

EQUITABLE ACCESS COUNTRY HIGHLIGHTS: NORTH MACEDONIA

Section I: Country setting

Basic information

POPULATION	2.1 million
AREA	25,713 km ²
GDP	US\$ 33.8 billion
GDP PER CAPITA	US\$ 16,253
ACCESS TO DRINKING WATER (2016)	Total: 99.4% Urban: 100% Rural: 97%
ACCESS TO SANITATION (2016)	Total: 77.2% (connected to sewerage) Urban: 66% (connected to sewerage) Rural: 11.3% (connected to sewerage)

Protocol on Water and Health. North Macedonia is not yet a Party to the Protocol.

Water sector. The main authorities responsible for the water sector in North Macedonia are the Ministry of Environment and Physical Planning, in charge of environmental and water protection, and the Ministry of Health, represented by the Institute of Public Health, which is responsible for drinking-water monitoring and water-related diseases. The Ministry of Agriculture, Forestry and Water Economy mainly deals with irrigation, and the Ministry of Transport and Communications is responsible for infrastructure related to water supply and sanitation.

Section II: Self-assessment of equitable access to water and sanitation

II.A. Key findings³²

Governance framework. In the municipalities assessed, there is no strategic framework at the local level to ensure equitable access to water and sanitation. Scores for financial policies and rights of users vary across municipalities but tend to be medium.

Geographical disparities. At national level, access to improved sanitation is only 83 per cent in rural areas compared to 99 per cent in urban areas. There is a greater percentage of unsafe drinking water in rural areas (about 20–40 per cent of samples are bacteriologically contaminated) compared to urban ones. In Kumanovo district, between 3 per cent and 30 per cent of the population comprising the different municipalities live in rural areas and rely on wells and public fountains for their water needs with no access to safe drinking water. In most of the municipalities of Kumanovo district, public policies receive low scores for addressing access and price disparities, whereas international assistance programmes receive high scores for taking into account geographical disparities in their projects.

Vulnerable and marginalized groups. In Skopje, the vulnerable and marginalized groups with the lowest scores in terms of access to water and sanitation are persons with special physical needs and the homeless. In addition, only 26 per cent of Roma people living in Skopje, mostly in poor informal settlements, have access to water and only 16 per cent have access to sanitation in their homes. In Kumanovo district, all self-assessed municipalities have some public policies to ensure access by vulnerable and marginalized groups, but overall scores are low. The quality and safety of drinking water in schools has improved steadily in the previous five years, but most schools lack facilities for menstrual hygiene. In addition, there is no access to water and sanitation in religious facilities.

Affordability. In Skopje, the average water and sanitation bill may represent about 7 per cent of the income of the lowest income households. The city has a policy to provide free water, i.e. payment exemption to households that receive financial assistance in terms of social protection subsidies, which is applied to about 130 households. In Kumanovo, public policies for access to water and sanitation services are directed to social cases who are recipients of financial assistance, such as the Roma population, families with newborns (with free water for up to 24 months), and for people with disabilities in the

³² For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2ntOvX9>

municipality of Rankovce in the form of free connection to water and sanitation. In Veles, there is no data on the affordability of water and sanitation services and there is no information about the policies to ensure it.

II.B. Process of self-assessment

Brief description. The self-assessment focused on the municipalities of Skopje and Veles and the district of Kumanovo with a combined population of over 700,000 people, or about a third of the country's population. The Institute of Public Health and the NGO Journalists for Human Rights coordinated the overall self-assessment process, while the Centres of Public Health in Skopje, Veles and Kumanovo led the respective self-assessments in each of the three municipalities. The self-assessment was carried out for a period of 11 months from April 2015 to February 2016.

Key lessons learned from the process:

- There was unexpected good coordination between all involved stakeholders.
- The local authorities welcomed the findings, did not take them as criticism, and showed a desire to improve the situation, particularly in public institutions and schools.
- Mobilization of the media through press conferences, social media campaigns and other means can be very effective in raising the profile of the issues around equitable access to water and sanitation.
- Engaging in a non-partisan manner with the political process can be very fruitful. In preparation of the election campaign, local NGOs were mobilized to lobby future mayoral candidates to include activities in their programmes that had been identified as part of the local Equitable Access Action Plans.

Section III: Actions taken to improve equitable access to water and sanitation

III.A. Process of development of local Equitable Access Action Plans

After completing the self-assessment, North Macedonia embarked on the development of local Equitable Access Action Plans for the city of Skopje, the municipality of Veles and five municipalities in the Kumanovo district: Kumanovo, Staro Nagorichane, Rankovce, Kratovo, and Kriva Palanka. The lead agencies were the NGO Journalists for Human Rights and the Institute of Public Health. Contributing agencies and stakeholders included relevant ministries (for the environment, health, agriculture, forest and water management, self-governance, finance, social affairs), water utility companies, local communities, local NGOs and the media. The original schedule was for five months starting in November 2016, but the process was delayed due to a political crisis that involved both extraordinary parliamentary elections and delayed municipal elections, and therefore it ran from January to April 2018. The process involved the establishment of three local teams that: i) built on the teams previously created for the self-assessment; ii) presented the results of the self-assessment to local authorities and stakeholders; iii) reached consensus on the priorities for action; iv) drafted the local action plans; and v) presented the local action plans to local authorities and stakeholders for endorsement.

III.B. Main elements of the local Equitable Access Action Plans³³

Each local action plan for equitable access to water and sanitation includes objectives (targets), specific targets, an indication of relevant strategies/laws/plans/programmes, specific actions, indicative time frames for the implementation of each action (e.g. less than six months, between six months and two years, between two and five years), responsible institutions, financing sources, and indicators. The specific actions vary from municipality to municipality ranging from 15 to 20 actions per municipality; some of them were similar for all municipalities. While action plans have not yet been officially endorsed, several actions have already been implemented thanks to the awareness raised on the need to take action and to activities carried out by the Institute of Public Health, Regional Centres of Public Health, the NGO Journalists for Human Rights, municipalities and public media.

As a result of the local action plans, many things have changed in a positive way. After many years, Skopje has reconstructed two public toilets in the centre of the capital, as well as in its zoo, and many other public institutions have renovated toilets and opened them for free public use. For example, seven primary schools in Skopje and Veles have renovated their toilets, setting the standards for school toilets based on the age of pupils. Menstrual hygiene needs are placed at a high level of importance, starting with a public campaign to raise awareness of the topic. As a concrete measure, North Macedonia initiated the use of reusable menstrual pads, which will improve reproductive health and the availability of menstrual products, while decreasing waste. North Macedonia disposes of six million menstrual pads monthly, mainly in non-sanitary landfills.

³³ For more information on the local Equitable Access Action Plans, see <https://bit.ly/2mN8v6F>

Finally, the implementation of water safety plans began in early 2019. Staff from Public Water Utilities were trained (30 people have already been trained) through a cooperation between the Institute of Public Health and ADKOM (Public Water Utility Association).

Section IV. Financing equitable access to water and sanitation

The local action plans have identified a range of potential funding sources to finance equitable access to water and sanitation, which include municipal budgets, the national budget, community and citizens' contributions, and international donations. Moreover, the local action plans identify specific funding sources for each of the actions contained in the plan, and municipalities are expected to provide the financial resources to achieve universal access to water. Water quality improvements are expected to be funded through a mix of municipal budgets, contributions from local communities and citizens, national funds for rural development, and international grants. Rural sanitation is expected to be funded through a mix of municipal budgets, the national budget, international grants, and contributions from local communities and civil society. Within the framework of a Government Programme for Rural Development, €30 million was allocated and many new sewerage systems were constructed or are under construction, and old water supply systems in rural areas are being renovated.

In terms of spending: i) urban sanitation is expected to be funded by public budgets, both municipal and national, and through donors; ii) water safety monitoring is expected to be funded by public budgets, both municipal and national; iii) awareness-raising campaigns are expected to be funded by public budgets, both municipal and national, and through donors; and iv) access for people with disabilities is expected to be funded by municipal budgets. The Ministry of Environment and Physical Planning reports € 220,000 expenditures related to water and sanitation annually, according to its annual programme of work.

