



INCLUSIVE
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Evaluation of UNICEF Interventions Addressing Inclusion of Children with
Disabilities in North Macedonia

Findings Report

Submitted by:

Inclusive Development Partners

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This evaluation was commissioned by the United Nations Children’s Fund (UNICEF) Skopje Office. It was prepared by Inclusive Development Partners’ staff and consultants including Valerie Karr, Emily Kochetkova, Ana Mickovska-Raleva, Goce Kocevski, and Shahrzad Sajadi. The statements in this report are the views of the authors and do not necessarily reflect the policies or the views of UNICEF.

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ACRONYMS

BDE	Bureau of Development of Education
CA	Child Allowance
CITI	Collaborative Institutional Training Initiative
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
CSP	Centre for Social Protection
CSW	Centre for Social Work
CWD	Children with Disabilities
DAC	Development Assistance Committee
DK	Demir Kapija
EA	Educational Assistant
EMIS	Education Management and Information System
EQ	Evaluation Question
ERG	Evaluation Reference Group
EU	European Union
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GMA	Guaranteed Minimum Assistance
HIF	Health Insurance Fund
HIS	Health Information System
ICF	International Classification of Functioning, Disability, and Health
IDP	Inclusive Development Partners
IEP	Individualized Education Plan
IP	Implementing Partner
ISA	Institute for Social Affairs
KAP	Knowledge, Attitudes, and Practices
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MLSP	Ministry of Labour and Social Protection
MoES	Ministry of Education and Science
MoH	Ministry of Health
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
OPD	Organisation of Persons with Disabilities
PFA	Permanent Financial Assistance
RI	Residential Institution
SDG	Sustainable Development Goal
SEN	Special Educational Needs
SFA	Social Financial Assistance
SIT	School Inclusion Team
SPL	Social Protection Law
TOC	Theory of Change
TOR	Terms of Reference

UDL	Universal Design for Learning
UN	United Nations
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

Programme Description

The United Nations Children’s Fund (UNICEF) North Macedonia 2016–2020 Country Programme highlighted the inclusion of children with disabilities and introduced a disability component to all programmes. These efforts align with several sustainable development goals (SDGs): SDG 1 as it relates to the financial costs to families of children with disabilities; SDG 3 as it relates to providing equitable and quality health care to children with disabilities, including identification and habilitation/rehabilitation services; SDG 4 as it relates to providing quality inclusive education; and SDG 10 as it relates to reducing inequalities between people with and without disabilities.

At the mid-point of programme implementation in early 2018, UNICEF, in collaboration with the government and key partners, conducted a Light Strategic Review of the country programme, resulting in a shift in the program’s strategic direction and a broadened focus from specific groups of vulnerable children to major issues concerning all children. While this shift was considered necessary to accelerate reforms for the social good of children given the country’s readiness in light of a leadership change, addressing the needs of children with disabilities and the commitment to inclusion remained in UNICEF’s programme.

UNICEF North Macedonia’s most prominent efforts toward policy reform and advocacy for the rights of children with disabilities can be summarized in the following six sectors.

1. **Social Protection:** Introducing a new model of disability assessment based on the International Classification of Functioning, Disability, and Health (ICF) and adopting a rights-based model of disability in the country’s welfare system.
2. **Child Protection:** Supporting the country’s effort to strengthen the childcare system, ensuring the deinstitutionalisation of all children, and developing community-based services for children with disabilities and their families.
3. **Education:** Developing a legal framework and inclusive practices that support the inclusion of children with disabilities in the mainstream education system by 2023 and transforming ‘special’ schools to resource centres that support the effort toward inclusion.
4. **Health:** Enhancing the capacities of front-line health care workers, including family doctors and patronage nurses, and training them in early detection and early intervention for children with developmental disabilities.
5. **Communication:** Communication for social and behaviour change initiatives included awareness campaigns to address the public’s negative attitudes and perceptions toward disability, community dialogue events, public advocacy to support sector-specific reforms, and partnerships to promote inclusion in sport and culture.
6. **COVID-19 Pandemic Response:** Developing online individualized support for children with disabilities and their families in early intervention, early stimulation, speech therapy, and psychological support.

Evaluation Purpose, Methodology, and Limitations

The **purpose** of this evaluation is to examine how and to what extent UNICEF North Macedonia’s inclusion programming from 2016–2020 has contributed to addressing system-level bottlenecks impacting access to social, health, and education services for children with disabilities and their ability to live in caring family environments, as is their right. The objective of the evaluation is to inform UNICEF’s ongoing and future programming on behalf of children with disabilities and their families. The intended audience is UNICEF country office programme officers and relevant duty bearers within and outside of the government. UNICEF formed an Evaluation Reference Group (ERG) composed of duty bearers and other stakeholders from across sectors, including government officials, advisors, and implementers. The ERG convened during the inception phase of the evaluation as well as at its conclusion, to hear the findings and refine and prioritize the recommendations.

Inclusive Development Partners (IDP) used the below **methodologies** for the evaluation:

- Planning and programme inquiry meetings with UNICEF programme officers to guide the evaluation design and methodology and to validate findings.
- Desk-based review and portfolio analysis of UNICEF’s existing documentation and other existing documentation, reports, and data.
- Country mission and data collection. Overall, feedback was collected from 42 stakeholders through key informant interviews and focus group discussions and from 2,552 stakeholders via online surveys.

- Data analysis using evaluative frameworks (rubrics) based on the quality of the data and its alignment with global normative standards for best practices in inclusion, per the CRPD and existing evidence.

This evaluation's primary **limitation** was the lack of reliable or consistent data related to children with disabilities from before and during the period of this evaluation. The sectorial approach used by UNICEF was an additional limitation, as it focused not only on children with disabilities but also on other vulnerable categories of children. This created some methodological challenges because it was necessary to extract interventions targeting children with disabilities from those that, to some extent, also targeted other children. In order to mitigate this, the team conducted a set of targeted meetings with relevant representatives of the different sectors in order to extrapolate the specific interventions that were related to inclusion of children with disabilities, and following data collection, held additional meetings to validate findings.

Evaluation Findings

Relevance: UNICEF interventions were internally coherent and contributed strongly to producing the intended outcomes (though, in some cases, outcome measurement data was not available). The work led to significant progress in addressing the needs of children with disabilities and their families, but within each sector, some needs or intended outcomes have not yet been met. UNICEF made strong efforts to involve relevant partners, but perceptions of stakeholder involvement varied by stakeholder, and not all felt sufficiently involved.

Coherence: UNICEF worked to align actions and interventions and they were, to a significant extent, mutually complementary and harmonized. UNICEF engaged multiple actors from the government, organizations of people with disabilities, and the international donor community, and worked hard to align with other activities and to ensure the synergy of all efforts.

Effectiveness: UNICEF-supported interventions contributed greatly to increasing the availability and supply of services as well as qualified human resources. Children who have benefitted from the deinstitutionalisation process have much better living conditions, but those living in small group homes need more individualized support than they are receiving. Educators found that the training on inclusive education was very effective and expressed that they need more training and additional personnel to support children with disabilities in mainstream schools. Medical professionals found their training helpful in understanding and identifying disability and reducing unnecessary referrals; however, the overall lack of health system personnel and infrastructure remains a barrier. The presence or absence of political will is a critical factor in achievements and challenges related to UNICEF objectives. Social perceptions are also a key factor.

Efficiency: Stakeholders agreed that UNICEF's budget and human and technical resources were adequately budgeted across all sectors, and a good division of expenses among donor organisations avoided the multiplication of costs. The same programme results could not have been achieved with less resources; many stakeholders observed that more resources were and are needed.

Impact: Although available data for rigorously measuring impact is limited, existing data and stakeholder reports indicated that UNICEF's inclusion programming made a significant impact, although geographical disparities in programme reach, and gender and socioeconomic differences also exist generally and in relation to location (urban versus rural). UNICEF significantly helped to positively shift the paradigm and improve public understanding on disability, but also acknowledged that more work is needed to eliminate stigma and discrimination. Tangible services offered within and across sectors (especially in social and child protection and education) contributed to needs being met to varying degrees, and UNICEF's simultaneous communications campaigns reinforced these efforts by pushing citizens to confront their assumptions and biases. Caregivers, especially, were pleased that the public's perception of their children had improved.

Sustainability: UNICEF interventions are integrated into national policies, though with varying degrees of detail and specificity to enable implementation. Similarly, budget allocations exist in all sectors, but many stakeholders and beneficiaries deem funding to be inadequate. Quality-assurance mechanisms are lagging and may need further development; however, direct training in relation to this has taken place in the education sector with state education inspectors. The country remains dependent on foreign technical and financial support for quality-assurance mechanisms and capacity-building mechanisms. Long-term sustainability requires local governments to be more actively engaged in the process.

Conclusions and Recommendations

Relevance

Conclusion 1. UNICEF's interventions, which were based upon needs assessments, were relevant to the needs of children with disabilities and their families, addressed many of these needs, and were planned and implemented with the inclusion of key stakeholders. Participation from caregivers and OPDs could be strengthened, and data points to gender disparities in access to services.

Strategic Recommendation (SR) 1. To ensure that the rights of children with disabilities and their inclusion in society is set on the political agenda and that policies are relevant and include measures for ensuring sustainable provision of social services, facilitate networking and opportunities for advocacy between rights holders, particularly representatives of OPDs and parents of children with disabilities, with duty-bearers, particularly members of parliament and representatives of political parties. *Priority: MEDIUM. Responsible party: GOV.*

- **Operational Recommendation (OR) 1.1** Support and facilitate the work of the members of the National Coordination Body for implementation of the CRPD related to inclusion of CwD. The support should focus on improvement of coordination among the members and cooperation with CSOs and OPDs.
- **OR 1.2** Provide support for implementation of the measures and activities planned in the National Strategy for Inclusion of Persons with Disabilities related to inclusion of Children with Disabilities. The Strategy and corresponding action plan should ensure that the interventions in this area are well planned, coordinated among different sectors and in accordance with the HRBA, the CRPD and the latest global evidence on best practices.
- **OR 1.3** Support coordination, networking and coalition building activities for OPDs advocating for inclusion of children with disabilities in different sectors and on behalf of different disability types. Establish a structured consultation mechanism for engaging OPDs and parents of children with disabilities in the planning and implementation processes within UNICEF as well as in sectors where UNICEF works.

SR 2. Take measures to understand and address the gender gap in children with disabilities accessing social services. Conduct research to examine the cause(s) behind fewer females than males using social services as well as whether there are different needs across genders, and, based on the findings, design or adjust training and programme interventions to close gaps and target needs more accurately. *Priority: MED. Responsible party: UNICEF.*

- **OR 2.** Conduct another KAP study that includes collecting data related to gender disparities, support gender mainstreaming in policy making processes, and develop training modules for duty-bearers on gender-specific aspects of service provision.

Coherence

Conclusion 2. Across all sectors, UNICEF engaged multiple actors and made concerted efforts to align with other activities and efforts in the country. Nevertheless, the lack of a clear, detailed TOC to drive and focus programming, as well as the lack (in many cases) of baseline data to inform goal and target setting as well as measurement of progress, may have limited the potential for even greater coherence and synergy.

SR 3. Develop a robust and detailed TOC that is informed by baseline data, which allows for outcome goals related to increases, decreases, and improvements to be set and measured with more rigor than stakeholder perceptions can provide. UNICEF would lead this effort but validate assumptions, goals, and targets with both Government duty bearers as well as rights holders among the disability population. *Priority: MED. Responsible party: UNICEF.*

- **OR 3.** Conduct another KAP study to continue measuring changes in the general population. Also conduct baseline studies of duty-bearers, by sector, ahead of interventions, to understand needs and assess skills and knowledge. Analyse data for themes that transcend sectors and can inform the ToC and support alignment and coherence during intervention planning.

Effectiveness

Conclusion 3. UNICEF-supported interventions contributed greatly to eliminating bottlenecks by increasing the availability and supply of services as well as qualified human resources and facilitated large positive changes in public perception of disability and inclusion.

SR 4. Carry forward capacity-building activities with targeted trainings as well as develop other tools, such as long-term mentoring and peer-to-peer activities, which are approaches that educators, social workers and other service providers view as successful and desired. *Priority: HIGH. Responsible party: GOV.*

- **OR 4.1** Introduce methodologies that will measure the impact of the capacity-building activities for a long period of time after they have been completed.
- **OR 4.2.** Provide a clear transition plan for supporting students' move from primary into secondary school, which includes training secondary school teachers and support staff and ensuring that the adequate support measures are included in plans and budgets. Support Resource Centres to engage and train additional staff and provide technical resources for effective support to schools.

SR 5. Enhance the development of a diverse and functional set of services for children with disabilities such as: alternative care units' foster care as a substitute for small group homes, support for the transition of existing day care centres into Disability Support Centres, tailored services for social inclusion of children with disabilities, and gender mainstreaming in service planning and provision. *Priority: HIGH. Responsible party: GOV.*

- **OR 5.1.** Provide technical support to the MLSP and other relevant stakeholders for further development of alternative and foster care, including support in development of policies and standards, trainings as well as direct support to alternative and foster care units.
- **OR 5.2.** To better ensure that children with disabilities living in small group homes have access to educational and other activities necessary to support their inclusion in communities, provide children currently residing in them with better supports, including personal assistants outside of the care provided by the SGH staff and increased involvement and engagement from the children themselves, their parents, and the surrounding communities in planning and carrying out services. In addition, support municipalities, local CSOs, sport clubs, and cultural centres in developing and conducting cultural, sport and other socially meaningful activities for inclusion of children with disabilities living in small group homes, alternative care units and foster care.

SR 6. Promote legislative amendments that will ensure that families of children with disabilities are subsidized for specific disability-related costs (e.g., medical treatments and diagnostics, specialist care, medication and supplements, assistive devices, transport costs, etc.), so that those costs do not create or exacerbate a state of poverty for these families. *Priority: HIGH. Responsible party: GOV.*

- **OR 6.** Collect healthcare needs and cost data from families through the KAP survey mentioned above in OR 2. Work with relevant government ministries and agencies to assess the feasibility of covering additional costs as well as to identify and negotiate efficiencies with service or product providers. Explore social entrepreneurship as a means of supplementing outstanding benefits (see SR 10 below).

Efficiency

Conclusion 4. While in-depth financial analysis was outside the scope of this evaluation, stakeholders agreed that UNICEF funding as well as human and technical resources were adequately budgeted across all sectors, and there was a good division of expenses among donor organisations to avoid the multiplication of costs.

SR 7. Advocate for greater and more efficient public spending on children with disabilities, including better and more equitable availability of support services. *Priority: HIGH. Responsible party: GOV.*

OR 7. A state-conducted financial analysis of current spending could uncover ways to increase efficiency among existing service providers as well as inform the provision of new services in areas of the country that still lack support for children with disabilities. Service providers themselves, as well as families of children with disabilities, are likely to have useful insights into how to make the most of public spending.

Impact

Conclusion 5. Many sectors lacked clear, measurable targets for intervention outcomes related to inclusion at the start of the 2016-2020 programme. However, M&E reporting showed progress on the majority of output indicators related to inclusion of children with disabilities, and all stakeholders as well as documentation pointed to UNICEF's positive impact on shifting public perception of disability.

SR 8. Further strengthen internal monitoring systems for tracking progress and support and impel State efforts for setting up an adequate and accessible unified system for collecting and processing data on children with disabilities. Do this in cooperation with relevant ministries, institutions, and the State Statistical Office. *Priority: HIGH. Responsible party: GOV.*

- **OR 8.1** Negotiate and facilitate collaboration and sharing between the health, education, and social protection management information systems (HMIS and EMIS), so that all relevant data regarding children with disabilities is accessible by qualified service providers. Such data will also provide baseline figures that can inform UNICEF programming, which will further enable impact evaluation.
- **OR 8.2.** Developing a more robust and detailed ToC (SR 2) and using baseline data to set targets can drive robust impact and outcome measurement, which will enable more targeted planning for future and ongoing interventions.

SR 9. Continue and expand efforts to shift public opinion on disability through communications and awareness raising campaigns that draw from and highlight recent successes. *Priority: MED. Responsible party: UNICEF*

- **OR 9.** Work with families of children with and without disabilities, OPDs, educators, and health care providers to share positive experiences within schools, health centres, and during daily life of children with disabilities being included in ways they were not previously.

Sustainability

Conclusion 6. Across all four sectors, UNICEF interventions are integrated into national policies and budgets, which is an important outcome and a strong foundation for sustainability.

SR 10. Encourage efforts for the increased sustainability of social services through decentralising and introducing social entrepreneurship as an innovative means for funding social services. *Priority: LOW. Responsible party: GOV.*

- **OR 10.1** In cooperation with other international donors, support local government efforts to set up and implement a local social protection program that will be focused on inclusion of children with disabilities. Social services could be much more cost-efficient if planned and implemented by the local government, which is closer to the citizens. Support the Government to strengthen the donations from the central budget to the local government and require that they match the funds from their own sources or local donors. In addition, track spending to ensure that the funds are used for children with disabilities.
- **OR 10.2** Train OPDs and other CSOs that provide services to introduce and utilize social entrepreneurship endeavours as a means to enhance sustainable funding for service provision. Train service providers on skills for fund-raising and conducting economic activities for funding their efforts so that they can secure additional sources of financing that will allow for continuous provision of services that are less dependent on international donor support.

Lessons learned

1. The interventions implemented by UNICEF would have benefited from a more detailed ToC document which precisely defines the causal linkages within and across its programs and the potential internal and external factors which may impede or slow down implementation of sector-level interventions. This would have also enabled more effective progress monitoring and measurement of outcomes and impact.
2. UNICEF's inclusion interventions were gender-neutral in design, but data showing disparities in boys' and girls' enrolment in social services and education indicates that more attention should be paid to the different and unique needs of girls, and programming should include gender-specific elements and associated training for service providers.
3. Although UNICEF interventions are national in scope, the consultative and decision-making processes were mainly centralized and did not always consider the regional perspectives and specifics. This resulted in the centralization of services and prevalence of the needs of rights holders from the capital city.

PART 1. INTRODUCTION

This report presents the main findings, conclusions, and recommendations of an evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia implemented from 2016 to 2020. The evaluation was commissioned by the United Nations Children’s Fund (UNICEF) and conducted by Inclusive Development Partners (IDP) in 2022.

The purpose of the evaluation was to examine how and to what extent UNICEF North Macedonia’s inclusion programming has contributed in addressing system-level bottlenecks impacting the access to rights for children with disabilities in the area of social protection, healthcare and education, their ability to live in caring family environments, as well as their right to equality in line with the international conventions for human rights protection.

The objective of the evaluation is to inform UNICEF’s ongoing and future programming in order to ensure full realization of the rights of children with disabilities and their families and addressing any gender gaps that may exist in the access to rights. The intended audience is UNICEF country office programme officers and relevant duty bearers within and outside of the government.

This report of findings is organised in three parts, structured as follows:

Part 1 describes the country context within which UNICEF’s disability inclusion efforts took place and includes a description of the interventions; an overview of the evaluation, including the purpose, objectives, and scope as well as IDP’s approach and methodology; and a summary of the evaluation’s limitations.

Part 2 presents the evaluation findings in relation to six Organisation for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) evaluation criteria and the practice sectors of interest, as required in the Terms of Reference (TOR).

Part 3 provides conclusions and recommendations.

Country Context

Republic of North Macedonia is located in south-eastern Europe. It is a NATO member and a candidate for membership in the European Union (EU). On 19 July 2022, the EU opened accession negotiations with North Macedonia¹. North Macedonia has ratified most international human rights instruments on both the United Nations (UN) and European levels, including the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC).

North Macedonia has a multi-ethnic society with a resident population of 1,836,713.² It faces negative population growth of -5.4% (data from 2021). The main ethnic groups are Macedonians who comprise 58.4% of the population and Albanians who are 24.3%. Other ethnic groups include Turks, Romani, Serbs, Bosniaks, and Vlachs.³ The Macedonian and the Albanian languages are the official languages;⁴ however, in local self-governments, other languages may also have official status.

The country is governed by a centre-left led coalition of political parties with a mandate until 2024, and this coalition holds a narrow majority in the legislature. The current ruling coalition took power in 2017 following a severe and

¹ The continuation of the negotiation process, following the initial screening phase, is conditioned by a mandatory constitutional amendment required for resolution of a bilateral dispute with Bulgaria.

² State Statistical Office. 2021 Census, <https://www.stat.gov.mk/InfoGraphic/2022/Broshura-mk-web.pdf>

³ Data from the 2021 Census.

⁴ Constitution of the Republic of North Macedonia, Art. 7.

long political crisis⁵. Since then, reform efforts have been implemented in the areas of judiciary and rule of law, electoral reform, media, social protection, prevention of discrimination as well as inclusion of persons with disabilities. However, the country still struggles with corruption, cronyism, and poor democratic capacity in key political factors.

North Macedonia is an upper middle-income country that has made great strides in reforming its economy over the last decade; however, it remains one of the poorest countries in Europe with poor living standards and a significant percentage of the population living below the poverty line. The COVID-19 pandemic affected the country significantly. By the end of September 2022, North Macedonia had recorded in total around 342,519 cases and about 9,527 deaths related to the pandemic,⁶ which is one of the highest mortality rates per million in the world.⁷ Around 41% of the population was fully vaccinated by the end of September 2022.

There is a lack of consistent and comparable statistics on persons with disabilities in the country⁸ and the only official statistical data from the State Statistical Office provides data on minors with disabilities who receive certain types of social services. According to these data, there were 4,433 children with disabilities registered in 2020.⁹ On the other hand, the government's deinstitutionalisation strategy calculated a total of 7,346 children with disabilities already registered with social services, 43 in institutions, and another 700 under the general social service net, estimating the overall number as 8,388 children with disabilities in North Macedonia in 2018. Until the adoption of the International Classification of Functioning, Disability and Health (ICF) assessment as an official state policy in 2021, the approach towards disability was, to a large degree, aligned with the medical model. This contributed to high levels of stigma and discrimination towards persons with disabilities. Two local surveys conducted in 2018 found that persons with disabilities and parents of children with disabilities do not consider themselves as equal with other citizens (99.5%), do not enjoy equal protection of the law in comparison with other citizens (83%), and that they are discriminated against (87%).¹⁰ While the situation is slowly changing both on policy level and on level of perceptions, as the two consecutive KAP surveys (elaborated below) indicate, there is need for developing an improved human rights culture and embedding child rights in social behaviour.¹¹

UNICEF Programme Description

UNICEF adheres to the CRPD definition of persons with disabilities: *Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.* UNICEF's North Macedonia 2016–2020 Country Programme highlighted the inclusion of children with disabilities and introduced a disability component to all programmes. These efforts align with several sustainable development goals (SDGs): SDG 1 as it relates to the financial costs to families of children with disabilities; SDG 3 as it relates to providing equitable and quality health care to children with disabilities, including identification and habilitation/rehabilitation services; SDG 4 as it relates to providing quality inclusive education; and SDG 10 as it relates to reducing inequalities between

⁵ The crisis originated in 2015 with allegations of massive wiretapping but was exacerbated in April 2016. A sequence of protests followed by a protocol to the Przino political agreement resulted in early parliamentary elections in December 2016. The election results also complicated the crises by igniting inter-ethnic tensions that escalated into the events of 27 April 2017.

⁶ <https://koronavirus.gov.mk/>

⁷ <https://www.statista.com/statistics/1104709/coronavirus-deaths-worldwide-per-million-inhabitants/>

⁸ Committee on the Rights of People with Disability Concluding observations on the initial report of the former Yugoslav Republic of Macedonia (2018) OHCHR Geneva; Shavreski Z. Kochoska E Living independently and being included in the community ANED (2018) Brussels

⁹ Social welfare for children, juveniles and adults, 2020 State Statistical Office of the Republic of Macedonia, 2021

¹⁰ The lost agenda - demystification of the issue of disability in the field of equality and non-discrimination Polio Plus (2018) Skopje and Terra Incognita - Demystification of the rights of persons with disabilities in the Republic of Macedonia in the field of the right to social protection Polio Plus (2018) Skopje

¹¹ Byrne, K. An analysis of the situation of women and children in the Republic of North Macedonia: final report, Skopje, UNICEF, 2020.

people with and without disabilities. In line with the [United Nations Disability Inclusion Strategy and the principle of Leave No One Behind](#), UNICEF is making disability an integral component of its own policies, programmes and operations.

At the mid-point of programme implementation in early 2018, UNICEF, in collaboration with the government and key partners, conducted a Light Strategic Review of the country programme. This resulted in a shift in the program's strategic direction and a broadened focus from specific groups of vulnerable children to major issues concerning all children. While this shift was considered necessary to accelerate reforms for the social good of children given the country's readiness in light of a leadership change, addressing the needs of children with disabilities and a commitment to inclusion remained in UNICEF's programme.

UNICEF North Macedonia's most prominent efforts toward policy reform and advocacy for the rights of children with disabilities from 2016-2020 were national in scope and can be summarized in the six sectors described below. Annex H contains a table describing the key stakeholders, including their relationships and contributions to the interventions.

1. **Social Protection:** Introducing a new model of disability assessment based on the International Classification of Functioning, Disability, and Health (ICF) and adopting a rights-based model of disability in the country's welfare system. UNICEF allocated \$496,102 to these efforts.¹²
2. **Child Protection:** Supporting the country's effort to strengthen the childcare system, ensuring the deinstitutionalisation of all children, and developing community-based services for children with disabilities and their families. UNICEF allocated \$191,546 to these efforts.
3. **Education:** Developing a legal framework and inclusive practices that support the inclusion of children with disabilities in the mainstream education system by 2023 and transforming 'special' schools to resource centres that support the effort toward inclusion. UNICEF allocated \$3,402,200 to these efforts.
4. **Health:** Enhancing the capacities of front-line health care workers, including family doctors and patronage nurses, and training them in early detection and early intervention for children with developmental disabilities. UNICEF allocated \$752,018 to these efforts.
5. **Communication:** Multimedia campaigns for social and behavioural change to address the public's negative attitudes and perceptions toward disability, including community dialogue events to open discussions at the community level on inclusion, public advocacy to support sector-specific reforms, and partnerships to promote inclusion in sport and culture.
6. **COVID-19 Pandemic Response:** Rapidly developing and launching a study on the social and economic effects of the pandemic on children, noting that children with disabilities are among the most vulnerable to wide ranging impacts from COVID-19, and preparing online resources through the Social Protection and Education sectors.

Evaluation Purpose and Methodology

Evaluation Purpose, Objective, and Scope

The purpose of this evaluation is to examine how and to what extent UNICEF North Macedonia's inclusion programming has contributed to addressing system-level bottlenecks impacting access to social, health, and education services for children with disabilities and their ability to live in caring family environments, as is their right. The objective of the evaluation is to inform UNICEF's ongoing and future programming on behalf of children with

¹² Funding amounts were provided by UNICEF and represent spending tagged as "principal" - activities that target or have a focus on children with disabilities and/or accessibility and some spending tagged as "significant" - activities that include children with disabilities and/or include elements of accessibility, but are not specifically targeting/focusing on these areas.

disabilities and their families, including any gender-specific needs that should be considered. The evaluation assesses UNICEF programmes' effectiveness and devises a guide for any further plans or programmes targeting the inclusion and participation of children with disabilities and their families in all aspects of life.

This evaluation focuses on all UNICEF North Macedonia programming related to the inclusion of children with disabilities during the five-year period of the 2016–2020 country programme. The evaluation is primarily national in scope and considers UNICEF's efforts across five sectors: education, child protection, health and nutrition, social protection, and communication. Additionally, UNICEF provided support to families of children with disabilities during the COVID-19 pandemic in 2020, and the evaluation also examines these activities through 2020 as well. The evaluation was conducted in three phases: inception, data collection, and reporting.

The findings and recommendations contained within this report will be used by UNICEF North Macedonia during strategic planning for future programming related to disability inclusion and will also provide actionable information that can be used by the Government during policy and implementation planning discussions. The evaluation commenced in November 2021 and concluded in October 2022.

Evaluation Frameworks

IDP applied a multi-method approach that blended participatory quantitative and qualitative methods and followed the revised OECD/DAC evaluation criteria¹³ appropriate to including the voices of diverse stakeholder groups. During the inception period, the research team reviewed the 26 evaluation questions (EQs) listed in the TOR and, in light of the available documentation and anticipated limitations impacting evaluability, and in consultation with UNICEF about prioritization of questions, IDP proposed a reduced list of 15 EQs to which UNICEF agreed. (The EQs are included in the findings section of this report, and the full evaluation matrix is included in Annex A.)

To frame the evaluation, the evaluation team initially examined materials provided by UNICEF. The Country Programme Document (CPD) for 2016–2020 included a results framework with indicators relating specifically to children with disabilities. However, baseline information and targets were missing for several indicators, not all sectors were included, and the CPD lacked an overall theory of change (TOC) describing the assumptions underlining how UNICEF's efforts to focus support for children with disabilities could lead to positive outcomes within and across sectors. A 'think piece' that was developed during the planning stages of the 2016–2020 country programme provided information to create a reconstructed TOC, which is included in Annex D. This was the evaluation team's initial attempt to mitigate this limitation. However, the team determined that the reconstructed TOC was not sufficiently robust to frame the evaluation, given the inconsistency or lack of data to use for measuring "increases" and "reductions" as specified in the TOC. Instead, in consultation with UNICEF, the evaluation team proposed to present the evaluation findings in the following ways:

Firstly, in the findings section below, the report contains narrative findings organised by criterion and sector. In Annex B, each subsection has a corresponding table summarizing the finding by EQ and sector. The table includes two rankings. The first refers to the coherence and quality of the evidence gathered by the team (Evidence Ranking),¹⁴ which the team viewed as important to include given the lack of quantitative and comparative data as well as sectors or EQs lacking multiple sources of data to consider for triangulation. The other ranking refers to the extent to which the outcome(s) articulated in the EQ were met by the programme (EQ Answer) based on available evidence. A brief justification is also included in the tables. The table below provides definitions for each ranking.

¹³ OECD/DAC Network on Development Evaluation. (2019). Better criteria for better evaluation. Revised evaluation criteria definitions and principles for use. DCD/DAC (2019) 58/FINAL, p. 8, <http://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

¹⁴ The evidence ranking system, inclusive of the definitions provided in Table 1, was taken from the Evaluation of UNICEF Roma Health Mediators Programme: Evaluation report, produced by Zoran Stojanov and Boge Bozinovski in 2017. The report stated: 'Assignment of the score depended on an assessment of the combination of the following two criteria: (a) the extent to which qualitative and/or quantitative evidence generated from different sources point to the same conclusion and (b) what is the quality of the individual data and/or source of evidence (e.g., as determined by reliability and completeness of data)' (p. 21).

Table 1. Quality of Evidence and EQ Answer Rubric

Evidence Ranking	Definition	EQ Answer	Definition
A	The finding is consistently supported by the full range of evidence sources, including quantitative analysis and qualitative evidence (i.e., there is very good triangulation), and/or the evidence source(s) is/are of relatively high quality and reliable to draw a conclusion (e.g., there are no major data quality or reliability issues).	FULL	The programme/activity fully aligns with the objective set out in the EQ.
B	There is a good degree of triangulation across evidence, but there is less or 'less good' quality evidence available. Alternatively, there is limited triangulation, and the quality of evidence is not very good, but at least two different sources of evidence are present.	PARTIAL	The programme/activity partially aligns with the objective set out in the EQ, but some elements fell short of objectives or did not have the intended effect.
C	Limited triangulation and/or only one evidence source that is not regarded as being of good quality.	NONE	The programme/activity does not align with the objective set out in the EQ.
D	There is no triangulation and/or evidence is limited to a single source and is relatively weak, or the quality of supporting data/information for that evidence source is incomplete or unreliable.	N/A	The EQ does not relate to a given sector.

Secondly, it is important to situate the evaluation within a global normative framework based on the principles of the CRPD, including progressive realization,¹⁵ and the 2030 Agenda for Sustainable Development. To this end and because the OECD/DAC evaluation criteria—while thorough—are not specific to disability inclusion, the evaluation team used separate normative frameworks to apply an additional layer of evaluation to UNICEF's programming. These were developed based on the existing global evidence base for practices relating to disability inclusion and contain evidence-based standards. The team scored the UNICEF interventions against these standards by sector. These findings are woven throughout the report and summarized in the conclusion section. The frameworks, scores, and evidence base are in Annex C.

Methodology

The below methodologies were used for the evaluation. The evaluation team held bi-weekly quality assurance meetings to review data collection methods and primary data collected to ensure evaluative rigor and relevance. In addition, UNICEF formed an Evaluation Reference Group (ERG) composed of duty bearers and other stakeholders from across sectors, including government officials, advisors, and implementers. The ERG convened during the inception phase of the evaluation as well as at its conclusion, to hear the findings and refine and prioritize the recommendations.

Planning and Programme Inquiry Meetings: To ensure that the evaluation team understood the scope of UNICEF's

¹⁵ According to Art. 4, Sec. 2 of the CRPD, 'Each State must take measures to realize economic, social, and cultural rights progressively, using the greatest amount of available resources to do so. This obligation, commonly referred to as progressive realization, acknowledges that it often takes time to realize many of these rights fully, for example, when social-security or health-care systems must be created or improved.' This evaluation will incorporate the view of progressive realization as a pathway approach to inclusion for children with disabilities.

relevant programming, IDP's evaluators began the evaluation by holding inquiry meetings with UNICEF programme officers and held additional meetings as necessary. These meetings added contextual information to guide the evaluation design and methodology and to validate findings. They also allowed the team to identify and obtain relevant documents and materials and collect contact information from stakeholders.

Desk-Based Review and Portfolio Analysis: IDP conducted a desk review, including a review of UNICEF's existing documentation, evaluation reports, and relevant programme documents; academic and grey literature research and studies; government strategies; legal and policy documents; and primary and secondary data reports. The desk review included a focus on gender-specific data on children with disabilities in the country.

Country Mission and Data Collection: For qualitative data collection, this evaluation used a combination of purposive sampling (specific individuals or organizations identified by UNICEF and the team of evaluators as stakeholders within each sector) and snowball sampling (additional informants identified during data collection or document review) to identify relevant stakeholders who had knowledge and experience in the respective areas of evaluation. Caregivers of children with disabilities were recruited through organisations of persons with disabilities (OPDs). For quantitative data collection, IDP conducted online surveys of personnel in the education sector (teachers and school support staff as well as resource centre coordinators) through the "Eduino"¹⁶ platform and the health sector (family doctors and patronage nurses), through their professional associations. The evaluation team applied cognitive testing to the surveys with individuals from the stakeholder populations prior to conducting surveys, and the surveys preceded interviews with members of these groups. Wherever possible, the team collected data on the gender of stakeholders and survey participants. Respondents to the survey indicated their willingness to be contacted for a follow-up focus group discussion, and participants were selected from this list.

The sample was designed in collaboration with UNICEF and included geographic and gender representation. Representatives from relevant ministries and state institutions as well as from implementing partners (IPs) and service providers were among those interviewed. Overall, feedback was collected from 42 stakeholders through KIIs and FDGs and 2,552 stakeholders via online surveys. The sample is outlined in the table below, and a more detailed Stakeholder Map is included in Annex H.

Table 2. Data Collection Sample (Actual)

Sector	Number	Gender	Stakeholder type
Key Informant Interviews (KII)			
Cross-sectoral	8	7 F, 1 M	3 Government, 3 implementing partner (CSO), 1 OPD
Education	5	5 F	3 Government, 2 implementing partner (CSO)
Social protection	2	1 F, 1 M	2 Government,
Health	1	1 M	1 Government
Focus Group Discussions (FGD)			
Education	2	10 F, 1 M	5 educators; 6 resource centre personnel
Social/child protection	1	2 F, 1 M	3 social workers
Families of children with disabilities	2	11 F	11 caregivers

¹⁶ Platform for educators, established with the assistance of UNICEF, used on behalf of the Bureau for Development of Education for teacher professional development

Surveys			
Education	2,446 responses	Not collected	Sent to 25,012, 10% response rate
Health (Doctors)	40 responses	35 F, 5 M	Sent to 235, 17 % response rate
Health (Patronage nurses)	66 responses	66 F	Sent to 289, 23 % response rate
Secondary Data Analysis			
Education (training evaluation data, scoping, and monitoring data)			
Government Beneficiary Data			

Interview and discussion protocols served as a framework, rather than a script, in that protocols included more questions than a given interview or discussion allowed. (See Annex G for protocols.) The data points yielded in this phase helped shed light on many of the evaluation questions and revealed key findings that were triangulated against the desk review and quantitative sources of data collection, as possible.

Data Analysis: IDP compiled and triangulated the different data sources to evaluate trends, good practices, future opportunities, and potential areas of growth in alignment with the OECD/DAC evaluation criteria and sectors of the evaluation. Qualitative data was analysed using a rapid-analysis approach. Quantitative data complements the qualitative data and is especially helpful in examining the effectiveness of a program, though rigorous measurement of impact is limited, as described below. Quantitative data analysis was applied to survey data collected directly through the evaluation and primarily includes simple descriptive statistics and reporting frequencies. Because many indicators are measured through both quantitative and qualitative analysis, this evaluation largely used a multi-method approach.

Evaluation Limitations

This evaluation's primary limitation was the lack of data related to children with disabilities from before the period of this evaluation (prior to 2016), the lack of monitoring and evaluation (M&E) data during the period of the evaluation (2016–2020), and in some cases, the inconsistency or confusing nature of the data from 2016–2020 that was available. Such data includes numbers of children with disabilities (including disaggregated demographic data), numbers of programme beneficiaries in different sectors, detailed budgetary and finance data (most relevant to the *efficiency* and *sustainability* criteria), and educational performance data. This limitation relates to the lack of a robust TOC, mentioned above. This lack of data hindered the research team's ability to assess the impact of UNICEF's programming and increased the importance of the qualitative data that the team collected from stakeholders, although quantitative data is included wherever possible.

The sectorial approach used by UNICEF was an additional limitation, as it focused not only on children with disabilities but also on other vulnerable categories of children (e.g., Roma children, victims of violence). This created some methodological challenges because it was necessary to extract interventions targeting children with disabilities from those that, to some extent, also targeted other children. (For example, the deinstitutionalisation process was focused also on children without paternal care, children with behavioural problems and at social risk, etc.; the educational inclusion interventions in the beginning phases also included socially disadvantaged children, with a focus on Roma children). In order to mitigate this, the team firstly conducted a set of targeted meetings with relevant representatives of the different sectors in order to extrapolate the specific interventions that were related to inclusion of children with disabilities. Based on these meetings, the team purposefully focused the interview and survey questions to refer only to children with disabilities. After collecting data, the team conducted validation meetings with the UNICEF sectoral program managers in order to ensure that the data gathered corresponded with the specific interventions targeting children with disabilities.

Ethical Considerations

The IDP research team followed the United Nations Evaluation Group (UNEG) Norms and Standards¹⁷, and adhered to UNICEF's procedure on Ethical Standards for Research and Evaluation¹⁸. Team members completed training on research ethics through the Collaborative Institutional Training Initiative (CITI) program, and upheld the obligations of evaluators to maintain independence, impartiality, credibility, and accountability and disclose and avoid conflicts of interest. IDP formally applied for and received ethical clearance from UNICEF before conducting primary data collection with caregivers of children with disabilities, who were selected with support from OPDs (see Annex K). Informed consent to participate as well as to be audio recorded was (separately) obtained from all participants prior to data collection, and participation in the evaluation was completely voluntary. IDP did not conduct research with children. Fortunately, at the time of data collection, local COVID-19 rates were low. However, the team adjusted the format of key informant interviews (KIIs) (online or in person) according to the availability and will of interviewees and took safety precautions when meeting in person. The focus group discussions (FGDs) were all conducted virtually to allow a range of stakeholders across the country to easily participate. All data remained anonymous, and identifying information was redacted. Data was stored on a secure server that is only accessible by the research team.

PART 2. EVALUATION FINDINGS

This section presents the evaluation findings by sector and in relation to the six OECD/DAC evaluation criteria. Summary tables with answers to the evaluation questions, rankings, and justifications can be found in Annex B.

Relevance

EQ 1.1 Was the design of the programmes and interventions/activities internally coherent and adequate for producing the intended outcomes?

Across all sectors, stakeholders and available supporting documentation confirmed that UNICEF's interventions were internally coherent and contributed strongly to producing the outcomes intended by UNICEF (though, in some cases, outcome measurement data was not available). Nevertheless, rights holders identified outcomes that were not within UNICEF's plans, but were desired by rights holders and have not been realized.

All sectors

UNICEF's actions and interventions in different sectors were, to a great extent, internally coherent, with some exceptions expressed by stakeholders. For example, the ICF reform was a precondition for the inclusive education interventions. However, stakeholders had some concerns that the process was not accompanied with sufficient and necessary preparatory and capacity-building activities. There was a one-year vacuum at the beginning of the programme when the school inclusion teams (SITs) were not yet prepared, and schools referred all children with disabilities for an assessment at the ICF centre in Skopje because the other centres were not yet established.

As another example of coherence, the ICF model makes it possible for children with disabilities who are deinstitutionalised to have their abilities adequately identified so that they may benefit from inclusive education that is tailored to their individual abilities. New social services, especially personal assistance, have the potential to

¹⁷ [Detail of Norms and Standards for Evaluation \(2016\) \(uneval.org\)](https://www.uneval.org/publications/detail-of-norms-and-standards-for-evaluation-2016)

¹⁸ [UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis](#)

further strengthen the independence and inclusion of children with disabilities, though currently this is not available if a child lives in a small group home implemented by the Centre for Social Work (CSW) and is limited to children with physical disabilities.¹⁹

The introduction of ICF as well as personal assistance was relevant for UNICEF's education sector programming. One IP positively described involvement across sectors and with other donors and organisations ('cooperation, exchange of ideas, experiences, materials, and joint workshops') through 2017, while a government representative noted efforts for cross-sector collaboration but emphasized that differing perspectives on the part of various ministers can affect the overall approach to disability inclusion. In order to enable implementation of policies, UNICEF frequently played a role of mediator between ministries of different political party background.

UNICEF COVID-19 Response

In 2020, UNICEF rapidly developed and launched a [study](#) on the social and economic effects of the pandemic on children. The study examined the pandemic's impact on social and child protection, education, and health as well as the capacity of the government to respond. The study clearly highlighted that an additional 16,000 children in North Macedonia were at risk of dropping below the poverty threshold. UNICEF used the findings of the study for advocacy and intervention.

Additionally, there were some concerns expressed particularly by caregivers concerning the scope and the content of the interventions. According to them, the interventions, though comprehensive, did not address all challenges impeding inclusion of children with disability. Several examples were shared. Firstly, the social protection reforms were not accompanied with a parallel support for the health insurance system reform, indicating that better coordination mechanisms are needed. More specifically, children with disabilities and their families are exposed to additional poverty risks because their health insurance does not cover the costs of supplements and some of the medications children with disabilities must take.²⁰ Even with reforming the cash benefits system, escaping poverty is difficult for families of children with disabilities if they do not have access to affordable health care. This, in turn, can impact children's ability to consistently attend and participate in school. Secondly, related to healthcare is the lack of tangible improvement in access to adequate healthcare services on the secondary and tertiary level. And thirdly, the interventions, while (justifiably) focused on inclusion in primary education, had limited outreach in pre-school and secondary education.

EQ 1.2 To what extent did the interventions address the needs of children with disabilities and their families, including any gender-specific needs?

Across all sectors, stakeholders and available documentation confirmed that UNICEF's interventions led to significant progress in addressing the needs of children with disabilities and their families, but within each sector, some needs or intended outcomes have not yet been met. The design of interventions was gender-neutral, an approach that was accepted by the vast majority of stakeholders. Stakeholders did not identify many gender-specific needs, except for the stigma towards disability which was assessed as more characteristic for girls with disabilities in traditional communities but was not specifically targeted by the interventions.

¹⁹ Law on Social Protection, Art. 76, Para. 1.

²⁰ See more at: Helsinki Committee on Human Rights. Situational Assessment on the Persons with Intellectual Disability and Combined Developmental Problems, p. 44; Open the Windows, Holistic Report on the Persons with Disabilities, p. 28.

Social Protection

While stakeholders agreed that the old model needed to change, there was no consensus about the extent to which social protection interventions met the needs of intended beneficiaries. Support in developing and setting up an entirely new model²¹ for disability assessment was singled out as the key element from which all other reforms were dependent. The existing assessment model was outdated, based on the medical approach on disability, and not in line with the human-rights based approach as assessed by CRPD. This so-called categorization model ensured that stigma and discrimination were still widespread in society and prevented children with disabilities from fully enjoying their rights and entitlements, including access to quality inclusive services and care. There was a general conclusion among experts and practitioners that the former assessment process was not able to provide adequate guidance and that there was a need for change. The new model, at least for now, ensures that children with disabilities have access to inclusive education and personal assistance (since 2021)²² as well as other services. While supporting the model, all stakeholders stated that introducing functional assessment of disability and the subsequent entitlements for services will need to be based on the availability of services, which are currently lacking.

On the issue of reforms in the area of social welfare, stakeholders have not come to a consensus about whether the needs of the children with disabilities and families have been addressed. This is especially the case for the caregivers who expressed concerns about whether the new model is adequate to respond to their needs. One positive change is that parents'/guardians' salary compensation was increased almost threefold for their shorter working hours due to caring for their child with a disability.²³ The amendments to the Child Protection Law brought a 20% increase in the Special Benefit for children with disabilities from 4.202 MKD to 5.020 MKD. However, if a child with a disability is in assisted living, foster care, or other institution, they are not eligible for this support. Data from the State Statistical Office shows that there is a slight decrease in the poverty rate and that social transfers are contributing to this decrease.

None of the stakeholders identified gender-specific needs with regards to the availability and use of services by girls and boys with disabilities. In addition, no need for more effective gender responsive practices by duty bearers was noted. However, a government and a CSO representative each mentioned that families of children with disabilities sometimes do not provide equal opportunities for access to services to girls with disability compared to boys with disability, especially in rural and traditional communities. This may result in girls experiencing unequal enjoyment of rights, which can be seen in the lower use of social and educational services (see under Impact).

UNICEF COVID-19 Response

The day centre for children with disabilities in Skopje was closed due to COVID restrictions. As a response, at the end of 2020, the government launched [a web platform](#) to support children with disabilities and their caregivers. The platform focuses on early intervention, early stimulation, speech therapy (ages 0–6), and psychosocial support. After a family/caregiver creates a personalized profile for the child with a disability, the platform offers general and individualized support and interventions. Apart from serving as a COVID-19 pandemic response, the platform reaches and provides assistance to families located in remote areas that lack services for children with disabilities.

²¹ The new model foresees the establishment of nine assessment bodies in the larger towns throughout the country. Each assessment body will work with children and families at their place of residence in the respective region. Its main task will include information gathering about a child and his/her environment; assessment of functioning and setting diagnosis of general health conditions; and regular follow-up with families and service providers. The assessment body shall consist of four permanent members (paediatrician or general practitioner, defectologist, psychologist, and social worker) as well as other non-permanent members. The number of non-permanent members varies depending on the needs of the child. The parent and/or a person of trust who is selected by the parent is a non-permanent member of the body.

²² Personal assistance service was firstly restricted to persons 18 years of age or older; however, after significant public reactions, it was change to 6 years old and above with an amendment of the Social Protection Law from July 2021. Yet it is still limited to persons with physical disabilities and persons who are blind.

²³ The amount increased from 4.800 MKD to 50% from the actual average salary that the parent received in the previous year but not more than 50% from the average salary in the country – cir. 13.000 MKD. (Art. 55 from the LSP).

Table 3. The Poverty Rate in North Macedonia (2017–2020)²⁴

Indicator	2017	2018	2019	2020
Poverty rate	22.2%	21.9%	21.6%	21.8%
Poverty rate before social transfers and pensions	40.7%	40.8%	41.1%	42.1%
Seriously deprived persons (% of the population that cannot afford at least 4 out of the 9 basic needs)	31.1 %	30.5 %	30.4 %	28.6 %

Child Protection

The interventions contributed to ensuring that the rights of children with disabilities, who are protected through both the CRC (Arts. 2, 3, 19, and 23) as well as the CRPD (Art. 19), are implemented in practice. Stakeholders consider UNICEF's support essential in the progress made, but not all desired outcomes of the DI process (outside of the scope of UNICEF interventions) have been achieved. The conditions for children with disabilities living in residential institutions were very poor and inhumane.²⁵ With support from UNICEF, children with disabilities were resettled to facilities with far better living conditions than what they experienced in institutions. The resettlement in small group homes and UNICEF's support contributed to children with disabilities having access to services (educational, social, etc.) that were not available to them in institutions.

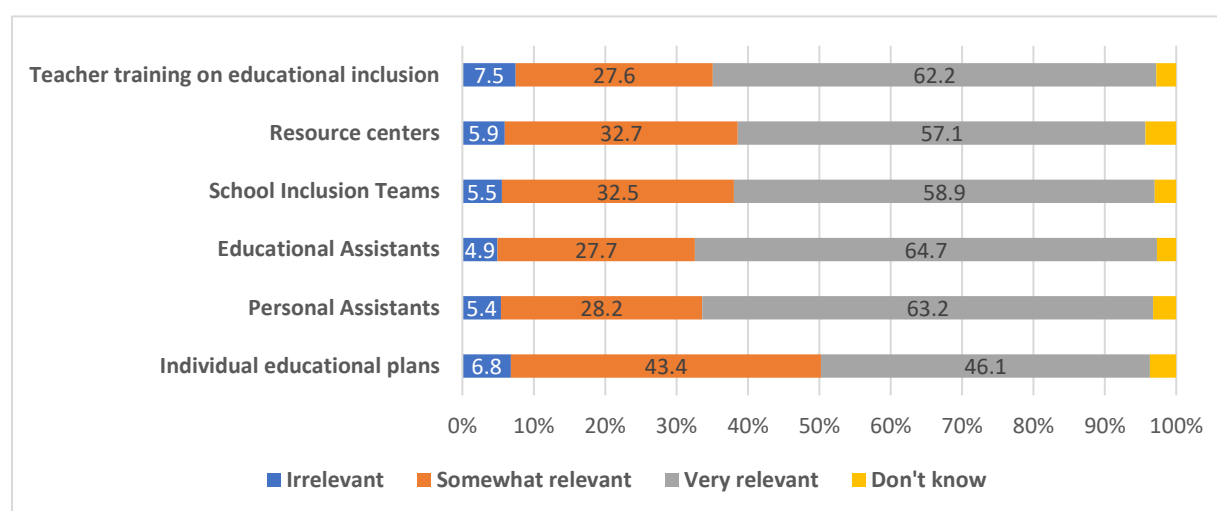
Education

The inclusive education interventions provided a significant step forward to meet the needs of students with disabilities to learn in an inclusive setting, both in policy and practice, and helped to illuminate additional needs. The vast majority of educators surveyed agreed that the new educational inclusion policies and associated interventions are relevant to the needs of children with disabilities and their families. Specific policies that educators considered are listed in Figure 1 below. Across these policy points, less than 8% of educators rated any as *irrelevant*, and the largest proportion of educators rated them as *very relevant*, with the highest being 64.7% for educational assistants (EAs) and the lowest being 46.1% for individualized education plans (IEPs).

²⁴ Source: State Statistical Office

²⁵ EU Progress Report, 2018.

Figure 1. Educator Perception of Relevance of Inclusive Education Policies (Survey)



During the FGD with educators, it was evident that implementation can vary widely by school. One educator said, 'The policies have been in place for [a] few years now, and I think they are well interrelated. However, the implementation is not always as it should be.' Another said, 'We teachers do not have the needed resources and trainings.... [Since] inclusion is a national policy, there should be national trainings. I don't think enough is being invested in this field.'²⁶ Yet, despite feeling a need for more training and noting the relevance of EAs, some educators also expressed that they were able to bring more professionalism and relevant experience to teaching students with disabilities than the special educators or EAs in their schools. Resource centre personnel shared similar concerns about implementation quality. One example provided during the FGD related to a school where parents were not included in IEP development.

Caregivers who participated in FGDs shared ways that their child's needs were being met as well as areas that need more attention and support. For example, they noted that some schools have improved infrastructure, such as adding a sensory room, but lack trained staff to manage it. Several noted the importance of their child's personal or educational assistant for navigating school and receiving support that teachers are not always equipped to provide. Resource centre personnel echoed this observation that many schools lack the infrastructure to accommodate children with disabilities. Caregivers also mentioned that the situation with EAs is improving, but with 'a lot of ups and downs,' and noted that not all EAs seem to have special education training or background.²⁷ They also described a need for speech therapists. Government

UNICEF COVID-19 Response

In the period when the vast majority of mainstream schools shifted to online learning, UNICEF worked intensively on establishing a national web platform (*Eduino*) for sharing educational resources. As the platform was not specifically designed for children with disabilities, an additional platform was established to assist caregivers in working with their children on their schoolwork from home and in supporting children's skills and their cognitive and psychosocial development. The platform enables individual registration and provides individualized support. Parents could reach out to special educators who could prepare individualized plans for online classes.

²⁶ With the changes in the professional development system starting in the 2022/23 school year, teachers will have the opportunity to choose an inclusion education training as part of their professional development.

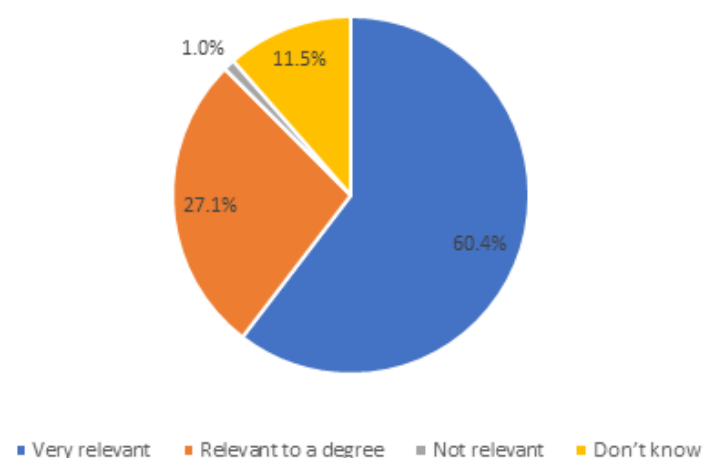
²⁷ The work with EAs has continued since the end of the evaluation period, and stakeholders noted improvements.

representatives noted that UNICEF managed to detect all bottlenecks with regards to the needs of children with disabilities and address them through the program. Overall, the shift from segregation to inclusion is taking place, and while the education sector is only in partial alignment with several normative standards, progressive realization is well underway.

Health

Though stakeholders in KIIs and FGDs pointed out that early identification and support to families was very important, problems remain with the lack of access to specialized health care services.²⁸ All stakeholders interviewed indicated that some medicines and supplements necessary for children with disabilities are not on the Health Insurance Fund list of approved medicines. As such, they cannot be purchased via the insurance scheme and the families incur the cost, which is a significant financial burden for many families. Additional barriers include the long waiting list for diagnostic procedures and treatment, and the lack of good quality health care outside of greater urban centres or the capital. This results in parents of children with disabilities detouring from the public health care system into private hospitals where, again, they face a significant financial burden in covering costs. Lastly, health care providers typically do not have access to sign language interpreters, and medical reports are not available in braille. A situational analysis from 2021 referred to health care providers' lack of trainings on how to communicate with persons with disabilities; this lack of training impedes patients' right to information and reduces the judgment capacity of the health care providers.²⁹ Because of these issues, more work is needed to be in full alignment with normative standards.

Figure 2. Assessment of the Relevance of UNICEF Interventions by Health Care Providers (Family Doctors and Patronage Nurses)



EQ 1.3 Were relevant partners, including children with disabilities, their families, and OPDs, involved in programme design, implementation, and evaluation?

Across all sectors, stakeholders and available documentation confirmed that UNICEF made efforts to involve relevant partners, but perceptions of stakeholder involvement varied by stakeholder, and not all felt sufficiently involved.

Social Protection

Key stakeholders were involved in programme design, implementation, and evaluation, however, with differing roles and impact. Stakeholders named UNICEF as one of the international organisations that permanently conducts consultations with the government, and all interventions were planned in cooperation and coordination with government units. Evaluators assessed that the process for introducing the assessment model was inclusive, with ownership shared by different institutions as well as organisations of practitioners.³⁰

²⁸ North Macedonia Country Case Study - Multi-Country Evaluation of the Universal Progressive Home Visiting for Young Children Well-being and Development in the Europe and Central Asia Region (ECAR) in the period of 2014–2018, p. 15.

²⁹ UNPRPD Situational Analysis on the Rights of Persons with Disabilities in the Republic of North Macedonia – 2021. Skopje, October 2021, p. 22.

³⁰ The new assessment model for additional education, social, and health support to children and youth, based on the International Classification of Functioning, Disability, and Health (ICF), was also piloted in cooperation with the Association of Special Educators.

With regards to the other stakeholders, they shared that their involvement was secured through their participation in working groups for drafting the laws, in public consultations and hearings, and in commenting on draft documents. Various interviewees voiced concerns about the extent to which the voices of people with disabilities and parents were taken in consideration. While parent organisations were invited to provide feedback, they and OPDs were consulted only at the later stages of the policymaking process. Parents also reported that a wider outreach would have ensured more parents' views were represented in the process. Once reforms were in the implementation stage, OPDs played a key role in informing families of children with disabilities about social protection programmes. While there is room for improvement, UNICEF's intentional inclusion of stakeholders within the disability community in discussions about social protection programmes represents *full alignment with normative standards*.

Child Protection

All UNICEF interventions in this sector were planned in advance, following a consultation with the Ministry of Labour and Social Protection (MLSP), other relevant governmental institutions, social care institutions, other donors, and, to a certain extent, relevant civil society organisations (CSOs) and OPDs.

Parents of children with disabilities were informed about the deinstitutionalisation process; however, their attitudes diverged, and support was not unanimous at the planning stage.³¹ According to FGDs, caregivers were concerned that no available services could support children with disabilities after their resettlement and that they would not have the means to take care of their children (if children with disabilities are resettled with the family). Some parents contributed to the development of work plans for small group homes. Overall, within the child protection sector, policies on the deinstitutionalisation process were developed with the participation of OPDs; however, the extent to which their input was incorporated in the processes was disputed, representing partial alignment with normative standards.

Education

Perceptions of stakeholder involvement varied by stakeholder, but not all felt sufficiently involved. IPs shared they were mostly involved in implementation and some evaluation activities, but not involved in programme design. One IP did note that the Bureau of Development of Education (BDE) was involved in design and planning, and in turn, engaged school representatives in the process, particularly staff from the first group of pilot inclusive schools. Still, they added that families were not adequately or sufficiently involved, particularly over the relatively long programme implementation. On the other hand, one IP indicated persons with disabilities and their parents lacked unified goals, which was an issue, considering only parent organisations were included in the consulting process, while ODPs, who belong to and represent persons with disabilities, were only consulted after the process was completed.

Caregivers who participated in FGDs mostly spoke about their experiences within the education system. Some caregivers interviewed were consulted about intervention planning and others were not. One parent said, 'UNICEF had a big share [in changing things]. In terms of institutions, nothing has improved. The problem exists with the institutions. They are not sensitized. There should be a parent [of a child with a disability] in all institutions.' Government representatives, however, described a very inclusive process of design, planning, and implementation—including adjustments based on feedback along the way—that included all relevant stakeholders: 'In both the design and implementations...we and UNICEF included all stakeholders (beneficiary groups, parent organisations, schools, resource centres, etc). It was probably one of the most inclusive processes I was involved in, in the Ministry.'

³¹ Excerpt from the interviews: 'In the first phase of the process, there was some opposition from the parents. The opposition was justified by the fact that the parents did not have the means nor the support to take care of their children who have special care needs.'

Health

UNICEF actively engaged the MoH as well as the professional organisations of general practitioners and nurses in planning and implementing the capacity-building activities. Aside from these stakeholders, UNICEF also involved the Association of Special Educators in planning additional activities on early identification and interventions.

Coherence

EQ 2.1 Have UNICEF actions and interventions in different sectors been mutually reinforcing to improve the inclusion of children with disabilities? To what extent?

Across all sectors, UNICEF worked to align actions and, in several cases, interventions in one sector paved the way for interventions in another sector. Still, improvement, coordination, and quality of implementation is dependent on the interest and commitment of those in leadership.

All Sectors

As described in response to EQ 1.1 under Relevance, UNICEF's interventions were designed to reinforce and complement each other. This was largely achieved, with some temporary gaps in services due to the timing of actions and the levels of support and urgency from duty bearers. Caregivers and implementers identified some areas where there is a lack of coherence, such as after-school care, personal or educational assistance, and health care shortages and uncovered costs.

EQ 2.2 Have UNICEF interventions complemented any existing programmes and/or policies implemented by the government, UN agencies, or other international donors (i.e., EU), thereby enhancing their effect? Or, in contrast, have they possibly undermined such programmes and/or policies?

Across all sectors, UNICEF engaged multiple actors and worked hard to align with other activities and efforts in country. At times, the sequencing of interventions across sectors created new gaps in service while others were resolved.

Social Protection

Government stakeholders stated that the UNICEF intervention was well planned and complemented existing national policies. UNICEF took the lead role in introducing the ICF model while other UN agencies and donors took further actions with regards to children with disabilities, specifically, and people with disabilities, generally. The United Nations Development Programme (UNDP) supports the process of decentralising social service provision from the central to the local level; the adoption of the Social Protection Law in 2019 set the legal groundwork for this change. Under government leadership, UNICEF supported an inclusive dialogue on advancing the rights of children with disabilities and helped create a consensus on shifting to a human rights-based approach in working with these children.

Child Protection

Representatives of key ministries stressed that UNICEF actively engaged them in the planning of its interventions to ensure that the interventions were necessary, in line with strategic priorities, and coordinated with other donors' efforts. UNICEF interventions were harmonized and coordinated with the governmental policy on deinstitutionalisation, defined in the second National Strategy for Deinstitutionalisation 2018–2027 'Timjanik' adopted in 2017.³² The deinstitutionalisation process was supported by a wide list of donors. Several EU donors, UNDP, GIZ, and the World Bank, supported/are implementing projects in this area, primarily focused on the deinstitutionalisation of adults. UNICEF, in accordance with its mandate, focused solely on the deinstitutionalisation process for children, while other donors supported deinstitutionalisation for adults, including institutional

³² [https://www.mtsp.gov.mk/content/pdf/strategii/Strategii 2018/Strategija deinstitucionalizacija Timjanik 2018-2027.pdf](https://www.mtsp.gov.mk/content/pdf/strategii/Strategii%202018/Strategija_deinstitucionalizacija_Timjanik_2018-2027.pdf)

refurbishment (with certain exemptions) and technical assistance. All major donors have supported residential institutions in their transformation efforts. Some of the transformation plans were developed jointly with external experts and are contained in reports to the MLSP (this was the case in UNDP-supported Banja BANSKO). UNICEF has supported the development of transformation plans for the '25 Maj', 'Ranka Milanovik', the Home for Infants and Small Children in Bitola, and '11 Oktomvri' residential institutions' transformation to service providers.

Education

Stakeholder perceptions generally agreed regarding coherence and complementarity. IPs agreed that UNICEF's programming was coherent with and complimentary to other programmes, while noting the limitations and challenges of working with institutions and educators that have varying levels of commitment. However, the interventions were fully aligned with the national strategic goals; as one government representative noted: 'MoES provisioned that the Education Strategy 2018–2025 envisages inclusion. Without UNICEF support, we would not have been able to fulfil MoES's vision.' UNICEF's education programme was also designed to align with the interventions of other major donors (UNDP and EU), and the MoES claims to have continuous joint meetings with all institutions and agencies before each major intervention.

FGD participants from resource centres described one possible point of incoherence: a gap in after-school care for children with disabilities in cases where their school does not provide such care for students at all, does not provide care that can accommodate the specific needs of children with disabilities, or applies an age or grade limit to care that prevents older children with disabilities from receiving the care they need after school. This gap emerged when resource centres as segregated schools were phased out in favour of inclusive education in mainstream schools. One participant stated: 'Another problem is what to do with these children after the end of classes, while in resource centres they are taken care of during the whole day. There are still no day centres on local levels, transport options, etc., and this is a problem for many parents.'

Health

The MoH reported being actively engaged in all phases of UNICEF's interventions across sectors, and the interventions were in line with the national policy and the national action plan for implementing the CRPD. According to the national action plan, the MoH will develop and implement a training plan for health care providers on the rights of persons with disabilities and a rights-based approach toward disability.³³ Trainings were also included in the Strategic Plan of the MoH (2018–2020).³⁴

Effectiveness³⁵

EQ 3.1 How have UNICEF-supported programmes and interventions contributed to eliminating bottlenecks in ensuring the effective inclusion of children with disabilities in the following ways?

UNICEF-supported interventions contributed greatly to increasing the availability and supply of services as well as qualified human resources. Children who have benefitted from the deinstitutionalisation process have much better living conditions, but those living in small group homes need more individualized support than they are receiving. Educators found that the training on inclusive education was very effective and expressed that they need more training and additional personnel to support children with disabilities in mainstream schools. Medical professionals found their training helpful in understanding and identifying disability and reducing unnecessary referrals; however, the overall lack of health system personnel and infrastructure remains a barrier. The presence or absence of political will is a critical factor in achievements and challenges related to UNICEF objectives. Social perception towards disability is also a key factor, and transformation needs to go hand-in-hand with the sectoral interventions.

³³ Action Plan for Implementation of the CRPD, 2019, p. 17.

³⁴ Ministry of Health, Strategic Plan (2018–2020), p. 29.

³⁵ Findings are presented for this evaluation criterion by sector; missing sectors are due to lack of evidence.

The table below provides a list of the bottlenecks identified by UNICEF within each sector. These lists were drawn from UNICEF programme documentation and interviews with sector officers.

Table 4. Bottlenecks Identified by UNICEF, by Sector

Sector	Bottlenecks
Social Protection	<ul style="list-style-type: none"> - SP Legislation does not address most disadvantaged; - no strategy to fight social exclusion (neither child protection and development; nor prevention of family poverty were prioritized within the social protection system); - inadequacy of budget allocations; - SP primary and secondary legislation was fragmented; - limited staff capacity to support inclusion of Roma children and children with disabilities; - outdated model for categorization of children with disabilities
Child Protection	<ul style="list-style-type: none"> - absence of or outdated by-laws and standards to prevent and protect children with disabilities; - lack of programmes and standards for children in institutions; - lack of alternative services for children in correctional facilities and children without parents and parental care; - CSW staff and staff in institutions lack the necessary skills and tools to provide quality of services, result of current organizational structure and no accountability mechanism (new standards and procedures, LIRIKUS, licensing process); - weak system of monitoring quality of services delivered through CSWs
Education	<ul style="list-style-type: none"> - lack of bylaw regulations and standards on inclusive education; - lack of focus on the social model of inclusion; - lack of explicit commitment to inclusive education; - lack of teachers understanding their role and having capacity to support inclusive education; - limited resources, programmes, and special services for including children with disabilities; - lack of clear criteria in the funding formula to support inclusion of the most marginalized children; - lack of inclusive pedagogy and assessment of individual child needs; - lack of teamwork and inclusion teams; and - discriminatory attitudes and practices among parents of other children and among teachers toward children with disabilities
Health	<ul style="list-style-type: none"> - insufficient access and utilization of early detection and early intervention services - constrained geographical access to adequately staffed community health services, in particular patronage nursing - stigma and inadequate health seeking practices by vulnerable groups

Availability and supply of services and qualified human resources

Social Protection

UNICEF-supported interventions contributed to increasing the availability and supply of services as well as qualified human resources, with limits. The UNICEF-supported legislative reform introduced new services available for children with disabilities and their families (i.e., personal assistance, temporary accommodation-relief for family care, halfway houses) as well as improved the content and regulation of existing services (expert care and support, day care centres, assisted living, foster care). However, the personal assistance service is limited to persons with

severe physical disabilities and persons who are blind, and until 2021,³⁶ this service was not available for children with disabilities.

The data below from the Institute for Social Affairs shows a steady increase in the number of personal assistants and beneficiaries in total, though for children with disabilities the numbers are still very low, especially when compared to the number of children with disabilities who are attending mainstream schools.³⁷ There is obvious progress; however, interviewees overwhelmingly agreed that there is a need for more qualified staff.

Table 5. Data on Personal Assistants and Beneficiaries³⁸

	2018	2019	2020	2021	2022
Personal assistants	53	60	110	151	188
All beneficiaries	59	69	146	219	274
Child beneficiaries	/	/	/	10	30

Regarding the number of assessments, a steep increase was noted once the ICF bodies were officially established. In 2019 and 2020, the two pilot centres provided the assessment; while after 2021, this task has been performed by the other seven bodies.

Table 6. Number of Assessments Conducted by the ICF Bodies

	2019 (Piloting phase)	2020 (Piloting phase)	2021 (Expert bodies formed)	2022 (Up to July)
Regular assessments	178	76	201	767
Control assessments	/	/	40	82

Child Protection

The completed resettlement of all children from residential care institutions is a key achievement of the deinstitutionalisation process, and there was no ‘skimming’³⁹ during these resettlements.⁴⁰ As of 2020, the children’s institutions have completed the resettlement of children, either to small group homes or foster families (rarely to biological families). Most stakeholders interviewed agreed that UNICEF was a key contributor to this achievement, as was the government’s strong political commitment. In 2016, the rate of children living in residential care institutions was 134 per 100,000 children; by December 2019, there were no children in large-scale institutions. North Macedonia is in full alignment with this normative standard.

Table 7. Overview of the last phase (2016 – 2020) of the Resettlement Process⁴¹

³⁶ The amendments of the Social Protection Law from July 2021 introduced personal assistance for persons from 6 years of age and older, Official Gazette No. 163/2021.

³⁷ According to a data from the Ministry of Education, in the school year 2021/22, 1,472 children with disabilities were enrolled.

³⁸ Source: Institute for Social Affairs.

³⁹ ‘Skimming’ refers to choosing patients for some characteristic(s) other than their need for care, which enhances the profitability or reputation of the provider, for example, choosing only children with milder forms of disability. Source: Friesner, Daniel L. and Rosenman, Robert. ‘Do Hospitals Practice Cream Skimming?’

⁴⁰ Mid-term Evaluation Report of the Implementation of the National Deinstitutionalisation Strategy, 2018–2027, p. 26.

⁴¹ Mid-term Evaluation Report of the Implementation of the National Deinstitutionalisation Strategy, 2018–2027.

Residential Institution (RI)	Type	Number Resettled	Place of resettlement
Demir Kapija (DK)	Institution for children and adults with severe disabilities	14	Established 9 small group homes: Four SGH in Timjanik, Negotino and Demir Kapija
Banja Bansko	Institution for children and adults with physical disabilities	7	SGH in Bitola, Krusevo and Timjanik
Topansko Pole	Residential educational institution for children with learning disabilities	2	The two children were resettled to a SGH in Demir Kapija

The resettled children with disabilities also are benefitting from the opportunity to undergo the ICF assessment and, based upon the results, are engaging in certain educational activities. Depending on their residence, these children may also use the services of day care centres for children with disabilities; however, some of these children (i.e., those who are living in small group homes near Demir Kapija) are isolated and have no access to local social services (day care, rehabilitation).

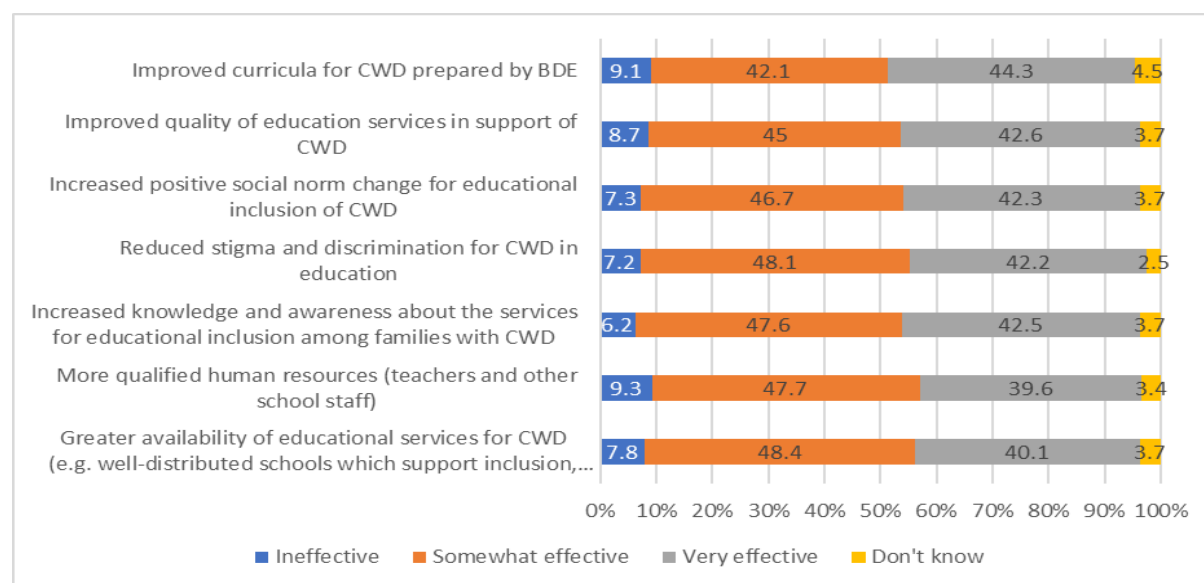
Regarding human resources, family, and community-based carers of children with disabilities received initial training, but additional supports and ongoing training targeting specific needs are needed (a process that is ongoing). In addition, the government is funding the staffing of social workers, but there is still a need for an increased number of professionals and additional training is necessary to strengthen the capacity of professionals.

Education

The education sector interventions addressed all the above-mentioned bottlenecks. The Law on Primary Education was amended in 2019 with articles specifying the inclusion of children with disabilities and elaborating on different organisational forms within the system (SITs, resource centres, learning support centres, etc.) to facilitate inclusion. Relevant bylaws were adopted later in the program, some after 2020, but the system is completely established—on the legal and policy side—to enable inclusion. The normative aspect was complemented with a capacity-building process for the staff of 30 pilot schools, staff of all five resource centres, and one third of educational inspectors. The capacity-building process was transferred to the institutions (BDE) aimed at covering all primary schools. UNICEF supported the process by producing detailed guidelines on the roles and responsibilities of the SITs and an overall conceptual framework on inclusive education. Though outside the scope and timeframe of this evaluation, these efforts directly contributed to the MoES adding an ‘inclusive education’ budget line for covering inclusion-related costs as of 2021.

When asked about the new educational inclusion policies, the majority of educators who responded to the survey agreed that the policies were effective at achieving the goal of more qualified human resources (teachers and other school staff) (39.6% *very*, 47.7% *somewhat*). It is worth noting, however, that this goal had the largest proportion of educators who said the policies were ineffective (9.3%), and of those who said the policies were effective, most perceive them to be only *somewhat* so, indicating room for improvement. Most also agreed that the new educational policies were effective at improving the quality of education support for children with disabilities (42.6% *very*, 45% *somewhat*) and that the policies led to improved curricula for children with disabilities (44.3% *very*, 42.1% *somewhat*). They also overwhelmingly agreed that the policies were effective in increasing knowledge and awareness among families of children with disabilities on educational inclusion services (42.5% *very*, 47.6% *somewhat*). Caregivers also expressed gratitude that their children were able to attend school and receive services there.

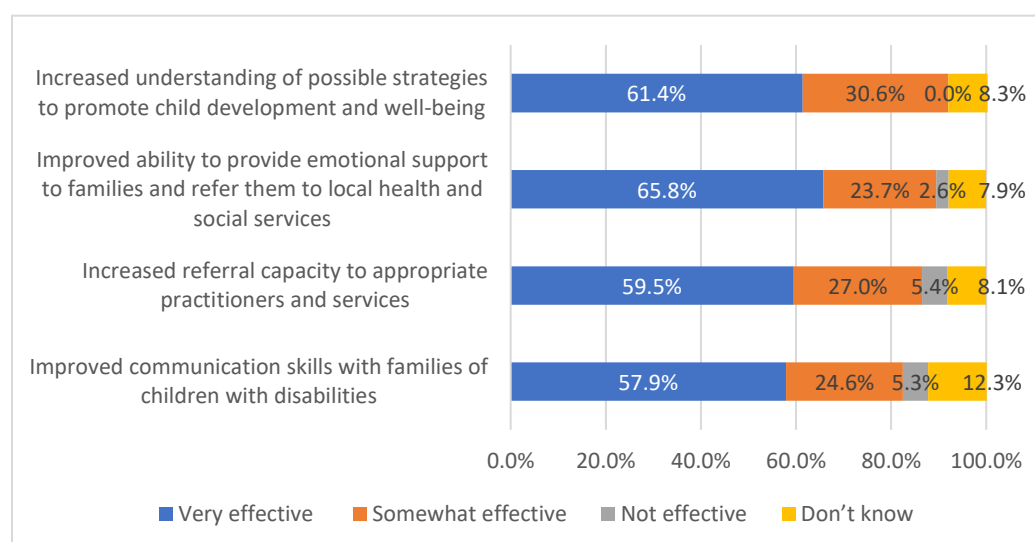
Figure 3. Educator Perceptions of Effectiveness of Inclusive Education Policies (Survey)



Health

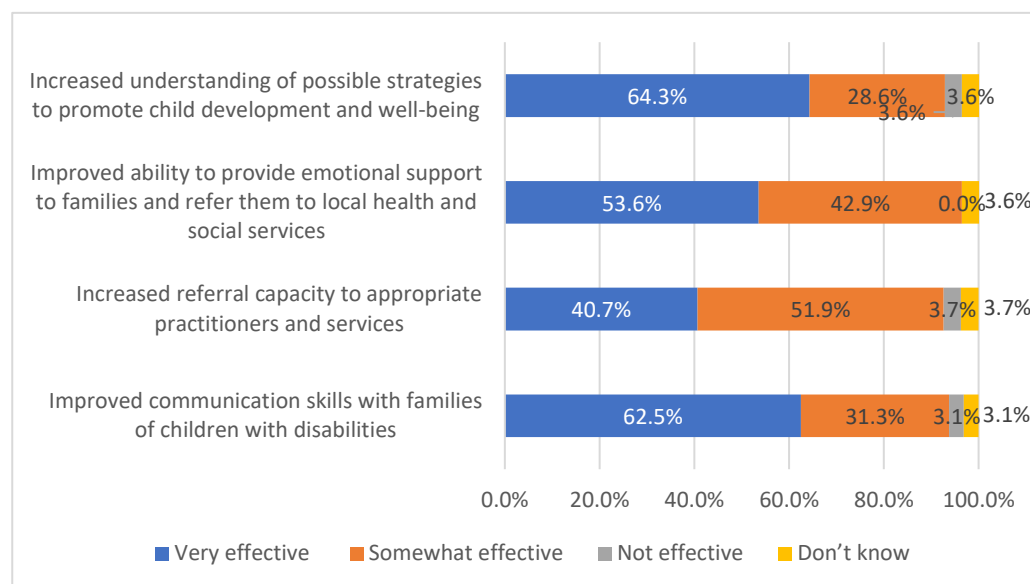
The health sector interventions were, to a certain degree, effective to increase the capacity of family doctors and patronage nurses. The training opportunity proved to be very popular, and 350 doctors (22% of the eligible workforce) received training between 2018 and 2020. Trained doctors reported that they were making far fewer unnecessary referrals, and the assessment protocols have become a standard practice and have been added to medical school curriculum. UNICEF was also able to support training for the entire workforce of patronage nurses. Modules included guidance on how to identify children with possible developmental delays or disabilities, when to make referrals, and ways to help families provide needed support to children, ranging from physical and emotional to cognitive and social supports. The majority of nurses reported that the trainings were very effective for each of the components measured.

Figure 4. Self-Assessment of Training Effectiveness (Patronage Nurse Survey)



Family doctors who responded to the survey were more hesitant. While they also assessed the trainings as being very effective, they reported limited effectiveness, particularly for referrals to other practitioners and services. This finding warrants more investigation.

Figure 5. Self-Assessment of Training Effectiveness (Family Doctor Survey)



These trainings still are not a part of a continuous training system, nor included in pre-service education.

Financial accessibility and service eligibility

Social Protection

The government replaced the fragmented system of social benefits with a more unified Guaranteed Minimum Allowance, for which the benefit is higher, and more people are eligible, resulting in a significant increase of the number of children benefiting from social transfers. The new Social Protection Law, in Art. 32, states that the income of children with disabilities or persons with disabilities who are temporarily settled in foster care, assisted living, or other settings are not considered when deciding whether the household is eligible or not for the Guaranteed Minimum Allowance. Stakeholders noted that children with disabilities are not eligible for a Special Allowance if they live in assisted living facilities or foster homes.⁴² This can only be partially justified, given that assisted living facilities and foster homes are subsidized, but for meeting the need for inclusion in social, cultural and sport activities, for example, these children should remain eligible for this transfer. Risk for gender-related exclusion was not observed.

Concerning the ICF assessment, the amendments to the Law on Health Insurance from 2021 ensured that the assessment is covered by health insurance. Stakeholders pointed out that the access to social services is a problem. For example, many places do not have state-funded early intervention services, and overall, very few state-funded early intervention services exist. Some municipalities do not have speech and rehabilitation therapists. Although they may have access to private service providers, many families cannot pay the cost for these providers.

⁴² Child Protection Law, Art. 34, Para. 1.

Child Protection

For some of the children the resettlement into small group homes created a barrier to accessing personal assistance services that they need. Financial accessibility is not relevant for deinstitutionalisation interventions because access to small group homes and other similar services is not conditioned by financial eligibility criteria. However, according to the information gathered by interviews, some children with disabilities who live in small group homes encounter problems in accessing personal assistance. The explanation they received is that these children do not have the right to personal assistance services, either because they do not have physical disability or blindness (which is a legal requirement) or because they already are beneficiary of the social service small group home – assisted living). During an interview, an IP confirmed that staff who work in small group homes do not provide the same support that personal assistants are trained to supply.

Education and Health

N/A—interventions are covered by the state budget.

Changes in knowledge, awareness, and demand

Social Protection

Families and caregivers of children with disabilities have increased their awareness about cash benefits and services. However, access to accurate data remains a barrier in assessing the effectiveness of social protection interventions. According to the State Statistical Office, there is a significant increase in parents seeking salary compensation for part-time work due to their need to care for a child with physical or developmental disabilities. However, the number of beneficiaries of Special Allowance is in decline. The declining number may only partially be attributed to the overall decrease in the younger population (3% according to data from the State Statistical Office). The problem that remains is the availability of services and not the awareness of parents. ICF bodies are becoming more recognizable by the public.

Table 8. Statistical Data about Social Welfare Beneficiaries⁴³

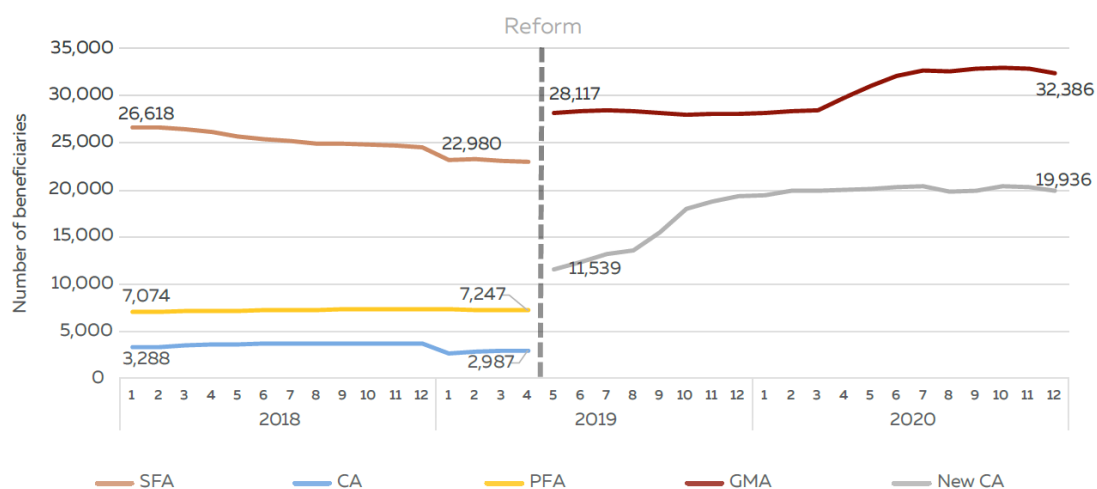
	2016	2017	2018	2019	2020
Child recipients of Special Allowance	7346	7301	7235	6917	6603
Salary compensation for part-time work due to caring for a child with physical or intellectual disabilities	90	108	124	141	221
Children with disabilities as beneficiaries of social welfare (total)	4587	3865	4069	3866	4433
Visual disabilities	272	285	283	265	149
Hearing disabilities	273	270	271	266	186
Voice and speech disabilities	104	84	89	107	199
Physical disabilities	1027	817	904	879	1048
Intellectual disability	1698	1364	1444	1272	1399
Autism	59	97	112	127	183

⁴³ Source: Annual Statistical Reviews on Social Welfare for Children, Juveniles, and Adults in the Republic of Macedonia 2016–2020. State Statistical Office.

Combined disabilities	1154	948	966	950	1269
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As for social assistance coverage, in the absence of administrative data that the research team requested from the MLSP, the team has used secondary data from a World Bank report that indicates a significant increase in the coverage of children receiving the Child Allowance.⁴⁴

Figure 6. Number of Beneficiaries of Main Cash Benefits, 2018–2020⁴⁵



Source: Analysis based on administrative data provided by MLSP.
 Note: The government modified the eligibility criteria for the GMA in early 2020 to respond to the COVID-19 pandemic. Some of the increase in GMA beneficiaries in 2020 may be due to this change and the impacts of the pandemic.

Key: SFA = Social Financial Assistance; CA = Child Allowance; PFA = Permanent Financial Assistance; GMA = Guaranteed Minimum Assistance; New CA = New Child Allowance

Education

The vast majority of educators who were surveyed responded that UNICEF’s teacher training on inclusive education was effective across a range of indicators related to service availability and provision, including improved cooperation with families of children with disabilities (43.8% *very*, 47.7% *somewhat*) and within the school (46.2% *very*, 46.7% *somewhat*) and improved skills in educational methods (36.1% *very*, 55.4% *somewhat*). Although most agreed that the training was effective and less than 8% of educators said that the training was ineffective, the largest proportion of educators indicated room for improvement through selecting *somewhat effective*. This is most evident in relation to improved skills in educational methods. During the FGD, one educator said, ‘Trainings are good but very theoretical. I think a simple sharing of experiences with colleagues is more effective....’ Peer-support is a normative standard and takes place in some cases but is dependent on the school and not provisioned specifically.

Regression analyses related to training participation and the perception of current needs showed that educators who attended training on inclusive education perceived a lesser need to improve skills for preparing IEPs and a lesser need to improve cooperation at the school level regarding inclusion, when compared to educators who had not attended the training.⁴⁶

⁴⁴ North Macedonia Social Protection Situational Analysis, 2022, International Bank for Reconstruction and Development/The World Bank.

⁴⁵ Number of beneficiaries of main cash benefits, 2018–2020. Source: North Macedonia Social Protection Situational Analysis, 2022, International Bank for Reconstruction and Development/The World Bank, p. 10.

⁴⁶ These and subsequent regression analysis findings were statistically significant with $p=0.05$ or above.

Educators who indicated they have experience working with children with disabilities (69%) reported observing *significantly more improvement* in the following areas related to their work as educators, compared to those that have not worked with children with disabilities:

- Improved personal skills in educational methods for children with disabilities
- Improved skills in preparing IEPs
- Improved cooperation at the school level for educational inclusion
- Changed perceptions of the functional environment for children with disabilities
- Improved support from EAs
- Improved support from school management

Shifting paradigms and reducing stigma

See Impact 5.1

Quality and adequacy of benefits

Social Protection

The amount of cash benefits to children with disabilities and their families, although increased by 20% on average, remains insufficient to help escape the vicious poverty cycle, according to caregivers interviewed. The Special Allowance is less than a third of the state minimum wage and only 1/6 of the minimal monthly cost of living. Cash benefits are also not capable of covering the costs of health care. Some children with cognitive disabilities are required to take expensive supplements not covered by the state health insurance system. They also need frequent medical check-ups, and, due to the poor state of public health care facilities, families are compelled to go to private hospitals and pay the whole amount of care from their limited family budget.

Child Protection

Government representatives, professionals, IPs, OPDs, and secondary documentation agreed that conditions for children settled into community-based care homes are generally satisfactory⁴⁷ but that more can be provided to enrich and support these children's lives. The resettled children with disabilities now have significantly better living conditions, and personal improvements have been reported. Children with disabilities also have improved access to some community mainstream services, for example, education and some aspects of health (however, during the COVID-19 pandemic, for these children as well as for the general population, health care service provision was impacted). The Institute for Social Affairs collects data regularly on institutions, and during the process of deinstitutionalization, data was routinely collected on efforts and progress toward removing children from institutions and placing them with family and community-based care; and following its completion, these children's living situations continued to be monitored, representing full alignment with normative standards. However, while reporting mechanisms are in place for violations of policies regarding living conditions, they are not always followed in a timely and effective manner. In addition, the State does not routinely collect data on the living situation of all children with disabilities. Thus, there is partial alignment with these normative standards.

Unfortunately, the existing day care centres have not been transformed into the UNICEF-proposed Disability Support Centres, though the process is ongoing. Experience has also shown that there are some problems in ensuring that children living in small group homes have access to educational and other meaningful activities necessary to support their inclusion in communities.

Education

Educators in the FGD elaborated on the perspectives captured in the survey by describing many human resource

⁴⁷ EU Progress Report, p. 33.

needs, including more training for teachers and EAs, as most did not feel they had sufficient skills. While most were fully supportive of inclusion, they also described the difficulties they have faced when trying to provide individualized instruction to a student with a disability, in terms of the time required and the challenge of navigating accommodations or modifications while maintaining equity in the classroom (e.g., during learning assessments). Resource centre staff in the FGD tended to agree with educators that the training provided by UNICEF was positive but fell short of meeting their needs. One participant suggested that ‘more tandem workshops [teacher-assistant] are needed in order to deepen their communication because, as we agree, inclusion sometimes does not work because the assistant is left on his/her own.’

IPs concluded that the availability of services has increased, but not enough and not everywhere, considering schools and communities differ widely regarding their preparedness for inclusion. This was confirmed during the FGD with educators. Overall, there is general agreement among different stakeholders that the establishment of resource centres is one of the more positive policies, as these centres now have a rightful role as trainers, mentors, and coordinators of the inclusion processes in schools.

Health

See Relevance and Coherence sections.

EQ 3.2 What factors (e.g., political, social, gender, cultural, social norms, systemic, or related to the programme and service design and implementation or professional practices) were critical for the achievement or failure of the initial objectives?

All stakeholders, as well as documentation, identified the presence or absence of political will as being a critical factor in achievements and challenges related to UNICEF objectives. The prolonged time period that elapsed before laws necessary for shifting to the ICF approach were adopted is further evidence of political will being a key factor. Social perceptions were also named by stakeholders and in documents, which relates to political will due to a lack of sustained pressure and demand from constituents.

All Sectors

All stakeholders overwhelmingly pointed to political will as the critical key factor for achieving objectives and noted that, at times, this came down to a single leader. All reforms related to the inclusion of children with disabilities, especially in the social protection area, were to a great extent pushed personally by the previous Minister for Labour and Social Protection (2017–2020). Strong leadership could have ensured that there are no delays in adoption of the necessary legislation to operationalize the ICF bodies. The long-standing social norms that stigmatize disability play a role, but with political will, they can be changed. The Situational Analysis on the Rights of Persons with Disabilities in North Macedonia⁴⁸, published in 2021 by UNPRPD, also identified political will as a key factor contributing towards the implementation of the CRPD and noted the lack of established disability focal points in all ministries and the inaccessibility of local and national government offices for persons with disabilities as some of the examples of unequal commitment on behalf of all duty bearers. Stakeholders credited UNICEF for guiding important discussions within the government and leading campaigns to shift the public’s perception of disability, perceptions among educators, in particular. They also noted that the broad international support for proposed changes has given credibility to those pushing for reforms.

⁴⁸ Situational Analysis on the Rights of Persons with Disabilities in the Republic of North Macedonia–2021, Kochoska E., et al., UNPRPD MPTF, 2021

Efficiency

EQ 4.1 Were UNICEF programme budgets and resources (human, financial, and technical) adequately used for addressing priority bottlenecks? Could we have the same programme results with less resources?

Stakeholders agreed that UNICEF's budget and human and technical resources were adequately budgeted across all sectors, and there was a good division of expenses among donor organisations to avoid the multiplication of costs. Available UNICEF M&E data supports this perception. The same programme results could not have been achieved with fewer resources; many stakeholders observed that more resources were and are needed.

All Sectors

The evaluation team was provided with funding data showing budget allocations that were tagged as significantly or principally focused on children with disabilities for the 2016-2020 timeframe (as listed above in UNICEF Programme Description). However, detailed programme budgets were not provided, and in-depth financial analysis was outside the scope of this evaluation.

Based on the limited information provided as well as interviews conducted, UNICEF's budget and human and technical resources were adequately budgeted across all sectors, and there was a good division of expenses among donor organisations to avoid the multiplication of costs. The introduction of the deinstitutionalisation process required significant resources, especially in the first phases of implementation. Before any institution could be closed, new community and alternative family care services had to be established, and both systems needed to run in parallel until the institutions were fully closed. These 'double running costs' require an increase in expenditure at the start of any deinstitutionalisation process. This can be a significant financial barrier that may be difficult to overcome without strong donor support even where strong political will exists.⁴⁹ UNICEF appropriately calculated and planned for these operational, human, and technical resource costs, and the intended outcomes have largely been achieved. The M&E data (elaborated below under Impact) indicate high levels of budget execution coupled with full accomplishment of the majority of targets, which indicates effective allocation and use of resources. Likewise, IPs and government stakeholders agreed that the inclusive education programme budget and human and technical resources were adequately used and that all allocated resources were needed. They also noted the need for further investment to bring all schools to a level of providing quality inclusive education. In the area of health, the evaluation team was unable to access relevant data, and thus, the team could not identify concerns regarding the use of budgets and human and technical resources.⁵⁰

Impact

EQ 5.1 How much was UNICEF able to shift the paradigm on disability and improve the understanding of disability?

All stakeholders agreed that UNICEF significantly helped to positively shift the paradigm and improve public understanding on disability, while acknowledging that more work is needed to eliminate stigma and discrimination. Tangible services offered within and across sectors (especially in social and child protection and education) contributed to the needs being met, to varying degrees, and UNICEF's simultaneous communication campaigns reinforced these efforts by pushing citizens to confront their assumptions and biases. Caregivers, especially, were pleased that the public's perception of their children had improved.

⁴⁹ Hope and Homes for Children and Eurochild Opening the Doors for Europe's Children. (February 2015). *Are European structural and investment funds opening doors for Europe's institutionalised children in the 2014–2020 programming period? An assessment of the attention for deinstitutionalisation for children and the involvement of children's organisations in the ESIF implementation process across eight EU member states.*

⁵⁰ The research team had very limited data outside of stakeholder perceptions that related to efficiency. Thus, a summary table is not included.

Communication

Communication for social and behaviour change initiatives included awareness campaigns to address the public's negative attitudes and perceptions toward disability, community dialogue events to open discussions at the community level on inclusion, public advocacy to support sector-specific reforms, and partnerships to promote inclusion in sport and culture. The communication campaigns included numerous professionally produced videos depicting people (adults and children) with disabilities engaging in various activities, Macedonian Sign Language video tutorials, and an informational video featuring statistics about persons with disabilities in the country. A second-phase campaign included messaging to promote positive norms and community events to open dialogue at the community level. Additional campaigns and community events mobilised support for deinstitutionalisation and promoted the right for children with disabilities to grow up in a family environment. Throughout the interventions, the communications team made efforts to include positive models of children with disabilities from different genders and with different types of disabilities, presenting them as active participants in society.

UNICEF's extensive awareness-raising communication campaigns and social change activities were intended to benefit all sectors by pushing the general public to confront and reconsider their assumptions and biases toward children with disabilities, and all stakeholders agreed the campaigns contributed to an overall powerful message and recognizable shifts in perceptions. Related to the awareness raising activities, the unexpected resistance by the local population in the village of *Timjanik* on the opening of a small group home for children with disabilities had a significant positive impact on mobilising the general population in support of the small group home. The approach taken by UNICEF and the government counterparts in this case, by engaging in dialogue instead of imposing the opening of the home, led to this small village now being a symbol for a successful story of inclusion. Although there was not an explicit evaluation of the awareness raising activities, the two KAP studies that UNICEF conducted and which have been referenced in this report, indicate large and positive—though by no means complete—changes in public attitudes and perceptions. This is the best evidence of the communication activities' effectiveness. References to the support that the communication unit provided to other sectors is described in the below findings as well as throughout the report.

Social Protection

Stakeholders overwhelmingly agreed that in the period of 2016–2020 the public's perception of disability in general, especially of children with disabilities, had changed. UNICEF has had a significant role in this change. The continuous awareness-raising campaigns, the direct work with first line professionals (teachers, counsellors, social workers), and the work of its IPs contributed to this change. It is evident through the increased visibility of people with disabilities in public and in social media and the increased public criticism of actions that discriminate against people with disabilities. Although the public was initially resistant, UNICEF's bold move to go forward with inclusion in schools and deinstitutionalisation also contributed to changing people's perceptions. Stakeholders noted a shift regarding the public's reaction when a certain specific case of discrimination or unequal treatment of children with disabilities is revealed either by journalists or by activists. There is now broader condemnation of such discriminatory actions and, to certain extent, caregivers, and other stakeholders attribute this to UNICEF's efforts to shift the public discourse.

Stakeholders, as well as research and legal documentation, noted a concern that the medical model still remains dominant for assessment, especially for adults with disabilities and in some cases for children (if the parents apply only for cash benefits or for social services). Through supporting social protection reforms, UNICEF contributed to significantly more children benefiting from cash transfers and to the reduction of child poverty. As a result, compared to 2016, the number of children benefiting from poverty-reduction transfers increased fivefold, including a 147% rise between 2019 and 2020. Furthermore, the reform increased the overall amount of cash benefits. Nevertheless, a requirement introduced with the new model of so called "guaranteed minimal assistance" has created some backlash among its beneficiaries, including children and people with disabilities. The applicant for this

benefit must prove that he/she is not able to secure maintenance on any other legal ground.⁵¹ In practice, the other legal grounds are either spousal maintenance or family maintenance. According to the implementing rulebook⁵², this criterion is proven by providing a copy of submitted lawsuit for maintenance against the family member or by giving a power of attorney (authorization) to an official from the Centre for Social Protection for initiating such a procedure. This requirement has caused hesitance and confusion among the applicants because initiating a court procedure against a family member is not something easy to grasp.⁵³

The interventions in this sector contributed toward realizing the outcomes related to social protection from the CPD 2016 – 2020.⁵⁴ The target set in the CPD (90% of boys and girls identified using the ICF) was not realized within the timeframe subject to this evaluation, however the data shows a significant increase in the number of assessments in 2022.

Child Protection

At the beginning of the deinstitutionalisation process, stakeholders saw resistance at institutions and among employees who feared for their jobs, parents who had doubts as to whether the system and society were ready for the process, and the public in general. However, all stakeholders interviewed noted that after a period of time, all groups—employees, parents, and the public—shifted their perceptions. This became apparent after the events in Timjanik, a small village in the central part of the country, where locals protested against a small group home for children with disabilities that opened in the village. UNICEF played a significant role in supporting the MLSP in sensitively engaging with and informing the people of Timjanik, who later became very supportive of the small group home stationed in their village and engaged with those living there, inviting them to social events and ensuring that they are part of the local community. UNICEF efforts were also noted regarding their large-scale campaign in 2019 especially, which led to a considerable increase in the number of potential foster families.⁵⁵

Education

Most educators surveyed also agreed that the new education policies were effective in reducing social stigma and discrimination for children with disabilities in education (41.2% *very*, 48.1% *somewhat*) as well as increasing positive social-norm changes for educational inclusion (42.3% *very*, 46.7% *somewhat*).

The responses were similar regarding the effectiveness of teacher training, specifically in reducing stigma (42.6% *very*, 48.7% *somewhat*). Most educators also reported that the training was effective in improving their knowledge about disability (41.9% *very*, 54.2% *somewhat*). In their responses, 50% said they had observed *significant improvement* and 35.1% noted *some improvement* in reducing their own personal biases.

⁵¹ Law on Social Protection, No. 104/19. Art. 33 par. 1.

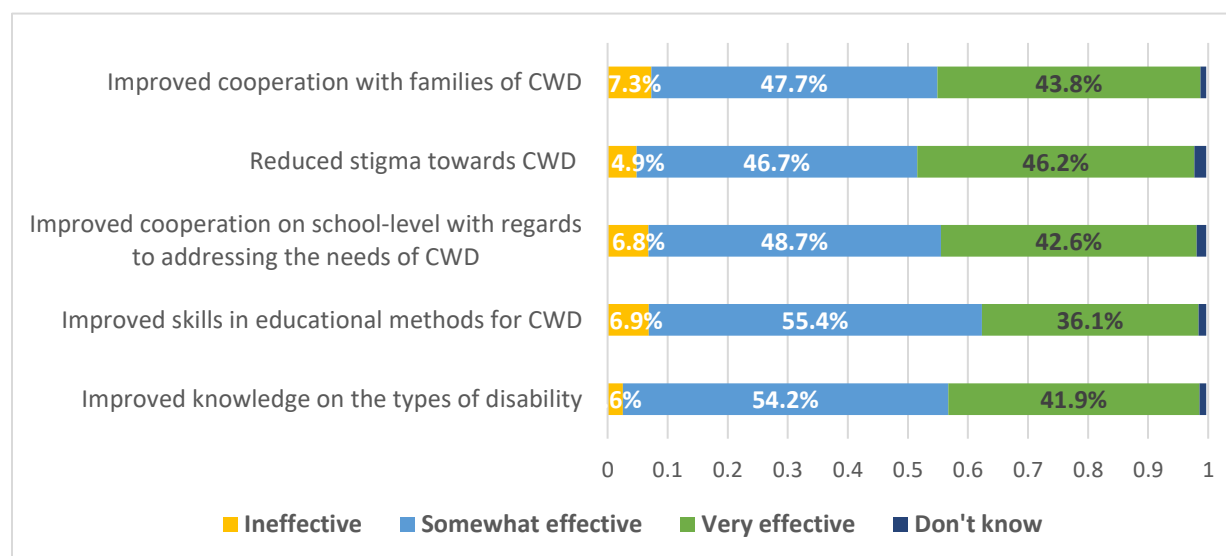
⁵² Rulebook on General Minimal Assistance, No. 109/19. Art. 7 par 1. p. 23.

⁵³ See <https://vidivaka.mk/istrazuvanja/socijalna-pomos/>

⁵⁴ Output 1: Social services and transfers are adequately planned, delivered, financed and monitored to reach the most marginalized children. Output 2: Improved cross sectoral coordination and capacities to design, implement and budget for social protection policies and programmes & Output 3: Centres for Social Work, ISA and NGOs have capacity to strengthen the resilience of children and families, including Roma and CWD.

⁵⁵ Mid-term Evaluation Report of the Implementation of the National Deinstitutionalisation Strategy, 2018–2027, p. 40.

Figure 7. Educator Perceptions on Effectiveness of Teacher Training (Survey)



Educators who indicated that they have experience working with children with disabilities (69%) reported observing *significantly more improvement* in the following areas related to understanding and bias, compared to those who have not worked with children with disabilities:

- Improved personal knowledge on the types of disabilities
- Reduced personal biases toward children with disabilities
- Reduced biases in other educators toward children with disabilities
- Improved cooperation with families of children with disabilities

Government stakeholders and IPs also noted improvements in public perception, especially among participating schools, but also observed that some religious and more traditional communities still retain biases. As one participant stated, 'There is an unevenness in the degree of sensitization of educators, which is understandable. Not everything can be done at once.'

Caregivers agreed that perceptions toward their children have improved, though some made a distinction between the perception of other students—their children's peers—and that of adults. One caregiver said, 'Consciousness is rising, our voice is heard. We are more numerous and more connected to each other. Discrimination is not caused by the children but by the parents.'

While noting the progress achieved in this area, especially in the perceptions of teachers, much more needs to be done, as a lot of stigma and discrimination still exists. While public support for segregated schooling dropped substantially between 2014 and 2018, according to UNICEF's KAP study, a small majority (53%) still favoured keeping children with disabilities apart from those without disabilities.⁵⁶

An unintended (but limited in occurrence) effect of these interventions was the occasional petitions or reactions by parents of children without disabilities against including children with disabilities in their children's classrooms, under the pretext that there are no preconditions for the inclusion. Methods for addressing such occurrences were not put in place and they were handled differently depending on the school/community.

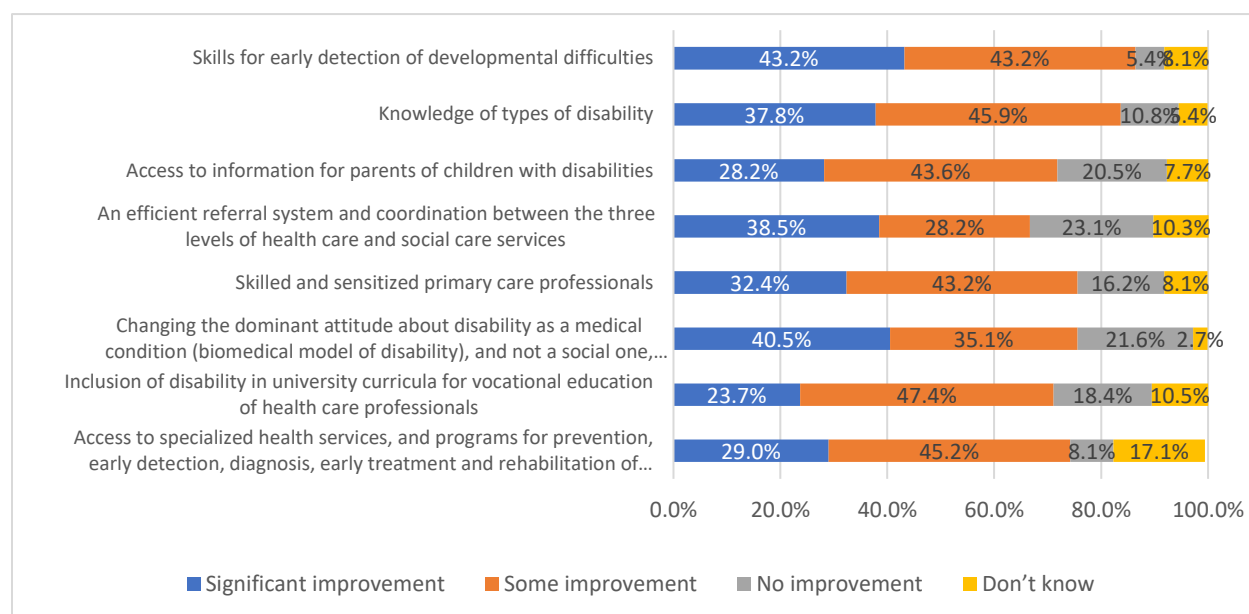
⁵⁶ https://www.unicef.org/northmacedonia/media/3181/file/MK_2018_DisabilityKapReport_ENG.pdf

Health

UNICEF interventions in the health sector had a limited impact on the overall health care protection of children with disabilities and their families. However, the trainings for medical professionals contributed to changing the paradigm for disability among the health care providers, which is a sound first step. Changes in doctors' attitudes and perceptions is happening slowly, and there is an improvement in how they view disability, especially on the primary health care level. As an indicative of the change there is one unintended and unrelated to the interventions result. One stakeholder who advocates against discrimination said, 'We received a request from the Faculty of Dentistry to review a planned textbook for paediatric dentistry about whether the language used is inclusive and whether there are offensive words and sentences. This was not initiated by us. It was [a] genuine request by the faculty to be more careful when publishing textbooks that will train future dentists. This is a sign that something is changing. I hope that this example will be followed by other educational institutions.'

The data from the survey with patronage nurses shows that there is improvement in all areas, though it is more or less limited to *some improvement*. Improving skills on early detection and changing the dominant attitude among health care providers are both very positive impacts. Still, the lack of a standardised introduction to this topic in university or vocational training remains an issue as well as the limited access children with disabilities have, to specialized health services.

Figure 8. Assessment of Training Impact (Patronage Nurse Survey)

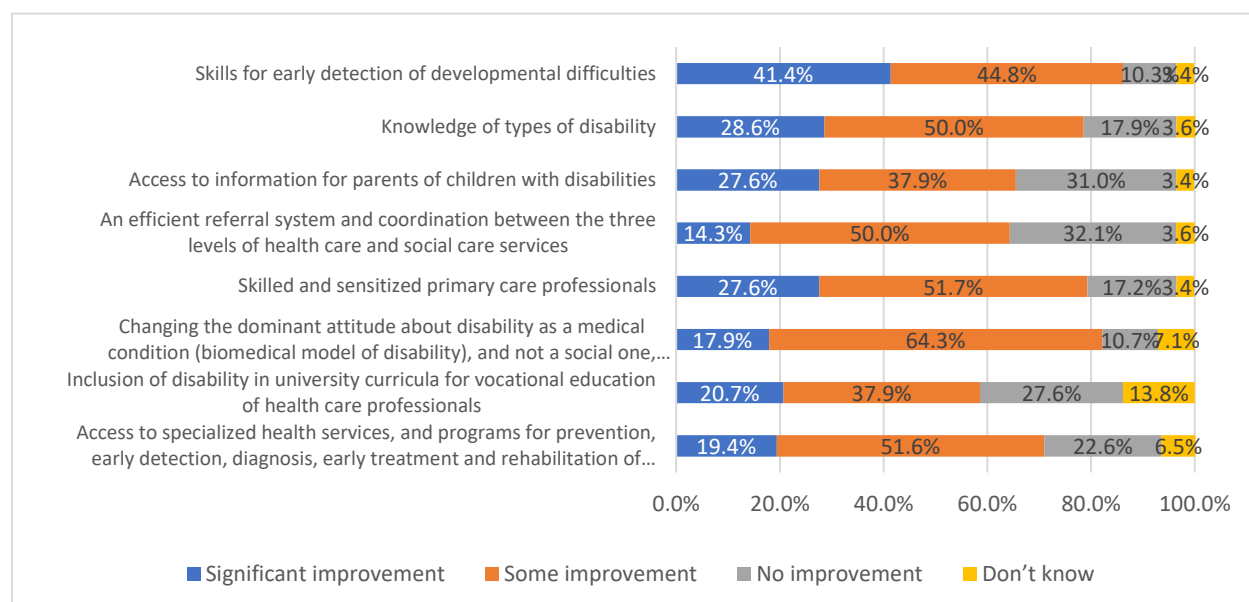


Family doctors are much more cautious in assessing the impact of training. They acknowledged that there is improvement; however, it is very limited. Contrary to nurses, the attitude change for most doctors is still in the early stages, and there is limited improvement in the referral system.

The data from the surveys shows that Output 2⁵⁷ from the CPD (2016 – 2020) was achieved, in that 100% of home-visiting nurses were trained for child health, nutrition and development including on early detection and intervention for children with disabilities.

⁵⁷ Output 2: Primary health care providers have increased knowledge and skills related to child health, nutrition and development, including on early detection and intervention for CWD.

Figure 9. Assessment of Training Impact (Family Doctor Survey)



EQ 5.2 To what extent and in which sectors did programmes/interventions make significant impacts? Were there any sub-group differences (urban/rural, male/female, or poor/rich) with respect to different disabilities (physical, mental, intellectual, or sensory) or severity?

Although available data for rigorously measuring impact is limited, existing data and stakeholder reports indicated that UNICEF's inclusion programming made a significant impact, although geographical disparities in programme reach, and gender and socioeconomic differences also exist generally and in relation to location (urban versus rural). Differences were not necessarily attributable to programme design or implementation; they tended to reflect a lack of awareness or negative bias on the part of potential programme beneficiaries and did not always follow expected patterns (i.e., some urban schools were less resourced than rural schools).

Social Protection

Significant differences were reported concerning the rural population and children with disabilities living in smaller towns and communities. While those in Skopje and other major towns are benefiting from inclusion reforms (personal and educational assistance, day care centres, etc.), this is not the case for children with disabilities living in rural and remote areas. These areas lack accessible and available services and, therefore, families face increased costs to travel to nearby towns for services, which are not subsidized. Analysing the data from the State Statistical Office (Table 9) also shows gender disparity in accessing services. In 2020, only 40% of beneficiaries using the social services were female. Similarly, only 38.6% of beneficiaries of day care centres were female. During interviews, participants noted that some parents of girls with disabilities are hesitant to include them in social services.

Table 9. Gender Structure of Children with Disabilities as Beneficiaries of Social Services⁵⁸

	2016	2017	2018	2019	2020
Total	4587	3865	4069	3866	4433
Male	2724	2702	2465	2376	2656
Female	1863	1163	1604	1490	1777
% of Female Beneficiaries	41%	30%	39%	39%	40%

Table 10. Gender Structure of Children with Disabilities as Beneficiaries of Day Care Centre Services⁵⁹

Total Number of Beneficiaries	308
Male	189
Female	119
% of Female Beneficiaries	38.6 %

Child Protection

The development of community-based services is at the heart of the new Social Protection Law (SPL), and many new services have been established in personal and home care. However, there are geographical disparities and a need to enhance human resources. The availability of community services in various geographic areas differs considerably. But generally, not enough community care services exist in the field, especially those that would be spatially and physically available and accessible for all users (personal assistance, educational assistance, transport to services, etc.). Although progress has been made in establishing social service providers, as the number of licensed providers, especially in relation to personal assistance and home care services, has increased from 15 to 45 providers, progress is geographically uneven. For example, the RI Demir Kapija has two small group homes in Skopje. The first one is for children under 18 years of age. Four children live there, and one of these residents is going to a school for people who are blind or have low vision. They are settled in apartments within buildings not physically accessible to persons with disabilities. In all housing, accessibility standards need to be respected. In addition, the small group homes that are near the town of Demir Kapija are isolated and have no access to local social services (day care, rehabilitation), posing a serious problem if these children need health care. The stakeholders emphasized that there is a need for greater individual work with children with disabilities to improve their skills and their inclusion in communities. Greater focus on this is necessary because the objective of deinstitutionalisation was not only to move children with disabilities into more suitable housing, but also to ensure that they are included in society.

According to the Institute for Social Affairs (ISA) report on personal assistance dated October 2021, there are 145 personal assistants in the country for 214 service users (112 male and 102 female), and these assistants are not equally located geographically. Skopje and Strumica have high numbers of personal assistants, but Veles, Struga, Tetovo, Gevgelija, Gostivar, Prilep, and Kriva Palanka have small numbers of assistants, despite having similar or larger population sizes. Overall, very small municipalities and rural areas also have a lack of services. Resettled users from residential institutions in these areas have little access to day care centres, either because they do not exist near their small group homes or because of users' lack of transportation.

⁵⁸ Source: State Statistical Office

⁵⁹ Source: Institute for Social Affairs

Education

The interventions that were mentioned and discussed as being most impactful were teacher training, SITs, and EAs. Many stakeholders stressed that these interventions varied widely from school to school and noted that what may be expected in rural and urban contexts or for socioeconomic statuses is not always the case. During an FGD, one educator noted, 'I wouldn't say that it is dependent on the urban/rural region and social status, but on the awareness of the school management mostly and school support staff.... There are examples of rural schools that are very open and where education assistants can be found, whereas some central schools in Skopje can have resistance towards inclusion.' A person from a resource centre echoed this observation during another FGD, as did a MoES representative during an interview. This was supported by the survey findings which did not indicate significant differences among educators from rural and urban areas on the vast majority of indicators assessed, except for 1) the greater perceived need among educators from rural areas for reducing personal biases towards children with disabilities and 2) greater perceived need among educators from urban areas for improved infrastructural and material conditions enabling inclusion.

As for gender disparities, a government official and an IP representative observed that rural and more traditional communities tend to stigmatize children with disabilities more, especially if they are girls, which reflects in unequal inclusion in the education system. While data on the gender distribution of students with disabilities in mainstream education were not available, the inclusion in resource centres (formerly special schools) indicates that only about one third of students are female (Table 11).

Table 11. Gender Structure of Children with Disabilities Attending Resource Centres, by School Year⁶⁰

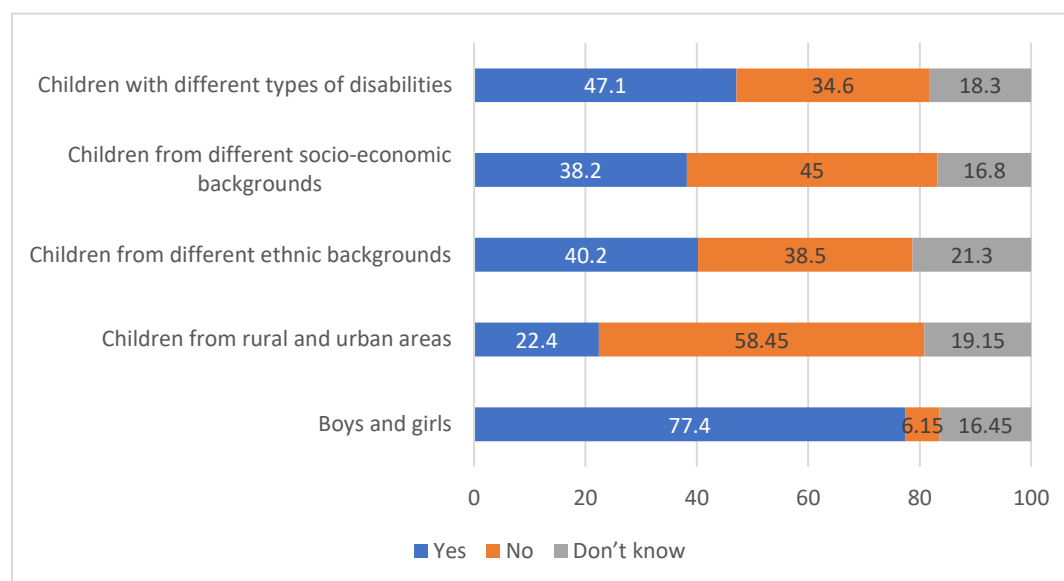
	2016/17	2017/18	2018/19	2019/20	2020/21
Students attending resource centres	809	758	769	732	706
Male	520	486	502	472	450
Female	289	272	267	260	256
% of Female Beneficiaries	36%	36%	35%	36%	36%

Health

People living in rural areas and people in poverty are far more affected by the problems in accessing adequate health care. Based on the survey of patronage nurses, the situation is very concerning for children with disabilities from rural areas as well as those living in poor families. Although nurses did not report a significant gender disparity in accessing services, one stakeholder in the education sector observed (and gave an example) that doctors sometimes miss the signs of a potential disability, instead attributing these signs to developmental gender differences.

⁶⁰ Source: State Statistical Office

Figure 10. Equal Availability of Health Care Services for Different Sub-Categories of Children with Disabilities



EQ 5.3 Was the implementation of programmes and interventions appropriately monitored and evaluated *per UNICEF protocols for M&E*? How were the results used?

Within the 2016-2020 CPD, many sectors lacked clear, measurable targets for intervention outputs and outcomes related to inclusion at the start of the programme, and the evaluation team received limited information related to M&E. However, M&E reporting showed progress on several indicators related to inclusion of children with disabilities. Indicators tended to measure outputs; outcome and impact measurement was largely lacking.

All Sectors

The evaluation team had access to limited information and data about Monitoring and Evaluation, but standard reporting for 2016-2020 from the Country Office showed that progress was made on most indicators related to inclusion of children with disabilities (see Table 12). The M&E data correspond to the outputs described during interviews with duty bearers and rights holders across sectors. Of note, most M&E indicators focused on outputs; outcome or impact measurement was lacking. Additionally, within the general indicators, desegregated data on children with disabilities was not available.

Table 12. UNICEF M&E Data

Indicator	Achievement	Status	Budget execution
% of home visiting nurses with adequate skills related to child health, nutrition, and development, including on early detection and intervention for children with disabilities	From 30% in 2016 to 100% in 2020	Fully achieved	100%
Standard Indicator - International Classification of Functioning, Disability and Health is integrated into health care system for classification of	ICF piloted in 2019 and 2020 and full integration achieved	Fully achieved, with delay	0% ⁶¹

⁶¹ It was not clear why this figure was 0% in the data provided.

functioning and disability in children (0-19 years)	in 2021		
% of General Practitioners and Family Medicine specialists trained in early identification, assessment, and interventions for CWD	From 0% in 2016 to 30% in 2020	Fully achieved	100%
Standard Indicator – System Strengthening - Inclusive Ed.- Existence of curricula and support from teachers and school administrators that are inclusive of children with disabilities - score (1-4)	From score 2 in 2016 to score 3 in 2020	Fully achieved	100%
Standard Indicator – System Strengthening - Inclusive Ed.- Existence of appropriate law/policy explicitly mentioning the rights of children with disabilities to receive an education – score (1-4)	From score 1 in 2016 to score 3 in 2020	Fully achieved	100%
Number of vulnerable children/children without parental care in foster families	From 350 in 2018 to 400 in 2020	Fully achieved	100%
% of boys and girls identified as having a disability using ICF-CY assessment	From 0% in 2017 to 90% in 2020	Fully achieved	
Education Management Information System (EMIS) provides real time data on inclusion of children with disabilities in education	No data on children with disabilities available yet.	Not achieved	
New law on social protection in line with international standards developed and adopted	The law was adopted in 2019	Fully achieved	100%
Number of children covered by government cash transfer programmes	From 33,540 in 2014 to 86,305 in 2019	Fully achieved	100%

Education

Post-training evaluations in the education sector showed that participants largely found the trainings to be positive and useful:

- SIT members who received a 2016 training on ‘approaches and strategies related to differentiated learning and individualized instruction in an inclusive classroom’ assessed the training’s usefulness as 3.7 points on average (out of 4 points). They also identified several additional, related topics for which they needed support, mainly related to providing appropriate supports to children with disabilities and their families.
- State education inspectors who received training in 2018 provided similar ratings, assessing quality, relevance, and clarity between 3.1 and 3.7 points. They indicated that the training helped them to better understand their role in monitoring specific elements of school inclusion.
- Preschool teachers who received training in 2019 on ‘assessing needs, developing IEPs, and inclusive classrooms’ also gave high ratings on the same metrics at 3.6 points and above.
- Training with staff from the Centre for Protection and Rehabilitation Banja Banskó was conducted in 2018, and the participants assessed the training on the same metrics with ratings from 3.8 to a full 4 points. Staff were especially impressed by the literacy games for children with disabilities.

As for M&E outside of UNICEF, a government representative stated that education programs and the strategic plan are monitored quarterly for fidelity of implementation and reported annually. An IP stated that they collected M&E data ‘to plan activities in the next year, to prepare materials, and to determine the intensity of visits to support schools during the year’ but noted they did not collect impact data. The State Education Inspectorate is responsible for monitoring how schools identify students’ educational needs, prepare IEPs, and support students with

developmental difficulties and ‘special needs’.

The MoES’s annual monitoring of the progress of the Education Strategy’s goals for 2020 noted that by the end of the year, all primary schools had established SITs and were preparing IEPs for each student. In addition, the MoES noted that the process of transforming special schools into resource centres and special classes in learning support centres was ongoing.⁶² However, a report from the ombudsman⁶³ monitoring the implementation of the inclusive education policy during the 2019/20 school year through schools’ self-assessment found that, while the vast majority of primary schools reported to have established SITs (93%), 3% reported they do not have SITs and 4% did not respond to the questionnaire. Moreover, 69% of schools did not have full SITs (comprised of seven members), as per the law.⁶⁴ In addition, just 66% of schools reported to have developed IEPs for all students with disabilities. The data indicates that while the vast majority of schools are adhering to the legal requirements for inclusion, overall capacity and human resources need strengthening.

Health

The UNICEF 2019 Regional Evaluation on Home Visiting Services, in which North Macedonia was a case study country, served to further build the breadth and sustainability of home visitors and the impact of their work.⁶⁵

Sustainability

EQ 6.1 To what extent are UNICEF-supported programmes integrated into national policies, budgets, and quality-assurance mechanisms?

Across all four sectors, UNICEF interventions are integrated into national policies and budgets, which is an important outcome and a strong foundation for sustainability. There is room for improvement, as policies have varying degrees of detail and specificity that can enable implementation, and many implementers and rights holders deem funding to be inadequate. Quality-assurance mechanisms are lagging and may need further development, though direct training in relation to this has taken place in the education sector with state education inspectors.

Social Protection

With legislation, the new model of cash benefits and social services advocated by UNICEF has become mandatory, and the government is obliged to ensure adequate implementation. The social welfare budget has increased somewhat; however, the pandemic and subsequent economic crisis are impeding these initial positive trends. Following UNICEF’s programming, the country adopted several legislative amendments in 2021 and 2022 that were necessary to ensure that the ICF model is in place from a legislative point of view.⁶⁶

The permanent members of the ICF bodies are currently on the payroll of the MoH and are stationed in the premises of public health care facilities. With the sole exemption of not (yet) passing amendments to the Law on Health Care,

⁶² The report for 2021 emphasizes that these activities have been completed.

⁶³ Special report from the conducted research on the situation with the realization of the right to education of children with special educational needs in primary schools in the Republic of North Macedonia. March 2020.

⁶⁴ The SIT has a mandate of three academic years and is composed of seven members, namely: child’s main teacher, psychologist or a social worker at the school, two teachers from the school (one primary school teacher and one subject teacher), two parents or guardians, special educator/rehabilitator, and the principal of the school.

⁶⁵ North Macedonia Country Case Study – UNICEF Multi-Country Evaluation of the Universal Progressive Home Visiting for Young Children Well-being and Development in the Europe and Central Asia Region (ECAR) in the period of 2014–2018.

⁶⁶ The amendments to the Law on Health Insurance (Official Gazette No. 286/2021) provided that the costs for the functional assessment will be covered by the Health Insurance Fund. The amendments to the Law on Social Protection (Official Gazette No. 294/2021) improved the regulatory and institutional framework for the ICF bodies and ensured that their opinion may ensure access to specific cash benefits. The amendments also prescribed to a greater detail the bylaw that should regulate the ICF process. The amendments to the Law on Children Protection (Official Gazette No. 294/2021) harmonized provided that the children with disabilities may have access to the special allowance on the basis of opinion of an ICF body. This law also defines the term children with disabilities.

which should have established the legal framework for the assessment bodies,⁶⁷ all other laws are adopted and in force.

Child Protection

UNICEF's child protection interventions are partially integrated into national policies and practices. UNICEF's pledge to ensure that there are no children in institutions has been integrated as a government policy and has been implemented. The adequate legislative changes that will support the deinstitutionalisation process were also adopted. UNICEF's efforts to ensure that small group homes are solely an intermediary solution and that alternative care units should be enhanced was reaffirmed by the Government but there is still work needed in this area. Existing day care centres have not been transformed into Disability Support Centres as was proposed by UNICEF. Specifically, day care centres are still not separate/independent entities with an agreed budget based on an agreed programme of work; rather, they remain under the Centre for Social Work's (CSW's) administrative control. Moreover, the midterm evaluation report on the deinstitutionalisation process indicated that the state financing of social service delivery needs to be increased, as at present only 11% of the budget is allocated for services with the remaining share (89%) allocated for financial services.

Education

IPs emphasized that UNICEF programmes are designed for sustainability. They believed that SITs would be sustained and cited the recently revised second edition of the School Inclusive Teamwork Guide. They also indicated that EAs need more attention. Among educators, 45% said they do not believe that the MoES and schools possess the necessary capacity (human, technical) for legislative reforms to create a sustainable impact, while 17% said the MoES and schools do have the capacity (34% said they did not know.) Given that the interventions are now formally included in the education system and implementation is mandatory, the concerns among educators and resource centre personnel relate primarily to a lack of capacity and will for quality implementation.

Various stakeholders noted other important aspects not part of the UNICEF programme but related to the sustainability of UNICEF's work: early intervention, forms of inclusion in secondary education (the law is not amended yet), and changes in the university curricula for future teachers.

Government officials noted the numerous new laws and documentation now in place to ensure that changes are sustained. As one official expressed, 'There is no going back from this, the system is established.' They also named several intervention points that need more and continuous investment, especially related to teacher training and EAs. Regarding quality assurance, one official described the need for improved and consistent oversight and implementation, noting, 'The indicators of the State Education Inspectorate are not equalized. They ask for IEPs for every child with disabilities, but they are not required for everyone in practice, only where there is differentiation.' An IP observed that it would be good to begin focusing more on quality, 'especially in the area of indicators and processes for integral evaluation and self-evaluation, continuous training of teachers and other school staff—but it should be well thought out. And for quality implementation of the services, a thoughtful and serious support of the schools is needed, which is designed especially in accordance with the needs of the school.'

Health

Health sector interventions are partially integrated into national policies and plans but without sufficient detail targeting children with disabilities, jeopardizing their sustainability. As of this report, the UNICEF interventions are integrated in the Action Plan for implementation of the CRPD from 2021,⁶⁸ with an obligation to the MoH to adopt a training plan without a clear determination about the expected results from the training plan. The evaluation team was unable to learn whether the plan was developed or not. However, the National Strategy for Health Care (2021–2030) is a comprehensive document outlining key reforms and policies for the decade. Unfortunately, the strategy does not include any specific measures for persons with disabilities, generally, nor for children with disabilities,

⁶⁷ <https://www.sobranie.mk/detali-na-materijal.nspx?param=113cdb16-98af-4c79-b94e-9a326df5b71f>

⁶⁸ [Action Plan for Implementation of the CRPD](#), p. 9.

specifically. Trainings of health care providers are planned, but there are no references to any issues relevant for children with disabilities (i.e., early intervention, ICF model, accessible services, etc.). Public financing for patronage home visits is scarce to incentivize higher performance.

EQ 6.2 What are the key factors that can positively or negatively influence the long-term financial sustainability of the services established?

Similar to EQ 3.2, stakeholders pointed to political will as a key factor influencing financial sustainability, given the need to add or retain budget allocations for new services. Additionally, competition and the lack of collaboration among parents of children with disabilities across disability types can impede sustainability. Lastly, health care professionals' migration out of the country negatively impacts the available workforce.

All sectors

In general, stakeholders agreed that during the period subject to this evaluation there was political will from the government, but the leadership and commitment to reform varied and there were many administrative bottlenecks impacting the sustainability of the interventions. Every new minister brings along his/her own people and momentum, and institutional memory can be lost. Long-term sustainability is dependent mostly on strong political will, i.e., whether the issue of the inclusion of children with disabilities will remain high on the political agenda (as it was in the period from 2017–2020). Related to this is political stability. Early elections, political turmoil and parliamentary blockades may impede all ongoing reform processes. Stakeholders also noted the economic situation and the growing public debt as important additional factors. However, for now, there is no significant change in the state's budget on social protection.

Table 13. Extracts from the Budget for the Period 2016–2022 on Social Protection (in millions)

Budget Item	2016	2017	2018	2019	2020	2021	2022
Centres for Social Protection and Institute for Social Affairs	507,149	498,005	497,419	435,732	547,239	566,110	576,860
Day care centres and institutions for non-institutional care	100,151	100,618	85,215	82,658	89,469	87,914	82,940
Institutions for social care		287,792	230,907	243,474	223,471	254,875	256,347
Deinstitutionalisation and social services		0	25,713	169,167	261,383	246,235	242,272
Total amount of social transfers	8,114,700	8,515,047	8,682,323	10,836,440	11,147,000	11,122,270	11,692,020
Social protection transfers	4,541,700	4,620,787	4,618,750	5,968,096	6,179,000	6,263,470	7,034,020
Child protection transfers	3,045,000	3,357,000	3,564,200	4,408,304	4,512,000	4,400,000	4,200,000

Compared to 2015 when the country allocated 1% of its GDP to social assistance, in 2020, social assistance increased to 1.3% of GDP. Still, North Macedonia's social assistance spending is lower than comparative countries.⁶⁹

The lack of cooperation and coordination among parents of children with disabilities and their organizations as well

⁶⁹ North Macedonia, Social Protection Situational Analysis, 2022, International Bank for Reconstruction and Development/The World Bank, p. 11.

as the lack of caretaking staff also may have a negative impact on the sustainability of the interventions. Parents are organised in associations, but there is a lack of mutual coordination, and they are often not supportive of each other's activities and initiatives. The causes for this are most commonly related to different interests among each type of disability, although other issues, such as scarce funding, can be contributing factors. The shortage of caretaking staff is also an issue. Interviews and FGDs revealed that there is also a lack of leadership and ownership. Residential institutions expect initiatives and enforcement from the central level and the MLSP. Specifically for education, a significant factor is the availability of continued (and continuous) teacher training and support, which public funding will need to cover in the case of in-service training. However, education-sector IPs stated that UNICEF programs are designed to be sustainable, as institutional support is direct, and many factors have been met to enable sustainability.

In the health sector, a specific risk that may negatively impact the sustainability of health interventions is the outmigration of medical staff from the country. Both doctors and nurses are migrating to other countries within the EU, putting a strain on the overall health care system, according to the National Strategy for Health Care.⁷⁰ The nurse-to-population ratio is even lower today than in 2010. All these factors will likely negatively affect the volume and quality of services delivered.

EQ 6.3 To what extent is the participation and/or support of other partners enhancing sustainability?

IPs noted the importance and value of other partners but emphasized that 'above all...the responsibility lies with the system.' The country remains dependent on foreign technical and financial support for quality-assurance mechanisms and capacity-building mechanisms. Long-term sustainability requires local governments to be more actively engaged in the process.

All Sectors

The country remains dependent on foreign technical and financial support for quality-assurance mechanisms and capacity-building mechanisms. Their support remains critical for reforms to be successful. At this stage, the government is still not able to take over the processes if donors retreat. IPs noted the importance and value of other partners but emphasized that 'above all...the responsibility lies with the system.' They said the role of other organisations should be focused on correcting or supporting the system, rather than as the system's implementers. Still, there are positive examples of partnerships. In the social protection sector, deinstitutionalisation would have remained just a plan without support from partners. UNICEF provided very important contributions either through funding, expertise, or political support. Also, although still in inception, good examples of child protection initiatives have emerged in the period following UNICEF's program. In addition to the services provided by Banja BANSKO, the municipality of Strumica ensures that the local municipality provides personal assistance in cooperation with the Red Cross. Another example is UNICEF's approach of engaging with professional associations of doctors and nurses, instead of organising the trainings independently, which led to shared ownership and provided incentives to the profession to continue working on this issue. Aside from the associations who were IPs, a government official noted that the participation of key health care institutions, especially on the tertiary level, would also support the sustainability of interventions.

PART 3. CONCLUSIONS AND RECOMMENDATIONS

The conclusions below are organized by criteria and are drawn directly from the findings and answers to the evaluation questions described above. Each conclusion is followed by one or more strategic recommendations (10 total), most of which are coupled with operational recommendations. The recommendations were developed collectively by the evaluation team and are based on identified gaps or logical next steps that flow from the findings. Suggestions made by rights holders and duty bearers also influenced the recommendations. In addition, the

⁷⁰ [National Strategy for Health Care \(2021–2030\)](#), p. 11.

Evaluation Reference Group reviewed draft recommendations and aided in their finalization and prioritization.

Some of the recommendations relate to additional research that UNICEF can conduct to better inform future inclusion programming design, and thus would need to take place ahead of implementation. Other recommendations will also require close cooperation with and buy-in from the government. Several recommendations relate to ways in which UNICEF can continue or scale up the work that has already been done with success. Lastly, there are recommendations relating to setting up better M&E so that outcomes and impact can be more rigorously tracked and measured. All recommendations included in this report are considered by the evaluation team to be important for furthering the work of inclusion in North Macedonia. The final priority rankings of High, Medium, or Low represent a balance of the ERG members' and UNICEF's perspectives, and the evaluation team's consideration of UNICEF's strengths and areas for growth. The party primarily responsible for implementing each recommendation is also indicated.

Following the conclusions and recommendations, the report provides promising practices that can be considered by other UNICEF Country Offices, as well as lessons learned that may be useful to consider as well. Lastly, the report includes summaries of how each area of the evaluation (the four sectors as well as communication) aligns with the standards outlined in the normative frameworks in Annex C.

Relevance

Conclusion 1. UNICEF's interventions, which were based upon needs assessments, were relevant to the needs of children with disabilities and their families, addressed many of these needs, and were planned and implemented with the inclusion of key stakeholders. Participation from caregivers and OPDs could be strengthened, and data points to gender disparities in access to services. UNICEF worked to align actions and interventions, such that interventions in one sector largely aligned with and supported those in another sector, collectively contributing to greater overall inclusion. The interventions led to significant progress in addressing the needs of children with disabilities and their families, but within each sector, some needs have not yet been met. UNICEF made efforts to involve relevant partners and duty-bearers, but perceptions of involvement varied by stakeholder, and not all felt sufficiently involved. There is insufficient data to understand the cause(s) of gender disparities, but several interviewees said that families of children with disabilities are less likely to seek support if the child is a girl. (Based upon findings from EQ 1.1, 1.2, 1.3, and 2.1.)

Strategic Recommendation (SR) 1. To ensure that the rights of children with disabilities and their inclusion in society is set on the political agenda and that policies are relevant and include measures for ensuring sustainable provision of social services, facilitate networking and opportunities for advocacy between rights holders, particularly representatives of OPDs and parents of children with disabilities, with duty-bearers, particularly members of parliament and representatives of political parties. Ensuring participation of rights-holders is a key precondition for interventions aligned with the HRBA. Such engagement should take place within and across sectors and be among the initial steps undertaken during planning and design for new or continued interventions. *Priority: MEDIUM.*
Responsible party: UNICEF.

- **Operational Recommendation (OR) 1.1** Support and facilitate the work of the members of the National Coordination Body for implementation of the CRPD. The support should focus on improvement of coordination among the members and cooperation with CSOs and OPDs.
- **OR 1.2** Provide support for implementation of the measures and activities planned in the National Strategy for Inclusion of Persons with Disabilities related to inclusion of *children* with disabilities. The Strategy and corresponding action plan should ensure that the interventions in this area are well planned, coordinated among different sectors and in accordance with the HRBA, the CRPD, the UN Disability Inclusion Strategy [and the principle of Leave No One Behind](#).
- **OR 1.3** Support coordination, networking and coalition building activities for OPDs advocating for inclusion of children with disabilities in different sectors and on behalf of different disability types. Establish a structured consultation mechanism for engaging OPDs and parents of children with disabilities in the planning and

implementation processes within UNICEF as well as in sectors where UNICEF works. Be mindful of competition between OPDs and between parents of varying disability types, and engage equitably, ensuring all perspectives are heard.

SR 2. Take measures to understand and address the gender gap in children with disabilities accessing social services. Conduct research to examine the cause(s) behind fewer females than males using social services as well as whether there are different needs across genders, and, based on the findings, design or adjust training and programme interventions to close gaps and target needs more accurately. *Priority: MED. Responsible party: UNICEF.*

- **OR 2.** Measures to examine and address the gender gap can include a KAP study, collecting data related to gender disparities, supporting gender mainstreaming in policy making processes, and training modules for duty-bearers on gender-specific aspects of service provision.

Coherence

Conclusion 2. Across all sectors, UNICEF engaged multiple actors and made concerted efforts to align with other activities and efforts in the country. Nevertheless, the lack of a clear, detailed TOC to drive and focus programming, as well as the lack (in many cases) of baseline data to inform goal and target setting as well as measurement of progress, may have limited the potential for even greater coherence and synergy. Coherence was achieved through open communication with the Government and with other donors and implementers, and with the support of strong political will among duty-bearers, particularly during the first half of the country programme (2016-2018). At times, the sequencing of interventions across sectors created new gaps in service while others were resolved. (Based upon findings from EQ 2.1, 2.2, and 5.3.)

SR 3. Develop a robust and detailed TOC that is informed by baseline data, which allows for outcome goals related to increases, decreases, and improvements to be set and measured with more rigor than stakeholder perceptions can provide. UNICEF would lead this effort but validate assumptions, goals, and targets with both Government duty bearers as well as rights holders among the disability population. *Priority: MED. Responsible party: UNICEF.*

- **OR 3.** Conduct another KAP study to continue measuring changes in the general population. Also conduct baseline studies of duty-bearers, by sector, ahead of interventions, to understand needs and assess skills and knowledge. Analyse data for themes that transcend sectors and can inform the TOC and support alignment and coherence during intervention planning.

Effectiveness

Conclusion 3. UNICEF-supported interventions contributed greatly to eliminating bottlenecks by increasing the availability and supply of services as well as qualified human resources and facilitated large positive changes in public perception of disability and inclusion. Children who have benefitted from the deinstitutionalisation process have much better living conditions, but those living in small group homes need more individualized support than they are receiving. Educators found that the training on inclusive education was very effective and expressed that they need more training and additional personnel to support children with disabilities in mainstream schools. Medical professionals found their training helpful in understanding and identifying disability and reducing unnecessary referrals; however, the overall lack of health system personnel and infrastructure remains a barrier, including the insufficiency of specialized free or subsidized services (e.g., speech therapists, rehabilitation therapists, etc.) for children with disabilities at the local level. In addition, the public view and perception on disability, especially on children with disabilities, has changed, and UNICEF played a key role in this change. All stakeholders, as well as document review, identified the presence or absence of political will as a critical factor in achievements and challenges related to UNICEF objectives. Social perceptions are also a key factor. (Based upon findings from EQ 3.1, 3.2, and 3.3.)

SR 4. Carry forward capacity-building activities with targeted trainings as well as develop other tools, such as long-term mentoring and peer-to-peer activities, which are approaches that educators, social workers and other service providers view as successful and desired. Elicit pledges from institutions that they will introduce these trainings in their mandatory introductory and continuous employee training programs and provide support for developing pre-service and routine in-service trainings. *Priority: HIGH. Responsible party: GOV.*

- **OR 4.1** Introduce methodologies that will measure the impact of the capacity-building activities for a long period of time after they have been completed. In addition to data collected by UNICEF, this could involve supporting State Supervision entities to develop and routinely report on indicators related to outcomes and impact (in addition to outputs), such as data on identification and enrolment in benefits, access to and use of services, learning outcomes, community engagement, etc.
- **OR 4.2.** Ensure the inclusion of children with disabilities from kindergarten through secondary school. Continue to provide robust inclusion training to educators and require all SIT members to participate. Provide a clear transition plan for supporting students' move from primary into secondary school, which includes training secondary school teachers and support staff and ensuring that the adequate support measures (assistive technologies, educational and personal assistance, inclusion training for teachers, etc.) are included in plans and budgets. Support Resource Centres to engage and train additional staff and provide technical resources for effective support to schools.

SR 5. Enhance the development of a diverse and functional set of services for children with disabilities such as: alternative care units' foster care as a substitute for small group homes, support for the transition of existing day care centres into Disability Support Centres, tailored services for social inclusion of children with disabilities, and gender mainstreaming in service planning and provision. *Priority: HIGH. Responsible party: GOV.*

- **OR 5.1.** Provide technical support to the MLSP and other relevant stakeholders for further development of alternative and foster care, including support in development of policies and standards, trainings as well as direct support to alternative and foster care units.
- **OR 5.2.** To better ensure that children with disabilities living in small group homes have access to educational and other activities necessary to support their inclusion in communities, provide children currently residing in them with better supports, including personal assistants outside of the care provided by the SGH staff and increased involvement and engagement from the children themselves, their parents, and the surrounding communities in planning and carrying out services. In addition, support municipalities, local CSOs, sport clubs, and cultural centres in developing and conducting cultural, sport and other socially meaningful activities for inclusion of children with disabilities living in small group homes, alternative care units and foster care.

SR 6. Promote legislative amendments that will ensure that families of children with disabilities are subsidized for specific disability-related costs (e.g., medical treatments and diagnostics, specialist care, medication and supplements, assistive devices, transport costs, etc.) so that those costs do not create or exacerbate a state of poverty for these families. *Priority: HIGH. Responsible party: GOV.*

- **OR 6.** Collect healthcare needs and cost data from families through the KAP survey mentioned above in OR 2. Work with relevant government ministries and agencies to assess the feasibility of covering additional costs as well as to identify and negotiate efficiencies with service or product providers. Explore social entrepreneurship as a means of supplementing outstanding benefits (see SR 10 below).

Efficiency

Conclusion 4. While in-depth financial analysis was outside the scope of this evaluation, stakeholders agreed that UNICEF funding as well as human and technical resources were adequately budgeted across all sectors, and there was a good division of expenses among donor organisations to avoid the multiplication of costs. The same programme results could not have been achieved with less resources; many stakeholders observed that more

resources were and are needed. (Based upon findings from EQ 4.1.).

SR 7. Advocate for greater and more efficient public spending on children with disabilities, including better and more equitable availability of support services. *Priority: HIGH. Responsible party: GOV.*

- **OR 7.** A state-conducted financial analysis of current spending could uncover ways to increase efficiency among existing service providers as well as inform the provision of new services in areas of the country that still lack support for children with disabilities. Service providers themselves, as well as families of children with disabilities, are likely to have useful insights into how to make the most of public spending.

Impact

Conclusion 5. Many sectors lacked clear, measurable targets for intervention outcomes related to inclusion at the start of the 2016-2020 programme. However, M&E reporting showed progress on the majority of output indicators related to inclusion of children with disabilities, and all stakeholders as well as documentation pointed to UNICEF's positive impact on shifting public perception of disability. Although available data (from UNICEF as well as from the Government) for rigorously measuring impact is limited, existing data combined with the perspectives of duty bearers and rights holders indicated that UNICEF's inclusion programming made a significant impact. Tangible services offered within and across sectors (especially in social and child protection and education) contributed to the needs being met, to varying degrees, and UNICEF's simultaneous communication campaigns aligned with and complemented its work driving change across different sectors and at different levels (i.e., political commitment, changes in legislation, implementation of policies, and demand for services). (Based upon findings from EQ 5.1, 5.2, and 5.3.)

SR 8. Further strengthen internal monitoring systems for tracking progress and support and impel State efforts for setting up an adequate and accessible unified system for collecting and processing data on children with disabilities. Do this in cooperation with relevant ministries, institutions, and the State Statistical Office. *Priority: HIGH. Responsible party: GOV.*

- **OR 8.1** Negotiate and facilitate collaboration and sharing between the health, education, and social protection management information systems (HMIS and EMIS), so that all relevant data regarding children with disabilities is accessible by qualified service providers. Such data will also provide baseline figures that can inform UNICEF programming, which will further enable impact evaluation.
- **OR 8.2.** Developing a more robust and detailed ToC (SR 2) and using baseline data (including needs assessment data) to set targets can drive robust impact and outcome measurement, which will enable more targeted planning for future and ongoing interventions.

SR 9. Continue and expand efforts to shift public opinion on disability through communications and awareness raising campaigns that draw from and highlight recent successes. *Priority: MED. Responsible party: UNICEF.*

- **OR 9.** Work with families of children with and without disabilities, OPDs, educators, and health care providers to share positive experiences within schools, health centres, and during daily life of children with disabilities being included in ways they were not previously. Highlight the contrasting experiences of exclusion vs. inclusion, and target groups or communities where negative perceptions remain entrenched, in addition to targeting the general public. Find and support champions of inclusion within communities who can be a bridge between groups, carrying the message into specific communities that have been resistant thus far.

Sustainability

Conclusion 6. Across all four sectors, UNICEF interventions are integrated into national policies and budgets, which

is an important outcome and a strong foundation for sustainability. There is room for improvement, as policies have varying degrees of detail and specificity that can enable implementation, and many implementers and rights holders deem state funding and/or long-term planning to be inadequate. Quality-assurance mechanisms within the system are lagging and may need further development, though direct training in relation to this has taken place in the education sector with state education inspectors. Duty bearers and rights holders pointed to political will as a key factor influencing financial sustainability. Some also noted that competition and the lack of collaboration among parents of children with disabilities across disability types can impede sustainability. The centralized nature of social service funding, combined with the inadequacy of funding to meet the needs of families of children with disabilities, hinders the full realization and sustainability of the State's efforts to provide a robust safety net for this population. (Based upon findings from EQ 6.1, 6.2, and 6.3.)

SR 10. Encourage efforts for the increased sustainability of social services through decentralising and introducing social entrepreneurship as an innovative means for funding social services. Because the country is moving forward into the EU accession process, a decrease of donor support might be expected, and the country should remain prepared to ensure sustainability of services for inclusion of children with disabilities. *Priority: LOW. Responsible party: GOV.*

- *OR 10.1* In cooperation with other international donors, support local government efforts to set up and implement a local social protection program that will be focused on inclusion of children with disabilities. Social services could be much more cost-efficient if planned and implemented by the local government, which is closer to the citizens. Support the Government to strengthen the donations from the central budget to the local government and require that they match the funds from their own sources or local donors. In addition, track spending to ensure that the funds are used for children with disabilities.
- *OR 10.2* Train OPDs and other CSOs that provide services to introduce and utilize social entrepreneurship endeavours to enhance sustainable funding for service provision. Train service providers on skills for fund-raising and conducting economic activities for funding their efforts so that they can secure additional sources of financing that will allow for continuous provision of services that are less dependent on international donor support.

Promising practices

1. The institutionalization of the ICF model represented the basis for all other interventions and is one of the practices that has the potential to shift the dominant medical model to a social-rights model for disability. Although its implementation was postponed compared to the initial plan, its introduction entailed major Governmental commitment based on outstanding advocacy activities and strong partnership with the Government. The integration of the members of the ICF committees into the public healthcare systems, including providing premises for their work, will support the long-term sustainability of UNICEF interventions. The combination of advocacy and capacity building activities was done following the principles of the rights-based approach. It increased the capacity of the duty bearers while at the same time requiring accountability.
2. Combining communication for social change advocacy activities with technical support for developing the required policy and legislative adjustments and capacity-building activities has proven to be an appropriate tactic for realizing the intended outcome of removing all children from institutions, which was achieved before 2020. UNICEF's approach was comprehensive, coherent, and synchronized and can be replicated in countries with similar social and child protection systems, provided it is synchronized with the necessary communication and capacity building activities.
3. Establishing resource centres was one of the most positive policies for enabling and facilitating educational inclusion. The policy enabled the resource centre's staff (primarily special educators and rehabilitators), to demonstrate and apply their competencies outside of the limits of (former) special schools, act as inclusion mentors for school staff and educational assistants, and represent a crucial link between children with disabilities and mainstream schools. At the same time, the centres provide specialized services for children with disabilities, to some extent overcoming the lack of free-of-charge services offered at the local level.

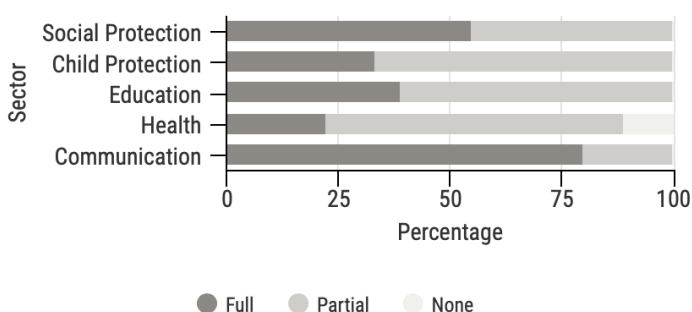
Lessons learned

1. The interventions implemented by UNICEF were designed to address the system-level deficiencies which resulted in unequal treatment of children with disabilities. Because of their complexity, they required integrated cross-sectoral programming which, although planned, was not always coherent in practice due to the different external factors (such as uneven levels of commitment on behalf of the various ministries and state bodies). Considering that these externalities were not sufficiently elaborated in the CPD, the interventions would have benefited from a more detailed ToC document which precisely defines the causal linkages within and across its programs and the potential internal and external factors which may impede or slow down implementation of sector-level interventions. This would have also enabled more effective progress monitoring and measurement of outcomes and impact.
2. UNICEF's inclusion interventions were gender-neutral in design, but data showing disparities in boys' and girls' enrolment in social services and education indicates that, going forward, more attention should be paid to the different and unique needs of girls, and programming should instead include gender-specific elements and associated training for service providers.
3. Although UNICEF interventions are national in scope, the consultative and decision-making processes were mainly centralized and did not always consider the regional perspectives and specifics. This resulted in the centralization of services and prevalence of the needs of rights holders from the capital city.

Alignment with Normative Standards

Overall, this study found that the UNICEF-supported inclusion efforts in North Macedonia are well aligned with international normative standards as framed by the CRPD, the UN Disability Inclusion Strategy, [and the principle of Leave No One Behind](#), and are on the pathway of progressively realizing the rights of children with disabilities. All areas of evaluation are partially or fully meeting normative standards with the exception of one standard outlined under health. For a full breakdown of definitions and ratings by sector see Annex C. Results and areas of future growth are outlined below.

Normative Ratings by Areas of Evaluation



Children with disabilities are well represented in **social protection** laws and policies, which were developed in consultation with OPDs, but competent state bodies and institutions implementing social protection policies lack sufficient coordination and capacity. The ICF model now determines the eligibility of children with disabilities for inclusion in mainstream education and, in some cases, for social assistance (although the old, medical model is still used as well).

The ICF model also has laid the foundation for a national registry to be established that can be used by various sectors to generate useful data on the inclusion of children with disabilities. While government reforms in 2019 have increased social benefits for children with disabilities, the extra costs (direct and indirect) of disability are not yet adequately covered, and access to services can be difficult at times due to lack of health insurance coverage or the limited capacity of service providers. This sector has fully met 55% of normative standards and partially met 45%.



North Macedonia's **child protection** sector actively focuses on the deinstitutionalisation of persons with disabilities, including children. National laws and policies provide resources for family reunification and/or community care, ultimately eliminating the role of institutions, and the government has, at times, consulted and incorporated OPD feedback in the deinstitutionalisation process. Data has been routinely collected on the progress toward deinstitutionalisation, but intersectoral collaboration is needed to ensure children have access to education and health care as well. While reporting mechanisms are in place to report

violations regarding living conditions, actions to address violations are not always taken. Like other sectors, this sector struggles with limited numbers of professionals and their lack of capacity, and more training is necessary. Building professionals' capacity will help with shortfalls related to supports available for carers, such as training in caregiving and mental health services. This sector has fully met 33% of the normative standards and partially met 67%.



Education policies and plans are well aligned with North Macedonia Constitution, and primary education policies meet international standards outlined by the CRPD. Plans address areas such as budget, objectives, and targets to achieve inclusive education. Financing for inclusive education follows a school-based model and considers students with disabilities, but teachers reported that additional resources and training are needed. Curriculum allows for flexibility and adapted learning, and while the principles of reasonable accommodation are in place, awareness and training are needed in this area. Existing in-service training programs could be scaled up and, in addition to teachers, could include school administration and all SIT members. Peer support models could also be developed. The country's tertiary (pre-service) teacher training programs need to incorporate inclusive pedagogy and instill the expectation of inclusion in all new educators. A notable success is the transition of resource centre staff to coaches and mentors for general education teachers. Despite progress in primary education, efforts are needed in secondary education and transition planning. While legislative measures are inclusive, discriminatory practice toward learners with disabilities still persist. This sector has fully met 39% of the normative standards and partially met 61%.



Laws and policies include provisions for children with disabilities to have access to the same range and quality of **health care** provided to others and provisions for early identification and services. In practice, services to beneficiaries are limited, with services more readily available in urban areas. While health insurance covers many services and devices, it does not cover all, making some treatments and services unaffordable for families. Data is being collected through newly formed ICF assessment bodies even though the main bylaw has yet to be adopted. Data does not yet exist in a health information system (HIS) to collect accurate information on child functioning/disability status and rehabilitative needs and provision, including assistive devices. No pre-service training programs for healthcare providers were examined as part of this study; UNICEF-supported trainings provided professional development for existing health care providers. This sector has fully met 22% of the normative standards, partially met 67%, and not met 11%.



The area of **communication** is relevant to all sectors, and programmes included diverse representation and promoted active and dynamic views of persons with disabilities, including children with disabilities. OPDs participated in developing communication messages and were actively engaged in supporting the dissemination to communities. However, not all UNICEF communications were accessible to all persons with disabilities. This sector has fully met 80% of the normative standards and partially met 20%.

ANNEX A. EVALUATION MATRIX

EQ#	EVALUATION QUESTION	INDICATOR	DESK	KII	FGD	SWY	DATA ANALYSIS METHOD
1	Relevance						
1.1	Was the design of the programmes and interventions/activities internally coherent, and adequate for producing the intended outcomes?	<ul style="list-style-type: none"> - Evidence of alignment between programme design and normative standards of best practice, where available - Stakeholders perceive programme designs to be appropriate. <p>FULLY/PARTIALLY/NOT</p>	<ul style="list-style-type: none"> - Program documents - Needs assessment data 	✓	✓	✓	MIXED
1.2	To what extent did the interventions address the needs of children with disabilities and their families, including any gender-specific needs?	<ul style="list-style-type: none"> - Evidence of alignment between needs data (incl. gender) and delivery models - Country reporting on the percentage of population having personally felt discriminated against or harassed in the previous 12 months on the basis of their disability - The UNICEF/Washington Group module on child functioning is used in national censuses and/or surveys - Country reports on the percentage of children with disabilities aged 1-17 who experienced any physical punishment and/or psychological aggression by caregivers in the past month <p>Beneficiary families perceive alignment between intervention and actual needs. FULLY/PARTIALLY/NOT</p>	<ul style="list-style-type: none"> - Program documents - Needs assessment data 	✓	✓		QUAL

1.3	Were relevant partners involved in the programme design, implementation, and evaluation, including children with disabilities, their families, and organisations of people with disabilities?	<ul style="list-style-type: none"> - Relevant partners, including beneficiaries, were involved in design, implementation, and evaluation. FULLY/PARTIALLY/NOT 	<ul style="list-style-type: none"> - Documentation of participation in planning and program activities 	✓	✓	✓	MIXED
2 Coherence							
2.1	Have UNICEF actions and interventions in different sectors been mutually reinforcing in improving inclusion of children with disabilities? And to what extent?	<ul style="list-style-type: none"> - Evidence of alignment, cooperation, and cohesion within program plans and activities across sectors - Stakeholders perceive interventions to be mutually reinforcing of improving inclusion. FULLY/PARTIALLY/NOT 	<ul style="list-style-type: none"> - Programme and policy documents 	✓			QUAL
2.2	Have UNICEF interventions complemented any existing programme and/or policies implemented by the Government, UN agencies, or other international donors (ex. EU), thereby enhancing their effect, Or, in contrast, have they possibly undermined such programmes and/or policies?	<ul style="list-style-type: none"> - Evidence of complementarity or conflict across UNICEF and other existing programmes/policies. - Disability inclusive social protection instruments are in place - Stakeholders perceive interventions to enhance OR undermine existing inclusion programs or policies. FULLY/PARTIALLY/NOT 	<ul style="list-style-type: none"> - Programme and policy documents 	✓			QUAL

3 Effectiveness							
3.1	<p>Have the UNICEF supported programmes and interventions contributed to eliminating bottlenecks in ensuring effective inclusion of children with disabilities in the following ways?</p> <p>i. Increasing availability of supply of services and qualified human resources for their timely and effective delivery</p> <p>ii. Ensuring financial accessibility of services and setting eligibility criteria that do not cause significant exclusion errors in the access to services and cash benefits, including gender related exclusion</p> <p>iii. Changing knowledge and raising awareness about and demand for services and cash benefits</p> <p>iv. Shifting the paradigm around disability, contributing to reduced stigma and discrimination and positive social norm change</p> <p>v. Ensuring quality of social services in support of children with disabilities, their parents, and families, as well as adequacy of cash benefits and entitlements.</p>	<p>Documentation and/or stakeholder perception of elimination of bottlenecks as a result of programme interventions.</p> <p>FULLY/PARTIALLY/NOT for each sub-indicator:</p> <p>i. Availability of timely and effective service and human resource supply is increased</p> <p>ii. Services are financially accessible and eligibility criteria do not cause significant exclusion errors</p> <p>iii. Knowledge/awareness and demand for services and cash benefits is increased</p> <p>iv. Stigma and discrimination are reduced, and positive social norm change is increased</p> <p>v. Quality and adequacy of services, benefits, and entitlements is ensured</p>	<p>- Data or other documentation of service delivery timelines, exclusion errors, applications for services</p> <p>- KAP study data</p>	✓	✓	✓	MIXED
3.2	<p>What factors (e.g., political, social, gender and cultural, social norms, systemic, or related to the programme and service design and implementation, professional practices) were critical for the achievement or failure of the initial objectives?</p>	<p>List of factors that contributed to the achievement or failure of programme objectives, based on evidence-based normative framework for what advances/hinders inclusion and realization of CRPD. Factors will initially be identified through the document review and validated through KIIs and FGDs.</p>	<p>- Policy and programme documents, incl. M&E data</p>	✓	✓		MIXED

4	Efficiency						
4.1	Were UNICEF programme budgets and resources (human, financial and technical) adequately used for addressing priority bottlenecks? Could we have the same programme results with less resources? (economic and technical efficiency)	<p>1. Documentation of identified bottlenecks at programme start</p> <p>2. Stakeholders report that UNICEF programme budgets and resources (human, financial and technical) were adequately used for addressing priority bottlenecks. YES/NO</p> <p>3. Stakeholders perceive that the same results could have been achieved with less resources. YES/NO</p>		✓		✓	MIXED
5	Impact						
5.1	How much was UNICEF able to shift the paradigm on disability and improve the understanding on disability?	<p>Documentation (as available) and/or stakeholder perception of shifts in paradigm and improvements in understanding of disability.</p> <p>FULLY/PARTIALLY/NOT</p>	- Programme documents, incl. M&E data, KAP studies	✓	✓	✓	MIXED
5.2	To what extent and in which sectors did programmes/ interventions make significant impact? Were there any sub-group differences (urban/rural, male/female, poor/rich, or with respect to different impairments (physical, mental, intellectual, or sensory) or severity?	Documentation (as available) and/or stakeholder perception of significant impact (as defined by sources), including differences in impact on various subgroups.	- Programme documents, incl. M&E data, KAP studies	✓	✓		MIXED
5.3	Was the implementation of programmes and interventions appropriately monitored and evaluated <i>per UNICEF protocols for M&E</i> ? How were the results used?	<p>1. Programme implementation was appropriately monitored and evaluated. YES/NO</p> <p>2. Documentation (as available) and/or stakeholder perception of how M&E results were used.</p>	M&E plans and reporting	✓			MIXED
6	Sustainability						

6.1	To what extent are UNICEF supported programmes integrated into national policies, budgets, and quality assurance mechanisms?	<ul style="list-style-type: none"> - Documented inclusion of UNICEF programmes in national policies and budgets. - Existence of disability inclusive interventions in the overall humanitarian intervention plan. - Disability inclusive social protection instruments are in place - The UNICEF/Washington Group module on child functioning is used in national censuses and/or surveys <p>FULLY/PARTIALLY/NOT</p>	Government policies, plans, plans	✓			MIXED
6.2	What are the key factors that can positively or negatively influence the long-term financial sustainability of the services established?	List of key factors influencing long-term financial stability of services established. Key potential factors will initially be identified through the document review and validated through KIIs and FGDs.		✓	✓		QUAL
6.3	To what extent is the participation and/or support of other partners enhancing sustainability?	Stakeholders perceive participation and/or support of other partners to enhance sustainability. FULLY/PARTIALLY/NOT		✓			QUAL
6.4	Which lessons learned have external validity?	ERG validation of lessons learned.			✓		QUAL

ANNEX B. SUMMARY OF FINDINGS AND QUALITY OF EVIDENCE TABLES

Findings and Evidence I - Relevance

Findings	Evidence Ranking	EQ Answer	Justification
EQ 1.1 Was the design of the programmes and interventions/activities internally coherent and adequate for producing the intended outcomes?			
Social Protection: The social protection interventions were, to a significant extent, internally coherent, evidence-based, and adequate to increase the number of girls, boys, and their families who benefit from integrated and child-sensitive social protection services and transfers that address poverty.	A	FULL	UNICEF interventions in introducing the ICF model were applied gradually in a logically coherent manner. The technical assistance was accompanied with adequate advocacy, awareness-raising, and capacity-building activities that ensured that the ICF model would be accepted by stakeholders. UNICEF's support in reforming legislation was adequate to introduce a rights-based social protection system for children with disabilities.
Child Protection: UNICEF provided an indispensable and substantive contribution in the process of both planning and implementing the deinstitutionalisation of children, particularly for children with disabilities.	B	FULL	UNICEF had the pivotal role in jumpstarting the stalled deinstitutionalisation processes. The combination of advocacy with technical support to the deinstitutionalisation process ensured that no children remain in institutions.
Education: Stakeholders stated that the design of the education interventions was coherent and did lead to positive outcomes. Enrolment data for determining the increase of children with disabilities in mainstream schools is not reliable, ⁷¹ but proxy data indicates that numbers are increasing. However, the intended outcome relates to inclusion in <i>quality education</i> , and without student	B	PARTIAL	Outcomes were viewed as positive and internally coherent, but the inconsistency of enrolment data and unreliability of assessment data make it difficult to determine the interventions' adequacy for producing the intended outcome of increased inclusion in quality education.

⁷¹ Data from the education management and information system (EMIS) database show a decline of children with disabilities in mainstream schools, while data from the State Statistical Office shows a slight decline in enrolment in (formerly) special schools. On the other hand, requests for EAs are rising, and stakeholders report increased enrolment from their observations. The issue might lie in the fact that the EMIS question relating to children with disabilities includes an option for their classification according to disability (information previously provided to schools), while the ICF assessment is based on functionality and does not include classification. This might lead schools to not report or under-report children with disabilities in the school.

Findings	Evidence Ranking	EQ Answer	Justification
performance data, this is difficult to evaluate.			
Health: The capacity-building of patronage nurses and family doctors ensured that children with disabilities access and benefit from quality, integrated, and inclusive health care.	B	PARTIAL	Several relevant studies have shown that the lack of continuous medical education for health professionals, including for patronage nurses, negatively affected the process of early identification and interventions. Trainings can partially contribute to this, but a continuous training programme for all primary health care providers is needed.
EQ 1.2 To what extent did the interventions address the needs of children with disabilities and their families, including any gender-specific needs?			
Social Protection: While stakeholders agreed that the old model needed to change, there was no consensus about the extent to which social protection interventions met needs.	B	PARTIAL	The reforms in legislation increased the coverage of children with disabilities and their families for cash benefits as well as the amount (increased about 20%). Stakeholders noted that reforms did not consider the specific needs and costs of families with children with disabilities (for example, the increased costs for health care services) as well as the fact that some services are limited only to persons with specific disabilities (e.g., personal assistance).
Child Protection: Children with disabilities were resettled to a facility with far better living conditions than what they experienced in institutions; however, the issue with accessing adequate social services for education and inclusion remains.	A	PARTIAL	The resettlement in small group homes and the support provided by UNICEF contributed to children with disabilities having access to services (educational, social, etc.) not available in institutions.
Education: The interventions provided a significant step forward to meet the need for students with disabilities to learn in an inclusive setting, both in policy and practice, and helped to illuminate additional needs.	B	PARTIAL	All stakeholders agreed that UNICEF interventions enabled students with disabilities to transition out of segregated schools into mainstream schools and be provided with needed supports, but all stakeholders also acknowledged that this progress has been inconsistent and much more work is needed.
Health: The intervention concerning health care partially met the needs	B	PARTIAL	Although KII and FGD participants pointed out that early identification

Findings	Evidence Ranking	EQ Answer	Justification
of children with disabilities. The lack of access to specialized health care services remains an issue.			and support to families was very important, the limited access to specialized health care services remains a problem. All stakeholders interviewed indicated that some medicines and all supplements necessary for children with disabilities are not covered by health insurance.
EQ 1.3 Were relevant partners, including children with disabilities, their families, and OPDs, involved in programme design, implementation, and evaluation?			
Social Protection: Key stakeholders were involved in programme design, implementation, and evaluation, however, with differing roles and impact.	A	PARTIAL	According to stakeholders, UNICEF consulted the government, and all interventions were planned in cooperation and coordination. OPDs are concerned about their own participation and their meaningful impact in the process. Researchers assessed that the assessment model was inclusive, with ownership shared by different institutions as well as organisations of practitioners.
Child Protection: Most key stakeholders were involved, to different degrees of participation, in the planning process while parents of children with disabilities were informed but not fully involved in the process.	C	PARTIAL	The attitudes of parents of children with disabilities were mixed about the deinstitutionalisation process. They have concerns about whether the process will ensure that their children will be resettled to a better place.
Education: Stakeholders' perceptions of their own involvement varied by stakeholder, but not all felt sufficiently involved.	B	PARTIAL	While some stakeholders claimed that the programming process was highly collaborative and inclusive of all relevant partners, other partners said they were left out of, or only partially included, in programme elements, especially at the design stage.
Health: The MoH as well as professional organisations of general practitioners and nurses were actively engaged in planning and implementing capacity-building activities.	A	PARTIAL	According to interviews, the health interventions were planned and implemented jointly and in cooperation and coordination.

Back to report: [Coherence](#)

Findings	Evidence Ranking	EQ Answer	Justification
EQ 2.1 Have UNICEF actions and interventions in different sectors been mutually reinforcing to improve the inclusion of children with disabilities? To what extent?			
Social Protection: UNICEF's actions and interventions in different sectors were to a great extent mutually reinforcing with some exemptions.	B	PARTIAL	Key findings from KIIs and FGDs are that the reforms of social protection, especially those related to cash benefits, were not in conjunction with needed health insurance reforms. This is necessary to decrease the poverty risk among families with children with disabilities.
Child Protection: UNICEF activities were harmonized and ensured that interventions were not solely focused on deinstitutionalisation or, more specifically, on resettlement, but contributed to a wider reform of the overall childcare system.	A	FULL	UNICEF worked on the development and introduction of a new model for assessing the needs of children with disabilities. Intended to replace the former process of 'categorisation', the new model supported reforms within the system of social protection benefits for children with disabilities, introduced new services (such as personal assistance), and contributed to introducing inclusive education and supporting an early identification and intervention system.
Education: UNICEF education sector interventions mostly aligned with its efforts in social protection, child protection, and health to promote early identification and service provision to children with disabilities and families outside of school in addition to services offered within schools. A gap in daytime childcare outside of school hours is one area of misalignment.	A	PARTIAL	Families of formerly institutionalised children received support to enrol their children in mainstream schools, and other families received ICF classification linking them to services both in and out of school. Families who relied on resource centres to provide day care for their children during the work week lost a portion of that care with the shift to inclusive education and the change in resource centres' role.
Health: The interventions were reinforced with the introduction of the ICF model and the new services available for children with disabilities.	B	PARTIAL	The introduction of the ICF model requires that health care providers are aware of its function and the manner in which the assessment is conducted so they will be able to adequately identify and refer children with disabilities to necessary services.

Findings	Evidence Ranking	EQ Answer	Justification
EQ 2.2 Have UNICEF interventions complemented any existing programmes and/or policies implemented by the government, UN agencies, or other international donors (i.e., EU), thereby enhancing their effect? Or, in contrast, have they possibly undermined such programmes and/or policies?			
Social Protection: UNICEF interventions were well planned and complemented existing national policies.	A	FULL	UNICEF took the lead role in introducing the ICF model while other UN agencies and other donors took further actions with regards to children with disabilities, specifically, and people with disabilities, generally.
Child Protection: UNICEF interventions were well planned, complemented existing national policies, and synergised with other international donors.	A	FULL	UNICEF interventions were harmonized and coordinated with the governmental policy on deinstitutionalisation, defined in the second National Strategy for Deinstitutionalisation 2018–2027 ‘Timjanik’ adopted in 2017.
Education: UNICEF interventions fully aligned with national strategic goals and complemented other inclusion efforts.	A	FULL	UNICEF interventions were coherent with the government’s new inclusive education legislation as well as with inclusion programming implemented by UNDP, EU, and others.
Health: The capacity-building for health care providers on early identification and interventions was in line with government policies.	A	FULL	The interventions were in line with the national policy and the national action plan for implementing the CRPD.

Back to report: [Effectiveness](#)

Findings	Evidence Ranking	EQ Answer	Justification
EQ 3.1 How have UNICEF-supported programmes and interventions contributed to eliminating bottlenecks in ensuring the effective inclusion of children with disabilities in the following ways?			
<i>i. Increasing the availability of the supply of services and qualified human resources for their timely and effective delivery</i>			
Social Protection: The legislative reform introduced new types of services; however, the problem with ensuring their availability and accessibility remains.	B	PARTIAL	KIs reported that there is a problem with ensuring adequate and necessary support services for children with disabilities.
Child Protection: The resettled children with disabilities are benefiting from integrated and adequate social, educational, and health care services.	B	PARTIAL	There are problems in accessing the services, including meaningful activities for inclusion in the community.
Education: Training for educators and assistants substantially increased human resources who have at least a basic level of inclusion and support skills, but human resources need further capacity-building.	B	PARTIAL	Implementation quality varies widely, and not all schools are fully staffed with trained educators, EAs, and complete inclusion teams. In addition, the dedication of schools toward inclusion varies greatly.
Health: The interventions were to a certain degree effective to increase the capacity of family doctors and patronage nurses.	B	PARTIAL	The majority of nurses reported that the trainings were very efficient for each of the component measured. Doctors reported limited efficiency, particularly for referrals to other practitioners and services. Also, only 22% of all family doctors attended the trainings compared with 100% of nurses.
<i>ii. Ensuring financial accessibility of services and setting eligibility criteria that do not cause significant exclusion errors in the access to services and cash benefits, including gender-related exclusion</i>			
Social Protection: The reforms in the social protection legislation reduced the exclusion errors and increased the access to services and cash benefits to a wider percentage of the population.	A	PARTIAL	The Guaranteed Minimum Allowance includes a higher equivalence scale for households that have members with a disability. Importantly, the eligibility test for the Guaranteed Minimum Allowance does not consider the disability allowance. With the amendments from 2021, the ICF assessment is covered by

Findings	Evidence Ranking	EQ Answer	Justification
			the Health Insurance Fund. However, children with disabilities are not eligible for a Special Allowance if they live in assisted living or foster homes.
Child Protection: Access to the deinstitutionalisation process is not conditioned by financial eligibility criteria; however, some services are not available for children with disabilities living in small group homes or foster homes.	B	PARTIAL	There is no means test in the process of resettlement. With regards to services the access to them is based upon the criteria set in the law. Personal assistance is solely available for CwD with physical disability or total visual impairment. Access to other services also remains limited especially in group homes or foster homes that are outside of major urban centres.
Education: EAs are now provided from the national budget, while previously this service was paid for by parents and could not be afforded by everyone. Still, there remains a shortage of EAs and absence of after-school services for children with disabilities.	B	PARTIAL	Access to EA services is more equitable due to the state covering the expense, but the pool of EAs is insufficient for the current needs.
Health: N/A (Primary care services are covered by the mandatory health insurance fund.)			
<i>iii. Changing knowledge and raising awareness about and demand for services and cash benefits</i>			
Social Protection: Families and caregivers of children with disabilities have increased their awareness about cash benefits and services.	A	FULL	Although there is a problem with accessing data, several different sources point toward this conclusion. According to the State Statistical Office, there is a significant increase in parents seeking salary compensation for part-time work due to their need to care for a child with physical or developmental disabilities. According to the World Bank, the beneficiaries of the Child Allowance have almost increased threefold. The number of ICF assessments quadrupled since 2019.
Child Protection: N/A			
Education: Among both educators and families, UNICEF's education interventions changed knowledge and increased awareness of and demand for educational services for	A	FULL	Parents are aware of the newly established system and acquire the services on their own or with assistance from schools. However, they still need assistance in advocating for their

Findings	Evidence Ranking	EQ Answer	Justification
children with disabilities.			children more effectively.
Health: N/A			
iv. Shifting the paradigm around disability, contributing to reduced stigma and discrimination and positive social-norm change			
Social Protection: There is increased preparedness among the population to engage with persons with disabilities and children with disabilities and include them in the community.	B	PARTIAL	Stakeholders agreed that the several awareness-raising campaigns implemented combined with the empowerment of parents and peer-to-peer support contributed to the increased acceptance of children with disabilities.
Child Protection: The deinstitutionalisation process gained overall public support.	B	FULL	In the beginning, the deinstitutionalisation process encountered resistance among both the public as well as employees of social care centres. However, after some time, all groups (employees, parents, and the public) shifted their perceptions.
Education: Inclusive education programming helped to reduce stigma and discrimination among most educators, and students became more accepting of their peers with disabilities.	A	PARTIAL	Despite the obvious progress, bias and discrimination remains a problem among parents of children without disabilities, among some teachers, and in more traditional communities.
Health: N/A. Covered under Impact 5.1			
v. Ensuring the quality of social services in support of children with disabilities and their parents and families as well as the adequacy of cash benefits and entitlements			
Social Protection: The reforms improved the design of disability benefits, increased coverage, and decreased duplications.	B	PARTIAL	The amount of cash benefits to children with disabilities and their families was increased by 20% on average. According to caregivers, it is still insufficient to cover disability-specific costs that the family has to bear.
Child Protection: The resettled children with disabilities now have better living conditions, and personal improvements are reported.	A	PARTIAL	There is also improved access to some mainstream services in communities. However, experience has shown that there are problems in ensuring that children living in small group homes have access to educational and other meaningful activities

Findings	Evidence Ranking	EQ Answer	Justification
			necessary to support their inclusion in communities.
Education: N/A			
Health: N/A			
<p>EQ 3.2 What factors (e.g., political, social, gender, cultural, social norms, systemic, or related to the programme and service design and implementation or professional practices) were critical for the achievement or failure of the initial objectives?</p> <p>All stakeholders identified the presence or absence of political will as being a critical factor in achievements and challenges related to UNICEF objectives. Social perceptions were also named.</p>			

Back to report: [Efficiency](#)

Findings	Evidence Ranking	EQ Answer	Justification
EQ 5.1 How much was UNICEF able to shift the paradigm on disability and improve the understanding of disability?			
Social Protection: There is overwhelming consensus among all stakeholders that in the period of 2016–2020 the public view and perception on disability in general, especially on children with disability, has changed.	B	PARTIAL	Professionals are accepting the ICF model more and more. In general, the public's attitudes toward children with disabilities is for full inclusion.
Child Protection: After the Timjanik case, there was no significant public opposition to the deinstitutionalisation process.	B	FULL	UNICEF played a significant role in shifting the paradigm on disability both broadly; this was noted specifically in the case of Timjanik, where UNICEF's role in easing tensions created understanding and resolution. UNICEF efforts were also noted regarding their large-scale communication campaign in 2019 especially, which led to a considerable increase in the number of potential foster families.
Education: The KAP study results show large positive shifts in the public's perception of inclusive education between 2014 and 2018, and education stakeholders reported the same observation, with more shifting and improvements needed.	B	PARTIAL	Although much progress has occurred, a majority of the population (as of 2018) still favoured segregated learning, and only a quarter favoured inclusion. The end-of-programme KAP survey is missing, but educators' perceptions and self-assessments indicate a positive shift in accepting inclusion, while emphasizing that there is room for improvement.
Health: UNICEF interventions in the health sector had a limited impact on the overall health care protection of children with disabilities and their families. The trainings for medical professionals contributed to changing the paradigm for disability among health care	B	PARTIAL	UNICEF M&E data related to trainings was not available, and doctors' participation in the survey was low. Nurses indicated more impact from training on their practice than doctors did.

Findings	Evidence Ranking	EQ Answer	Justification
providers, which is a sound first step.			
Communication: The KAP study shows a shift in paradigm on disability across all sectors, supported by stakeholders' and beneficiaries' perceptions.	B	PARTIAL	Despite a visible change in public perception, all stakeholders believe that these efforts should continue to create long-term effects.
EQ 5.2 To what extent and in which sectors did programmes/interventions make significant impacts? Were there any sub-group differences (urban/rural, male/female, or poor/rich) with respect to different disabilities (physical, mental, intellectual, or sensory) or severity?			
Social Protection: An overall benefit for children with disabilities is noted, though there are significant sub-group differences among children with disabilities accessing services and benefiting from interventions.	B	PARTIAL	Children with disabilities living in rural and remote areas face a lack of accessible and available services as well as increased costs to travel to nearby towns for services, which are not subsidized. There is also a visible gender disparity in access to services. In 2020, only 40% of beneficiaries of social services were female, and only 38.6% of beneficiaries of day care centres were female.
Child Protection: Development of community-based services is at the heart of the new SPL, and many new services have been established in personal and home care. However, there are geographical disparities and a need to enhance human resources. The availability of community services in various geographic areas differs considerably.	B	PARTIAL	Not enough community care services exist in the field, especially those that are spatially and physically available and accessible for all users (personal assistance, educational assistance, transport to services, etc.).
Education: The KAP studies showed the public improved its perception of inclusive education, and education stakeholders reported improving their ability to support children with disabilities in schools, while also acknowledging room for growth. In addition, the transformation of special classes (with children with disabilities) as learning support centres in regular schools is still underway. All stakeholders agreed that, in practice, they are still functioning as segregated classes within	B	PARTIAL	The education sector lacks comparative data beyond the KAP studies to assess impact. EMIS data on the enrolment of children with disabilities is inconsistent and difficult to interpret. Some interviewees noted there were sub-group differences, primarily regarding school location and the socio-economic status of the community, while others noted that the main

Findings	Evidence Ranking	EQ Answer	Justification
schools.			differences were due to the level of understanding and motivation to change within schools. Between educators from rural and urban areas who were surveyed, there were relatively few significant differences in perceived effects on a general and personal level.
Health: There are significant disparities in accessing early intervention services.	B	PARTIAL	The results from the survey showed that people who live in rural areas and people who are poor are far more affected by problems in accessing adequate health care as well as in gender disparity.
EQ 5.3 Was the implementation of programmes and interventions appropriately monitored and evaluated per UNICEF protocols for M&E? How were the results used?			
Social Protection: There was no evidence that the sector followed M&E protocols.	D	NONE	No M&E plan or data related to this sector was available to the research team.
Child Protection: There was no evidence that the sector followed M&E protocols.	D	NONE	No M&E plan or data related to this sector was available to the research team.
Education: There was some evidence that the sector followed M&E protocols for evaluation of activities, but no evidence for how data was used.	C	PARTIAL	No M&E plan or monitoring data was available; only post-training evaluation data was provided.
Health: There was no evidence that the sector followed M&E protocols.	D	NONE	No M&E plan or country office data related to this sector was available to the research team.

Back to report: [Sustainability](#)

Findings	Evidence Ranking	EQ Answer	Justification
EQ 6.1 To what extent are UNICEF-supported programmes integrated into national policies, budgets, and quality-assurance mechanisms?			
Social Protection: The interventions are integrated in the laws and policies on social protection.	A	FULL	Through legislation, the new model of cash benefits and social services advocated by UNICEF has become mandatory, and the government is obliged to ensure adequate implementation. The social welfare budget has increased some. The permanent members of the ICF bodies are currently on the payroll of the MoH and are stationed on the premises of public health care facilities.
Child Protection: UNICEF's child protection interventions are, to a certain extent, integrated into national policies.	A	PARTIAL	UNICEF's pledge to ensure that no children are in institutions has been integrated as a government policy and has been implemented. The adequate legislative changes that will support the deinstitutionalisation process were also adopted. However, UNICEF's effort in ensuring that small group homes are solely an intermediary solution has not been implemented.
Education: UNICEF-supported programmes are significantly integrated into national policies, budgets, and quality-assurance mechanisms.	A	FULL	Intervention programming was designed to align with the new education policy. The State Inspectorate now monitors inclusion indicators.
Health: The interventions are partially integrated in national policies and legislation.	B	PARTIAL	UNICEF interventions are integrated in the Action Plan for implementation of the CRPD from 2021 with an obligation to the MoH to adopt a training plan without a clear determination about the expected results from the plan. The team does not have information as to whether the plan was developed or not. However, the National Strategy for Health Care (2021–2030) outlines key reforms and policies.
EQ 6.2 What are the key factors that can positively or negatively influence the long-term financial sustainability of the services established?			
Social Protection: Long-term sustainability is dependent mostly on political will. Additional important factors are the economic situation and the growing public debt. However, for now, there is no significant change in the state's			

Findings	Evidence Ranking	EQ Answer	Justification
budget on social protection. The decentralisation of social protection and promotion of social entrepreneurship as a means to fund inclusion activities can contribute to ensuring financial sustainability of services.			
Child Protection: While mentioning political will, the IPs also noted that additional factors impacted sustainability: the lack of cooperation and coordination among the parents of children with disabilities and the lack of caretaking staff.			
Education: Government officials emphasized the need for continued (and continuous) teacher training and support, which public funding will need to cover in the case of in-service training. IPs stated that UNICEF programs are designed to be sustainable as institutional support is direct, and many factors have been met. However, it is necessary to invest in human resources.			
Health: Aside from the necessary prioritization by the government, a significant risk that may negatively impact the sustainability of health interventions is the outmigration of medical staff from the country.			
EQ 6.3 To what extent is the participation and/or support of other partners enhancing sustainability?			
Social Protection: Support from the government is key as well as the cooperation with local OPDs and other non-governmental organisations (NGOs) and the introduction of local governments as providers of social services.	A	PARTIAL	The KIs agreed that long-term sustainability depends on the government's preparedness to provide social services to children with disabilities and their families without donor support. One way to do this is by enhancing the decentralisation of the social protection system.
Child Protection: UNICEF interventions are in synergy with other donors' actions.	A	FULL	There are no overlapping activities among different donors in the deinstitutionalisation process.
Education: Alignment and cooperation with other partners also working on inclusive education, particularly local IPs and OPDs, promotes systemic buy-in.	A	FULL	The evaluation found no contradictions, redundancies, or obstacles related to other partners.
Health: There is limited participation and support from the medical profession and institutions, especially on the secondary and tertiary level.	C	PARTIAL	The survey and the interviews have shown that a greater focus should be given on working with the whole medical establishment, not just with primary care providers.

Back to report: [Recommendations Part](#)

ANNEX C. NORMATIVE FRAMEWORKS

Information collected and examined through the desk review, primary data collection and analysis, and secondary data analysis was triangulated and measured against the normative standards in the following rubrics, which are based on the global evidence base. All scores are justified with a narrative explanation based on the evaluation findings.

The evidence base and references for each normative framework can be found by opening this embedded file:



Normative Frameworks

Scoring criteria:

- **None:** The programme design includes activities and outcomes related to the normative standard, but there is no evidence of even partial alignment with the standard.
- **Partial:** There is evidence that the programme contributed to some outcomes that align with the standard, but other elements are missing or not aligned. Thus, there is partial alignment.
- **Full:** There is evidence that the programme contributed to outcomes that are in full alignment with the standard.
- **NA:** The standard is not included in the programme design.

Social Protection

Normative Standard	Alignment (NONE/PARTIAL/ FULL/NA)	Justification
<i>LAWS AND POLICIES</i>		
1. Children with disabilities are considered in the development and review of national-level social protection laws and strategies.	FULL	The reports and other supporting documents used for the legislative reform from 2019 focused, among others, on the needs of CWD. The proposals were articulated in the laws.
2. Coordination mechanisms exist between agencies and departments that are involved in social protection programs for children with disabilities.	PARTIAL	There is some coordination between the different public institutions; however, it has proven insufficient to respond to the needs of CWD.
<i>DATA AVAILABILITY</i>		
1. A national registry for children with disabilities exists that is up to date and captures the full spectrum of disabilities.	PARTIAL	The introduction of the ICF model sets the foundation for such a registry; however, such a registry has still not been formally established nor updated. (The register of beneficiaries of social cash assistance and services is limited—it excludes children who are not beneficiaries.)
2. Government accounts for the extra costs experienced by families of children with disabilities (such as health care, transportation, education, and assistive devices and the variation in these costs depending on type and severity of disability) in order to establish adequate benefits and supports.	PARTIAL	Although the reforms from 2019 increased the amount, social benefits failed to account for extra costs (especially health care) for CWD.
<i>PROGRAMME DESIGN</i>		
1. Eligibility criteria considers the medical diagnosis of disability as well as functional limitations and environmental barriers.	FULL	Both assessment models, the medical and the functional, are currently functioning in parallel until the full application of the ICF model.
2. Families of children with disabilities are not excluded from services based on the same income calculations as persons without disabilities.	FULL	There are no such exclusions compared with persons without disabilities.
3. The programme provides cash benefits plus access to services (such as access to formal inclusive education, specialist health—including mental health—providers, family support programmes, and peer support programmes).	PARTIAL	The laws provide both cash benefits and services; however, in practice, access to some services is limited due to the lack of services or insufficient capacities.

Normative Standard	Alignment (NONE/PARTIAL/ FULL/NA)	Justification
4. OPDs are included in discussions about mainstream social protection programmes so that they can support policymakers to refine priorities and ensure that children with disabilities and their families are fully included.	FULL	OPDs were included in the reform process and actively participated.
5. OPDs are active in raising awareness of social protection programmes.	FULL	OPDs played a key role in informing the families of CWD about social protection programmes.

Child Protection

Normative Standard	Programme Alignment (NONE/PARTIAL/ FULL/NA)	Comment
<i>LAWS AND POLICIES</i>		
1. National policies, legislation, and regulations support and provide resources for family and community-based care while phasing out and ultimately eliminating the role of institutions.	FULL	The deinstitutionalization efforts made significant progress and were largely successful. Alternative care units should continue to be enhanced. Small group homes should only be an intermediary solution.
2. National policies, legislation, and regulations are developed in close collaboration with OPDs and those with, or impacted by, disabilities.	PARTIAL	Policies on the deinstitutionalisation process were developed with the participation of OPDs; however, the level their input was incorporated in the processes is disputed.
<i>DATA AVAILABILITY</i>		
1. Data is routinely collected on the living situation of all children with disabilities (those in and out of institutions).	PARTIAL	Data is collected about CWD who were resettled by the RI. For other CWD, such data is not routinely collected.
2. Data is routinely collected on the characteristics of institutions.	FULL	The Institute for Social Affairs collects data regularly on institutions.
3. Data is routinely collected on efforts and progress toward removing children from institutions and placing them with family and community-based care.	FULL	During the process of resettlement, such data was collected.
4. Timely and effective reporting mechanisms are in place for violations of policies regarding living conditions.	PARTIAL	They exist, but in practice, they failed to react consistently.
<i>PROGRAMME DESIGN</i>		
1. New and existing professionals (such as social workers) receive training to ensure the implementation of strengths-based family assessments, supportive decision-making processes that involve children and their families, and development and monitoring of care plans.	PARTIAL	Additional training is necessary to strengthen the capacity of professionals. It is important that there is a functional and standardized training program for all social workers and service providers that are working with CWD which will include both, initial and continuous training.
2. Sufficient funding is available to recruit, maintain, and train an acceptable staffing level of social work professionals.	PARTIAL	The government is funding the staffing of social workers, but there is still a need for an increased number of professionals.
3. Family and community-based carers of children with disabilities receive initial training.	FULL	To be eligible to take care of CWD, carers must complete the initial training.

4. Family and community-based carers of children with disabilities have access to supports, such as groups of other carers, targeted training on specific needs, and mental health services for carers.	PARTIAL	The former RI as well as the CSP should provide such services; however, services have been insufficient.
5. The foster care system establishes a careful family-assessment process, training, and ongoing monitoring of foster families caring for children with disabilities.	PARTIAL	The process is ongoing, and it goes beyond the period subject to this evaluation. Foster care support centres were established after the evaluation period, but additional support is still necessary.
6. Family and community-based carers of children with disabilities receive support to access and provide a continuum of inclusive care across the education and health sectors.	PARTIAL	Though there were significant support from UNICEF in piloting services in this area, additional efforts are necessary for the central and local government in order to guarantee an inclusive care across all different sectors.

Education

Normative Standard	Alignment (NONE/PARTIAL/ FULL/NA)	Justification
<i>LAWS AND POLICIES</i>		
1. All educational policies are aligned with the national constitution.	FULL	Educational policies are aligned with the constitution.
2. All educational policies are aligned with international standards and provisions described in the CRPD.	PARTIAL	Primary education policies are aligned, but secondary education policies are not yet aligned.
3. The government has eliminated all discriminatory legislative and administrative measures and practices.	PARTIAL	Normatively, discriminatory practices are prohibited, but in practice, discrimination in education is still prevalent both in direct and indirect forms.
4. Policies (1) recognize inclusive education as a right; (2) identify minimum standards in relation to the right to education such as physical and communication access, early identification, adaption of the curriculum, and individual student supports; (3) have minimum standards to ensure that families and communities are active participants in inclusive education; (4) ensure a transition plan for children with disabilities; (5) identify stakeholders and their responsibilities; (6) provide financial resources to support inclusive education; and (7) establish a monitoring and evaluation mechanism to ensure that inclusive education is being implemented.	PARTIAL	Primary education policies adhere to aspects 1, 2, 3, 4, 5, and partially 7. The existing laws do not ensure a transition plan above primary education levels.
5. Policies are complemented with national strategic plans that address budget, objectives, and targets to achieve various elements of inclusive education (materials, curriculum, teacher training) and relevant data collection.	FULL	National strategic plans address all issues including curriculum adaptation, material conditions required from schools, and required teacher training. Relevant data collection is planned but not always collected.
<i>INCLUSIVE EDUCATION FINANCE</i>		
1. Budget for inclusive education follows a resource or school-based model (where funding is based on the estimated number of learners with disabilities that would be present in any given community or school).	FULL	The block transfers that municipalities receive for schools take into consideration the number of students with disabilities and are aimed to be spent on the needs of these students.
2. Budget for inclusive education is allocated for professional development and capacity-building, human resources (teachers, teacher assistants, etc.) and individualized supports (materials, technology, etc.).	PARTIAL	The MoES allocates the inclusion budget that is aimed at covering costs for EAs. Resource centres have received 2.5 million MKD for equipment and didactical materials. Capacity-building for

Normative Standard	Alignment (NONE/PARTIAL/ FULL/NA)	Justification
		teachers was provided by the BDE. However, this does not cover the overall needs.
ACCESS TO EDUCATION		
1. Access is not limited based upon a learner's 'degree of disability' or their disability type.	PARTIAL	In principle, every student should have access, but in practice, because of the lack of spatial and material conditions and human resources, this is not the case.
2. The curriculum allows for flexible and adapted learning.	FULL	The curriculum allows for an individualized learning approach, but there is a dilemma as to who should develop the individualized curricula (BDE or school teams).
3. Students who are deaf or hard of hearing are able to be educated in a sign language-rich environment where they can directly communicate with their peers, teachers, administrators, and staff. Students/families select the school, not the government.	PARTIAL	Education of students who are deaf or hard of hearing is still primarily in separate schools, and very few such students attend mainstream schools.
4. Reasonable accommodations are provided to learners who require them. This includes access to assistive devices, accommodations for assessments (extended time, alternate locations, etc.), and accessible materials.	PARTIAL	The principle of reasonable accommodation is one of the bases of the educational inclusion policies. However, the capacities among educators are insufficient.
5. Children in segregated schools are transitioned into inclusive settings with staff from segregated schools serving as resource teachers.	PARTIAL	The process has started and is moving steadily.
PRE-SERVICE TRAINING FOR TEACHERS		
1. Pre-service training for teachers goes beyond rights and awareness and provides concrete strategies (such as utilizing Universal Design for Learning [UDL] in instruction and how to use materials to engage and support instruction) to support students with diverse needs.	NA	Outside the scope of this evaluation.
2. Teachers in training have practicum experiences to engage directly with learners with disabilities and practice what they have learned on inclusive education and gain confidence in supporting the needs of learners with disabilities.	NA	Outside the scope of this evaluation.
3. All teachers receive instruction on how to support the learning needs of students with disabilities in inclusive settings.	NA	Outside the scope of this evaluation.

Normative Standard	Alignment (NONE/PARTIAL/ FULL/NA)	Justification
4. Certificate programs are available in special education for teachers to serve as resources and support to mainstream teachers.	NA	Outside the scope of this evaluation.
5. Technical experts (who may serve various schools) in braille literacy, positive behaviour support, speech, etc., are available to teachers as needed.	NA	Outside the scope of this evaluation.
IN-SERVICE TRAINING FOR TEACHERS		
1. All teachers receive continuous professional development in inclusive education that goes beyond awareness-raising and provides concrete strategies such as inclusive pedagogy, classroom management, family engagement, and positive behaviour support that support inclusion.	PARTIAL	UNICEF, BDE, and others provided several trainings of this kind. The new professional development model's (to be implemented 2022/23) provisions include inclusion trainings based on the assessed need from schools. So far, not all schools' workforces are trained.
2. In-service training can be progressively realised starting with a few key staff within the school but building to training all staff.	FULL	The school-level dissemination approach is typical, though not practiced in all schools.
3. In-service training goes beyond only educating teachers but educates all individuals within the school ecosystem, including administrators, support staff, inspectors, etc.	PARTIAL	Not completely. Training is mainly focused on teachers and school support staff.
4. In-service is coupled with mentorship and coaching opportunities for teachers to receive continual instruction in their classrooms.	FULL	Resource centres and school support staff act as mentors and supervisors.
5. Peer support or finding ways to share experiences with other teachers on inclusive education allows teachers to receive support and learn new practical skills.	PARTIAL	This is dependent on the school and not provisioned specifically.
TEACHER ATTITUDES		
1. Mainstream teachers who receive additional support services (special education teachers, teacher assistants, etc.) have more positive attitudes toward inclusive education compared to teachers without supports who are concerned about increased workload.	FULL	Data indicates that meaningful contact and involvement is linked to more positive attitudes.
2. Teachers who have received training on UDL have improved attitudes on inclusive education.	N/A	No data available

Health

Normative Standard	Alignment (NONE/PARTIAL/FULL/NA)	Justification
<i>LAWS AND POLICIES</i>		
1. Laws and policies provide that children with disabilities have access to the same range, quality, and standard of affordable health care that is provided to other persons.	FULL	The laws and policies include these provisions yet have not made a difference regarding the beneficiaries of health care.
2. Laws and policies provide that children with disabilities have access to specific health care services needed because of their disability (early identification and intervention and services to minimize and prevent future disabilities).	PARTIAL	In laws and policies, this is included. But in practice, laws and policies are limited by the inadequate institutional setup and the insufficient staff and resources.
3. Laws and policies provide that children with disabilities have access to rehabilitation care, if needed.	PARTIAL	This is limited by the availability of rehabilitation care services and their quality.
4. Laws and policies provide that children with disabilities have access to assistive devices, if needed.	PARTIAL	Health care insurance covers the costs for assistive devices; however, there are some devices that are not covered.
5. Laws and policies provide that health care for CWD is accessible and physically proximate to the home or community.	PARTIAL	In practice, good quality health care is only available in the greater urban centres or the capital.
6. Laws and policies ensure that identification and rehabilitation services for CWD are affordable.	FULL	The health insurance fund covers the costs for early identification and rehabilitation (physical). Note: The treatments, diagnostics, and other medical interventions are not always affordable.
<i>DATA AVAILABILITY</i>		
1. An established process exists for identifying and subsequently registering children with disabilities.	PARTIAL	The ICF assessment bodies started their work within the health care facilities; however, the main bylaw for their work still has not been adopted.
2. The national health information system (HIS) has the capacity to include accurate information on functioning, disability status, and rehabilitation needs and provision, including assistive devices.	No data	No data
<i>PROGRAMME DESIGN</i>		
1. <u>Pre-service</u> training on how to identify functional limitations, developmental delays, and disabilities and provide or refer identified children with evidence-based habilitation or rehabilitation services is integrated into core educational curricula.	NONE	According to the available information, the functional limitations are not part of the standard curriculum for health care providers.

Normative Standard	Alignment (NONE/PARTIAL/FULL/NA)	Justification
2. <u>In-service</u> training on how to identify functional limitations, developmental delays, and disabilities and provide or refer identified children with evidence-based habilitation or rehabilitation services is provided as continuing professional development opportunities for existing health care providers.	PARTIAL	UNICEF supports such trainings, but the trainings still are not a part of a continuous training system.

Communication

Normative Standard	Alignment (NONE/PARTIAL/FULL/NA)	Justification
1. Sector-specific communication is directly informed by persons with disabilities in relation to appropriate language and images.	FULL	Persons with disabilities, parents of children with disabilities, and OPDs were directly involved in strategy design and they informed and reviewed language and images.
2. Sector-specific communication is accessible for persons with disabilities.	PARTIAL	Not all content was available in all accessible methods (i.e., for people with hearing or vision disabilities).
3. Sector-specific communication includes a variety of disability types and features people with disabilities in active roles, with dynamic personalities, and in relationship with others.	FULL	Videos and other media depict a wide range of disability types
4. OPDs are engaged to support or disseminate communication.	FULL	OPD played active role in dissemination of information relevant for CWD
5. Sector-specific communication is targeted to sector stakeholders.	FULL	Key sector stakeholders were involved and communicated

ANNEX D. THEORY OF CHANGE (CONSTRUCTED FROM UNICEF “THINK PIECE”)

If

Positive social norms relating to children with disabilities improve	Stigma and discrimination toward children with disabilities <u>is reduced</u>
	Social pressure to keep children with disabilities at home <u>is reduced</u>
	Understanding of the value of pre-school <u>is increased</u>
Policies, legal frameworks, and funding for inclusion of children with disabilities improve	Implementation and enforcement of legislation <u>is increased</u>
	Funding for policy implementation <u>is increased</u>
	Secondary legislation <u>is increased</u>
Institutional management and coordination in support of children with disabilities and their families improve	Inter-sectoral cooperation <u>is increased</u>
	Child rights monitoring systems <u>are strengthened</u>
	Availability of disaggregated data <u>is increased</u>
Supply and quality of commodities and staff in support of children with disabilities and their families improve	Outreach and community-based services, including access, <u>are increased</u>
	Costs associated with access to services <u>are reduced</u>
	Number and distribution of qualified & experienced staff <u>is increased</u>
Support for cultural practices of and utilization of services by families of children with disabilities improve	Presence of quality standards <u>is increased</u>
	Awareness of available benefits and services <u>is increased</u>
	Administrative barriers to accessing benefits and services <u>are reduced</u>
	Parenting skills <u>are improved</u>

Then

The rights of children with disabilities will be progressively realized

Rights of children with disabilities are progressively realized and implemented in accordance with the CRC and CRPD

They have a minimum standard of living and quality health, education, and protection services delivered by functioning institutions

Their families care for, protect, nurture, and support them

The community respects and promotes their rights and wellbeing

ANNEX E: REFERENCES

- Avramidis, E., & Norwich (2002) Teacher Attitudes toward integration/inclusion: A review of the literature. *European Journal of Special Needs Education*, 17)2_ 129-147
- Bai, H., & Martin, S. (2015) "Assessing the needs of training on inclusive education for public schools administrators. *International Journal of Inclusive Education* 19(12) 1-15.
- Carrol, A., Forlin, C., & Jobling, A (2003) The impact of teacher training in special education on the attitudes of Australian pre-service general educators towards people with disabilities. ECU Publications.
- Crispel, O., & Kasperski, R. (2019) "The impact of teacher training in special education on the implementation of inclusion in the mainstream classrooms" *International Journal of Inclusive Education* 25 (1) 1-12.
- Evans, P. (2004) Educating students with special needs: A comparison of inclusion practices in OECD countries. *Education Canada* 44 (1), 1-4
- Evmenova, A (2018) Preparing Teachers to Use Universal Design for Learning to Support Diverse Learners. *Journal of Online Learning Research* 4 (2) 147-171.
- Forlin, C & Rose, R (2010) Authentic school partnerships for enabling inclusive education in Hong Kong. *Journal of Research in Special Education Needs* 10 (1) 13-22.
- Forlin, C., & Sin, K.K., (2017) "In-Service Teacher Training for Inclusion: Best Practice Models for Professional Learning. In *Oxford Research Encyclopaedia of Education* (Ed. George Nobilt) Oxford University Press.
- Hayes, A. M., & Bulat, J., (2017). *Disabilities Inclusive Education Systems and Policies Guide for Low- and Middle-Income Countries*. RTI Press Publication No. OP-0043-1707. Research Triangle Park, NC: RTI Press. <https://doi.org/10.3768/rtipress.2017.op.0043.1707>
- Hayes, A., Turnbull, A., & Moran., Universal Design for Learning to Help All Children Read: Promoting Literacy for Learners with Disabilities. USAID. Washington DC
- Lapham, K & Papikyan, H (2012) A review of Open Society Foundations Experience Working with Special Schools in Armenia. Open Society Foundation. Retrieved from <https://www.opensocietyfoundations.org/uploads/46db458b-5d79-44de-a158-f88c106c9670/special-schools-resource-inclusive-education-20121005.pdf>
- Law on Health Insurance (25/00). Official Gazette of Republic of Macedonia, 2000. Articles: 9, 30;
- Law on Health Insurance, Proposal for Amendment (2021). Government of Republic of North Macedonia. Proposed amendments in articles 6 and 73.
- Law on Health Protection (43/12), Official Gazette of Republic of Macedonia, 2012. Article 34;
- Law on Health Protection, Proposal for Amendment (2021). Government of Republic of North Macedonia. Proposed amendments in article 10.
- Law on Primary Education (No.161/19). Official Gazette of Republic of North Macedonia, 2019. Articles: 11, 16, 17, 18, 19, 30, 35
- Law on Primary Education, Proposal for Amendment (2021). Government of Republic of North Macedonia. Proposed amendments in articles: 14, 16.
- Law on Protection of Children (No. 23/13). Official Gazette of Republic of Macedonia, 2013. Articles: 32 – 35a.
- Law on Protection of Children, Proposal for Amendment (2021). Government of Republic of North Macedonia. Proposed amendments in articles 33a, 34, 35.
- Law on Social Protection (No. 104/2019) Official Gazette of Republic of North Macedonia, 2019. Articles: 44 – 56, 74 – 78, 295.
- Law on Social Protection, Proposal for Amendment (2021). Government of Republic of North Macedonia. Proposed amendments in articles: 29, 46, 51, 295.
- Law on Teachers and School Support Staff (161/19). Official Gazette of Republic of North Macedonia, 2019. Articles: 4, 7, 8, 46, 47
- Loreman, T, Sharma, U & Forlin, C (2014) Measuring Indicators of Inclusive Education: A systematic Review of Literature.

- Measuring Inclusive Education 3, 165-187.
- Meijer, C.J.W. & Watkins, A. (2019) Financing special needs and inclusive education: from Salamanca to the present. *International Journal of Inclusive Education*, 23(7-8) 705-721
- (Macedonian) Ministry of Education and Science (2020) Website link: <https://mon.gov.mk/>
- Mitunoya, S., Mitra, S., & Yamasaki, I. (2016) *Towards Inclusive Education: The impact of Disability on Schools Attendance in Developing Countries*.
- National Strategy for Deinstitutionalization 2018 – 2027 “Timjanik” (2018), accessible at: [https://www.mtsp.gov.mk/content/pdf/strategii/Strategii%202018/Strategija_deinstitutio nalizacija_Timjanik_2018-2027.pdf](https://www.mtsp.gov.mk/content/pdf/strategii/Strategii%202018/Strategija_deinstitutio%20nalizacija_Timjanik_2018-2027.pdf)
- OECD/DAC Network on Development Evaluation (2019). *Better Criteria for Better Evaluation. Revised Evaluation Criteria Definitions and Principles for Use*. DCD/DAC (2019) 58/FINAL, p.8, accessible at: <http://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.
- Open Society Foundation (2017) *For Children with Disabilities, Global Funding for Education Falls Short*. Retrieved from <https://www.opensocietyfoundations.org/voices/children-disabilities-global-funding-education-falls-short>
- Petticrew, M., & Roberts, H. (2006). How to appraise the studies: an introduction to assessing study quality. *Systematic reviews in the social sciences: A practical guide*, 125-163.
- Pinnock, H., & Nicholls, H., (2012) *Global Teacher Training and Inclusion Survey: Report for UNICEF Rights, Education and Protection Project (REAP)*.
- Salovilta, T., & Schaffus, T (2016) Teacher attitudes towards inclusive education in Finland and Brandenburg, Germany and the issue of extra work. *European Journal of Special Needs Education* 31(4) 458-471
- Sharma, U., Forlin, C., & Furlonger, B. (2015). *Contemporary models of funding inclusive education for students with autism spectrum disorder*. Retrieved http://www.education.vic.gov.au/Documents/about/department/psdlitreview_FundingInclusiveEducationforStudentswithASD.pdf
- Sharma, U & Sokal, L. (2015) The impact of teacher education course on pre-service teachers-beliefs about inclusion: and international comparison. *Journal of Research in Special Education Needs* 15, 276-284.
- Sharma, U. Vlcek, A. (2021) Global trends in the funding of inclusive education: A narrative review. Research Gate. 51-67
- State Education Inspectorate, Macedonia (2019). Website link: <https://dip.gov.mk/>
- UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <https://www.refworld.org/docid/3ae6b38f0.html> [accessed 23 December 2021]
- UN General Assembly, *Convention on the Rights of Persons with Disabilities*, 13 December 2006, A/RES/61/106, Annex I, available at: <https://www.refworld.org/docid/4680cd212.html> [accessed 23 December 2021]
- UNESCO. (2003). *Open file on inclusive education: Support materials for managers and administrators*. Retrieved September 6, 2016, from <http://unesdoc.unesco.org/images/0013/001321/132164e.pdf>
- UNICEF (2014) Knowledge, Attitudes, Practices towards Children with disabilities. Retrieved from <https://www.unicef.org/northmacedonia/reports/knowledge-attitudes-and-practices-towards-children-disabilities>
- UNICEF (2014) Think Piece: The former Yugoslav Republic of Macedonia, Meeting of the Deputy Representatives from Offices Preparing CPDs.
- UNICEF (2017) Follow-up Survey on Knowledge, Attitudes, Practices, towards Inclusion of Children with Disabilities. Retrieved from <https://www.unicef.org/northmacedonia/reports/follow-survey-knowledge-attitudes-practices-towards-inclusion-children-disabilities>
- United Nations Educational, Scientific and Cultural Organization (2016) *Policy Guidelines on Inclusive Education*. Paris, France.
- United Nations Educational, Scientific and Cultural Organization (2014). *The Right to Education: Law and Policy Review Guidelines*. Paris, France. Retrieved from https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNESCO_The_Right_to_Education_Law_and_Policy_Review_Guidelines_2014_en.pdf

United Nations (2016) General Comment Number 4. CRPD Committee.

United Nations Population Fund (2015) Country programme document for the Former Yugoslav Republic of Macedonia,
Retrieved from [https://www.unfpa.org/sites/default/files/portal-](https://www.unfpa.org/sites/default/files/portal-document/Macedonia%20CPD%20-%20ODS_0.pdf) document/Macedonia%20CPD%20-%20ODS_0.pdf

United States Agency for International Development (USAID) (2014) The Power of Coaching: Improving Early Grade Instruction
in Developing Countries. Retrieved from https://pdf.usaid.gov/pdf_docs/PA00JV67.pdf

World Federation for the Deaf (2015) Advancing Human Rights and Sign Language Worldwide.

World Health Organization (2011) World Report on Disability. Geneva Switzerland. World Health Organization.

ANNEX F: PARTICIPANT PROTECTION PROTOCOL AND INFORMED CONSENT FORM

Protection Protocol

Participant Safety:

UNICEF has contracted with Inclusive Development Partners (IDP) to conduct an Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia. IDP has partnered with two national experts in North Macedonia to consult on the project and carry out the Focus Group Discussions (FGD). During the recruitment process, our national experts who have experience and expertise in the fields of inclusive education and law, will introduce themselves and the evaluation to the potential participants and share the informed consent form with them. This will allow the potential participants to become familiar with the evaluation and its requirements and informally consent to the process before accepting the invitation to participate in the FGD. During the FGD the facilitators will repeat the introductions of themselves and the evaluation and will obtain informed consent from the participants (regarding the study and the recording the session). The discussions will be conducted using an online platform such as Zoom. The online platform offers both convenience and security for the participants allowing them to take the call/meeting in an environment of their choosing (at home or in their office) and allows them to adhere to COVID-19 protocols of social distancing, if needed.

Data security:

After obtaining consent, the facilitators will record the discussion and take notes throughout the conversation, which they will later translate from Macedonian to English to share with the rest of the evaluation team. The translated English notes from the discussions will be shared with the rest of the team on a secure file on Dropbox that only the research team has access to. The recording and the notes will be destroyed after the end of the evaluation in September 2022.

Focus Group Discussion Informed Consent Script (Caregivers)

Consent Language: Thank you for agreeing to participate in this Focus Group Discussion related to the Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia. The goal of this study is to provide UNICEF with information about the effectiveness of their recent inclusion programming across several sectors and help to identify opportunities for ongoing and future work in this area.

You have been selected to participate in this study because your perspective will help us to learn more about UNICEF's inclusion programming in the child protection / social protection / health / education sector(s). Your participation is very important, but you have the right to refuse to participate in the study at any time before, during, or after the discussion process. You can skip any questions you do not want to answer.

Your relationships with the program or evaluation team will not be affected if you choose not to participate. This discussion will take approximately 60 minutes. However, we will ask if you are available for a second call if the discussion exceeds this time.

We want to ask you about questions about your family's involvement in the UNICEF-supported programs between 2016 and 2020 and hear your perspective on how various aspects of the programs were implemented as well as their impact.

If you agree to participate, the information you provide us will remain confidential and your name and personal information will not be used in any way. We do not have any money or gifts to give you for your participation, but we know that your participation may provide information that can help improve the inclusion of children with disabilities in North Macedonia. If you have any questions about the study, you may contact Valerie Karr at valerie@includivedevpartners.com

If you would like to talk to someone about this study, or how you feel as a result of questions asked during this interview, you can contact either of the following local researchers:

Goce Kocevski, gkocevski@myla.org.mk, +389 78 252 942

Ana Mickovska, amickovska2@yahoo.com, +389 70 783 821

Please help make our discussion confidential by not sharing anything said in the group with anyone outside the group.

Do you have any questions now?

Do you understand everything I have explained?

Do you agree to participate in this study? Yes ____ No ____

Do you agree to this discussion being recorded so that we can remember what is said?

Yes ____ No ____

Key Informant Interview/Focus Group Discussion (non-Caregivers)

Consent Language: Thank you for agreeing to participate in this Key Informant Interview/Focus Group Discussion related to the Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia.

The goal of this study is to provide UNICEF with information about the effectiveness of their recent inclusion programming across several sectors and help to identify opportunities for ongoing and future work in this area.

You have been selected to participate in this study because your perspective will help us to learn more about UNICEF's inclusion programming in the [child protection / social protection / health / education] sector(s). Your participation is very important, but you have the right to refuse to participate in the study at any time before, during, or after the discussion process. You can skip any questions you do not want to answer.

Your relationships with the program or research team will not be affected if you choose not to participate.

This discussion will take approximately 60 minutes. However, we will ask if you are available for a second call if the discussion exceeds this time.

We want to ask you about questions about your involvement in the UNICEF program [specify] between 2016 and 2020 and hear your perspective on how various aspects of the program were implemented as well as their impact.

If you agree to participate, the information you provide us will remain confidential and your name and personal information will not be used in any way. We do not have any money or gifts to give you for your participation, but we know that your participation may provide information that can help improve the inclusion of children with disabilities in North Macedonia. If you have any questions about the study, you may contact Valerie Karr at valerie@inclusivedevpartners.com

If you would like to talk to someone about this study, or how you feel as a result of questions asked during this interview, you can contact either of the following local researchers:

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Ana Mickovska, amickovska2@yahoo.com, +389 70 783 821

Please help make our discussion confidential by not sharing anything said in the group with anyone outside the group.

Do you have any questions now?


















Do you understand everything I have explained?

Do you agree to participate in this study? Yes ____ No ____

Do you agree to this discussion being recorded so that we can remember what is said?

Yes ____ No ____

ANNEX G: DATA COLLECTION INSTRUMENTS

#	INSTRUMENT	FILE	#	INSTRUMENT	FILE
1	Educator Survey	 Survey - Educators March2022.docx	10	Edu Sector: MK Government KII/FGD	 MK Government Education
2	Family Doctor Survey	 Survey - Gen. Practitioners	11	Health Sector: MK Government KII/FGD	 MK Government_Healt
3	Patronage Nurse Survey	 Survey - Patronage Nurses	12	CP Sector: Beneficiary Professionals KII/FGD	 Beneficiary Professionals_CP
4	CP Sector: Implementing Partner KII/FGD	 Implementing partner_CP	13	SP Sector: Beneficiary Professionals KII/FGD	 Beneficiary Professionals_SP
5	SP Sector: Implementing Partner KII/FGD	 Implementing partner_SP	14	Edu Sector: Beneficiary Professionals FGD	 Beneficiary Professionals_Educ
6	Edu Sector: Implementing Partner KII/FGD	 Implementing partner_Education	15	Health Sector: Beneficiary Professionals FGD	 Beneficiary Professionals_Heal
7	Health Sector: Implementing Partner KII/FGD	 Implementing partner_Health	16	Beneficiary Families FGD (<i>subject to ERB review/approval</i>)	 Beneficiary families_March202
8	CP Sector: MK Government KII/FGD	 MK Government_CP	17	Other UN Agencies KII/FGD	 Other UN Agencies_March20
9	SP Sector: MK Government KII/FGD	 MK Government_SP			

ANNEX H: STAKEHOLDER MAP

Sector	Key Stakeholders	Activities
Education	<ol style="list-style-type: none"> 1. EeNET 2. Schools, teachers, school staff 3. Parents 4. Bureau of Education Development (BDE) 5. Ministry of Education and Science (MoES) 6. State Education Inspectorate (SEI) 7. CSOs/IPs: Macedonian Civic Education Center (MCEC), Open the Windows (OtW) 	<p>Capacity building</p> <ul style="list-style-type: none"> - Training for trainers on IE conducted by EeNET - Supported by UNICEF and MCEC, BDE trained a core group of experienced practitioners and advisors who provided on-site trainings in 20 primary schools in the country, training approximately 600 teachers and school administration - Supported by UNICEF, the BDE rolled out an online training module (in Macedonian and Albanian language) for knowledge and best practice dissemination, mandatory for all teachers in primary and secondary schools - OtW developed and delivered trainings on IE to state education inspectors (30% of the workforce), preschool teachers and the staff from Banja Bansko Centre - International expert provided training to Resource Centers staff, which was afterwards adapted for training educational assistants <p>Products</p> <ul style="list-style-type: none"> - Baseline study on the situation before the implementation of the Programme-Inclusive Education for the marginalized children, developed by MCEC - National Concept paper on Inclusive Education, developed by BDE - Developing School Inclusive Team Work Guide, with the support of MCEC - In-service training modules on IE developed and piloted with the support of MCEC and BDE <p>Systemic and legislative interventions</p> <ul style="list-style-type: none"> - Technical support to the MoES in developing new Law on Primary Education (consisting articles specifying educational inclusion) and relevant bylaws - Technical assistance in the transformation of special schools into resource centers

Health	1. Ministry of Health (MoH) 2. Patronage nurses (through the Macedonian Association of Nurses and Midwives) 3. General Practitioners (through the Macedonian Medical Association)	Capacity building - Capacitating the overall home visiting (patronage) nurses' workforce with knowledge and skills on early detection, intervention and support for children with disabilities and their families, based on the "Learning Together" program designed in 2015 in collaboration with Ulster University, in collaboration with the Macedonian Association of Nurses and Midwives - Capacity development of general practitioners and family medicine specialists in the same topics, in addition to training for the piloting Modified Checklist for Autism in Toddlers (M-Chat) and International Classification of Functionality (ICF). 20% of the total workforce was encompassed with the training since the start of the programme. Products - Developed in-service training modules for primary healthcare professionals - Developed guides for patronage nurses and family doctors for monitoring and supporting child development Systemic and legislative interventions - Integration of ICF-CY into healthcare system, ICF body funded through the MoH budget
Social Protection	1. Ministry of Labour and Social Policy 2. Centers for Social Work 3. Families of children with disabilities 4. CSOs (Association of Special Educators (ASE), Open the Windows (OtW))	Capacity building - Engaging a consultant to support UNICEF in creating a training of trainers for ICF - Technical assistance for Government (MLSP, and Centers for Social Work) in building capacities of disability assessment based on ICF through developing training modules and delivering trainings, with the support of OtW Products - Translation of ICF to Macedonian - Training modules for social workers and other ICF bodies' staff Systemic and legislative interventions - Technical support for introduction of a new Centers for Social Work system for collecting data on children with disabilities - Piloting the ICF model in cooperation with the ASE - Technical assistance in incorporating the ICF model in the legislation (Social Protection Law, Child Protection Law and subsequent bylaws) - Technical support for reform of the social protection legislation.
Child Protection	1. Ministry of Labour and Social Policy 2. Day Care Center Working Groups 3. Families of children	Capacity building - National DI consultant engaged in the MoLSP - Development of alternative (non-institutional) care and supportive services (foster care, day care centres for children with disabilities and small group homes) - Development of specialized foster care, and system for training and support of foster families, including support

	<p>with disabilities</p> <p>4. CSOs (Macedonian Helsinki Committee (MHC), Association of Special Educators (ASE), Open the Windows (OtW))</p>	<p>centers</p> <ul style="list-style-type: none"> - Legal aid to children and families in cooperation with the Macedonian Helsinki Committee. <p>Products</p> <ul style="list-style-type: none"> - Conducted Review of international best practices for alternative/family/community care for children with disabilities and proposal for policy and practical change - Researching the wellbeing and rights of adolescents in foster-care and defining actions for improving the quality of care - Analysis and recommendations on the DI and the development of child protection and family based alternative care services for children — inputs for the new DI strategy - Conference on de-institutionalisation (2017) - Transformation plans for the institutions for children (preparation of the staff) - Child care reform vision document - Gatekeeping model development - Transformation plans for the institutions for children (preparation of the staff) <p>Systemic and legislative interventions</p> <ul style="list-style-type: none"> - Transition of institutions and reunification of children with (biological or foster) families - Development of foster/kinship care system for children with disabilities coming out of institutional care, including revision of the standards and training materials, and introduction of support centres for foster carers - Conversion of institutions into resource centers and community support services - Equipping and refurbishment of small group homes for CwD in Timjanik and Negotino, and of the Foster Care Support Centres in Skopje and Bitola - Redesign of day care centres for children with disabilities and development of programme of work - Providing expert support for working programmes for children with severe and combined disabilities
Communication	<p>1. The MK government (incl. Policy makers, MPs, Ministries of Health, Education, Labour and Social Policy)</p> <p>3. OPDs</p> <p>4. Media</p> <p>5. Parents of children with disabilities</p>	<p>Capacity building</p> <ul style="list-style-type: none"> - Established team of disability spokespersons, including parents, teachers, experts, OPDs and celebrities <p>Products</p> <ul style="list-style-type: none"> - Developed and launched range of materials for a social change communication initiative 'Be fair - for a childhood without barriers': two social experiment videos, exploring discrimination and physical barriers, specialized media (i.e., print newspaper in braille and sign language TV news announcement); gif tutorials and a mobile phone app (Without Barriers) to engage the

	<p>6. Children with disabilities</p> <p>7. Children without disabilities</p> <p>8. General public</p>	<p>public in mapping barriers and positive examples of accessibility are under development.</p> <ul style="list-style-type: none"> - The campaign reached 5,652,543 people and engaged 217,943 and had 2,165,889 video views on UNICEF Macedonia social media platforms. - Conducted KAP study in 2018 to measure effects of interventions and develop communications for social change <ul style="list-style-type: none"> - Developed social media campaign using infographics based on key findings of the KAP study - Mainstreaming inclusion in a popular children's TV program, incorporating inclusion and disability issues into youth activism programs. - Mainstreaming disability in the national campaign 'Every child needs a family', designed to support government efforts to put an end to placement of children younger than three in large institutions by 2020, by mobilizing support for community-based alternatives to institutional care and recruiting new foster families. The campaign visited 30 municipalities and shared multi-media content through various media platforms, garnering a 20 per cent increase in the number of foster parents in the country and contributing, along with other reforms, to a two thirds reduction in the number of children in institutional care.
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ANNEX I: KEY INFORMANT INTERVIEW PARTICIPANTS

	Interviewee	Gender	Sector	Date
1	Elena Kochoska - Polio Plus organization	F	All sectors	26.04
2	Margarita Gulevska - Open the Windows organization	F	Education, Social protection	27.04
3	Biljana Trajkovska - MoES	F	Education	27.04
4	Vesna Kostikj Ivanovikj - Ombudsman and Association of Special Educators	F	All sectors	28.04
5	Goran Petrushev - ICF body president	M	All sectors	26.04
6	Vesna Boshevska - Ombudsman	F	Education	05.05
7	Snezana Trajkovska - BDE	F	Education	27.04
8	Anica Aleksovska - MCEC organization	F	Education	07.05
9	Mihajjlo Kostovski, Ministry of Health	M	Health	06.05
10	Dushan Tomshic, Ministry of Labour and Social Policy	M	Social Protection	19.05
11	Vesna Bendevska, Commission for Prevention from Discrimination	F	All sectors	18.05
12	Bojana Jovanova, Helsinki Comitee for Human Rights	F	All sectors	25.05
13	Radmila Buba Cvetkovska, Resource Center for Parents of CWD	F	All sectors	18.05
14	Ivana Dvojakova, Institute for Social Affairs	F	Social Protection	06.06
15	Vanja - Municipality of Shtip	F	All sectors	14.07
16	Tanja - Municipality of Kumanovo	F	All sectors	14.07

Terms of Reference for a Contractor
Evaluation of UNICEF Interventions Addressing
Inclusion of Children with Disabilities in North Macedonia
(August 2021)

I. Overview

This Terms of Reference is developed for a thematic evaluation, which aims to examine the extent to which programmes supported by UNICEF North Macedonia have contributed to addressing critical system-level bottlenecks to ensure that children with disabilities⁷² have access to services, live in caring family environments, and are able to enjoy all their rights.

The evaluation is envisioned as a cross-cutting, thematic evaluation that would encompass actions implemented during the country programme 2016-2020 across four programmes—child protection, education, social protection and health and nutrition—as well as a comprehensive communication strategy aimed at inclusion of children with disabilities. It will examine UNICEF’s contribution to system level changes and the transformation of nationally developed approaches (supply and demand driven). Its overarching goal will be to contribute to ongoing reform processes, inform policymaking and guide programme design, as well as enhance the accountability of UNICEF to key stakeholders and contribute to learning and knowledge sharing related to the situation of children with disabilities in the country. That said, it must be acknowledged that there might not be sufficient evidence available to systematically examine the contribution of the country office to changes at the level of the child. In addition, the methodological challenge of measuring child outcomes and wellbeing must also be recognized and taken into consideration.

It is expected that the evaluation will allow for gathering information to understand strengths, weaknesses, opportunities, innovations and lessons learnt (i.e. what could have been and what could be done differently), in order to improve and sharpen further initiatives to ensure equity-based inclusive service provision for children with disabilities.

Results of the planned evaluation will be measured by assessing the extent to which the conclusions and recommendations from the evaluation are used to effectively inform the design of new Government policies and approaches and inform the transformation of UNICEF interventions.

II. Context and Background

UNICEF North Macedonia country programme 2016-2020 had an explicit focus on children with disabilities, ensuring that “all programme components will include a disability component to promote an inclusive approach, with special attention given to the children’s development, learning and participation, as well as child-centred services.” During the

⁷² Article 1 of the Convention on the Rights of Persons with disabilities provides the following definition: Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others

first half of 2018, UNICEF conducted a light Strategic Review of the 2016 - 2020 Country Programme of cooperation with the Government and key partners. Not only was this a mid-point of the implementation of the programme, but a need emerged to take stock of what UNICEF had been doing and focusing on given the change of the government a year before and the reform processes that had begun. A consolidation of more recent data in the run up to the strategic review revealed key universal challenges, particularly in health and education, that affect all children. Hence, the initial focus on specific groups of vulnerable children changed to encompass major issues affecting all, or larger groups of children. Despite this shift in the strategic direction of the programme, as a response to the changing national context and new opportunities to accelerate reforms for children, interventions addressing inclusion of children with disabilities remained part of the programme.

Throughout the country programme, UNICEF North Macedonia played a convening role and provided guidance and technical support for policy and advocacy, elevated partnerships and supported promotion of the rights of children with disabilities. Some of the highlights include:

Social Protection

- Introduction of a new human rights-based model of disability assessment, based on the International Classification of Functioning, Disability and Health (ICF) in the second half of 2019. The globally accepted ICF provides a holistic model for assessing children's potential and linking children and their families to the services that will allow them to flourish.

Education

- Comprehensive technical assistance in the development of a legal framework and implementation of education practices that support the full inclusion of children with disabilities in mainstream education. UNICEF supported the development of a new Law on Primary Education, that sets forth the legal basis for full inclusion of all children in mainstream education by 2023, as well as the development of the Concept for Inclusive Education, that offers specific guidance how to practically implement inclusion in education.
- Inclusive education practices were modelled in 25 kindergartens and 30 primary schools, and new support services (Education Assistance and Personal Assistance) were introduced in schools. The practice of special groups for children with disabilities in early childhood education was abolished.
- Support provided to the Law for primary education and related regulations, which set forward the legal basis for total inclusion of students with disabilities in the mainstream education system. In its initial articles, the new Law describes the inclusion of all children in education as one of the key principles and goals. The law introduces a national concept on inclusion that will guide the process, developed with UNICEF support. It also effectively transformed all "special" schools into resource centre schools and envisions their role as supporting the inclusion process in regular primary schools so that, as of 2023, all children attend mainstream schools.

Health

- Continuous work with the home visiting services and family doctors to enhance the capacities of frontline health workers in early detection and early intervention for developmental difficulties.

Child Protection

- UNICEF was among the strongest supporters of the process of deinstitutionalisation and development of alternative care services for children with disabilities. This resulted in no children placed in large scale

institutions in North Macedonia by the end of 2019. Children are either reunited with their families, are living with foster families, have been adopted or are residing in small group homes with up to five children per home. In parallel, strengthening the childcare system was enabled by providing evidence through research, leading to revision of legislative framework, followed by re-design of the engagement, preparation, monitoring and support system for foster and kinship care provision, and capacity and community-based services development. To prevent unnecessary separation of children from their families, introduction of a gatekeeping mechanism was initiated. The needs of children with disabilities were specifically addressed with newly established community and home-based early intervention services, targeted parenting support programme, and enhancing the system for community-based legal empowerment for caregivers of children with disabilities. UNICEF supported development of a new model of work in five day-care centres, aiming at transforming day care centres into support centres that would offer variety of services in the community.

Communication

- As negative attitudes and behaviours represent a significant barrier faced by children with disabilities, especially in realizing the right to family environment and the right to education, UNICEF has been engaged in addressing this barrier, having conducted Knowledge, Attitudes and Practices (KAP) studies to measure stigma and discrimination and having implemented C4D initiatives to address the negative attitudes and behaviours towards children with disabilities.

COVID-19 response

- During the COVID-19 pandemic, UNICEF supported the provision of an online individualized support to children with disabilities and their caregivers, for early intervention, early stimulation and speech therapy. Parents of children with disabilities and a number of foster families were provided with psychosocial support.

In its Concluding Observations⁷³ on the government's report in 2018, the Committee on the Rights of Persons with Disability expressed concern at the lack of consistent and comparable statistics on persons with disabilities in North Macedonia, the lack of human rights indicators in the available data, and the extent to which disability-related indicators are effectively applied in the implementation of the Sustainable Development Goals (SDG). The Academic Network of European Disability Experts (ANED)⁷⁴ also notes the limitations on policy and programme development inherent in North Macedonia's lack of official statistical data on persons with disabilities.

The only official data available from the State Statistical Office relates to those using some sort of social services or claiming benefits. In 2018, a total of 7,346 children with disability already registered with social services. At the time,

⁷³ Committee on the Rights of People with Disability Concluding observations on the initial report of the former Yugoslav Republic of Macedonia (2018) OHCHR Geneva

⁷⁴ Shavreski Z. Kochoska E Living independently and being included in the community ANED (2018) Brussels. The Academic Network of European Disability experts (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network support the development of the European Disability Strategy 2010-2020 and implementation of the United Nations Convention on the Rights of Persons with Disabilities in the EU

there were 43 children in institutions and another 700 under the general social service net, giving an estimated total of 8,388 children with disability in the country. This, however, is most likely a significant underestimate.

UNICEF North Macedonia Main Areas of Intervention 2016-2020

The country programme design was initially driven by the key areas in the Regional Knowledge and Leadership Agenda (RKLA), looking at the relevant data for the specific groups of children the programme aimed to target, including children with disabilities. The programme rationale is described in the Think Piece accompanying the preparation of the 2016-2020 country programme.

The main areas of intervention were as follows:

- Defining policies and legal framework
- Generating political commitment, advocacy, building public awareness and demand around the inclusion of children with disabilities
- Introducing service delivery models and supporting the development of institutional structures
- Modelling of the new types of services
- Strengthening human resources through the provisions of training materials and training
- Adaptation, testing and piloting new tools (M-Chat, ICF)
- Strengthening multisectoral approach by providing the trainings to the staff of different agencies and NGOs
- Monitoring and documenting
- Developing of data and generating evidence

III. Purpose of the Evaluation

The purpose of this summative evaluation is to provide a summary account of UNICEF's results to date in programmes supporting inclusion of children with disabilities in the country, including interventions designed and implemented as part of the COVID-19 response. The evaluation will be forward looking, being an important learning opportunity, both for UNICEF and its partners, especially the government, in deriving lessons from the experience and existing evidence that can bring attention to the policies and good practices and inform UNICEF programming targeting children with disabilities and their families at all levels. In particular, the evaluation would guide further programming related to inclusive education, inclusive and child-sensitive social protection, child poverty measurement and analysis and more equitable public finance for children.

Findings and recommendations of the evaluation will be very valuable to help UNICEF North Macedonia to reflect on its own progress and plan next steps taking into account the lessons learned.

IV. Evaluation Scope

The evaluation is expected to encompass programmatic initiatives and actions in support of integration of children with disabilities over the period 2016-2020. These included:

In education, UNICEF modelled the concept and inclusive education practices in 30 primary schools, and offered professional development to 2,200 teachers (on-site) and 4,500 teachers (online). A new support service, Educational and Personal Assistance, was established in schools. UNICEF provided technical support in drafting policies conducive to inclusive education, including: the new Law on Primary Education, National Learning Standards, National Concept for Distance Learning, National Concept for Inclusive Education, plan and protocols for safe school reopening during the Covid-19 pandemic, new Law on Teachers and Support Staff and 15 bylaws for professional and career

advancement of teachers, technical support to the Ministry of Education and Science to oversee the transformation of special schools into resource centers. The positive effect and data utilization are set to continue further with the new Law on Secondary Education and a new concept for Primary Education, currently under development.

In early childhood education, through piloting 25 inclusive kindergartens, where capacities for working with children with disabilities were strengthened, UNICEF established inclusive teams as essential mechanisms for inclusive ECE practices in all kindergartens across the country. This programme also introduced a mechanism of mentoring visits to kindergartens which resulted in improved skills and knowledge for early learning, and empowered teachers to work together as a team. These efforts resulted in a major milestone with a legislative change that abolished the practice of having special groups for children with disabilities in ECE.

In child protection, interventions to be encompassed include de-institutionalisation, childcare system strengthening, and establishment of community based and support services.

In health and nutrition, capacity development for patronage nurses and family doctors on early detection and intervention for developmental difficulties, adaptation and testing of M-Chat, piloting ICF in family doctors' practices.

In social protection, UNICEF engaged partners from the Government and the Association of Special Educators to develop and pilot a new model of disability assessment based on the International Classification of Functioning, Disability and Health (ICF). The ICF framework should enable integrated response to persons with disability needs for health, educational, and social protection support. With UNICEF support, functional assessment was incorporated in the Law on primary education as a basis of providing educational support to children with disability, and a Rulebook on additional educational, health and social support for children and youth was drafted – detailing the manner of conducting the functional assessment and the roles of various institutions and authorities. By the end of 2020, with UNICEF support, three pilot centres for ICF-based assessment of children have been established - one national and two covering the Skopje region - and staffed with trained teams. The child's parent(s) are now full members of the disability assessment team, together with a qualified special educator, paediatrician, a social worker and a psychologist. Approximately 350 children and their families used the piloted assessment services which provided significant opportunities to learn from the process and adjust accordingly. UNICEF also provided technical assistance and support to the Ministry of Labour and Social Policy in the 2019 reform of the country's social protection and social welfare systems – including the new Social Protection Law and a major revision of the Child Protection Law. The reform overhauled and consolidated the cash benefit system, to, among other things, ensure increased coverage and adequacy. It also introduced new social support and care services. The disability allowance for children (special allowance) was increased by 15%. It covered 3,275 children in 2019, raising to 3,810 in 2020. The allowance for persons with disability was extended to also cover persons with intellectual disability. The supplement to the part-time salary for a parent caring for a child with a disability has increased to 50% of the average net salary. A so-called permanent allowance, resembling a pension, was introduced for parents who took care of a child with a disability up to the age of 26. Two new services for people with disabilities were introduced - Personal Assistance and Home Care. Respite care was also introduced to provide relief to primary caregivers.

In communication, a comprehensive communication strategy was implemented, using a mix of channels to reach and engage the public. A major element of the strategy was a multi-year campaign that combined a strong social and digital component, as well as selected activities targeting different audiences.

An important segment of the evaluation would be to also assess—to the extent possible—the intersectoral dimension of the work, that is, how the work in different areas collectively responded to the needs of children with disabilities. Gender should be also taken into consideration across the evaluation criteria.

V. Objectives of the Evaluation⁷⁵

- i) Assess the relevance of the disability programming taking an intersectoral approach with a strong focus on early childhood education, education, child protection, social protection, health and communication for development, as well as the incorporation of a gender perspective.
- ii) Assess the extent to which the programmes addressing inclusion of children with disabilities have been successfully applied and with what results – with specific reference to the scope defined above.
- iii) To the extent possible, assess UNICEF's contribution, in terms of the role the organization has played, towards addressing systems' level bottlenecks and improving effective coverage with evidence-based interventions.
- iv) Assess the extent to which the results achieved to-date have supported—or can support and inform the design of new Government programmes for the delivery of accessible and affordable services for children with disabilities.

VI. Evaluation Framework/Questions

The evaluation framework is shaped along the lines of the DAC⁷⁶ criteria and the evaluation is expected to respond to the following evaluation questions:

Relevance

1. How relevant have UNICEF interventions supporting children with disabilities and their families been?
2. Was the design of the programmes and interventions/activities appropriate for achieving the intended results and outcomes?
3. To what extent did models and approaches to delivery correspond to and address actual needs of children with disabilities and their families, including any gender-specific needs?
4. Were relevant partners involved in the programme design, implementation and evaluation, including children with disabilities, their families and organisations of people with disabilities?

Coherence:

1. Have UNICEF actions and interventions in different sectors been mutually reinforcing in improving inclusion of children with disabilities? And to what extent?
2. Have UNICEF interventions complemented any existing programme and/or policies, thereby enhancing their effect? Or, in contrast, have they possibly undermined such programmes and/or policies?
3. Has there been complementarity and consistency with other actors' interventions and actions in the area of inclusion of children with disabilities? Or, in contrast, has this aspect been overseen and efforts have been duplicated?

⁷⁵ The objectives are formulated so as to address the 5 OECD/DAC standard evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability. <https://www.oecd.org/development/evaluation/qualitystandards.pdf>

⁷⁶ <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

Effectiveness:

1. Have the UNICEF supported programmes and interventions contributed to eliminating bottlenecks in ensuring effective inclusion of children with disabilities?
 - i. Increasing availability of supply of services and qualified human resources for their timely and effective delivery?
 - ii. Ensuring financial accessibility of services and setting eligibility criteria that do not cause significant exclusion errors in the access to services and cash benefits, including gender related exclusion
 - iii. Changing knowledge and raising awareness about and demand for services and cash benefits
 - iv. Shifting the paradigm around disability, contributing to reduced stigma and discrimination and positive social norm change
 - v. Ensuring quality of social services in support of children with disabilities, their parents and families, as well as adequacy of cash benefits and entitlements.
2. What are the key benefits for children and their caregivers from the implemented programmes and interventions/activities? To the extent possible—subject to availability of relevant data—determine if different groups (based on gender, ethnicity, socio-economic profile, urban-rural residence, and type of impairment) are benefitting to the same extent?
3. What factors (e.g. political, social, gender and cultural, social norms, systemic, or related to the programme and service design and implementation, professional practices) were critical for the achievement or failure of the initial objectives?
4. How effective were the capacity building activities?
5. Was coordination between the different sectors and sectoral programmes effective and did it contribute to planned outcomes?
6. What is UNICEF comparative advantage and what are the synergies with other actors, programmes and interventions? What synergies have been created (including with private sector)?
7. What worked and what did not work to reduce inequities (in child outcomes, access to and utilisation of essential service, etc.)? What are reasons for this?

Efficiency:

1. Were programmes implemented according to initial timeline? Were there any delays in implementation and what were the reasons for that?
2. Were UNICEF programme budgets and resources (human, financial and technical) adequately used for addressing priority bottlenecks? Could we have the same programme results with less resources? (economic and technical efficiency)
3. Were needs of children with disabilities and their families/caregivers clearly assessed?
4. Was the implementation of programmes and interventions appropriately monitored and evaluated? How were the results used?

Impact

1. To what extent have the programmes and interventions contributed to long-term positive changes in wellbeing of children with disabilities?
2. How much was UNICEF able to shift the paradigm on disability and improve the understanding on disability?

3. To what extent and in which sectors did programmes/interventions make significant impact? Were there any sub-group differences (urban/rural, male/female, poor/rich, or with respect to different impairments (physical, mental, intellectual or sensory) or severity?

Sustainability:

1. Are legal, institutional/administrative and financial mechanisms established to ensure monitoring and evaluation as well as sustainability of programme results (policies, strategies, services)? Are conditions established to ensure quality of the services (service standards, training, supervision mechanisms, beneficiary grievance and redress mechanisms, etc.)?
2. What are the key factors that can positively or negatively influence the long-term financial sustainability of the services established?
3. To what extent is the participation and/or support of other partners enhancing sustainability?
4. Which lessons learned have external validity?

Evaluation questions will be further refined by the evaluation team during the desk review phase and in consultation with the Reference Group and partners and stakeholders – to focus on the questions that, if well answered, have the greatest potential to impact on policies, strategies and future programming.

The evaluation is related to the following stakeholders:

- Policy-making and coordination authorities, which design, enact and coordinate policies related to inclusion of persons with disabilities (e.g. Parliament and its Labour and Social Policy Committee, as well as the Interparty Parliamentary Group on the Rights of Persons with Disability; Office of the Prime-minister; National Coordinating Body on the Implementation of the CRPD; Ministry of Education and Science; Ministry of Health; Ministry of Labour and Social Policy);
- Service providers to children (education, healthcare, social and child protection, municipalities);
- Independent state institutions for protection of human rights (e.g. the Ombudsman's Office and its unit for protection of child rights and rights of persons with disabilities, the Commission for Prevention and Protection from Discrimination);
- Civil society organizations relevant for persons and children with disabilities, including:
 - Organisations of people with disabilities working on supporting persons and children with disabilities and advocating their interests;
 - Other CSOs working on policy analysis and advocacy related to improving public services, inclusive education, access to healthcare, social and child protection, human and child rights, as well as support to EU integration;
 - Professional associations of relevant service providers (e.g. the Macedonian Medical Association, Macedonian Association of Nurses and Midwives, Association of Special Educators and Rehabilitators, the Association of Social Workers);
 - Academia providing education and training for relevant service providers (e.g., Faculty of Medicine, Institute for Special Education and Rehabilitation);
- Development partners, including bilateral and multilateral donors, supporting the inclusion of persons and children with disabilities;
- Caregivers of children with disabilities (including parents, grandparents, guardians and non-related primary caregivers);
- Children and youth (both with and without disabilities).

VII. Dissemination and Use

Results of the evaluation will be measured by assessing the extent to which the conclusions and recommendations from the evaluation are used to effectively strengthen UNICEF disability programming and inform the design of new Government strategies and approaches in the area of inclusion of children with disabilities. Ultimately, the desired impact of the evaluation's findings and recommendations would be to enhance the development, inclusion and well-being of children with disabilities.

Audience of the evaluation	Intended use of the evaluation
Primary audience	
UNICEF North Macedonia Country Office	UNICEF will use the evaluation to inform UNICEF programming targeting children with disabilities and their families at all levels, including: better plan the implementation of the Country Programme; improve partnerships with the government, particularly the development and review of workplans. UNICEF will draw upon the findings of the evaluation to adjust its advocacy approaches to influence government policies, strategies, and funding priorities related to inclusive education, inclusive and child-sensitive social protection, child poverty measurement and analysis and more equitable public finance for children.
Line ministries in charge of education, social/child protection and healthcare (Ministry of Education and Science, Ministry of Health, Ministry of Labour and Social Policy)	The evaluation will guide UNICEF's government counterparts to make strategic adjustments in key policies, including regarding areas where collaboration can be strengthened, as well as support and inform the design of new Government programmes for the delivery of accessible and affordable services for children with disabilities.
National Coordinating Body on the Implementation of the CRPD; The Office of the Prime-Minister	The evaluation will inform UNICEF and the national counterparts on areas where collaboration needs to be strengthened to ensure effective implementation of the CRPD and relevant inter sectoral coordination.
Parliament and its Labour and Social Policy Committee, as well as the Interparty Parliamentary Group on the Rights of Persons with Disability; The Office of the Ombudsman	The evaluation will assist Parliament and the Ombudsman to better address systems' level bottlenecks – including those related to public funding – and improving effective coverage of children with disabilities with evidence-based interventions.
Secondary audience	
UNICEF Country Offices in similar contexts; UNICEF Regional Office and HQ	Will be able to use the new knowledge generated by the evaluation, including lessons learned, to inform local, regional and global strategic approaches to evidence disability programming.

Other UN Agencies in the country working in the domain of persons with disabilities, improving public services, human and child rights; UNICEF's bilateral and multilateral donors	Will be able to use the new knowledge generated by the evaluation, including lessons learned, to inform decision making in domain of persons with disabilities, improving public services, human and child rights. This knowledge will also contribute to joint multi-stakeholder advocacy efforts for the adoption of coherent approaches. Development partners will be able to hold UNICEF accountable against its programming commitments and results presented progress reports, and to reflect on their allocation of budget resources for disability programming going forward.
Civil society organizations in the country relevant for persons and children with disabilities, including organizations of persons with disabilities, relevant professional organizations and academia	Will be able to use the lessons learned and broader findings of the evaluation to shape their programme interventions. CSO implementing partners will be able to scale up and mainstream the good practices identified in the evaluation, while addressing weaknesses.

The results of the evaluation will be first validated internally and with all partner governments and key stakeholders through the Evaluation Reference Group. The evaluation report will be placed in the public domain – together with a management response to follow up on recommendations.

VIII. Methodology and Technical Approach

The methodology will include the following elements and stages:

- a) Desk Review of existing documentation, evaluation reports, all relevant UNICEF project and programme documents, researches and studies; government strategies and policy documents, primary and secondary data reports; initial validation of resources and final definition of the scope for the evaluation
- b) Based on the desk review, the consultants will develop an Inception Report that includes:
 - ✓ A reconstructed Theory of Change, based on the available information in the Think Piece accompanying the preparation of the 2016-2020 Country Programme
 - ✓ A summary of initial findings against the evaluation questions derived from the desk review
 - ✓ Recommended methodological approach to this assignment, which takes into account the difference in the sector, approaches and development/maturity of the programmes, including elements of both formative and summative evaluation approaches
 - ✓ Draft data collection instruments and the identification of any ethical considerations, if relevant
 - ✓ Reduced and refined evaluation questions, responding to the specificities of the context and supported by detailed evaluation matrix
 - ✓ Propose any necessary revisions in the budget for the evaluation
 - ✓ Propose a structure for the Final Evaluation Report

- c) **Country mission(s)** – Depending on circumstances related to the situation with the COVID-19 pandemic⁷⁷, the evaluation team will meet with the evaluation reference group, gather additional evidence, conduct key informant interviews, including with key stakeholders and partners, draft and present an initial analysis before the end of the mission.
- d) **Report writing** (final evaluation report). The evaluation team will develop an analytical report that summarizes evidence gathered during the desk review and the data collection, drawing higher level conclusions, identifying promising practices and important lessons learned. The draft evaluation report will be presented to UNICEF country office as a first step in validating the findings and conclusions and refining the recommendations so that they are both strategic and useful. Subsequently, the report will be presented to the evaluation reference group for the same purposes.

The methodology must be agreed upon between UNICEF and the evaluators, with consultation of relevant counterparts, prior to the start of the evaluation. The methodology should:

- ✓ Demonstrate impartiality and lack of biases by relying on different and solid information sources (e.g., stakeholder groups, including beneficiaries, etc.) and using a mixed methodology approaches (e.g., quantitative, qualitative, participatory) to ensure triangulation of information through a variety of means.
- ✓ Enable addressing the key evaluation questions taking into account the evaluability challenges, the budget and the agreed timeframe.
- ✓ Use applicable international and corporate norms and standards for evaluation, including Geros Quality Assessment System.
- ✓ Ensure, through the use of mixed methods and appropriate sampling that women, girls, men and boys from different stakeholders' groups, including the most marginalised-participate and that their different voices are heard and used.
- ✓ Consider applying evaluation approaches such as contribution analysis in support of evaluating policy interventions.

In addition to the elements required in the Inception Report listed above, UNICEF will identify an initial list of the key stakeholders to be met by the evaluation team; nevertheless, during the inception and fieldwork phase, team members will be able to reach out to additional stakeholders and informants, within available resources and time.

To facilitate the evaluation process, UNICEF will assist with the organization of meetings with the relevant government authorities, development partners, institutions, key stakeholders and beneficiaries. UNICEF will be responsible for preparing and coordinating the full agenda of the evaluation in consultation with partners and stakeholders.

The following **limitations** to the evaluation are anticipated:

- I. Lack of an initial overarching theory of change encompassing planned interventions under all programmatic areas and their interplay in addressing inclusion of children with disabilities
- II. Unavailability and poor quality of data related to children with disabilities, including a more accurate estimation of the number of children with disabilities, that would allow for a better evaluation of outcome and impact level results

⁷⁷ This will depend on the development of the situation with the COVID-19 pandemic, including the status of travel restrictions.

III. Multisectorality of the programmes for children with disabilities requiring complex cross sectoral approaches.

To address some of these limitations, the evaluation will use information provided through the existing documentation and evaluation reports and validate key determinants of inequity and trends at impact and outcome level. Please refer to Annex A for a preliminary list of the documentation available, as well as a stakeholder list. At a next stage the evaluation approach will be further narrowed down, examining all programme interventions and their impact, including UNICEF's specific role. The contracting organization/company will assess whether collecting disaggregated data is feasible given the data limitations. The multisectorality risk will be addressed through ensuring a multidisciplinary evaluation team able to comprehensively assess interventions across sectors.

IX. Expected Deliverables, Timeframe and Reporting requirements

The Team Leader will report to the UNICEF Child Rights Monitoring Specialist and be the main focal point within the evaluation team for all communications. Once the documents are prepared and delivered, UNICEF shall hold the Intellectual property right of the documents and the related materials.

Evaluation main deliverables and deadlines

Evaluation Deliverables	Completion Dates	# of days Team Leader	# of days per Team Member
Inception call	2 weeks before submission of the draft inception report	3	3
Inception Report (20 pages excluding annexes)	2 weeks after the inception call	10	7
Introductory meeting with the evaluation reference group to present and discuss the draft Inception report	1 week after Inception Report Finalisation	1	1
Additional desk review, data collection and analysis		20	20
Draft Evaluation Report (40-50 pages, excluding executive summary and annexes)	12-14 weeks upon completion of the Inception Report	40	30
A PowerPoint presentation of the evaluation, its main findings, recommendations and conclusions	1-2 week after approval of final report.	3	1
Total		77	62

The Inception Report, including the **Desk Review** should outline the main evaluation issues that will be addressed, the relevant evaluation questions and the proposed and final methodology that has been agreed upon before the evaluation is set to begin. All tools will be annexed to the report. The IR will be reviewed by the Evaluation Reference Group. The draft IR will be subject to an external quality review.

Draft Evaluation Report will be shared with UNICEF and Evaluation Reference Group to ensure that the evaluation meets UNICEF expectations as stipulated in the Evaluation Terms of Reference. The draft report will be presented and reviewed by the Evaluation Reference Group. The draft report will be subjected to an external quality assurance review. The final evaluation report will be approved by the UNICEF Representative.

The presentation should aim to communicate the main findings, conclusions and recommendations of the evaluation. It is anticipated that the Team Leader will present the final report upon agreement with UNICEF on the date.

All documents produced should be child-sensitive, and in line with the Convention on the Rights of the Child and other legal documents on human rights. All deliverables will be submitted in English, the content of which should be well structured, coherent and evidence-based.

Report writing, terminology, publication and citation guidelines of UNICEF should be followed. Necessary guidelines will be provided by UNICEF North Macedonia. In addition, UNICEF North Macedonia will contribute to the review of the inception report, the draft and final reports to ensure they meet UNICEF's quality assurance and ethical standards. UNICEF North Macedonia will also provide technical advice and support to the evaluation process.

X. Evaluation Ethics

The evaluation should follow UN Evaluation Group Norms and Standards – including ensuring that the planned evaluation fully addresses any ethical issues. The consultants should also adhere to UNICEF's Evaluation Policy and to UNICEF Reporting Standards. Evaluation team members will sign a no conflict of interest attestation.

All UNICEF Programme and project evaluations are to be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation' and UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis.⁷⁸ Based on the UNICEF's Criteria for Ethical Review Checklist, and also depending on whether the evaluation team will decide to include children as participants in this evaluation, a decision will be made whether the evaluation will go through an ethical review board. In case ethical review and approval is required, a request, along with all tools and required documents, will be submitted to Health Media Lab, an LTA holder. Additional materials on Disability Inclusive Evaluations will be shared with the evaluation team.

XI. Location, Duration and Budget

The evaluation will take place over a maximum 11-month period between September 2021 and July 2022 and will be remunerated against the deliverables indicated in the TOR.

The international consultants will be home-based with possible travels to the country, subject to circumstances surrounding the COVID-19 pandemic, its spread and potential travel restrictions. The national consultant will be selected and appointed by the consulting company. The national consultant will only be required to do in-country travels, if need be.

⁷⁸ <https://www.unicef.org/media/54796/file>

Proposed Workplan

		2021				2022						
	ACTIVITY	09	10	11	12	01	02	03	04	05	06	07
1	Evaluation Team contracted											
2	Evaluation Reference Group established											
3	Draft and Final Inception report produced											
4	Ethical review and quality assurance											
5	Evaluation Design and Instruments validated											
6	Data collection and analysis											
7	Draft report submitted											
8	Presentation of Findings and Conclusions											
9	Final report submitted											

Travel Requirements for the Assignment

Travel and daily subsistence allowances will be as per the rules and regulations of the contracted evaluation company.

Any additional specific information regarding the time schedule, procedures, benefits, travel arrangements and other logistical issues will be discussed with the successful candidate evaluation company.

XII. Qualifications and specialized knowledge/experience requirements

The evaluation is expected to be carried out by a contracting organization/company with experience in evaluations, researches, studies, data collection and reporting. The contracting organization/company should propose an evaluation team of 4-5 international experts and one national expert. All team members should have substantive expertise in leading or conducting evaluations and should not have any conflict of interest with respect to UNICEF and/or national programmes and activities in support of inclusion of children with disabilities.

The evaluation team is expected to include members who together form an appropriate balance of expertise and practical knowledge in the following areas:

- Disability programming
- Education
- Child Protection
- Early Childhood Development/Health
- Social protection/Social assistance
- Gender
- Social Policy/Public Planning and Finance

- Communication for social norm change

The national consultant should be an expert in one of the sectors suggested above.

The team leader will be responsible for managing the evaluation and delivering the final reports, as well as for communication with UNICEF and counterparts, the final presentation of the results. The team leader should be involved in all phases of the evaluation, coordinating inputs for all the deliverables, including participation in some of the data collection processes personally and presentation of the results. Other team members will be responsible, inter alia, for the evaluation design, desk review, data collection, quality control, analysis of some sections of the report, implementation and logistics.

Required Qualifications:

- Advanced university degree and/or academic background in Sociology, Economics, Public Policy, Public Health or a related field, with a focus on disabilities
- At least 10 years of proven record in managing project/program evaluations in areas relevant to child protection and child wellbeing
- Extensive experience in designing evaluations and household surveys, conducting qualitative analysis and surveys, data analysis and report writing
- Proven background in disability, which must include knowledge on the CRPD, the social model of disability, and extensive personal or professional experience with the disability community
- Ability to work within the international and multicultural environment
- Very good communication and presentation skills with government and community members
- High analytical and conceptual skills and ability
- Good knowledge of computer applications
- Fluency in written and spoken English

XIII. Roles and Responsibilities

Roles and responsibilities for all team members

1. All team members are requested to refer attentively to the documentation made available, including the ToR, context information and information on and preparatory analysis of UNICEF's interventions.
2. All team members are requested to familiarize themselves with UNICEF's global normative products in the substantive areas for which they are responsible. These are available on the UNICEF website www.unicef.org.
3. Complementary to the evaluation ToR, the evaluation team leader will prepare a number of orienting documents and tools (including an evaluation matrix) in discussion with the evaluation team. These documents should be read by all team members and will be used as a framework for guiding the questions to be asked and data to be gathered during the evaluation.
4. All team members will contribute to concisely written inception report and draft evaluation report.

Roles and Responsibility – Team Leader

The Team Leader has the overall responsibility for the Evaluation of Interventions Addressing Inclusion of Children with Disabilities in North Macedonia looking at the relevance, effectiveness, efficiency, impact and sustainability of

UNICEF's and other key interventions. Specifically, the tasks of the TL include:

- Guide the extensive desk review of existing information on the context, national policies and priorities and UNICEF's work, including all relevant programme and project documents and reports, previous studies, research and evaluations
- Develop and provide detailed methodological guidance for the team and coaching them in the tools and approach to be used for data gathering and analysis
- Facilitate meetings/interviews with national counterparts and development partners
- Provide guidance in preparing evaluation deliverables
- Follow the methodology described in the ToR, prepare checklists as appropriate and consult with the Team Members as necessary on methodological issues
- Coordinate with the evaluation team to consolidate inputs from the evaluation team and ensure timely delivery of evaluation products
- Manage the evaluation work plan, respecting deadlines for specific activities and inputs described in the work plan
- Maintain a high level of communication with the other team members
- Conduct interviews with a range of key stakeholders and informants
- Visit accessible field programmes sites and interview field staff and ultimate beneficiaries, as appropriate and feasible
- Assess UNICEF's, work government and other partners' contribution and comparative advantage in the context of existing policies, plans and emerging issues
- Contribute to the team's analysis and discussion of evaluation questions and issues common to the whole team
- Lead the consolidation of the teams' inputs for the debriefing session(s) and in the presentation of the draft findings to stakeholders
- Submit the Inception Report upon completion of the Desk Review phase, the Draft and Final evaluation reports (ERs) and the power point presentation on the main findings and recommendations emerging from the evaluation.

Companies responding to the tender should plan to hire interpreters separately as necessary.

Note that both the Inception report and the draft Evaluation report will be subject to an external quality assurance review prior to being cleared by UNICEF as final deliverables.

XIV. Submitting of proposals and evaluation criteria for assessing bids

Interested companies are requested to submit their technical and financial proposals no later than **30 August 2021**.

The bidders are requested to provide a:

- Technical proposal, with the following elements:
 - The understanding of the assignment by the proposer
 - Description of the organization and its organizational experience with similar projects (samples of relevant work could be attached)
 - Client references, with a focus on similar projects

- List of proposed team for the assignment with a description of the role of key personnel in the assignment, their relevant experience and qualifications (CVs could be attached)
- Proposed Methodology and Approach, including, but not limited to approach to implementation of the tasks, work plan and timeframe, detailed sampling methods, monitoring and evaluation and quality control mechanism
- Financial proposal in USD with all-inclusive cost. In all cost implications bidders, should factor the cost of the required service/assignment. Estimated cost for travel should be included in the financial proposal. Travel cost shall be calculated based on economy class travel, regardless of the length of travel. Costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC). Unexpected travels shall also be treated as above. A detailed financial proposal should be structured by deliverables listed in deliverables table. Associated costs should be itemised per: i) fees for national and international experts; team members and researchers; ii) material costs; iii) translation services; and iv) other. The financial proposal shall be in the following format:

Activity	Days	Rate per day	Total
Price w/out VAT			
1. (Budget heading)			
1.1. (Budget line)			
1.2. (Budget line)			
.....			
Subtotal			
2. (Budget heading)			
2.1. (Budget line)			
2.2. (Budget line)			
.....			
Subtotal			
GRAND TOTAL			

The required documents should be submitted to the UNICEF country office, no later than 30 August 2021 in the following manner:

- a) Technical proposal in PDF with all required documents in the order described above should be sent to skopje@unicef.org
- b) Financial proposal in PDF should be sent to amicevska@unicef.org

After the opening, each proposal will be assessed first on its technical merits and subsequently on its price. The proposal with the best overall value, composed of technical merit and price, will be recommended for approval. UNICEF will set up an evaluation panel composed of technical and procurement staff and their conclusions will be forwarded to the internal UNICEF Contracts Review Committee, or other relevant approving authority.

The evaluation panel will first evaluate each response for compliance with the requirements of the request for proposal (RFP) procedure of UNICEF. Responses deemed not to meet all of the mandatory requirements will be considered non-compliant and rejected at this stage without further consideration. Failure to comply with any of the terms and conditions contained in this RFP, including provision of all required information, may result in a response or proposal being disqualified from further consideration.

The overall weighting between technical and price evaluation will be as follows: The technical component will account for 70% of the total points allocated and the financial component will account for 30% of the total points allocated.

The assessed technical score must be equal to or exceed 42 (that is, sixty percent) of the total 70 points allocated to the technical evaluation in order to be considered technically compliant and for consideration in the financial evaluation.

The proposals will be evaluated against the following technical criteria:

Item	Technical Evaluation Criteria	Max. Points Obtainable
1.	Company and Personnel	30
1.1.	Range and depth of organizational experience with similar projects	10
1.2.	Client references	5
1.3.	Key personnel: relevant experience and qualifications of the proposed team for the assignment	15
2.	Proposed Methodology and Approach <i>e.g. Work plan showing detail sampling methods, project implementation plan in line with the project</i>	40
2.1.	The understanding of the assignment by the proposer	5
2.2.	Proposed methodology, including detailed sampling methods, monitoring and evaluation and quality control mechanism	20
2.3.	Proposed approach to implementation of the tasks as per the ToR, including work plan and timeframe	15
	TOTAL TECHNICAL SCORES	

XV. Administrative issues

Management of the Evaluation

The evaluation will be managed by the UNICEF Child Rights Monitoring Specialist (CRM), who will be responsible for the day-to-day oversight and management of the evaluation and for the management of the evaluation budget. The evaluation manager will ensure the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures, provide quality assurance on the relevance of the evaluation findings and conclusions, and the implement ability of recommendations, and contribute to the dissemination of the evaluation findings and follow-up on the management response. The evaluation manager will work in collaboration with programme sections of UNICEF North Macedonia, as well as the UNICEF regional evaluation team. Additional quality assurance will be provided by the external quality assurance facility set up by the ECA Regional Office. The Final Evaluation report will be approved by the UNICEF Country Office Representative.

An **Evaluation Reference Group** will be established to guide and oversee the implementation of the evaluation, providing expert advice as needed. The RG will include representatives from the UNICEF Office, as well as external experts and representatives of organisation of people with disabilities. The ERG is expected to provide feedback during the evaluation process and on the deliverables; comment on the evaluation approach and methods and facilitate access to data and information.

UNICEF CRM specialist will be the key focal point for the Evaluation Institution/Team.

The Evaluation Section in the Regional Office will provide support to the evaluation team throughout the process.

Representatives of partners involved in the planning and delivery of programmes in support of integration of children with disabilities will be involved in designing the evaluation and will participate in elaboration of recommendations through active contribution during debriefing meetings and by providing feedback to the draft Inception and Final Reports.

Payment Schedule

Payment Terms

All payment terms will be indicated in the institutional contract upon selection of the successful company.

40 % of the payment is due after the delivery of the final inception report

40 % of the payment is due after the submission of the draft evaluation report

20% of the payment is due after the integration of any final comments and corrections to the final synthesis evaluation report

The inception report and the evaluation report will be considered final after satisfactory review by the external review facility and the approval of the Reference Group.

TOR Annex A

Preliminary list of available documents

Docu ment No	Type of Docu ments	Title	Author
SP_01	Report	Final Report to WHO on the translation of ICF in Macedonian	UNICEF CO
SP_02	ToR	Terms of Reference: Technical assistance to develop and deliver training on functional disability assessment based on ICF	UNICEF CO
SP_03	Report	Final Report on introducing functional assessment within future disability assessment commissions	Manfred Pretis
SP_04	Program Document	Program Document: Piloting the new assessment model for additional education, social and health support to children and youth, based on ICF	
EDU_05	Manual	Enhancing inclusive practices in early childhood	Simona Palcevska, Atinula Nicovska, Valentina Zindl, Sanja Aleksovska, Nadica Janeva, Biljana Ancevska, Judith Hollenweger
EDU_06	Report	Mission Report on IE Modules	Judith Hollenweger
EDU_07	Training Module	Module 1: Inclusive Education – Vision, Theory and Concepts	Judith Hollenweger
EDU_08	Training Module	Module 2: Working together to create Inclusive Schools	Judith Hollenweger
EDU_09	Training Module	Module 3: Enabling environments for personalised learning	Judith Hollenweger
EDU_10	Training Module	ToT Modules on Inclusive Education	Judith Hollenweger
EDU_11	TOR	Capacity building of school inclusive teams on approaches and strategies related to differentiated	UNICEF CO

		learning and individualized instruction in an inclusive classroom	
EDU_12	Report	Workshop on "Capacity building of school inclusive teams on approaches and strategies related to differentiated learning and individualized instruction in an inclusive classroom"	Edina Krompak
EDU_13	Manual	Teacher manual of school based and classroom based activities to support all learners	Edina Krompak, Judith Hollenweger
EDU_14	Manual	Teacher manual for school support staff for supporting children with disabilities	Andrijana Tasevska, Gorica Mickovska
EDU_15	Study	Inclusion of Children with Disabilities in Preschool education	Ombudsman
EDU_16	Research	Inclusion of children and youth with disabilities in mainstream secondary education	Ombudsman
EDU_17	Guidebook	Guidebook for School Inclusive Teams	Bureau for development of education
EDU_18	Report	Towards Inclusive Education	Ombudsman
EDU_20	Policy Brief	Towards a Cross-Sectoral Approach to Inclusion of Children with Disabilities	UNICEF CO
EDU_21	Report	Report on the Baseline Study on Inclusive Education for Marginalised Children Programme	Anica Aleksova, Gorica Mickovska, Zhaneta Chonteva
EDU_22	Manual	Manual for inclusive education	Bureau for development of education
EDU_23	Report	Mapping of Disability Persons Organisations	Open the Windows
EDU_24	Report	Capacities of services for inclusion of children with disabilities	UNICEF CO

EDU_25	Booklet	Case studies from schools involved in inclusive education training-of-trainers programme	UNICEF CO
EDU_26	Guidebook	Practical guide on inclusive education	Bureau for development of education
EDU_27	Report	IE Report from school monitoring visits	MCEC
EDU_28	Report	Inclusion of students from vulnerable background	MCEC
EDU_29	Report	School directors view on Inclusive Education	MCEC
EDU_30	Report	Progress report on the implementation of the programme for inclusion of children from vulnerable background	MCEC
EDU_31	Report	Report from implemented training in inclusive education in preschools	Open the Windows
EDU_32	Law	Law on Primary Education	Government
EDU_33	Report	Situation of children with disabilities in primary education	Bureau for development of education
EDU_34	Report	Report from a training in Banja BANSKO	Open the Windows
EDU_35	Report	Report from a training of State Education Inspectors (1 and 2)	Open the Windows
COM MS_01	Strategy	Communication for change strategy to support inclusion of children with disabilities 2015-2020	Suzie Pappas, UNICEF Communication Officer
COM MS_02	Report	Follow-up Survey on Knowledge, Attitudes, Practices towards Inclusion of Children with Disabilities	GfK Skopje (Indago)
COM MS_03	Strategy	Participants Overview: Communication for social change to support Inclusion of Children with Disabilities	Suzie Pappas, UNICEF Communication Officer & Marija Mokrova, UNICEF Child Rights Monitoring Specialist
COM MS_04	Strategy	Visual overview of communication for change strategy using socio-	Suzie Pappas, UNICEF Communication Officer

		ecological model, North Macedonia	
COM MS_05	Lesson learned	Be Fair! For a childhood without barriers_campaign triggers change	Suzie Pappas, UNICEF Communication Officer
COM MS_06	C4D Case Study	Be fair, for a childhood without barriers #THISAbility_Case Study	Suzie Pappas, UNICEF Communication Officer
COM MS_07	Presentation	Visual presentation of creative elements used during campaigns	Suzie Pappas, UNICEF Communication Officer
CP_01	Report	Review and Recommendations for Change: Day Care Centres and Services for Children with Disability	Consultancy with contributions from Imago Plus, Day Care Centre Working Group and UNICEF
CP_02	Analysis	Assessment of alternative forms of care and family support services for children with disabilities	Natalija Mihajlova, Desislava ilieva, Stojan Mihajlov, Ketii Jovanova Jandrijevska
CRM_01	Guidebook	Guide to Monitoring the CRPD Implementation	Polio Plus
CRM_02	Guidebook	Guide to Understanding the CRPD	Polio Plus

TOR Annex B

Think Piece developed during the preparation of the Country Programme 2016-2020





Research Ethics Approval

15 June 2022

Valerie Karr, PhD
Inclusive Development Partners
23 Glenn Dr.
Milford, NH, 03055 USA

RE: Ethics Review Board findings for: *Evaluation of UNICEF Interventions Addressing Inclusion of Children with Disabilities in North Macedonia* (HML IRB Review #557NMAC22)

Dear Dr. Karr,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 18 April – 15 June 2022. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Aleksandar Nikolov, Penelope Lantz, JD

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