of women in the politics (quota), in other professional layers of the society it is perceived that women from non-majority community groups are not sufficiently integrated into the Macedonian society.

Rural-urban division - Many analysts emphasize the dichotomy between rural and urban communities as a unit of exclusion in the Republic of Macedonia. This is reflected in the division of policies along spatial and horizontal lines, where line Ministries usually focus on urban areas and under spend in the infrastructure of the rural areas in sectors such as health and education (lack of investments in the Primary Healthcare Units, and Primary Schools in rural areas).

C. WHY EDUCATION AND HEALTHCARE?

At this stage, a comprehensive analysis of governance policies and their implication on social inclusion might be ideal; however, due to the vast amount of information and complexity of the assessment, it is crucial to concentrate on certain sectors in the pilot phase. For the purpose of the methodology, we propose to assess the social inclusion policies in the healthcare and education sector. Exclusion from services in education and health can result not only in exclusion from other social

services such as housing, transportation, information and communication technology, but can also trigger economic exclusion (labor market status and insecurity), political exclusion (not sufficient access to political participation, access to justice), and, last but not least, lead to cultural exclusion (lack of tolerance, language and identity, cultural discrimination).

1. Social Inclusion and Education

Reports by international organizations as well as numerous research studies dealing with issues of equality of participation in education reflect a general agreement that a good quality education is one of the tools to increase the quality of life and to prevent inequality and social exclusion.

Moreover, it is evident that there is correlation between the education level and poverty. Thus, leaving school early, poor education results, and (or) poor education can lead an individual towards social insecurity, unemployment, poverty etc. Among the unemployed in the Republic of Macedonia, the largest groups are the people with education level up to primary school (54%) and secondary education (33%).[10] Investment in education may therefore help to reduce the level of social exclusion.

a. Legal framework for inclusion in the education sector

The Constitution of the Republic of Macedonia stipulates the right to education to everyone under equal conditions. Moreover, the Constitution specifies that the primary and secondary education is compulsory and free.[11]In more details, these provisions are determined by specific laws, such as the Law on Primary Education, Law on Secondary Education and Law on Higher Education. These rights and obligations undertaken by the Constitution and specific laws imply strategies and policies by the sectoral ministry (the Ministry of Education) that ought to be reflective to the diversity in our society.

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[10]   UNDP (Report 2008) People Centered Analysis
[11]   Article 44 of the Constitution of the Republic of Macedonia

According to the Government of the Republic of Macedonia, the Ministry of Education of the Republic of Macedonia pays special attention to the social inclusion element in the education system in order to have an open, inclusive system for all the segments of the society.[12]For instance, the National Program for the Development of Education (2005-2015) prepared by the Ministry of Education, pays special attention to the issue of inter-ethnical understanding as a tool for a more inclusive society. Moreover, the same program calls for establishing mechanisms for detecting children who are out of the education institutions for the purpose of their inclusion or return in the education system.[13]

The program defines the vulnerable groupsas "children from underdeveloped regions, children with learning disabilities, children who progress slowly, children from families with unfavorable social status, children of single parents, children from dysfunctional families, children with chronic illnesses that affect their regular attendance and possibilities for purification in the teaching process, children with a mother tongue different from the language of instruction at school."[14]

According to the Government, special emphasis is given to the education of Roma population. In this manner, the Government is keen to highlight the role of the Bureau for Development of Education which makes efforts, through certain projects (e.g. **The Roma Decade** "Education for Everyone", under the auspices of UNESCO), to increase the number of students in secondary education (especially those of the Roma population and from rural areas).

Related, under the Roma Strategy and Decade, the Ministry of Education and Science encourages cooperation between the NGO sector and the Roma population in order to raise the awareness about education and inclusion of Roma in the process of completing the education, within the framework of the adult education system.[15]

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[12] UN Committee on Economic, Social and Cultural Rights (November 2006). *Replies by the Government of FYROM to the list of issues (E/C.12/*MKD/Q/1*) to be taken up in connection with the consideration with the Initial Report of FYROM concerning the rights referred to in articles 1-15 of the International Covenant on Economic, Social and Cultural rights. (*E/1990/5/Add.69)* paragraph 101

[13] National Education Program, http://www.npro.edu.mk/dokumenti/strategija-mk.pdf

[14] Ibid.,

[15] UN Committee on Economic, Social and Cultural Rights (November 2006). *Replies by the Government of FYROM to the list of issues (E/C.12/*MKD/Q/1*) to be taken up in connection with the consideration with the Initial Report of FYROM concerning the rights referred to in articles 1-15 of the International Covenant on Economic, Social and Cultural rights. (*E/1990/5/Add. 69)* paragraph 107 and 113

Despite the efforts of the Government both in policy formulation and in policy implementation realm, it is evident from the data analysis of the international and CSO organizations that more has to be done in order to produce a governance system which will be "user friendly " to vulnerable groups in our society.

b. Shortcomings of the system

Even-though there is a solid legal framework, whichought to encompass all segments of the society in the education process, there is a variety of shortcomings and problems that are hindering the proper access or are a reason that certain segments of society have high dropout rate in the education system. This part of the document will focus on the reports of international organizations and watchdog NGOs and their analyses on the shortcomings of the education system of the Republic of Macedonia.

According to the MDG Report for 2009, in the Republic of Macedonia it is especially difficult to integrate certain segments of the society in the education system. This report specifies problems of:

- **Children with special needs** – there are special primary schools for children with special needs and special classes have been established in regular primary schools. In addition, inclusion of children with special needs in regular classes has also been encouraged. Nevertheless, there is still no system to establish the proportion of such children in the population and to ensure their inclusion in education, particularly having in mind the strong prejudice among the population (and educators) towards the members of these groups;
- **Children in rural areas**, particularly in remote mountain settlements – it is widely believed that there are disparities between enrolment rates in urban and rural areas; however, there is no systematic collection of data to support such claims.
- **Children belonging to some of the ethnic communities and females**–It is evident that the involvement on non-majority ethnic groups is not satisfactory. Especially Roma population faces exclusion from education institutions because of poverty. Traditional constraints and fear from education, particularly related to females from the Roma, Turkish

and Albanian communities, also lead to exclusion from education of these children (especially after primary education). [16]

According to the report of the UN Committee on the Elimination of Racial Discrimination (2007), there is a percentage of Roma that do not have any documentation indispensible to enjoy their rights. Without the necessary documentation, the Roma population is excluded from the access to education.[17]

The same Committee concludes that there are not enough efforts to promote policies in local languages. In the above-mentioned report, the Committee urges to have more translators and interpreters in all non-majority languages.[18]

There is a high level of retention rate among Albanian and Turkish children in the secondary and higher education institutions. The Committee "encourages the Government to increase the quality which recommends that the State intensifies its efforts to reduce the high drop-out rate in the secondary and higher levels of education among ethnic Albanian and Turkish children". In this regard, the Committee encourages the Republic of Macedonia to improve the quality of teaching in Albanian and Turkish schools, *inter alia* by ensuring the availability of textbooks in minority languages and adequate training of teachers instructing in these languages.[19]

MDG makes visible the disturbing situation of Roma population. According to the MDG (2009), 20.6% of Roma are illiterate. In 2002, 33% of the Roma population had failed to complete primary education and of the remaining 67%, 93% completed only primary education. [20] These findings exemplify that there is a need to assess the social inclusion problems in the education sector as a tool to improve governance in this sector.

Moreover, there are no policies to attract and support Roma in pre-service teacher training, so there is a shortage of Roma teachers at the pre-school and primary

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[16] Government of the Republic of Macedonia (June, 2009). REPORT ON THE PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS p.27
[17] UN Committee on the Elimination of Racial Discrimination Report (2007).Concluding observations of the Committee on the Elimination of Racial Discrimination: THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA, paragraph 14. Retrieved from (http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G07/428/80/PDF/G0742880.pdf?OpenElement)
[18] Ibid., paragraph 13
[19] Ibid., paragraph 17
[20] Government of the Republic of Macedonia (June, 2009). REPORT ON THE PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS p.32

school levels. Non-Roma teachers are often burdened with negative ethnic stereotypes and prejudices towards Roma pupils.[21]

All the findings and the data from the variety of resources make it indispensible to undertake an analysis of the governance in order to assess the policies and their effect on eradication or augmentation of social exclusion in the education sector in the Republic of Macedonia.

2. *Social inclusion and healthcare*

The opportunity to live a long, full and healthy life lies at the heart of human development - there can be a few more fundamental attributes, which govern an individual's inclusion into a wider society rather than being in good health. Are we securing this for all, not just for the general population but also for those with specific health needs? As in other areas, it can be shown that poor health and morbidity co-vary greatly with social exclusion.

The World Health Organization defines health as 'a full physical, psychological and social state of welfare, and not merely the absence of illness or exhaustion'. This definition very much equates being healthy with wellbeing- a broad application and understanding of being healthy including physical and mental health alongside social adjustment and fulfillment. This, in turn, is shaped by a wide variety of causal drivers and factors and stands rather in contrast to the traditional medical practitioners' view that the key health determinants are largely governed by physiological processes. There is a similarity between this modern conception of health and economic development. Both processes are a result of activities that include numerous societal factors as well as the actions of the population through individual and collective decisions. The human development paradigm recognizes the linkage between health, education and living standards. The main health determinants are correlated with life conditions, environmental factors, lifestyles and biological factors such as age and heredity. Factors such as housing, food, education, working conditions, employment, water and sanitation, transport, fiscal regulation and social welfare policy often have a stronger influence on a population's health than the health sector itself.

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[21] Roma Education Fund.(2007). Country Assessment and the Roma Education Fund's Strategic Directions. Advancing Education of Roma in Macedonia, p.9

It is interesting that the direct medical service contribution for improving a population's health is estimated at only 10%, and the rest is the result of other processes. Nevertheless, it is important to assess governance issues, which can hinder or promote access and quality service to all segments of the society.

a. Legal and policy framework for inclusion in the health sector

Health is a protected basic human right in the Republic of Macedonia. According to the Constitution of the Republic of Macedonia, every citizen of the Republic of Macedonia has a right to healthcare.[22] The Constitution guarantees to everyone the right to healthcare regardless of sex, race, color of skin, national and social origin, political and religious beliefs, property and social status. The right stipulated in the Constitution of the Republic of Macedonia is defined in depth in the Laws that regulate the health sector - more specifically with the Law on Healthcare and the Law on Health Insurance.

The Law on Healthcare (Official Gazette of the Republic of Macedonia No. 38/91, 46/93, 55/95, 10/2004, 84/2005, 11/2005, and 4/2006) ensures all citizens of the Republic of Macedonia to exercise this right under the same conditions and in the same manner. This Law, *inter alia*, defines the healthcare rights of citizens, the health insurance relations and rights, as well as the procedure for utilizing healthcare. In compliance with the principles of reciprocity and solidarity, the Law stipulates that everyone has the right to healthcare and it establishes mandatory health insurance for the purpose of fulfillment of certain rights in case of illness or injury and for fulfillment of other healthcare rights, based on the principle of mutual solidarity. Articles 12-16 of the Law define the categories of the insured that are ensured to healthcare rights. At the same time, the Law on Healthcare envisages that certain citizens of the Republic of Macedonia that are not insured under any of the grounds for health insurance stipulated in Articles 12-16, in compliance with the principle of mutual solidarity, are also ensured the right to healthcare. This category of citizens consists of children and youngsters under the age of 18, pupils and students in the course of their education, but up to the age of 26, citizens over the age of 65, women, as regards pregnancy, childbirth, post-natal care and contraception, and in cases of infectious diseases, mental illnesses, rheumatic fever and its complications, malignant diseases, diabetes, renal illnesses

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[22] Constitution of the RM, Article 39

which are treated with chronic dialysis, progressive neural and muscular illnesses, cerebral palsy, multiple sclerosis, cystic fibroses, hemophilia, thalassemia and similar diseases, epilepsy, alcoholism, and drug addiction. The scope and content of healthcare in these cases is determined by the Assembly of the Republic of Macedonia (Program for Healthcare of Certain Groups of Citizens and Specific Illnesses of Citizens who are not covered by Health Insurance – Official Gazette of the Republic of Macedonia No. 45/2006).

The Law on Health Insurance (Official Gazette of the Republic of Macedonia No. 25/2000, 34/2000, 96/2000, 50/2001, 11/2002, 31/2003, 84/2005, and 37/2006) establishes mandatory health insurance for ALL citizens of the Republic of Macedonia (Article 2). The insurance grounds are regulated by Article 5 of the Law. Furthermore, if citizens are not covered by the mandatory health insurance according to the insurance grounds under Article 5, paragraph 2 of the same Article envisages the possibility for those citizens to be covered by the mandatory health insurance in order to exercise primary healthcare rights.

The Law on protection of the Rights of the Patients (Official Gazette of the Republic of Macedonia No. 82/08, 12/09) stipulates that the patient regardless of gender, race, color of skin, national and social origin, political and religious beliefs, property and social status and sexual orientation has the right to enjoy the benefits foreseen in this law.

According to the Government of the Republic of Macedonia, social inclusion is an important element on the policy implementation level. Related, when discussing healthcare services special attention has been given to projects that would increase the access of the Roma Population as a vulnerable group. In this manner, as part of the Decade for inclusion of Roma, in the area of healthcare, action plans have been prepared and adopted that envisage the following activities: improvement of the conditions for life, healthcare training and development of education programs in this area, information about the access to health insurance, promotion of legislation on primary healthcare and promotion of a more active approach by public healthcare institutions with respect to certain categories of Roma.[23]

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[23] UN Committee on Economic, Social and Cultural Rights (November 2006). *Replies by the Government of FYROM to the list of issues (E/C.12/MKD/Q/1) to be taken up in connection with the consideration with the Initial Report of FYROM concerning the rights referred to in articles 1-15 of the International Covenant on Economic, Social and Cultural rights. (E/1990/5/Add.69)** paragraph 36

On the Ministerial level, Health strategy 2020 and National Development plan of Republic of Macedonia 2008-2013 in healthcare are the most important policy documents, which encompass the issue of social inclusion. In addition, the Ministry of Health adopts special programs for healthcare that cover the entire population of the Republic of Macedonia, especially the vulnerable groups. The National Budget provides the funds for the realization of the activities under the annual programs for healthcare.[24]

b. Shortcomings of the system

Even-though there is a solid legal framework which ought to encompass all segments of the society in the health process, there is a variety of shortcomings and problems in the policy making processes that are hindering the proper access of all the segments of the society. Moreover, these policies are not sensitive to specific medical problems that certain society groups face due to the economic and social context. This is the case because medical and mortality rate records are not kept on the basis of ethnic affiliation.[25] This approach makes it difficult for the policymakers to have more comprehensive data about determining which health problems are related and pervasive to which ethnic group and thus hinders any specific interventions for the specific segments of the society.

According to the report of the UN Committee on the elimination of Racial Discrimination (2007), there is a percentage of Roma that do not have documentation indispensible to enjoy any right.[26] Without the necessary documentation Roma population is excluded from the access to health sector. Related, according to the Humanitarian **Association for Emancipation, Solidarity and Equality of Women – HA ESE** around 37.1 % of Roma population do not have health insurance, despite the fact that every citizen of the Republic of Macedonia has to have health insurance.[27] The fact that there are

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[24] Ibid., paragraph 88

[25] Ibid., paragraph 87

[26] UN Committee on the Elimination of Racial Discrimination Report (2007).Concluding observations of the Committee on the Elimination of Racial Discrimination: THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA, paragraph 14. Retrieved from (http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G07/428/80/PDF/G0742880.pdf?OpenElement)

[27] ESE (Izvestaj 2006).AnalizanasostojbatanaRomitevoRepublikaMakedonijavoodnosnaopfatot so zdravstvenoosiguvanje Retrieved from http://www.esem.org.mk/Root/default_eng.asp

segments of the population, which do not have health insurance, was confirmed in the interviews by the officials of the Ministry of Health; according to them this number is around 2% of population and encompasses sufficient number of Roma population, Albanian and Turkish rural population.

When discussing the healthcare it is indispensible to dwell on MDG related to the healthcare. This document will focus briefly on the issue of the child mortality and discrepancy on health outcomes according to the ethnicity.

One of the MDG is reducing the child mortality. The basis for implementation of this Millennium Development Goal is the Convention on the Rights of Children ratified by the Government of the Republic of Macedonia in 1999. Some of the measures that the Government has committed to address include:

- reducing child and infant mortality and providing healthcare to all children;
- fighting diseases and malnutrition;
- providing antenatal, prenatal and postnatal healthcare;
- promoting education on the health of children and their diet, the advantages of breastfeeding, hygienic and environmental sanitation, as well as prevention of accidents;
- developing preventive healthcare, guidance, education and family planning.

Findings exemplify that child mortality in rural and outlying settlements is higher than in the urban ones, mainly owing to the low socio-economic status. Roma children are exposed to higher risks due to malnutrition, poor health and higher infant mortality rates. This correlation between the mothers' low education level and infant mortality, as well as the higher mortality in certain areas, indicates that there is a need to provide adequate health education to mothers. Overall, 11% of the rural population in 2006 drank potentially unsafe water. The safety of housing also affects the health of children; particularly exposed to risk are the Roma children living in shantytowns without an adequate infrastructure and with high unemployment rates.[28] Statistics shows that Albanians, Turkish and Roma population have much higher infant mortality rate than the Macedonian population.

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[28] Government of the Republic of Macedonia (June, 2009). REPORT ON THE PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS p.45

Infant Mortality Rate in Macedonia in 2007, According to Ethnic Background

	Macedonian	Albanian	Turkish	Roma	Vlach	Serbs
<5M	9	15	14,7	15,1	0	8,3
IM	8	13,4	14,2	13,1	0	7,9

Source: State statistical office (2007)

In terms of ethnic background, mothers form the Roma community are often not covered by health insurance and cannot afford to co-fund or pay for the informal costs of regular antenatal examinations, childbirth or postnatal visits even in the healthcare services that are free and subsidized under the vertical preventive programs. [29]

2005 data from the Institute for Mother and Child Health Protection show higher mortality rates among the Roma population; 19.3 per 1000 live births, compared to 9.8 per 1000 live births among the Macedonian population.[30]

According to an UNDP survey, 79% of Roma answered *yes* to a question that when they needed an essential medicine they could not obtain one because they could not afford it[31].

Only 34 percent of Macedonia's Roma have not had any illnesses. The extent of health problems experienced by two thirds of the Roma population affects regular school attendance of children and decreases the working ability of adults.[32]

The data shown exemplify that the healthcare system in the Republic of Macedonia faces multiple challenges such as improving access, quality and efficiency of the service, accountability, etc.

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[29] Health Condition, health Protection and Impacts on Health in Roma People in Macedonia, Association for Emancipation, Solidarity and Equality of Women in RM, ESE, 2008

[30] UNICEF Report (2007).Child poverty in FYROM p.30

[31] http://vulnerability.undp.sk/DOCUMENTS/macedonia.pdf

[32] Ibid.,

II. TOOLS FOR IMPLEMENTING THE METHODOLOGY

In terms of this Methodology, we regard highly important that the assessment encompasses both *de jure* and *de facto* forms of governance in the area of health and education. At this stage, we believe that this is indispensible in order to check the existence of policies and their implementation in practice.

- *De jure* refers to the existence of formal rules found in documents, laws, regulations and the constitution. These indicators usually rely on objective indicators. An example here might be the existence of a law or constitutional provision that stipulates the right to education.

- *De facto* is concerned with what happens in practice. This can be measured by using objective data or perception-based data. An example here might be to ask citizens about their rights to access health and education services in the Republic of Macedonia.

Outline for developing *de jure* and *de facto* indicators

	Example of information that the indicators can provide	Type of Indicator	Data type	Data source/s
De jure	Existence of laws and policies that encompass social inclusion in the sector of health and education	Objective	Text/ qualitative	Archival
	Quality of laws/policies, in terms of fairness, transparency, voice and participation and accountability	Subjective/perception-based	Qualitative and/or quantitative	Experts working in the implementation of the Methodology

De facto	Actual experiences of how well the laws/policies are enforced	Objective/events-based	Quantitative	Documents, administrative data, existing surveys, conducting focus groups, in-depth interviews
	Opinions and perceptions of how well the laws/policies are enforced and implemented	Subjective/perception-based	Quantitative and/or qualitative	Existing surveys, opinion polls/Focus groups

A. TYPOLOGY OF THE RESEARCH METHODS

- By the methodological type, the following methods for conduct of the methodology have to be emphasized: desk research, in depth- interview, observation, focus-group interviews. The series of tools includes also procedures for use of specific methods (administration of identification mechanisms). These in nature are guidelines and will enable the researchers to avoid redundant actions, as well as conduct methodology more efficiently and within legitimacy. Questionnaires will be used for conducting and summarizing in-depth interviews and focus-group interviews, a diary will be used for observation where notes will be taken on the documents considered.

- The markers used in the methodology need to reflect the phenomenon and manifestations exclusion/inclusion of disadvantaged groups in utilization of services in education and healthcare. Moreover, they should enable the researchers to assess the extent and reasons of exclusion, and, eventually, the consequences of exclusion for different groups in the Macedonian society. As a result of the analysis of different dimensions of governance, it should be possible to develop concrete recommendations aimed at improvement of the situation. On the whole, data/information need to be typical (unambiguous), reliable (trustworthy) and simple for collection, calculation and analysis. They need to be applicable and express the specificities of the community.

- Conclusively, the assessment will strive to assess whether there is governance aspect of exclusion in heath care and education and if yes the types, nature and extent, and will pick point the problems which will enable

the decision makers in the central and local government to address the problem of exclusion in the proper manner.

B. THE GENERAL PRINCIPLES OF APPLICATION OF THE TOOLS

- Desk research is a crucial tool of analysis for the researchers involved in the assessment. This tool should rely on archival data, administrative data, narrative reports, Constitution of RM, laws, legal documents and government statistics, strategies, national programs, action plans, and the analyses and investigations of research institutions. Having in mind the nature and context of the assessment local researchers who know the local languages will be involved in order to utilize this tool comprehensively. Desk research is usually cost-effective, especially after the initial round, because it will simply be an updated version of previous studies. This tool is well suited for examining the *de jure* governance situation in the sector of healthcare and education and may be useful to better comprehend the *de facto* situations. Desk research is indispensible for Legislative and policy framework dimension of the governance.
- In depth interview is a method foreseen for obtaining professional information on a certain issue. In-depth interviews will be conducted with the decision makers and professionals of the sector (health, education).

In depth interviews should be conducted in the following way: First, Research Assessment Teams needs to decide on the pool of people who have knowledge and expertise (Government officials in education and health, academia, think tanks, CSO) about the problems in the sectors of health and education, then formulate the questions and prepare a brief guide for questions. Next, the key informers[33] need to be selected; Afterwards the interview can be conducted: the researcher has to create an atmosphere of mutual understanding, briefly present the methodology, its goals and objectives, ask questions requiring an opinion and judgment. It is necessary to pay attention to the verbal meaning of the questions.

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[33] First to choose the target groups from among which persons having command of basic information will be selected, and, after taking into account the opinions of persons who are familiar with the groups, select a few interviewees from each group (by the snowball effect). Consider decision makers in the central government (Ministry of Education and Health, Parliamentary Commission for Health and Education, Ombudsperson), Local Self-Government (ZELS, Mayors and managers in the sectors of Education in Units of Local Self-Government), experts from academia, think tanks and watch-dog NGOs in the health and education sector.

An expert should justify his/her opinion and maintain a neutral (unbiased) position. Taking notes is mandatory. To verify the reliability of data, it is necessary to check if the interviewee has a biased attitude as well as pay attention to contradictory findings. After each interview, a brief narration of the interview needs to be prepared and the data need to be entered into the computer. An in-depth interview is a method foreseen for receiving information about some issue, in order to identify people's special or thorough knowledge. On the gathering data from stakeholders it might be useful if the methodology provides information on the specific sectors (with people responsible) from the ministries that should be contacted, as well as the names of other relevant institutions and organizations and establishing communication with them prior to the research. This is especially paramount if the methodology is used by institutions that do not have background in education (i.e. parents, media, academia, etc.)

- Focus group[34] interviews aim at collecting qualitative information (manifestations of problems in health and education) to find out people's opinions and feelings on a certain issue. The aim of the focus groups is to gather information about experiences of vulnerable groups related to the services in the education and health sector. Focus groups ought to be highly valuable tool for assessing areas such as social inclusion and cultural adaptability of education and health services, transparency, and accountability. Through this tool, the researchers will be able to have more objective picture about the perception of vulnerable groups about the social inclusion policies in the health and education sector. Focus should be conducted in groups of 10-12. The procedure for conducting a focus group interview is as follows. Firstly, an interviewer(s) (researchers) needs to identify the focus group participants[35] the venue and time[36]. Beforehand the discussion guide, the questions and topics need to be prepared, and after that, the focus group may be conducted. The facilitator needs to introduce himself/herself and present the topic, goals and objectives of the focus group, and create a warm atmosphere of mutual understanding. One should avoid "Yes' or "No" answers, and note that questions starting with "Why" may create a defensive attitude in people. It is important to control the discussion, encourage the respondents to provide clearer and meaningful answers, reduce the pressure of the group and take notes. At the end of

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[34] This tool is optional, the decision for utilization of this tool will be taken after the consultation with RAT in the Orientation Training

[35] First, choose the target groups from among which focus group participants will be chosen, and then, taking into account the opinion of people who know the groups, select a few respondents from each group.

[36] Optimum duration is about 2 hours.

each Focus group the data needs to be analyzed; reading all the notes, a summary of the discussion needs to be written, each issue needs to be analyzed individually, paying attention to the words, the context of the opinion voiced, the pressure of the group and expression of one's own experience. When summarizing the interview, the main findings need to be presented verbally, the discussion needs to be described briefly and, after all, analyze the main models and directions and provide recommendations.[37]

- Observation; Observation would be highly valuable tool to assess transparency, accountability and voice and participation dimension of the governance. An observation is a systematic structured process to explore a phenomenon under real life conditions. An observation can be direct and indirect. In case of a direct (involved) observation, the observer is a member of the group studied but the group is not aware of this. In case of indirect (not involved) observation, the observer is an external person, and the group is aware of him/her. An observation is expedient to use in the event when it is necessary to collect "first-hand" information or when other methods for collecting information (focus group interviews, expert interviews, etc) cannot provide objective facts about the current situation or problems. The procedure for conducting an observation is as follows: First, the object of observation (the focus, the manifestation of exclusion) needs to be chosen, afterwards the format for the notes need to be prepared which needs to contain the time and venue of the observation, and the questions need to be close-ended. Then the place (hospital, school, etc.) and the best time for observation need to be chosen. During the observation itself it is necessary to create an atmosphere of mutual understanding[38], to become convinced that the there is sufficient time for the observation, apply a team approach working with the whole team in the same place of observation, having a clearly identified objective for each team member. It is necessary to take notes; if that is not possible during observation, notes should be taken after it. The truthfulness and reliability of the data should be checked. This could be supported by taking notes in the course of the observation, applying close-ended questions and using of a team of observers for each particular area. The data should be analyzed at the end of the observation.[39]

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[37] Eight focus groups to be conducted for each sector (health and education) in the 8 statistical regions of the Republic of Macedonia. Utilize the NGO Sector in these areas to provide logistical support to identify the participants from the marginalized groups and to provide the venue for the focus groups, in additional some kind of symbolic financial stimulation should be provided to the participants. Total number of the participants in the focus groups should not exceed 192 (12x16)

[38] The project, its goals and objectives need to be briefly presented.

[39] Observe eight hospitals and eight primary and secondary schools. The observation should be conducted after carrying out the focus groups and in depth interviews

III. METHODOLOGY

A.METHODOLOGY BACKGROUND

An imperative of democratic governance stipulated by the Constitution is the efficient participation of the civil society in decision-making, policy making and implementation processes. Meanwhile, democratic governance is the most effective way to achieve the goals of sustainable human development, increase the opportunities of each member of the society and ensure an appropriate environment for a long, healthy and creative life. In this regard, governance involves both the state and the private sector and the structures of civil society, and needs to ensure the cooperation between these, aimed at human development, particularly creating political, legal, economic and social conditions for the exercise of human rights and poverty reduction.

The undertaking of such governance assessment in the area of social exclusion is expected to facilitate the process of national efforts to monitor and evaluate the governance, bridge the existing gap of shared understanding among governments and citizens in terms of democratic governance, through a participatory approach in the *process* of assessing it and with consequent activities for capacity development to do it on regular bases.

The goal of this assessment is to assess the social inclusion policies in the healthcare and education sector aimed at increasing access, transparency, responsibility, accountability, participation and efficiency. The methodology ought to diagnose potential shortcomings in the health/education governance at policy level and its implementation and should provide foundation for interventions and improvements of the systems.

The assessment will strive to ensure effective participation of the national and local stakeholders (central and local government) in partnership with civil societyin the implementation, supervision and the assessment of the governance assessment methodology on social inclusion in education and health sector. The methodology is foreseen to serve as a critical accountability mechanism for national and local stakeholders, especially the citizens of a country and non-state actors (representing

vulnerable groups exposed to risks of social exclusion), both in the realm of policy reforms and awareness.

In order to have a more comprehensive picture of the situation regarding governance issues with regard to social inclusion in the sector of health and education, interviews were conducted with a variety of stakeholders.

Structured interviews (with prepared Questionnaire in advance) were conducted with selected groups of stakeholders (officials from Ministry of education/health, experts on education, health or governance issues and key civil society organizations working in these areas). The utilization of this tool before designing the methodology was to get the perspective from different stakeholders regarding the governance issues and their impact to the inclusion policies. The interviews were extremely helpful in identifying, narrowing and prioritizing the areas of governance which are not reflecting diversity of our society. Twelve interviews were conducted between January and February 2010. The interviewers encompassed state institutions in the area of health and education (four interviews);four interviews were conducted with experts from think-tank and education institutions and four interviews with representatives from the NGO sector.[40] In general, interviewees were asked to identify the segments of population, which have difficulties to access services to health and education. From the analysis of the interviews, it can be concluded that the rural non majority communities especially Turkish, Albanian and Roma population, rural female population and people with special needs, face difficulties to access service in health and education. However, from the findings we can state that there is different understanding on what the reasons of exclusion are. In this regard, representatives of the Ministries of Health and Education are keen to attribute the problem of exclusion in these sectors mainly to the reasons outside of the realm of the governance in their institutions, emphasizing socio-economic reasons, culture and tradition as a reason for exclusion. On the other hand, representatives of the civil society and the experts were keen to emphasize that the problems related to the governance have been impediment for better access of the services in these sectors. Ferdi Ismail - Executive Director of the NGO "Sonce", argues that "the government is not doing enough to provide the Roma population with documentation needed to access services in the health and education sector" - meaning that there is certain % of the Roma population which does not possess

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[40]   List of the people interviewed is attached as an Appendix of the Methodology

any documentation that would prove their existence (birth certificate, ID, citizenship documents), which makes their inclusion in the society impossible and that there is a need for more comprehensive approach by the Government of Macedonia to address this problem.

In addition, the civil society institution representatives were emphasizing the fact that the visibility of the policies is low due to the fact that the main institutions for managing the sectors of Health and Education are not doing enough to provide the information in the local languages. Vullnet Zenki - Executive Director of "Multicultura" argues that very often in the Health sector, patients from these segments of the population cannot have proper examination due to the fact that no one from the medical personnel speaks the language of the patient (Albanian, Turkish, and Roma).According to Mr. Zenki, there are not enough professional and administrative personnel from non-majority communities in health institutions.

Samet Skenderi emphasized the fact that even though Roma children have the right to study in their own language, in communities where they are minority they are forced to study in Macedonian, Albanian and Turkish due to the fact that there is nota sufficient number of Roma students. According to him, this is a very difficult and traumatic experience which hinders them to utilize the right to education.

Both representatives of the Ministries and civil society institutions believed that there are campaigns in order to reach excluded communities but the effect of these campaigns is questionable hence no assessment has been made to see the results of certain projects and campaigns.

Accountability is also an element, which is not utilized in order to have more responsible process of governance. Neda Milevska Kostova argues that this is one of deficiencies of the system because there are no procedures in line to address patient grievances.

Conclusively, from the finding of the interviews the following can be said:

- It seems that certain segments of population do not have access to the services of health and education regardless of the fact of the universality of these services.
- Interviewees attribute the social exclusion to the governance related shortcomings and socio-economic factors and tradition.

- Line Ministries are implementing short-run campaigns to address the social inclusion issue (stipends in education, immunization in health care etc). No analysis has been carried out to assess the effect of these campaigns.
- Interviewees were keen to emphasize the lack of investment in infrastructure and non-equal representation employment policies in the line Ministries and providers.
- More can be done in the accountability dimension of the governance.
- Health- It seems that there is no sufficient engagement in collecting, analyzing and utilizing information in the health sector decision-making which results in the lack of transparency within the sector. For instance, the outdated *Law on Healthcare Records*, along with the outdated medical documentation and records, prevent the collection of data and their desegregation (by ethnic background, quintile of affluence, education level).
- Health-the Health Insurance Fund (HIF) and state-owned healthcare institutions should do more to improve performance.
- Health-the Ministry of Health (MoH) will need to further strengthen its policy formulation, implementation and monitoring capacities. It should concentrate on three pillars: policy and strategy formulation, monitoring and evaluation of health reforms and public information and communication.
- Health policy implementation is lacking. For instance, Law on Protection of Patient Rights stipulates establishment of institution **Counselor for the patient's rights** in all health institutions; there is no information that this is being implemented and there is no PR campaign to inform the citizens about the role of these institutions. The Law on protection of Patient Rights stipulates the establishment Commissions for protection of the rights of the patients in the Units of Local-Self government and their training about non-discriminatory policies in the health protection legislation. This provision is not being implemented in practice.
- Policies on open access to information both on health and education are not comprehensively enforced due to the fact that the policies, campaigns and information are not always translated and disseminated in non-majority community languages (Albanian, Turkish, Roma)
- Many of the vulnerable groups face problems of lack of necessary documents, which are needed to register and acquire health and education services. The majority of this population belongs to particular ethnic groups, such as ethnic Roma and ethnic Albanians who, due to problems such as illiteracy or cultural traditions, do not promptly apply for these documents. This presents a potential danger for their exclusion from the social protection system as well as in acquiring basic services such as education, health, etc. This shows that the social inclusion policy needs a more permanent inter - sectoral involvement.

- Education-The physical access (Schools in rural areas)particularly in the field of secondary education, present an important challenge and a reason that can lead to exclusion.
- Education-Lack of pre-school facilities can lead to exclusion. Existing facilities cover only 11% of the total number of children.
- Education- Not enough emphasis on children with special education needs.

B. ASSESSMENT METHODOLOGY AND GUIDING QUESTIONS [41]

The proposed methodology on governance issues and their impact on social inclusion in the education and health sectors is built around a set of guiding questions. This set of questions is presented by sub-headings, corresponding to various governance dimensions. In light of the consultation process with relevant stakeholders, the assessment framework includes the following issues:

- Legal and policy framework
- Social inclusion and cultural adaptability of education and health services
- Accountability mechanisms
- Voice and participation
- Transparency
- Monitoring, evaluation and research
- Decentralization

It should be noted that these categories are somewhat artificial since one guiding question may relate to more than one of these categories.

Along with each question, specific methods are suggested to collect information regarding that question. In many cases, more than one method is suggested. In some cases, these methods may complement each other, while in others there may be alternative methods that could be used depending on the time and resources

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[41] This section was written by Eitan Felner

available to the assessment team. In addition, when necessary, comments are added to specific questions.

It should be stressed that to carry out a governance assessment it is not necessary to address all questions. Rather, it should be seen as a menu or toolbox, from which the assessment team could pick those questions that are more relevant to particular focus of the assessment they are undertaking. At the same time, although the set of guiding questions is quite extensive, it does not pretend to be exhaustive. It is in fact expected that in many cases, an assessment team focusing on a certain area will find that the suggested questions are not sufficient for a thorough assessment of that area.

A note on terminology

For simplicity, the following terms and acronyms are used in the guiding questions:

CSOs: Civil Society Organizations (including NGOs, research institutes, religious organizations, etc).

CSOs representing excluded groups: Civil society organization that advocate for the rights or one or more group that is considered by itself or others as socially excluded (such as ethnic minorities, people with disabilities, rural women, etc)

Specific issue: an issue related to human development which appears to be particularly problematic in Macedonia.

Sub-sector: an area within the education or health sectors, typically with its own programs and budgets within the sector, such as primary education, reproductive health or child health.

Front-line service facilities: schools and health facilities that provide care at different levels (primary healthcare, hospitals, etc).

Front-line service providers: teachers, nurses, doctors, etc.

1. LEGAL AND POLICY FRAMEWORK

Guiding questions	Data collection methods	Comments
Is the right to non-discrimination and equality incorporated in the Constitution or other forms of the superior law? Does its list of prohibited grounds of discrimination comply with relevant international human rights law?	Review of relevant domestic and international law	Is the right to non-discrimination and equality incorporated in the Constitution or other forms of the superior law? Does its list of prohibited grounds of discrimination comply with relevant international human rights law?
Is the right to education recognized in the Macedonian domestic law? Does the coverage of domestic law comply with International human rights standards, relevant to the right to education, ratified by Macedonia?	Review of domestic law and comparison with relevant international law	Key indicators of coverage according to international law: discrimination in access to education, making education institutions barrier free and inclusive education (e.g. children with disabilities, children in detention, migrant children, indigenous
Is the right to health recognized in the Macedonian domestic law? Does this law comply with International human rights treaties, relevant to the right to education, ratified by Macedonia?	Same as above	

Is there an effective national policy for persons with disabilities?	Review of relevant law; interview with government officials responsible for implementing this policy (to learn about *de jure* coverage, its budget, etc); interview with other relevant stakeholders (e.g. CSOs and journalists focusing on social inclusion or human rights) to crosscheck information obtained from government officials and learn about effectiveness of those policies.	
Does the government have an effective overall policy of social inclusion in the fields of education and health?	Review of relevant government policy documents; Interview with relevant education and health officials (to learn about *de jure* procedures); interview with other relevant stakeholders (e.g. CSOs and journalists focusing on social inclusion and or education or health) to crosscheck information obtained from education and health officials and learn about *de facto* practice.	Effectiveness of the policy could be measured inter alia, by its coverage (does it cover all different groups in society that are considered excluded); whether the government has allocated adequate resources to implement those policies; whether there is clarity about which government agencies are responsible for implementing those policies and they have the organizational capacity to carry them out, etc

Are there specific state institutions and/or inter-governmental agencies responsible to promote social inclusion across sectors? If so, are these institutions effective?	Interview with government officials (particularly of those working is such institutions); Review of relevant laws or regulations (setting these institutions); interview with other relevant stakeholders (e.g. CSOs and journalists focusing on social inclusion or human rights) to crosscheck information obtained from government officials and learn about effectiveness of those institutions.	Indicators of effectiveness include, *inter alia,* adequate resources, organizational capacity, etc

2. SOCIAL INCLUSION AND CULTURAL ADAPTABILITY OF EDUCATION AND HEALTH SERVICES

Guiding questions	Data collection methods	Comments
Are service providers respectful of the culture of minorities/non-majority communities?	Survey in areas with a large proportion of non-majority groups; interview with people belonging to non-majority groups. Interview with minority rights or human rights CSOs Focus groups	

Are the service providers respectful to gender disparities, and sensitive to gender based discrimination and gender stereotypes affecting the equal access to services to men and women?	Survey in areas with a large proportion of non-majority groups; interview with people belonging to non-majority groups. Interview with minority rights or human rights CSOs Focus groups	
Is the deployment of any type of frontline public official across the country (or sub-national local unit if deployment decisions are decentralized) according to rational and equitable criteria? Are those criteria clear and transparent?	Interview with managers and staff at frontline service facilities	Having such criteria is crucial to ensure equity.
What is the process by which resources for education and health are allocated among municipalities or among facilities within municipalities? - Is this process transparent? - Is this process according to equitable criteria? - Were this criteria determined after an adequate consultative process with various segments of government (e.g. in the Parliament, across Ministries) and with various actors in civil society?	Review of relevant laws; Interview with relevant Ministry officials (to obtain the formal criteria for fiscal transfer and information about independent auditing, etc); Interview with other relevant stakeholders (e.g. CSOs and journalists) and analysis of criteria (to assess whether is transparent and equitable)	

Is the distribution of funds for sector, sub-sector or specific issues done according to real and current needs rather than just based on previous year allocations?	Comparison of current year and last year' distribution of government budget for the sector, sub-sector or specific issue across regions, districts or frontline service facilities	A budgetary process based on inertia may undermine the intentions of a government's decision to shift its policy priorities in order to be more inclusive
If administrators at the national, and local level can exercise considerable discretion over the distribution of resources such as non-salary component of the annual government budget and in-kind resources (textbooks, drugs or other medical supplies, etc), are there effective safeguards to ensure that the distribution is carried out in an equitable manner?	Interview with relevant officials that have discretion over distribution of resources (to learn about *de jure* existence of safeguards). Interview with officials in the same sector but at lower layers of government (to learn if *de facto* those safeguards are enforced). Interview with other relevant stakeholders (e.g. CSOs and journalists) (to cross-check information obtained from officials and hear their perception about the effectiveness of those safeguards)	
Education		
Are there enough teachers who have the needed competency and proficiency to teach in native language of local populations?	Interview with other relevant stakeholders (Ministry of Education, Sector for education in the municipalities)	
What kind of programs the government is offering to expand availability of teachers proficient in local languages	Interview with other relevant stakeholders (Ministry of Education, Sector for education in the municipalities)	

Are the any programs and/or initiatives implemented aiming at reduction of gender stereotypes affecting education curriculum content and choices made by boys and girls on subjects of education (text books, segregation of girls and boys in certain subject areas of education)?	Interview with other relevant stakeholders (Ministry of Education, Sector for education in the municipalities)	
Is there any effective system of teachers trained to educate children with disabilities? If the country does not still have such a system (or is still not fully effective), are there concrete plans (with appropriate budgets, responsibilities from specific government agencies, etc) to have an effective system?	Interview with other relevant stakeholders (Ministry of Education, Sector for education in the municipalities)	Indicators of 'effective system' include: 1) number of trained teachers is proportionate to number of children with disabilities; 2) Are the teachers adequately trained to deal with specific disabilities (e.g. do they know sign language if they are teaching deaf children)? 3) Do teachers and schools have the necessary equipment to teach various forms of disabilities?
Are there any school fees? - For primary school? - For secondary school?	Review of relevant legislation; interview with relevant education officials	
If there are school fees, is there an effective waiver system to ensure that those that cannot afford to pay still be able to go to school?	interview with relevant education officials; review of relevant documents (about the waiver system); interview with other stakeholders focusing on education policy (CSOs, journalists, academics, etc)	An effective waiver system should have clear eligibility criteria and built-in protections to ensure that determining waiver status does not delay access to care

Health		
Are all child and maternal health services and drugs provided free to all citizens?	Review of relevant legislation; interview with relevant health officials	
Are there any programs implemented to improve access of rural women / women without health insurance to healthcare services?	Review of relevant legislation; interview with relevant health officials	
Are there any initiatives / programs implemented to improve the access of rural women to services of reproductive healthcare?	Review of relevant legislation; interview with relevant health officials	
To what extent are healthcare providers responsive to different needs of rural / minority women?	Review of relevant legislation; interview with relevant health officials	
Are there specific services available that are aware of and responsive to the specific needs of women experiencing domestic violence? If they are cut of resources to pay for health services, are there effective waiver systems to ensure this specific vulnerable group is provided with necessary healthcare?	Review of relevant legislation; interview with relevant health officials	

If not all child and maternal health services and drugs are provided for free to all citizens, is there an effective waiver system to ensure that those that cannot afford to pay still get treatment?	Interview with relevant health officials; review of relevant documents (about the waiver system); interview with other stakeholders focusing on education policy (CSOs, journalists, academics, etc), focus groups	An effective waiver system should have clear eligibility criteria and built-in protections to ensure that determining waiver status does not delay access to care.
Is transportation available to move women with obstructed labor to a health facility with emergency obstetric care facilities provided free of charge when she can't afford to pay for it?	On-site visits to health centers; interview to health workers; interview to people living in remote areas.	
To what extent health facilities have workers that are proficient in the native language of the local population?	Survey of health facilities; interview with health workers; interview with people that do not speak the majority language.	
Are there any specific programs (with adequate budget allocated to them) to expand the availability of health workers that speak the native language of the local population?	Interviews with Ministry of Health officials, government agencies responsible for integrating those belonging to minorities that speak other than the majority language (e.g. State agencies working on indigenous rights); human rights and minority rights CSOs.	Example: are there any programs to train and employ health workers from local communities?
Are people with disabilities entitled to benefit from, those medical and social services - including orthopedic devices, which would enable them to reach and sustain their optimum level of independence and functioning and support their social integration?		

Do women that suffer complications from abortion receive adequate treatment by health workers in public health facilities, regardless of the legality of the abortion?	Interviews with health workers; interviews with CSO focusing on reproductive health	

3. ACCOUNTABILITY MECHANISMS

Accountability is the linchpin of good governance and a critical element for social inclusion. In many countries, key problems in the delivery of education and health services, such as inequality of access to those services or their poor quality, are related to weak accountability mechanisms.

a. General issues

Guiding questions	Data collection methods	Comments
What are the most common problems among accountability mechanisms (complaint and enforcement) concerning the delivery of education and health services?	Interview with relevant government officials and other stakeholders (such as CSOs, journalists and academics focusing on education on health policies) to get different perspectives of the common problems.	Types of common problems according to existing literature: 1) problems of access to complaint mechanism; 2) lack of appropriate independence of accountability mechanism; 3) lack of effective enforcement of accountability measures
Education		
Is there an effective system of school/ health facility supervisors?	Review of relevant official and unofficial publications, documents and data; survey of teachers, school directors and supervisors; interview with a selected group of supervisors, teachers and school heads).	Some indicators to look at: 1) number of schools and teachers covered on average by each supervisor; 2) number of times a year that on average supervisor visits same school (disaggregate by urban and rural areas)?

3.2 Complaint Mechanism

Easily accessible mechanisms to complain about grievances related to the education and health services and programs are essential to enable all to report abuses.

Guiding questions	Data collection methods	Comments
Are there clear and easily accessible complaint mechanisms to denounce any problem with the delivery of education or health services (staff absenteeism, corruption, bad quality of service, etc)?	Interview with Ministry officials and managers of frontline service facilities (To learn about *de jure* procedures); public surveys or interview with ordinary citizens in on-site visit to frontline service facilities and with relevant stakeholders (e.g. CSOs and journalists focusing on education or health) to crosscheck information obtained from education and health officials and learn about *de facto* practice.	
Do frontline service facilities publicize the existence of complaint mechanisms among those using those facilities?	Interview with managers of frontline service facilities (to learn about *de jure* means of publicity of complaint mechanisms); interview with ordinary citizens in on-site visit to frontline service facilities and with relevant stakeholders (e.g. CSOs and journalists focusing on education or health) to crosscheck information obtained from education and health officials and learn about *de facto* practice.	Examples of indicators showing publicity of complaint mechanism: announcement posted in the local language(s) in a prominent location in the health facilities; letter about it to all schoolchildren parents.
If a person files to complain about any problem with the service complains about the frequent absence of frontline service providers, how long it takes on average for responsible policy-maker to respond?	Interview with relevant government officials to learn about *de jure* rules); household surveys or interview with ordinary citizens in on-site visit to frontline service facilities and with relevant stakeholders (e.g. CSOs and journalists focusing on education or health) to crosscheck information obtained from education and health officials and learn about *de facto* practice.	

If a person considers that she/he or her/his child is eligible to an existing programs to encourage utilization of social services by poor people or other disadvantaged groups (e.g. cash transfer programs, scholarships for poor children, etc) and is not receiving that program, is there any established mechanism to file a complaint about it?	Interview with relevant government officials to learn about *de jure* rules); interview with other relevant stakeholders (e.g. CSOs and journalists focusing on education or health) to crosscheck information obtained from government officials and learn about *de facto* practice. Focus groups	
Is there appropriate whistleblower protection for individuals working in procurement organizations, education and health authorities and frontline service providers?	Review of relevant legislations; Interview with relevant government officials to learn about *de jure* rules); interview with other relevant stakeholders (e.g. CSOs and journalists focusing on education or health) to crosscheck information obtained from government officials and learn about *de facto* practice.	

3.3 Enforcement Procedures

Effective enforcement procedures are essential to ensure that, when appropriate, public officials are subject to investigation and liability for discriminatory practices and various forms of social exclusion.

Guiding questions	Data collection methods	Comments
Are complaints about problems in service delivery of education or health often investigated?	Compare number of complaints by public about frontline service providers in the last 12 months with the number of complaints investigated? (obtained from relevant government officials) Focus groups	

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Do investigations about complaints related to service delivery of education or health often conducive to sanctions?	Compare number of complaints investigated in the last 12 months with number of cases that led to sanctions (obtained from relevant government officials).	
Do the non-judicial accountability mechanisms receive timely and appropriate responses from the government agencies regarding investigations opened by these mechanisms on education and/or health?	Interview with officials of relevant non-judicial accountability mechanisms	

3.4 Effectiveness of Accountability Mechanisms

Guiding questions	Data collection methods	Comments
Does the relevant accountability mechanism have the resources to carry out its functions?	Review of budget for relevant mechanism; Interview with staff of relevant mechanism; interview with other relevant stakeholders (e.g. NGOs working with that accountability mechanism)	
Does the relevant accountability mechanism have the independence to carry out its functions?	Review of legal framework that regulates the relevant mechanism; Interview with elected members and/or staff of relevant mechanism; interview with other relevant stakeholders (e.g. NGOs working with that accountability mechanism)	Some relevant indicators: 1) who appoints the members of the relevant mechanism (if it is the executive, they might not be able to be independent); 2) Who determines the yearly budget of the mechanism (if it is the executive, it might reduce resources if the mechanism is too independent).

Does the relevant accountability mechanism have the expertise to carry out its functions?	Interview with staff of relevant mechanism; interview with other relevant stakeholders (e.g. NGOs working with that accountability mechanism)	

4. VOICE AND PARTICIPATION

The active participation of ordinary citizens in the design, implementation and monitoring of development is an essential element to ensure social inclusion. Civil society organizations are crucial to effective governance, playing a key role in enhancing citizens access to essential public information, empowering disadvantaged and marginalized groups to actively participate in policy making and ensure the relevance of social services to people's needs. Very importantly, civil society can play a 'watchdog' role in monitoring and evaluation of government policies and programs, holding politicians and service providers to account for the delivery of basic social services of good quality and in an equitable manner.

Guiding questions	Data collection methods	Comments
Are key policies on education or health adopted after adequate consultation with all interested parties (including people representing marginalized groups such as ethnic minorities, disable people, women, survivors of domestic violence etc)?	Review of relevant laws. Interview with officials from Ministry of Education or Health (to learn about *de jure* procedures of consultation); Interview with interested parties (e.g. school board associations, teacher or doctors unions, CSOs working on health policies, etc), to learn about *de facto* practice).	In some countries, the basic laws on education and/or health explicitly support the participation of citizens or CSOs in these sectors.
To what extent the Parliament is open to work with CSO?	Interview with Parliamentarians (to learn about *de jure* intentions); interview with relevant CSOs (to learn about *de facto* practice)	Some possible criteria: Do they hold public hearings, conduct consultations, speak with lobbyists, inform the public as to the status of bills, etc.?

To what extent the Parliament is open to work with CSO focusing on excluded groups?	Same as above	
Do education and health authorities enable and promote the participation of civil society in monitoring and oversight of services and programs?	Review of relevant regulations; Interview with Ministry officials; interview with other relevant stakeholders (CSOs working in education or health)	
Has there been any major initiative by CSOs to carry out an assessment of the education or health sector (or sub-sectors), such as Citizens Report Cards? - If so, did they find any obstacles in carrying out their investigation (e.g. harassment by the government authorities, lack of access to facilities or relevant information, etc)?	Interview with CSOs working on education or health policy. Interview with those CSOs carrying out the assessment of the education or health sector.	

5. TRANSPARENCY

Transparency, another key dimension of good governance, is closely linked with accountability. The efforts of civil society organizations and the media to make governments accountable for the provision of quality education and health services can be significantly undermined without regular access to government documents and records. Without access to such information it is not possible to assess the extent to which the government's policies, programs and budgets are inclusive.

Guiding questions	Data collection methods	Comments
Does the country have a comprehensive freedom of information bill, which gives citizens the legal right to compel government institutions to release important information about finances, quality of services, accountability procedures, etc?	Review of relevant law	
Does the executive publish periodically the information necessary to evaluate progress toward the fulfillment of its program goals?	Interview with relevant Ministries; review of website and/or publication by relevant Ministries; Interview with other relevant stakeholders (e.g. CSOs working on public policy)	
Are all stages of budget formulation, execution and reporting open to public and legislative scrutiny?	Interview with relevant Ministries; review of website and/or publication by relevant Ministries; Interview with members of Parliament and other relevant stakeholders (e.g. NGOs working on public policy)	
Does the government produce regularly updated information on education and health budgets and execution and makes it readily accessible to the public (through publications, on the internet, etc)?	Same as above	
Do budget execution reports include exhaustive information on the spending of any type of decentralized body or semi-official enterprise?	Review of budget execution reports; Interview with relevant stakeholders (e.g. NGOs and research centers working on budget analysis)	

What are the reasons for the main differences in the fields of education and health between the original budget and its execution?	Interview with government officials in those sectors, subsectors or provinces that had not utilized the entire budget.	
Do budget documents clearly present the primary policy initiatives financed by the budget?	Review of budget documents; Interview with relevant stakeholders (e.g. NGOs and research centers working on budget analysis)	
Does the government publish information about tender for procurement in the education and health sectors (terms and conditions, evaluation process and final decisions)? Is this information easily available to the public?	Interview with relevant Ministries; Interview with other relevant stakeholders (e.g. NGOs working on public policy)Review of relevant government publications and website (to assess if the criteria are transparent and easily accessible to the public);	
Do any non-judicial accountability institutions (e.g. national human rights institutions, audit agencies, anticorruption commissions, etc) publish reports on education or health issues?	Review of publications by relevant accountability institutions; interview with officers from those institutions.	
Are the findings of the national audit body available to the public?	Review of website and/or publications of national audit body	
Are there any major problems in the application of the freedom of information law?	Interview with various stakeholders monitoring or conducting research on education or health (CSOs, journalists, academics, etc); interview with human rights CSOs.	

If there are any government programs to encourage utilization of social services by poor people or other disadvantaged groups (e.g. cash transfer programs, scholarships for poor children, etc), are the criteria for eligibility transparent and known to parents?	Survey or interview with a sample of people who could be eligible for those programs.	
Education		
Is the budget of each school easily accessible to all parents (e.g. posted in a visible place in the school, sent to all parents, in a school website, etc)?	On-site visit to schools	
Health		
If any child or maternal health services are not provided free of charge, are fee schedules for those services posted in the local language(s) in a prominent location in the facility?	On-site visit to healthcare facilities	

6. MONITORING, EVALUATION AND RESEARCH

Data on basic inputs, outputs and outcomes on education and health, provide the basis for accountability. Therefore any assessment of accountability should evaluate the extent to which the relevant Ministry has an adequate information system that regularly collects and produces data on such issues as student enrolment rates, student retention rates, student-teacher ratio, student achievement (through standardized tests) etc, or child and maternal mortality rates, vaccination rates, number of in-patient beds, etc.

The assessment team should evaluate the extent to which the data and indicators used by the relevant ministries in monitoring and evaluation is gender-sensitive and

pro-poor. Disaggregated data by such categories as gender, socio-economic status, geographic location (rural/urban) and ethnicity is crucial not only to track inequalities in education and health outcomes, but also to understand the extent to which those inequalities are related to socio-economic conditions or various forms of discrimination.

Guiding questions	Data collection methods	Comments
Education		
Does the Ministry of Education regularly collect information about education inputs (e.g. facilities in disrepair) and outcomes (net enrollment, number of dropouts, etc) and publishes regular reports about this information?	Interview with relevant education officials (to ask them how often they collect different types of data and obtain relevant reports); interview with other relevant stakeholders, such as CSOs, journalists, academics focusing on education (to know how easily accessible is the information produced by the Education Ministry); review of Ministry's website and/or list of its publications (to assess how easily accessible is the information)	
Are the data collected and published by the Education Ministry sufficiently disaggregated by various categories of the country's population?	Review of data published by Education Ministry	As a minimum, the disaggregation should be done according to gender. Additional disaggregation shall be done in regards to those categories in which in the country where the assessment is conducted, it is known that there were or still are inequalities (e.g. gender, race, ethnicity, poor/non-poor, etc)

Is there regular national assessment of students' performance?\n\nIs the information disaggregated by schools?	Interview with relevant education officials (to ask them how often standardized test are carried out and obtain relevant documents); interview with other relevant stakeholders, such as CSOs, journalists, academics focusing on education (to know how easily accessible is the information produced by the Education Ministry); review of Ministry's website and/or list of its publications (to assess how easily accessible is the information)	Regular assessment enables to monitor changes in academic performance. Data on standardized test scores should be presented in such a way that allows parents to compare their children's school performance with other schools in the region, with itself over time, and with national standards.
Health		
Does the Ministry of Health regularly collect information about health inputs (e.g. facilities in disrepair) and outcomes (patient number, mortality rate, etc) and publishes regular reports about this information?	Interview with relevant health officials (to ask them how often they collect different types of data and obtain relevant reports); interview with other relevant stakeholders, such as CSOs, journalists, academics focusing on health (to know how easily accessible is the information produced by the Ministry of Health); review of Ministry's website and/or list of its publications (to assess how easily accessible is the information)	
Are the data collected and published by the Ministry of Health sufficiently disaggregated by various categories of the country's population?	Review of data published by the Ministry of Health	As a minimum, the disaggregation should be done according to gender. Additional disaggregation shall be done in regards to those categories in which in the country where the assessment is conducted, it is known that there were or still are inequalities (e.g. race, ethnicity, poor/non-poor, etc)

Is there regular national assessment of doctors, and healthcare facility performance? Is the information disaggregated by municipalities?	Interview with relevant health officials (to ask them how often standardized assessment are carried out and obtain relevant documents); interview with other relevant stakeholders, such as CSOs, journalists, academics focusing on education (to know how easily accessible is the information produced by the Ministry of Health); review of Ministry's website and/or list of its publications (to assess how easily accessible the information is)	Regular assessment enables to monitor changes in individual and institutional performance. Data on standardized assessments should be presented in such a way that allows parents to compare their children's school performance with other schools in the region, with itself over time, and with national standards.
Is each case of child and maternal mortality systematically recorded and inspected	Interview with relevant health officials (to know if there is *de jure* such a monitoring system); interview with other relevant stakeholders, such as CSOs, journalists, academics focusing on health (to know if *de facto* such system is being implemented and what the common problems of implementation are); review of a sample of relevant official documents that record and review child and maternal deaths	Investigating each death is crucial to discover patterns of mortality and obtain the data needed for interventions that can save lives and reduce harm.
Does the Ministry of Health regularly publish reports based on this information?	Interview with relevant health officials (to ask them how often they publish different types of data and obtain relevant reports); interview with other relevant stakeholders, such as CSOs, journalists, academics focusing on health (to know how easily accessible is the information produced by the Health Ministry); review of Ministry's website and/or list of its publications (to assess how easily accessible the information is)	

7. DECENTRALIZATION

Decentralization – the transfer of authority and responsibility of public functions from the central government to intermediate and local governments – can, in principle, play a key role in enhancing local participation, government transparency and public accountability. However, experience shows that it can sometimes also have a detrimental effect on social inclusion, exacerbating patterns of inequality between regions with varying degrees of economic resources, strengthen local elites that exclude women or certain ethnic groups and/or undercut egalitarian forces at the national level.

Guiding questions	Data collection methods	Comments
If the education and/or health sectors are going or have gone through a process of decentralization, is it clear to all stakeholders (citizens, civil servants working in these systems, CSOs, etc) which of the layers of government (e.g. central, regional, municipality) have which responsibilities in each of these sectors?		Bureaucratic overlap and confusion about responsibilities can be a major limiting factor in the efficiency of government programs and be an incentive for lack of accountability
Are there significant disparities between the levels of devolution of the responsibility for providing education and/or health services from higher to lower levels of government and the capacity of lower levels to adequately finance those services?		
If the education and/or health system is fiscally decentralized (i.e. at least part of the funds available for any of these sectors depends on the revenues collected by local authorities), is there an effective system to ensure that poorer local authorities are able to provide a basic package of education and health services?		

If the education and/or health sectors are decentralized, do local authorities have the organizational capacities (in terms of managing human and financial resources, etc) to properly run those sectors? - If not, is the central government undertaking an efficient capacity building program to ensure that local authorities acquire the necessary knowledge and skills?		
Are there accountability mechanisms in place at the local level?		
Are there participation mechanisms in place at the local level?		
Are there transparency mechanisms in place at the local level?		
Are there effective mechanisms to ensure that local authorities responsible for education and/or health do not discriminate against any group within their jurisdiction?		Examples of this type of discrimination: 1) provide disproportionately less resources to a health center that serves primarily to an ethnic minority within that jurisdiction; 2) avoid hiring teachers or school principals from an ethnic minority even if they're as qualified as candidates 3) providing inadequate resources for schools with disabled children (or for disabled children)

IV.IMPLEMENTATION OF THE METHODOLOGY[42]

A.STAGES OF THE METHODOLOGY

The assessment will be carried out in parallel in two tracks one in education and one in health.

The methodology will be implemented in the following five consecutive phases.

1. <u>Preparatory phase</u>: Separate orientation trainings in health and education will be carried out with selected research institutions to do the assessment.

At this phase the research institutions will be familiarized with the following aspects of the Methodology:

- o Purpose of the Assessment (Agenda setting for reform, consciousness raising)
- o Content and the priorities of the Assessment (familiarized with the framework of the assessment)
- o Sources and tools of the Methodology
- o Division of Labor
- o Legitimizing the process within the Government Institutions
- o Time frame of the assessment
- o Budgetary resources

During the orientation, training the guiding questions and data collecting methods could be revised with the input of the Research Teams.

Following the training, the researchers with the support of the SEEU will establish contact with relevant Ministries in order to get their willingness to actively cooperate in assessment process, (in particularly providing qualitative and quantitative information relevant to their sectors) and identify focal points for support in each Ministry. Initial consultations were realized through the Stakeholder Forum were representatives of various government institutions and

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[42] The methodology paper was first developed in March 2010 then piloted in 2010 and fine-tuned taking into the consideration the experience from the implementation of the assessment in 2 pilot cases

CSO were informed and consulted about the assessment methodology. In addition, interviews were carried out with the representatives of the relevant ministries and municipalities to build the buy in about the methodology.

2. Data collection: After initial identification of the specific information sources (institutions, actors, reports, analysis, surveys, and statistics), researchers will collect data on the various governance issues according to the guiding questions detailed in II B above.

3. Analysis and report writing: Based on data collected the researchers will analyze during this phase the nature, extent and form of exclusion; investigate the dynamics and factors of exclusion and provide comprehensive analysis of the governance issues related to social inclusion in education and health. The final products of this stage are the Reports. The researchers at this phase ought to produce two reports one in education and one in health according to the guidance and framework provided in the Methodology. At this stage, the SEEU[43] should review the draft reports in order to ensure their quality.

4. Validation of findings: At this stage, preliminary findings from the two assessments will be validated with a selected number of stakeholders, and draft reports will be revised accordingly.

5. Publication and dissemination: At this stage, the SEEU will publish the Reports (in English, Macedonian and Albanian) and organize public events to disseminate the findings within the process.

6. Fine tuning of the Methodology: This pilot assessment will be comprehensively utilized to fine tune the Methodology. SEEU experts in conjunction with Research Assessment Teams will analyze the eventual shortcomings of the Assessment Methodology and produce a final methodology which will be reflection of this pilot stage assessment.

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[43] SEEU should set up a mechanism for quality control of the project

B. PEOPLE INVOLVED IN THE METHODOLOGY

The assessment teams one for education and one from healthcare should consist from experts in the following areas:

1. EDUCATION
   a. One expert in legal policy area
   b. One expert on education policy
   c. One expert on economics

2. HEALTHCARE
   a. One expert in legal policy area
   b. One expert on health policy
   c. One expert on economics

In order to carry out this methodology there is need to implement in parallel assessment in education and healthcare. In addition, there is need for coordinator from the SEEU, who will overview the assessment methodology process.

C. TIME SCALE AND FINANCIAL RESOURCES

Determination of the time scale will largely depend on decisions made in consultations with the stakeholders' forum already made on a number of issues identified above. This issue is relevant and should be resolved in the early stages and should be subject to consultation at the stakeholders' meeting. Financial resources will be determined after the legitimization of the methodology in the stakeholder's forum.

ANNEXES

Annex 1. Questionnaire for selected stakeholders

This questionnaire is meant to be conducted with people that are stakeholders in the education or health sectors (e.g. government officials in one of the Ministries, academic experts in education or health, NGOs working in one of these fields) or stakeholders in the field of governance (e.g. Parliamentarians or academic experts on governance). Therefore, every time education/health (services, sector, etc)is written in the questionnaire, the interviewer should choose how to pose the question, depending on the identity of the interviewee (e.g. regarding question #1, if the interviewee is from the Ministry of Education ask: "Are there any groups of the population in Macedonia that face obstacles in having access to the same level of **education** services than the majority of the population?)

1. Are there any groups of the population in Macedonia that face obstacles in having access to the same level of education/health services than the majority of the population? If so, which groups? [Interviewer: *if the response is only in terms of ethnic groups, follow up with this question:* What about exclusion in terms of gender, where people live, etc?]

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2. How do multiple or overlapping identities affect exclusion (for example, Roma women)?

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3. Do you know or have any data to backup your responses to questions 1 and 2?
[If *so, ask the interviewee to tell/give you the data]*

4. Could you give examples in which ways are each of these groups excluded from
education/health services?

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5. In your opinion, what are the reasons these group(s) are excluded from these
services?

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6. Some groups in Macedonia don't have effective access to education/health services because				
a. of lack of sufficient money to pay for direct and indirect costs				
Strongly agree	Agree	Don't know	Disagree	Strongly disagree
b. they are requested to pay bribes or give presents to get those services and they cannot afford it				
Strongly agree	Agree	Don't know	Disagree	Strongly disagree
c. of difficulties reaching service facilities (schools, health clinics, etc)				
Strongly agree	Agree	Don't know	Disagree	Strongly disagree
d. of discriminatory treatment against members of these groups by service providers (teachers, nurses, doctors, etc)				
Strongly agree	Agree	Don't know	Disagree	Strongly disagree

7. Which are the main efforts made by the government to tackle social exclusion in the field(s) of education/health?

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8. Are these efforts effective?				
	Not at all	Not very much	Somewhat effective	Don't know
Explain: _____ _____ _____ ---				

9. Which, in your opinion, are the problems/shortcomings of these efforts?

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10. In your opinion, is there anything that the government could be doing and is not doing to ensure equal access to these services?

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11. Is the government designing and implementing policies that meet the rights, needs and interests of all social groups? Are resources allocated accordingly? Who does not benefit as they should? Are any geographical areas excluded?

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12. To what extent is the ability of citizens to hold public officials accountable for the delivery of education/health services affected by who they are (e.g. their ethnicity, gender, socioeconomic status, etc)				
Not at all	Not very much	Somewhat influenced	Very much	Don't know
Explain: --- --- --- ----------------------				

13. To what extent does civil society facilitate links between government and citizens in such a way that increases the voice and involvement of women and excluded people?				
Not at all	Not very much	Somewhat	Very much	Don't know
Explain: --- --- --- ----------------------				

14. To what extent information and data about the distribution of education/health services across different groups are accessible to the public?				
Not at all	Not very much	Somewhat	Very much	Don't know

Explain:

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15. To what extent the exclusion of some groups in Macedonia from education/health services has to do with problems related to the decentralization of these sectors?				
Not at all	Not very much	Somewhat	Very much	Don't know

Explain:

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16. The following problems related to the decentralization of the education/health sectors contribute to the exclusion of some groups from education/health services:				
a. lack of coordination between various tiers of government				
Strongly agree	Agree	Don't know	Disagree	Strongly disagree
b. lack of sufficient resources by the poorer municipalities				
Strongly agree	Agree	Don't know	Disagree	Strongly disagree
c. different political affiliation of education/health Minister at the central government and mayor of municipalities where a large proportion of the excluded group lives				
Strongly agree	Agree	Don't know	Disagree	Strongly disagree
d. different ethnic group of Minister at the central government and most people living in some municipalities				
Strongly agree	Agree	Don't know	Disagree	Strongly disagree

17. Are there any other governance issues that affect the exclusion of some groups in Macedonia from equal access to education/health services?

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[44] The questionnaire is draft version prepared by Eitan Felner in order to narrow the areas of the framework. It will be used in order to provide more narrow framework for the methodology

Annex 2 Guidelines for selecting focus group participants

For the purpose of governance assessment, there will be two groups each covering two sectors, healthcare and education, which have different requirements for participant composition:

1. Healthcare: Focus groups in the eight statistical regions in the Republic of Macedonia should encompass patients which are members of disfranchised groups (ethnic minorities, especially Roma, women, people with special needs)

2. Education: These groups will be comprised primarily or exclusively of parents and students from members of disfranchised groups (ethnic minorities, especially Roma, women, people with special needs).

Focus group selection principles:

- The general aim is to hear the opinion of as many of the different types of people in the community as classified by ethnicity (especially Roma), sex, and people with special needs, etc
- In order to increase the level of communication the Focus groups should not have more than 12 participants.
- In each statistical region, consider to involve one focal point (NGO) which can provide logistical support in identifying the participants the time and the venue.
- Consider symbolic financial stimulation for the participants and the NGO
- Participants to reflect the non-majority groups in the statistical region and municipal level where the focus groups are conducted.

Annex 3   Tools and Questions

TOOL	QUESTIONS
Desk research	Is the right to education recognized in Macedonian domestic law? Does the coverage of domestic law comply with International human rights standards, relevant to the right to education, ratified by Macedonia?
	Is the right to health/education recognized in Macedonian domestic law? Does this law comply with International human rights treaties, relevant to the right to education/health, ratified by Macedonia?
	Are there any specific state institutions and/or inter-governmental agencies responsible to promote social inclusion across sectors? If so, are these institutions effective?
	Is there a clear and transparent system of hiring frontline service providers, according to objective criteria?
	Are managers of frontline service facilities (e.g. health clinics and hospital managers; school directors, etc) hired according to objective, clear and transparent criteria?
	Is there any mechanism for staff (or staff candidates) of the Ministries of Education or Health to file complaints for illegal hiring or firing?
	Is there a clear, transparent and regular promotion and evaluation system among civil servants in the relevant sector?
	Is there anybody responsible for ensuring observance of the code of conduct and ethics?
	Are officials, appointed by the government, including the education and/or health sector, required to declare their assets before and after they leave their post?
	Is there anybody mandated to monitor these asset declarations?
	Is there any requirement of public disclosure of these declarations [in law, in practice?]
	Is there a systematic record of salary payroll? Is it linked or linkable to human resource management systems?
	Are there any clear, objective, transparent and easily accessible criteria for allocating resources to frontline service facilities (in allocation of cash transfers, deployment of personnel, constructions of new facilities,

	reparation of existing facilities, distribution of equipment and material, etc)?
	Is the distribution of funds for sector, sub-sector or any other specific issue done according to real and current needs rather than just based on previous year allocations?
	Do high government officials issue frequent statements to the press and public supporting improvements of the specific issue (e.g. child malnutrition, maternal mortality or low quality of education)?
In depth interviews	Is the right to health/education recognized in Macedonian domestic law? Does this law comply with International human rights treaties, relevant to the right to education/health, ratified by Macedonia?
	Does the government have an effective overall policy of social inclusion in the fields of education and health?
	Are there any specific state institutions and/or inter-governmental agencies responsible to promote social inclusion across sectors? If so, are these institutions effective?
	Is there a clear and transparent system of hiring frontline service providers, according to objective criteria?
	Are managers of frontline service facilities (e.g. health clinics and hospital managers; school directors, etc) hired according to objective, clear and transparent criteria?
	Is there any mechanism for staff (or staff candidates) of the Ministries of Education or Health to file complaints for illegal hiring or firing?
	Is there a clear, transparent and regular promotion and evaluation system among civil servants in the relevant sector?
	Is there any mechanism of 'upward evaluation' within the education or health sectors?
	Are officials appointed by the government, including the education and/or health sector, required to declare their assets before and after they leave their post?
	Is there anybody mandate to monitor these asset declarations?
	Is there any requirement of public disclosure of these declarations [in law, in practice?]
	Are there regular salary payment arrears?

	Is the budget government for the sector, sub-sector or any other specific issue adequate?
	Are there any clear, objective, transparent and easily accessible criteria for allocating resources to frontline service facilities (in allocation of cash transfers, deployment of personnel, constructions of new facilities, reparation of existing facilities, distribution of equipment and material, etc)?
	Is the distribution of funds for sector, sub-sector or any other specific issue done according to real and current needs rather than just based on previous year allocations?
	Is this process transparent? Does the executive usually comply with it?
In depth interview	Is the right to health/education recognized in Macedonian domestic law? Does this law comply with International human rights treaties, relevant to the right to education/health, ratified by Macedonia?
	Does the government have an effective overall policy of social inclusion in the fields of education and health?
	Are there any specific state institutions and/or inter-governmental agencies responsible to promote social inclusion across sectors? If so, are these institutions effective?
	Is there a clear and transparent system of hiring frontline service providers, according to objective criteria?
	Are managers of frontline service facilities (e.g. health clinics and hospital managers; school directors, etc) hired according to objective, clear and transparent criteria?
	Is there any mechanism for staff (or staff candidates) of the Ministries of Education or Health to file complaints for illegal hiring or firing?
	Is there a clear, transparent and regular promotion and evaluation system among civil servants in the relevant sector?
	Is there any mechanism of 'upward evaluation' within the education or health sectors?
	Is there any code of conduct that governs the ethical behavior of education and/or health frontline service providers?
	Is there anybody responsible for ensuring observance of the code of conduct and ethics?

	Are officials appointed by the government, including the education and/or health sector, required to declare their assets before and after they leave their post?
	Is there anybody mandated to monitor these asset declarations?
	Is there any requirement of public disclosure of these declarations [in law, in practice?]
	Is there a systematic record of salary payroll? Is it linked or linkable to human resource management systems?
	Are there regular salary payment arrears?
	Is the budget government for the sector, sub-sector or any other specific issue adequate?
	Are there any clear, objective, transparent and easily accessible criteria for allocating resources to frontline service facilities (in allocation of cash transfers, deployment of personnel, constructions of new facilities, reparation of existing facilities, distribution of equipment and material, etc)?
	Is the distribution of funds for sector, sub-sector or specific issue done according to real and current needs rather than just based on previous year allocations?
	Is this process transparent? Does the executive usually comply with it?
	Is there a formal and transparent process by which adjustments to the budget are carried out in the course of a year, in order to reflect evolving circumstances or needs?
	Do all schools and primary health centers have an accounting system? Are they audited?
	Do high government officials issue frequent statements to the press and public supporting improvements of the specific issue (e.g. child malnutrition, maternal mortality or low quality of education)?

Observation	Does the government have an effective overall policy of social inclusion in the fields of education and health?
	To what extent is there a problem of absenteeism among service providers?
	Are there any clear, objective, transparent and easily accessible criteria for allocating resources to frontline service facilities (in allocation of cash transfers, deployment of personnel, constructions of new facilities, reparation of existing facilities, distribution of equipment and material, etc)?
	Do all schools and primary health centers have an accounting system? Are they audited?
Focus-group interviews	To what extent is there a problem of absenteeism among service providers?
	Do all schools and primary health centers have an accounting system? Are they audited?

Annex 4 People and Institutions Interviewed[45]

- OFFICIAL FROM THE MINISTRY OF EDUCATION AND SCIENCE

- OFFICIAL FROM THE MINISTRY OF HEALTH

- OFFICIAL FROM THE MINISTRY OF SOCIAL LABOR AND SOCIAL POLICY

- ENVER BEQIRI-OFFICIAL FROM THE SECTOR OF EDUCATION IN THE MUNICIPALITY OF TETOVO

- OFFICIAL FROM THE MINISTRY OF LOCAL SELF-GOVERNMENT WITH EXPERTISE IN THE DECENTRALIZATION PROCESS IN EDUCATION

- VULLNET ZENKI-DIRECTOR OF THE NGO „MULTICULTURA"

- VELI KRECI - PUBLIC POLICY EXPERT, SEEU

- AGIM SELAMI-EXPERT THINK-TANK "ANALITICA"

- NEDA MILEVSKA KOSTOVA "CENTER FOR RESEARCH POLICY AND COOPERATION "STUDIORUM"

- SKENDER SKENDERI NGO "MESECINA"

- SRETEN KOCEVSKI NGO „MIC"

- FERDI ISMAILI NGO"SONCE"

- DRAGAN RISTOVSKI NGO "CENTER FOR DEMOCRATIC DEVELOPMENT"

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[45] Each person was asked about the possibility to have his/her name written in the Report. Officials from Government institutions in the central level were not keen to have their names written in the report and asked to respect the principle of anonymity.

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