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WHY SHOULD WE CARE
ABOUT CARE? THE ROLE
OF CHILDCARE AND
ELDERCARE IN FORMER
YUGOSLAV REPUBLIC OF
MACEDONIA

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WHY SHOULD WE CARE ABOUT CARE? THE ROLE OF CHILDCARE AND ELDERCARE IN FORMER YUGOSLAV REPUBLIC OF MACEDONIA¹

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¹ This report is prepared by the Poverty & Equity Global Practice, Europe and Central Asia team: Victoria Levin, Ana Maria Munoz Boudet, Beth Zikronah Rosen, Tami Aritomi, Julianna Flanagan, Lourdes Rodriguez-Chamussy. This work was done as part of the activities under the Trust Fund “Promoting Gender Equality in the Western Balkans”, supported by the Swiss Cooperation Agency via the World Bank’s Umbrella Facility for Gender Equality multi-donor Trust Fund.

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Executive Summary

Despite progress in reducing gender gaps in education and health, 50% of women of working age remain out of the labor market in FYR Macedonia.² The conflicting demand of women's time for care and work activities represents a fundamental barrier to economic participation and generates a vicious circle of low labor market attachment and prominence of the care provider role that leads to increased vulnerability and gender-based inequalities.

International evidence shows that support for child and elder care impacts women's labor market participation. This note examines the care needs of families with children and/or elderly household members and the provision of formal care services in FYR Macedonia with an emphasis on the availability, price and quality characteristics. Based on the analysis of an independent mixed methods dataset collected in the Western Balkans region, this note documents perceptions and barriers for use of quality formal care in FYR Macedonia.

Five main messages emerge from the assessment of supply and demand of formal childcare and eldercare in FYR Macedonia:

1. Limited availability of affordable services underlies the relatively low utilization of formal childcare services.
2. There is demand of formal childcare services, voiced predominantly by parents perceiving benefits for child's development and working (or willing to work) mothers.
3. Supply of eldercare is characterized by lack of day-based services and limited and expensive availability of residential care centers.
4. Social norms are a strong deterrent for use of residential eldercare while use of day-care centers and home-based formats –if available- would be more compatible with prevailing standards.
5. Quality is important for potential users of formal care services. FYR Macedonia scores high in terms of quality provision of childcare, however that is not the case in eldercare provision with challenges in every dimension, particularly in infrastructure and safety features.

The rising demand for care services and relatively progressive views about use of formal care services in FYR Macedonia provide an opportunity to develop a formal care industry and increase labor force participation and productivity. Policy options to appropriately address the challenges identified in this

² World Development Indicators (WDI) 2015.

note include the expansion of publicly provided childcare centers, implementation of public subsidies to private childcare provision and use, creation of education and accreditation programs to prepare caregivers and care-entrepreneurs, development of a system and plan to increase quality of services with attention to costs –particularly improving quality provision of eldercare-, and revising the legal framework to be adaptable to the demands and expectations of care.

I. Motivation: Why should we care about care?

1. **Within families, the demand for time devoted to informal and at-home care falls disproportionately on women of all ages.** In the Western Balkans countries, as well as in most of the world, it is well documented that childcare duties fall disproportionately on women. For the case of eldercare, while filial obligation on the part of the child might rest equally on daughters and sons, those more likely to act upon it are daughters and daughters-in-law (Box 1). In an expanded generational view, as mothers are expected to be the main childcare provider, grandmothers are often expected to provide care for grandchildren when mothers need support.

2. **There is a negative circle of low female labor market attachment and prominence of the care provider role for women that leads to increased vulnerability and gender-based inequalities.** Lower labor market attachment and earning potential of women -caused in part by the prominence of their childcare role- combined with women's higher life expectancy, result in a higher propensity to become caregivers at one or another point in the lifecycle. As women spend more time engaging in unpaid, informal care work, they have less opportunity to work in the market. Studies looking at the relationship between caregiving and labor market outcomes show negative impacts both on the extensive and intensive margins and reduced human capital accumulation (Becker 1985, Behrman and Wolfe 1984, Ribar 1995, Jaumotte 2003). There is also evidence that caregivers receive lower wages, further discouraging labor force participation (Correll et al 2007, Carmichael and Charles 1998, 2003, Heitmueller and Inglis 2007). Together, these may contribute to reduced lifetime earnings for caregivers, leading to a disadvantaged position in terms of financial status, lower pension accumulation, and long-term economic vulnerability.

3. **Policy interventions that appropriately address care demands would benefit not only women but the whole society as increasing labor force participation and productivity is vital for sustainable development.** The rising demand for care services provides an opportunity to develop a formal care industry, which can contribute to long-term active aging objectives by recruiting younger old to care for older old, as well as increase female labor force participation, in particular for women with low skills. In terms of childcare, given that productive and reproductive years overlap for women, support for working mothers (and fathers) is essential to prevent women to drop out of the labor force due to childcare demands. This target cannot be attained without improved care services that not only free women to take part in paid work, but also ensure adequate human capital investment in the young generations.

4. **The current demographic situation provides FYR Macedonia with a unique opportunity for economic growth, poverty reduction and increase savings through greater labor participation.** After reaching its minimum, the number of dependents (children and elder) per economically active person will

start to grow during the next few years. Incorporating as many potential workers into paid work represents a unique opportunity for growth, poverty reduction and strengthening of public finances. Over the past years, near half of the female population aged 15 to 64 remained out of the labor market. Estimation of the loss of income that gender gaps in labor force participation represent for countries in the Balkans region, indicate that in FYR Macedonia total income could be 15% higher if women did participate in the labor market in the same proportion as men (Cuberes and Teignier, 2015)

5. **This note examines the provision of childcare and eldercare in FYR Macedonia with an emphasis on the availability, price, and quality of care, and suggests policy priorities that address the identified challenges.** The analysis in this note is based on a study aimed at exploring childcare and eldercare in the Western Balkans region, drawing primarily from a new mixed-methods dataset, described in the following section, and building on relevant quantitative surveys and data sources specific to Western Balkans countries. The note is structured as follows: Section II introduces the new, independent mixed methods data set that is the basis for the analysis and findings presented. Section III describes the use of formal care arrangements in FYR Macedonia, based on the analysis of perspectives both from families with care needs and from care providers and discussing the role of norms and perceptions of childcare and eldercare use, the following sections are dedicated to the description of supply and demand of childcare and eldercare, respectively. Sections IV and V focus on the supply and demand of childcare, and Sections VI and VII describe supply and demand of eldercare. Section VIII concludes by examining what we know in terms of policies that can support families in informal care provision in a sustainable and incentive-compatible manner.

Box 1: Summary of literature review on care and female labor participation

The impact of rising care duties on the time women devote to paid work can take the form of lower labor force participation or lower work intensity. The effect of rising care duties on female labor supply can take on numerous forms. Women can decide not to enter the labor force to attend to care demands or they can enter and at a later stage withdraw from the labor force altogether, thereby being affected on the extensive margin, or they can reduce working hours (for example, by starting to work part time or by requesting flexible work arrangements) or switch to jobs that are less time intensive and oftentimes more precarious, implying an intensive margin effect. In Central European countries, caregiving has an impact on the number of hours women work but not on their labor force attachment (Bolin et al. 2008). Spiess and Schneider (2003) demonstrate that a negative effect on work hours for women who start or increase caregiving does not reverse when caregiving is reduced.

There is rich evidence that increased availability of formal childcare options results in improved labor force participation of women in many different contexts—in Brazil (Deutsch 1998; Paes de Barros et al. 2011); in rural Colombia (Attanasio and Vera-Hernandez, 2004); in urban Argentina (Berlinski and Galiani, 2007); in Japan (Asai et al. 2015); and in Canada (Lefebvre and Merrigan, 2008). Closer to the region, Del Boca and Locatelli (2006) used data from the European Community Household Panel to show that female labor force participation is affected by the availability, and even more importantly, affordability of childcare. Fong and Lokshin (2000) examined the

relationship between female labor supply and the cost of paid childcare in Romania between 1989 and 1995 and found that both female labor force participation and the decision to use paid childcare were sensitive to the price of childcare. In the Russian Federation, Lokshin (2000) used policy simulations based on panel household survey data to show that providing subsidies for paid childcare increased maternal employment by almost twice as much as comparable wage subsidies. In Turkey, a recent World Bank study (World Bank, 2015) also finds that mothers with low education have a limited willingness to pay, and will prefer a more basic provision of childcare –but of good quality- than a costlier system providing an expanded range of services within the childcare centers. Besides this extensive margin effect, childcare subsidies increased the amount of time working mothers spent at work and were more effective in raising the overall family income than any other policy intervention examined in the study. It is important to note that access to childcare can affect male labor market outcomes as well as female labor supply. Calderon (2014) examined the impacts of a Mexican government-provided childcare program and found that it not only increased female labor employment rates and earnings but also enabled men to spend time searching for better paid jobs.

As with childcare, intensive eldercare duties can reduce female labor supply during the most productive years.

There is a substantial body of evidence, from a variety of contexts, that intensive, time-demanding care, such as that requiring more than 20 hours per week, has significant negative effect on the likelihood of staying in the labor force (Jacobs et al. 2014a; Gabriele et al. 2011; OECD 2011; Lilly et al. 2010; Bolin et al. 2008; Heitmueller and Inglis, 2007; Henz, 2006; Johnson and Lo Sasso, 2000; Sarasa, 2006; Carmichael and Charles, 1998). Greater availability of formal eldercare options can be expected to affect female labor force participation, although evidence on this topic is so far limited. Heger (2014) uses SHARE data to look at caregivers’ employment and finds caregiving decreases employment rates in countries with low supply of formal care (or ‘family care countries’) by 34 to 60 percentage points depending on the frequency of care but has no impact on caregivers’ employment probability in countries with more established care systems. Earlier, Viitanen (2007), using the European Community Household Panel to simulate the effect of greater public expenditure on formal residential care and home-help services for the elderly, found a positive effect on the employment rate of 45–59-year-old women by 9–13 percentage points across Europe. Loken et al. (2014) examine a 1998 expansion of local, home-based care for the elderly in Norway, which resulted in a significant reduction of extended absences from work for adult daughters of single elderly. Geyer and Korfhage (2014) examine long-term care support in Germany and conclude that cash benefits discourage care providers from engaging in paid work, while benefits given in kind (and as such better substituting for the specific time commitment of the informal caregiver) provide incentives to already caring household members to increase labor supply. These findings confirm analysis by Todd (2013) showing that there are still few acceptable market-based options for eldercare in developing countries compared with childcare.

II. A new, independent mixed-methods dataset

6. **The World Bank collected a new, independent mixed methods dataset in order to investigate the changing care arrangements—specifically, childcare and eldercare—and its interaction with female labor force participation and productivity.** This contribution sought to bridge a knowledge gap in terms

of the interaction between female labor force outcomes and care services in the ECA region, especially in the Western Balkans. In particular, on the demand side, it sought to collect new evidence and document the care needs of families with children and/or elderly household members, and the barriers they face in accessing care services. On the supply side, it investigated the quality, cost, and quality of care in the region. The study also builds up on relevant quantitative surveys including the Generations and Gender Survey (GGS), the Survey of Health, Ageing, and Retirement in Europe (SHARE), and data sources specific to Western Balkans countries, including the European Social Survey (ESS) and National Time Use Surveys (see Table 1 for a summary of data sources by Western Balkans countries).

Table 1: Summary of data sources

Western Balkans countries	Independent Data	ESS	National TUS
Albania		X	
Bosnia and Herzegovina	X		
Kosovo	X	X	
FYR Macedonia	X		X
Montenegro			
Serbia	X		X

7. The field work, which was conducted between February and May 2014, was divided broadly into two components: (i) A supply assessment of available care services, and (ii) A household and demand assessment, including Focus Group Discussions (FGD) with adults with care needs, and questionnaires completed by participants. The supply assessment was a census-type study, which investigated the types of child and elder care services available to households, both public and private, and explored their accessibility, affordability, and quality. This included site visits, mixed methods interviews, and, when appropriate, quantitative observational checklists. The demand assessment targeted households with children and/or elders and included an investigation of time use, care needs, perceptions, and preferences about care responsibilities, as well as barriers in access to formal child or elder care services. Whenever possible, it followed the dynamics of care demand and supply at the household level, with women and their labor force engagement at the center. This assessment included quantitative individual-level questionnaires, as well as qualitative focus group discussions. Both childcare and eldercare providers were clearly defined (Table 2).

Table 2: Childcare and Eldercare definitions

	Childcare	Eldercare
Definition	Care for children younger than primary school age, or care after-school for older children	Care for aging adults (no set ages specified)
Providers included	Daycare, kindergarten, and preschool, among others	Daycare, long-term care, permanent care and living facilities, and social clubs which are run by an administrator
Providers excluded	Live-in centers (such as orphanages) & those which are primarily focused on education	Those primarily focused on medical needs, such as hospitals
Results focus on	Children younger than 6 years of age	Live-in facilities

7. Both demand and supply assessments were conducted in each of seven countries: Kosovo, Bosnia and Herzegovina, FYR Macedonia, Serbia, Ukraine, Kyrgyz Republic, and Armenia. A total of 9 FGDs were held in FYR Macedonia with working women, non-working women and men. The FGDs were held in 3 sites: in a rural community, in a small city, and in a middle-class neighborhood in the largest urban center of the country. For the supply assessment, 20 childcare facilities and 5 eldercare facilities were visited (Table 3). Participants were between 25 and 65 years of age and were spread across different age groups within the range (both younger and older) and experienced different types and levels of care responsibilities (such as childcare, eldercare, both childcare and eldercare). Employed respondents included those with different levels of work intensity (part-time and full-time) and both those who are self-employed and wage workers. The supply assessment was a census-type study of all childcare and eldercare services available in the sites we targeted for the demand assessment. It included public, private, and community-based care providers. Official documentation and snowball sampling were used, and providers mentioned in focus group discussions were included.³

³ Snowball sampling, also called chain-referral sampling, refers to the non-probability sampling technique where existing study subjects recruit future subjects from among their acquaintances.

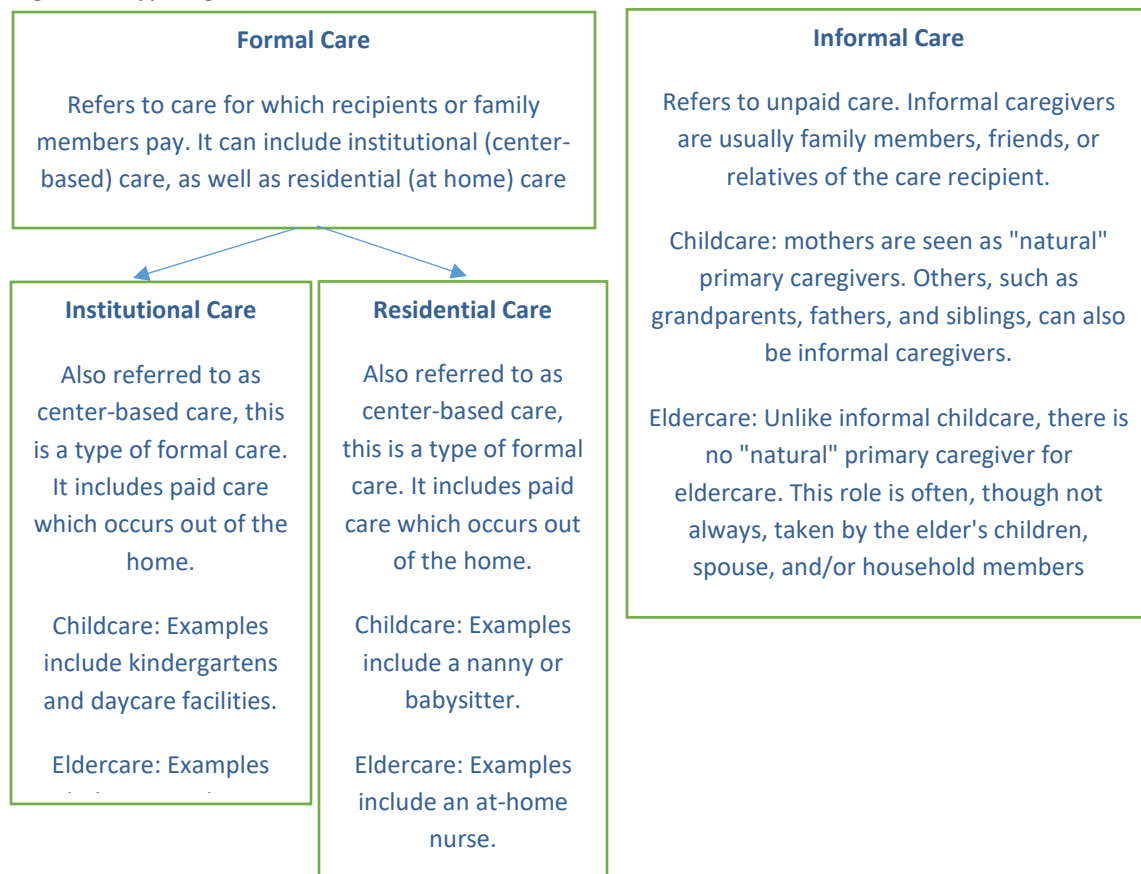
Table 3: Country-level data collected through independent mixed methods survey

Country	Individuals Interviewed	FGDs held	Childcare facilities assessed	Eldercare facilities assessed	Intermediaries assessed
Kosovo	102	9	9	3	3
Bosnia and Herzegovina	107	12	8	5	0
FYR Macedonia	103	9	20	5	3
Serbia	108	9	18	8	4
Ukraine	99	9	51	2	10
Kyrgyz Republic	94	9	73	7	0
Armenia	121	9	30	3	1
Total	734	66	209	33	21

III. Use of Formal and Informal Care

8. **Informal care in this study refers to unpaid and generally unregulated care, usually provided by family members, whereas formal care is defined as care that is paid and is thus regulated by some type of a contractual arrangement** (Figure 1). In most countries, formal care tends to emerge as a response to support families in their caregiving role when that role cannot be fulfilled within the family. An interaction between prevailing social norms and institutional environment determines each society's reliance on particular modalities of formal support for caregiving, such as leave arrangements, financial support, and in-kind services.

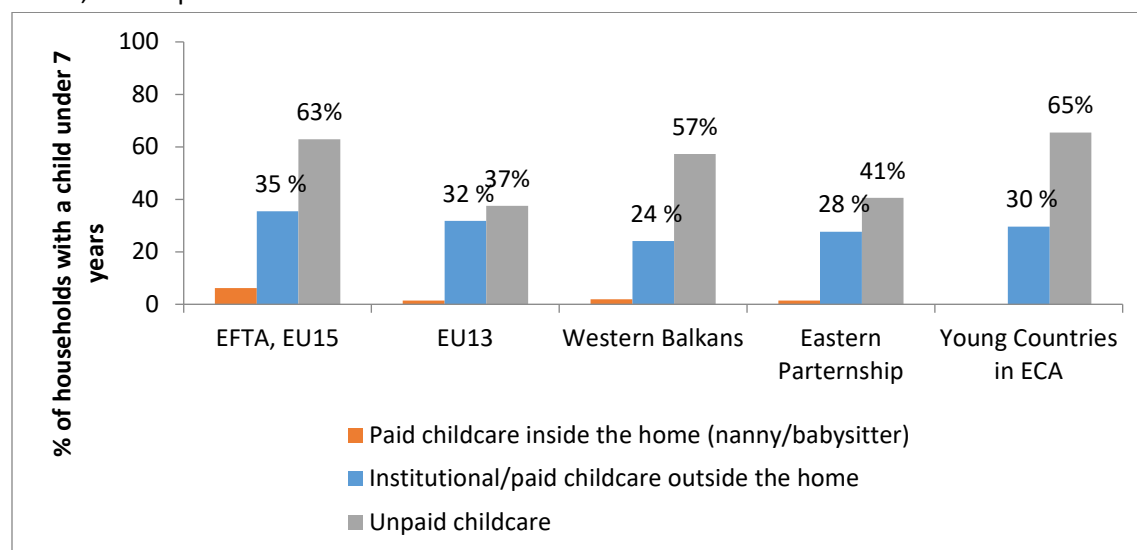
Figure 1: Typologies of care



Source: Author's based on Krauss et al (2010)

9. Use of formal childcare services in FYR Macedonia, as well as in other countries of the region, is very low. Data from the Gender and Generations Survey depicts the prominent care arrangements for children 7 years and younger in Europe by groups of countries (Figure 2). Interestingly, the split between unpaid care and formal institutional childcare is most even in EU-13 countries as well as Eastern Partnership countries, suggesting that the two forms of care might be used as complements in these sub-regions. Individual interviews show that most childcare needs are met by informal care or a combination of formal and informal care. (Table 4). The analysis of supply and demand in the following sections will show that a combination of service availability and intra-household decision-making processes underlies the relatively low utilization of formal childcare services.

Figure 2: Percent of households with at least one child under 7 years who use institutional, paid at home, and unpaid childcare



Source: Authors' calculations based on GGS data (most recent wave for Bulgaria, Russian Federation, Georgia, Romania, Lithuania, Poland, Czech Republic, Germany, France, the Netherlands, Norway, Austria, and Belgium) and fieldwork data (2014 data for Armenia, Bosnia and Herzegovina, Kosovo, Kyrgyz Republic, FYR Macedonia, Serbia, and Ukraine).

Table 4: Percentage of women in the study with children 0-14 using different child care arrangements

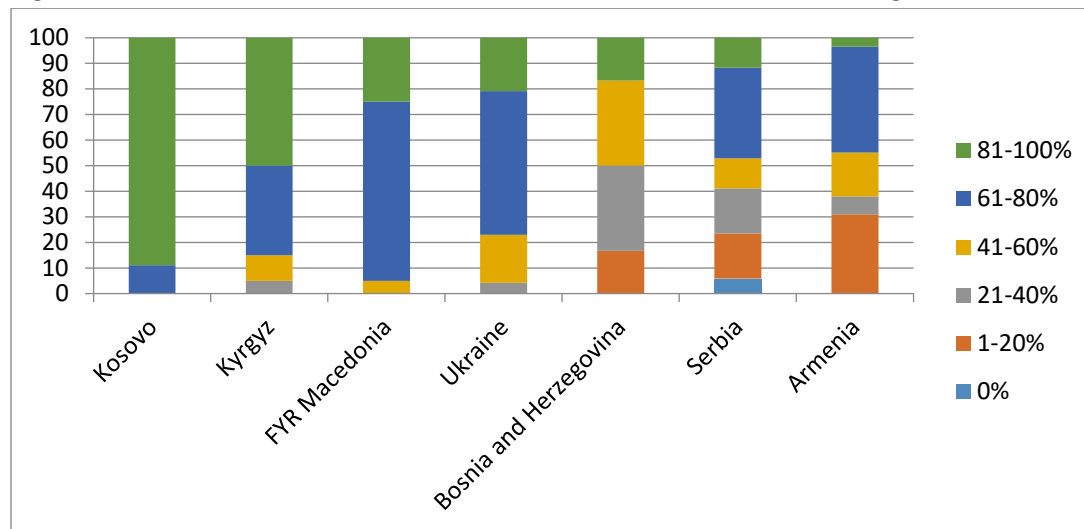
	Formal Care Only	Informal Care Only	Both Informal and Formal Care	Only maternal care; no use of either formal or informal care
Armenia	4.2%	34.7%	61.1%	0%
Bosnia and Herzegovina	13.4%	28.4%	13.4%	38.2%
Kosovo	0%	0%	0%	98.4%
Kyrgyz	14.6%	51.2%	13.4%	19.5%
Macedonia, FYR	0%	69.2%	21.5%	6.2%
Serbia	6.4%	41%	34.6%	14.1%
Ukraine	9.3%	50.7%	26.7%	9.3%
Total	7%	39.8%	26.5%	24%

Source: Quantitative individual-level questionnaires, Independent field data (2014).

Note: Users of formal care are those reporting to receive regular help from a day care center, a nursery or preschool, and after-school care center, a school, a self-organized group, a babysitter or from some other institutional or paid arrangement. Users of informal care are those reporting to receive regular help with childcare from relatives or friends or other people for whom caring for children is not a job.

10. **There is correlation between use of formal childcare and female labor force participation in FYR Macedonia.** As can be observed in Figure 3, childcare facilities mostly serve children of mothers who are working full-time or part-time, although there is considerable variation across countries. In FYR Macedonia, in almost every facility visited for the field study more than 60% of users are children of working women.

Figure 3: Percent of child care facilities with different intensities of working mothers



Source: Independent field data (2014).

Note: The percentages of clients who are working mothers are based on responses from representatives of childcare facilities to the following question, "What percentage of mothers (whose children receive care here) are employed ('working mothers')?"

11. **Evidence on the use of eldercare options is thinner, but suggests that most of the eldercare needs in the region are met using only informal care.** In FYR Macedonia, almost 55% of women who care for and elderly in the qualitative study report receiving regular help from family or friends, however regular use of formal or informal is very scarce (Table 5). Overall, qualitative analysis around supply and demand of formal elderly care suggests that social norms and quality considerations shape negative perceptions that dominate general views and decision-making processes. However, changing needs of women and households, (both due to changing market and demographic conditions), push for a change of norms and programs around elderly care. Hence, new formats other than (or in addition to) residential care by family are necessary to suit these needs.

Table 5: Percentage of women in the study who care for an elderly and use eldercare arrangements

	Formal Care Only	Informal Care Only	Both Informal and Formal Care	Only household female caregiver; no use of either formal or informal care
Armenia	0%	75%	1.7%	23.3%
Bosnia and Herzegovina	2.1%	34%	4.3%	53.2%
Kosovo	4.8%	14.3%	0%	78.6%
Kyrgyz	28.3%	15.2%	47.8%	0%
Macedonia, FYR	0%	54.8%	0%	40.5%
Serbia	0%	63.5%	0%	36.5%
Ukraine	0%	38.1%	0%	57.1%
Total	4.7%	44.5%	7.3%	39.8%

Source: Quantitative individual-level questionnaires, Independent field data (2014).

Note: Users of formal care are those reporting to receive regular help from an institutional or paid arrangement. Users of informal care are those reporting to receive regular help with care for the elderly from relatives or friends or other people for whom caring for elder person is not a job.

IV. Childcare Supply

Availability is limited and existing childcare facilities are at over capacity

12. **While participants voice challenges with regards to affordability and quality as well, overall accessibility of formal care, both in terms of location and capacity appears to be the most pressing problem with regards to childcare in FYR Macedonia, with also impact on quality of services.** Accessibility of quality and affordable childcare is voiced as a general problem across Western Balkans, where supply of care services does not seem to meet (actual or potential) demand from households. In focus groups discussions held with urban groups, regardless of the country, the two inter-related main problems mentioned by women were lack of sufficient facilities and restricted capacity for children's enrollment. In other words, although there is some recognition of supply of care services that are theoretically accessible to households by location, this is eroded by problems of insufficient supply and low capacity. In rural groups, the main problem is the absence of childcare services; except for part-time compulsory pre-schooling that were mentioned by some participants, there seems to be no kindergartens or alternate services for childcare in villages where the FGDs were held.

13. In rural areas it is understood that little or no childcare service provision exist (Table 6). Participants explained that, parents who are willing to use these services have to see if childcare is available in neighboring villages or towns and decide accordingly vis-a-vis their resources whether or not to use these services.

Table 6: The supply of childcare providers in urban and rural areas

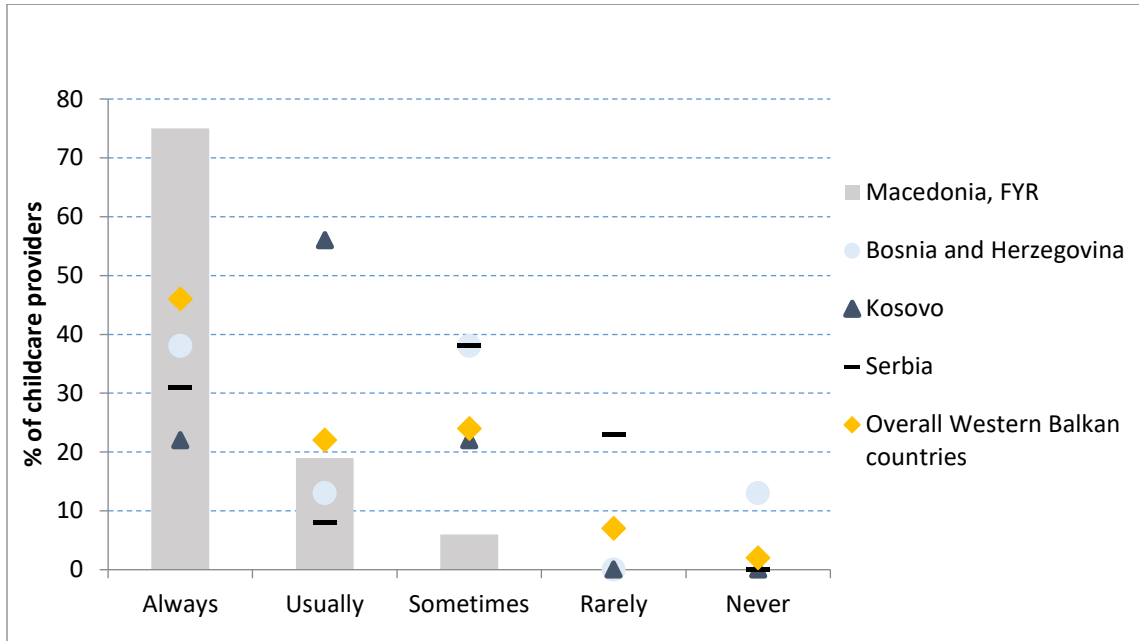
	Urban			Small city			Rural		
	Number of providers	Total children served	Average children served per provider	Number of providers	Total children served	Average children served per provider	Number of providers	Total children served	Average children served per provider
Bosnia and Herzegovina	2	440	220	3	180	60	3	270	90
Kosovo	8	1040	130	1	80	80	0	0	0
Macedonia	13	2375	183	2	345	173	1	120	120
Serbia	6	1323	221	5	681	136	2	136	68

Note: Total children served = total of capacity of all providers in the location. Ex: In Pristina, there were 8 providers who could altogether provide care for a total of 1,040 children.

14. In urban areas, insufficient number of affordable/public childcare centers and high demand from families creates a capacity problem and makes childcare inaccessible for many. Regardless of country, FGD participants reported that low capacities of the state-owned kindergarten are overarching problem that confronts urban families across Western Balkans. Most childcare providers in the region (67%) reported that they are "Always" or "Usually" at capacity. Less than 10% reported that they are "Rarely" or "Never" at capacity. In FYR Macedonia, the totality of facilities in the study report that they are "Always" or "Usually" at capacity. (Figure 4).

"My daughter wanted to send her child to the kindergarten so that she would socialize. However, she asked in two kindergartens and they already had 30-40 children on their waiting list. In the end she had to pull strings to get her in" (Urban woman, FYR Macedonia).

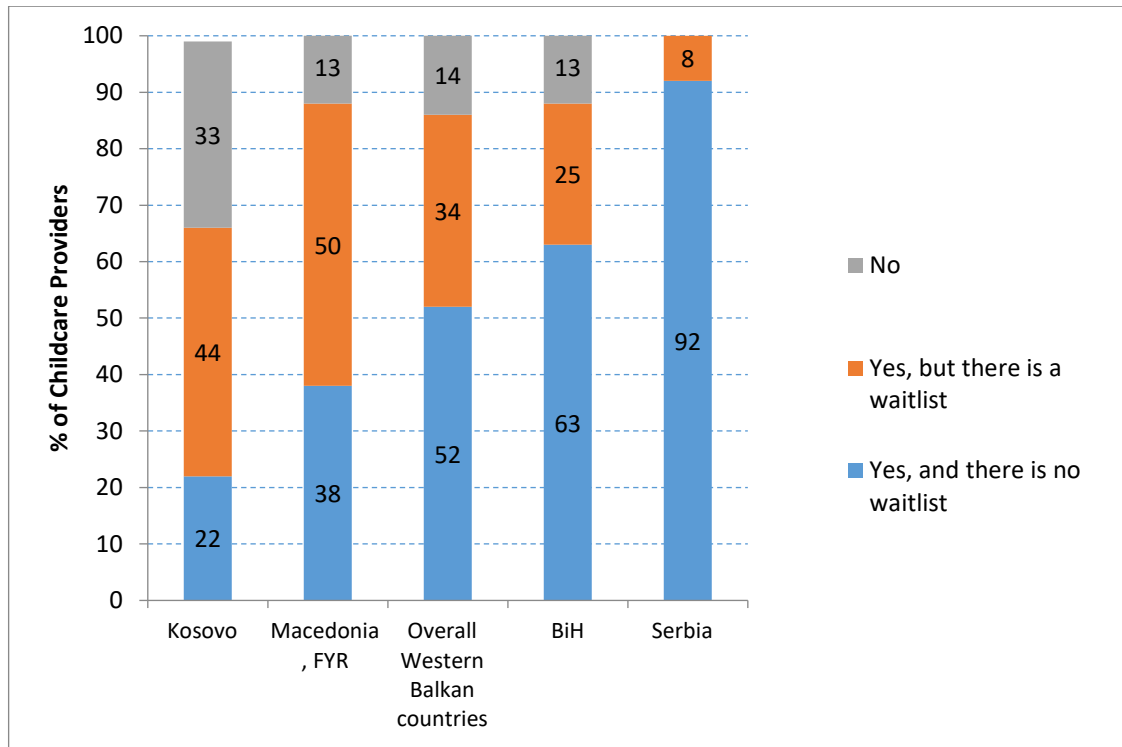
Figure 4: How often is this provider at capacity?



Source: Questionnaires to childcare providers, Independent field data (2014).

15. **A problem of under-supply is present in FYR Macedonia: only a third of providers in the study can accept new clients without putting them on a waitlist.** Participants across Western Balkan focus groups explained that there are kindergartens, but enrollment is managed by long waiting lists, and often times families’ turn might never arrive. The supply-side data shows that in FYR Macedonia 13% of providers are not accepting clients at all (Figure 5). In the Western Balkans, the average waitlist already has 47 people on it. In focus group discussions, participants across the region explained that nepotism is perceived to be common and necessary as a way out of this problem –“*you need to pull some strings to get in*”– which is not an option for the majority of the citizens.

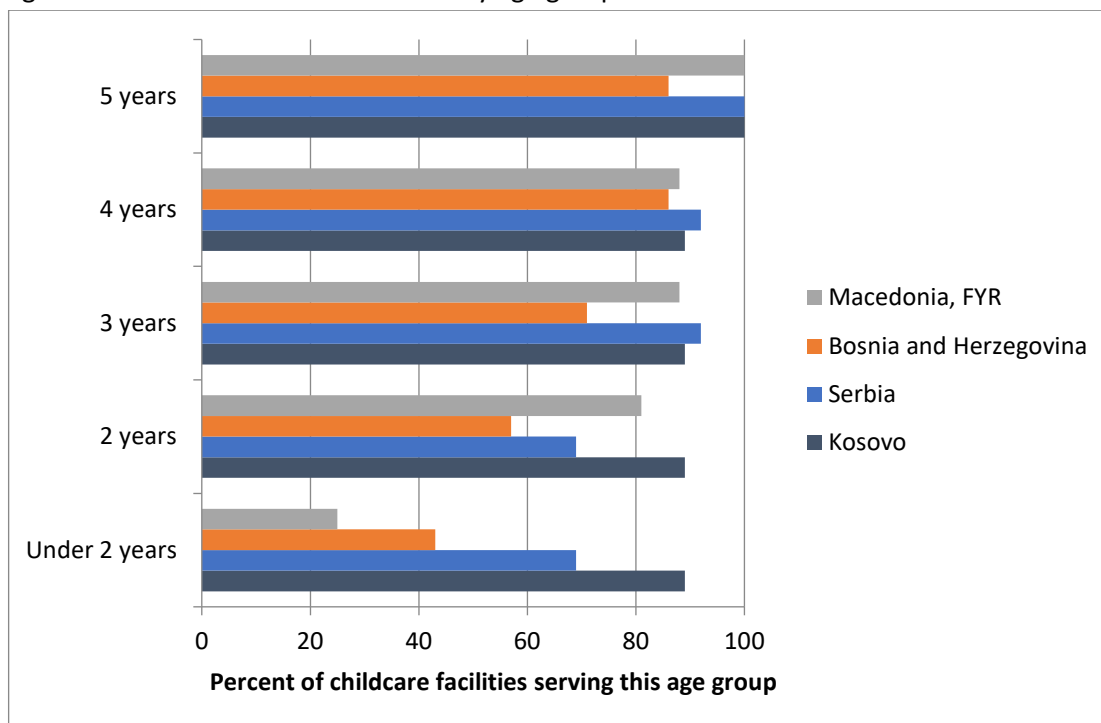
Figure 5: Is this childcare provider currently accepting new clients?



Source: Questionnaire to childcare providers, Independent field data (2014).

16. **In FYR Macedonia, there are even fewer spaces available for younger children, since most service providers are focused on older children.** Fewer than 20% of providers included in the supply-side data cater to children younger than 2 years old (Figure 6), reflecting the thinnest coverage of young children in the sample.

Figure 6: Percent of childcare facilities by age groups service



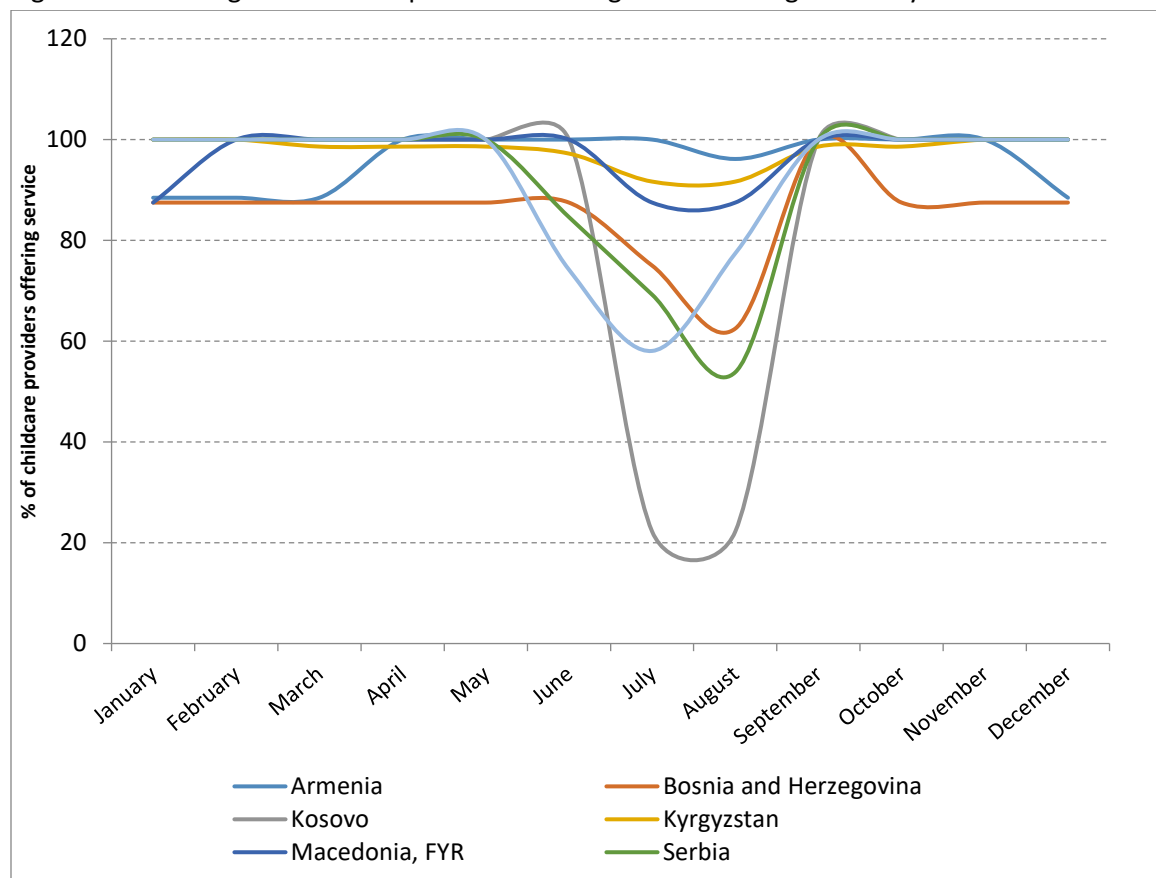
Source: Questionnaire to childcare providers, Independent field data (2014).

17. **Hours of operation and service offering throughout the year calendar are crucial characteristics for accessibility.** In terms of opening hours during the day, the supply-side data shows similar average opening and closing times across the region. During the weekdays, childcare providers tend to open early (between 6 and 7 am), but very few are open after 6 pm. Fewer than 7% of childcare providers are open on the weekends. Although ability to get year-round service does not appear as an issue, in FYR Macedonia hours of operation, which in many cases are limited to part-time services, is a concern for working women. In particular, this is a concern since working hours of kindergartens are not always in line with their own or their husbands' professional working hours. Longer hours of employment or working in shifts require rearrangement of childcare service hours accordingly.⁴

“There should be first and second shift in kindergartens, people work longer hours now, they need it (Urban woman, FYR Macedonia).”

⁴ Meanwhile it is understood that recently there has been some positive changes in the working hours of some services in Macedonia, and the hours were extended from 4.30 pm to 6 pm.

Figure 7: Percentage of childcare providers offering service throughout the year calendar



Source: Questionnaire to childcare providers, Independent field data (2014).

Unaffordability is an important barrier to childcare use

18. **Affordability of care was mentioned as a barrier to use childcare services across focus group discussions in FYR Macedonia.** It was understood that costs of public care was less than private care centers. It was also understood that while public care is more affordable than private care, and although there were many participants who stated that public care was affordable, still there is an overall affordability problem that makes these services inaccessible for some segments of the population, such as these women⁵ Moreover, for some more disadvantaged segments of the population that work for less

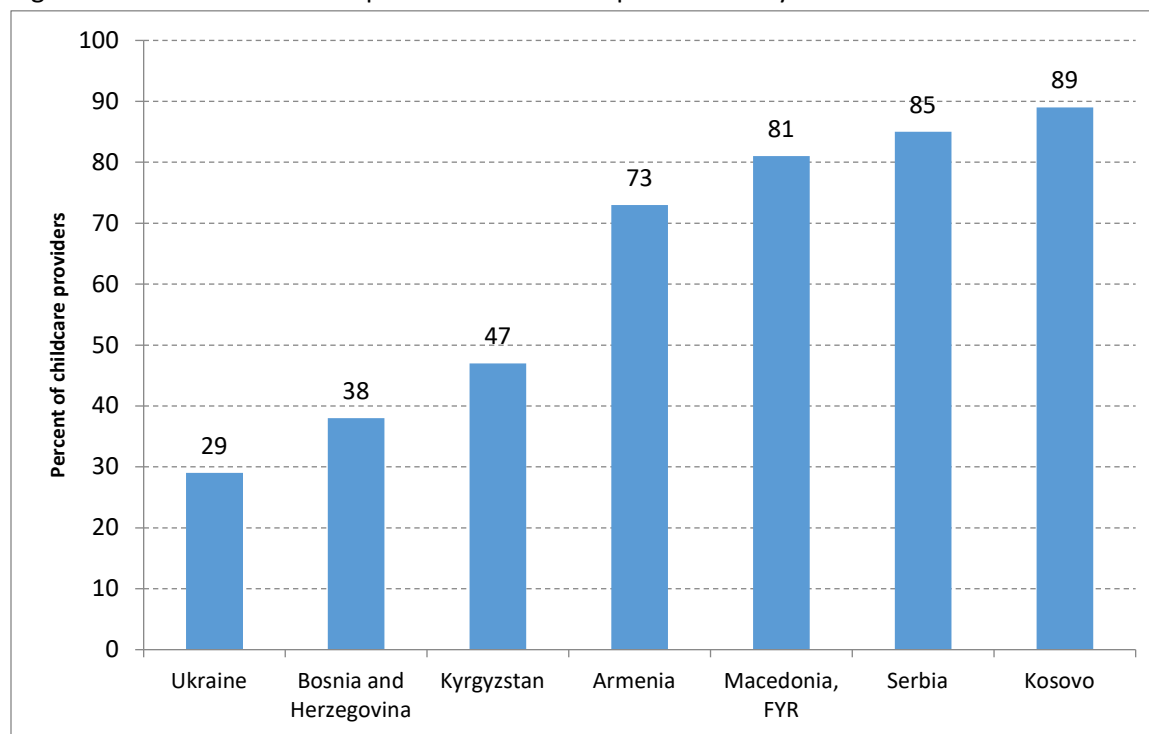
⁵ There is need for further research in this, as it is not possible to tell from FGDs and qualitative analysis with segments of the population can afford the currently available services, or what the conditions are for affordability.

pay (or minimum wage), their incomes are not enough to cover costs of care services they want to use. Kindergartens are very expensive. It costs an entire salary.

19. Subsidized or free public provision is almost non-existent among the participating childcare providers. A mere three percent of public childcare providers offer full-day care for free, and none of the private providers do. A monthly deposit is the most common arrangement (97% of public providers and 83% of private providers), though some private providers also require an entry deposit. In the middle-class neighborhood in Skopje where our supply-side assessment was conducted, full-day monthly pricing was offered by all 13 providers. The overall average price was €49 (3,044 MKD), with an average of €25 (1,533 MKD) for the 12 public providers and €203 (12,500) for the one private provider.

20. Many childcare providers offer discounts to families, especially for bringing multiple children to the provider or when family income falls below a certain level. In FYR Macedonia, 81% of providers interviewed offered some type of discount, making it the leader in our sample of the region (Figure 8). Though the discounts vary by public and private providers, the most common discounts provided in the region overall are for the number of children from a family who go to a given center, the monthly incomes of family, whether the father is a war invalid, and whether the family is using social assistance.

Figure 8: Percent of childcare providers with some price flexibility



Source: Questionnaire to child care providers, Independent field data (2014).

21. **In urban areas high costs of childcare seem to be a barrier against use for many families.** Discussions also suggest that, particularly, private care services in urban areas seem to be inaccessible for many due to high costs. Participants explained that as an alternate to public care, private services did not seem to suffer from the capacity problems that were borne by the former, and were sometimes thought to offer higher quality services. However many also explained that these services were unaffordable for the majority of the population due to high costs.

22. **In rural FGDs where little or no formal childcare exists, participants voiced demand for childcare services, but were also unsure of their prospective affordability and use.** This uncertainty is particularly due to unemployment of women and perceptions about job insecurity. Furthermore low earnings difference for women was also voiced as a barrier for use in terms of affordability, and also shaped demand for childcare in the rural.

“People that have state jobs [and therefore job security] could afford such services, others could not. In a private company you can never know when they will fire you” (Rural man, FYR Macedonia).

“If you work and earn well, then you’ll manage and you’ll pay for help. But as most women don’t work, there’s no need. Why work for a small wage and give half of it on care?” (Rural woman, FYR Macedonia)

Relatively good quality in childcare provision with the remaining challenge in the human resources

23. **Quality perceptions and expectations of participants in Western Balkan FGDs were discussed around three main themes: (i) quality of basic care services including infrastructure, (ii) quality of ECD activities, and (iii) quality of caregiving staff.** Quality of basic services, by participants’ own accounts, includes sufficient care provision for children’s basic needs such as eating, cleaning, sleeping as well as measures that ensure children’s health, safety and security. Quality of ECD activities relates to the content and/or variety of activities that benefit children’s social, behavioral and cognitive development, such as drawing, playing, singing, doing physical activities, as well as socio-behavioral education provided by caregivers. Quality of caregiving staff is described in FGDs with regards to capabilities of caregivers in adequately meeting both basic and ECD needs of children, and therefore is closely related to both the basic service quality and the quality of ECD.

24. **Overcrowding in public centers due to low capacity and inadequate supply seems to be the major problem in most Balkan FGDs with regards to quality, and FYR Macedonia is no exception.** Not

only overcrowding itself is a problem, but also it negatively impacts other quality attributes of care services, such as teacher attentiveness or epidemics. The primary problems that were voiced in FYR Macedonia FGDs with regards to quality are as follows:

- a. **Overcrowding and very high child-staff ratios.** In some groups the number of children per staff (teacher) was mentioned as high as 60.
- b. **Low quality of basic services.** For example, low hygiene standards in the facilities and/or inadequate teacher attentiveness to children's basic care needs, such as hygiene or feeding.
- c. **Healthcare risks for children.** Frequent epidemics in particular, and especially flu, seem to be a general problem for public childcare centers. Furthermore, level of staff attentiveness to children's security as well as staff behavior also seems to be problematic in many cases.
- d. **Unsatisfactory qualifications of teachers and/or staff.** For example, observations regarding maltreatment of children by teacher, such as yelling, physical harm, etc.

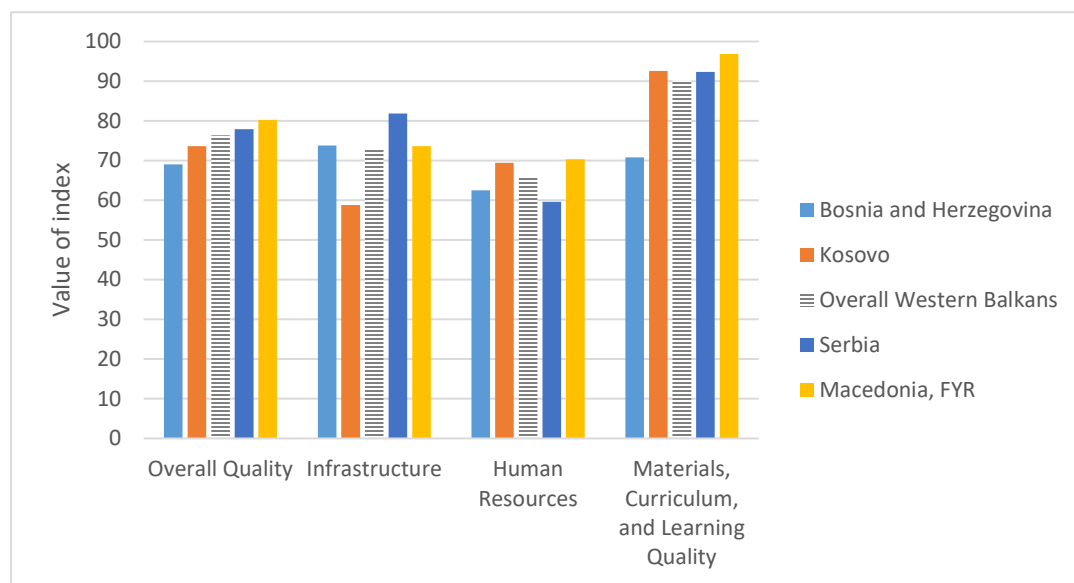
25. Quality of services is an important determinant of parents' perceptions of use of these centers and their evaluation of the benefits and/or harms of these centers on children. Poor quality conditions seem to reinforce norms against use of these services due to risks posed to children's health.

"They say: 'Stay at home, look after the kids. If you take them to kindergarten they'll get sick, this way they are healthy'" (Urban woman, FYR Macedonia)

26. To complement the focus group discussions, supply-side data used a principal component analysis method to create three equally weighted quality sub-indices. These mirrored the central concerns raised in focus group discussions, and include the following: 1) Infrastructure quality sub-index, 2) Materials, curriculum, and learning quality (MCLQ) sub-index, and 3) HR quality sub-index. All inputs varied between 0 and 1. The sub-indices and the overall scores were standardized to a scale between 0-100, where a higher score indicates better quality. The first sub-index, infrastructure, includes 17 indicators such as whether the space is in good repair and if there is no malodor in the classrooms. The second sub-index, materials, curriculum, and learning, includes eight indicators, including whether children are served food and if there are any provisions for children with special needs. The final sub-index, HR quality, includes four indicators, including whether the caregivers' minimum credentials include higher school or university, and if a small group of children is primarily cared for by one designated staff member. Full details of the sub-indices can be found in Annex 1.

27. In FYR Macedonia, overall quality of childcare services is relatively good and ranks at the top in the Western Balkans region, however human resources still represent an area for improvement. FYR Macedonia's MCLQ score is particularly strong in the dimensions of materials and curriculum. Though the human resources score is the best for the analyzed countries, it is still low at 70 (Figure 9).

Figure 9: Childcare quality by country and sub-index



Source: Author's calculations based on data from visits to child care facilities, Independent field data (2014).

V. Demand for childcare

Main determinants of childcare demand: Perception of benefits for children's development and need of support for working/willing to work mothers

28. Regardless of location (urban/rural distinction) the need and demand for and willingness to use childcare services have been voiced primarily by:

- a. Those parents who believe that children will benefit from the education and social environment, and/or
- b. Those women with little or no informal childcare support and yet are working or are willing to work.

29. **Benefits of childcare for children’s social and cognitive development is stated as an important motivation among parents for using formal care services across FGDs in FYR Macedonia.**⁶ The benefits of formal childcare for children, mentioned in both urban and rural FGDs in FYR Macedonia are as follows: socialization with own age group, more quality education that could not be provided via informal care at home, learn and adopt to a routine and becoming more disciplined, developing skills such as drawing and playing, and future school readiness and success. Discussions suggest that where supply is scarce, these perceived benefits of center-based childcare for children’s development and early education constitute one of the primary factors that create demand among parents, both urban and rural, for the provision of these services. Furthermore it is observed that happiness of children, and their positive emotions for their teachers at the center is viewed by Macedonian participants as a manifestation of these benefits for using childcare and thus have an influence on their decisions to whether or not to use care centers.

Perceptions of quality appear as a strong determinant of childcare use

30. **Like in other Western Balkan FGDs, perceptions of Macedonian participants regarding benefits of care centers on children are highly related to their perceptions regarding the quality of these centers.** Those participants who mentioned the benefits of care for children also mentioned how children are well cared for: that they are “well fed” and happy, “teachers / nannies are very professional” and that “treat children like an own child”. Particularly the quality of teachers were emphasized in the context of benefits of care centers for children. It was also observed that when quality of care centers were thought to be below inadequate standards (as will be explained below), the potential benefits of these centers for children were also thought to be null and the risks to children’s wellbeing were perceived to increase.

31. **Discussions suggest that for many women with no access to informal care services from their families, provision of affordable formal care services are vital to continue or resume their employment.** Moreover, few participants explained that by lifting some of the burden of care from their shoulders, formal childcare enables women to have more time for themselves.

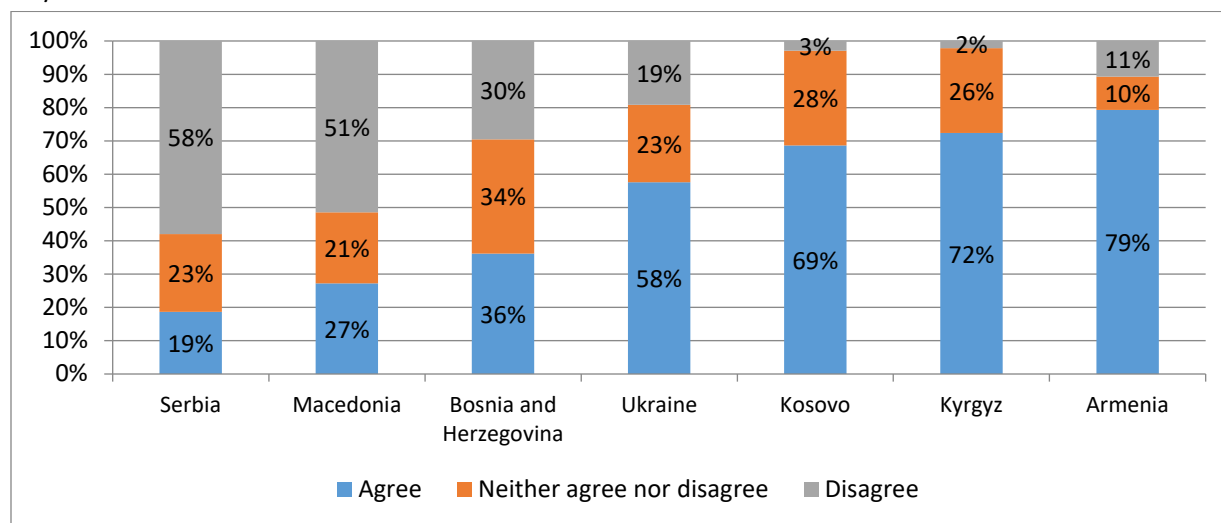
“If you don’t have any other option, no one to look after the child and you need to return to work, than it’s the kindergarten.” (Urban woman, FYR Macedonia).

⁶ Among a total of 34 mentions in FYR Macedonia, 62% were mentions of positive perceptions, and 38 % were mentions of negative perceptions.

Social norms than often shape negative perceptions of childcare use are relatively less constraining in FYR Macedonia

32. **Norms on childcare, work, and motherhood often play a role in shaping negative perceptions on use of care centers.** In this regard, FYR Macedonia looks relatively progressive. Mentions of norms in shaping negative perceptions were very few, and a majority (51%) of individuals reported disagreement with the following statement: “A pre-school child is likely to suffer if his/her mother works” (Figure 10).

Figure 10: Percent of people who agree with the statement: “A pre-school child is likely to suffer if his/her mother works”



Source: Independent field data (2014).

VI. Eldercare Supply

Limited availability of residential eldercare and lack of day-based services characterize supply

33. **FGDs suggest an important accessibility problem regarding residential eldercare centers, both in terms of location and capacity.** When asked about availability, participants mentioned that residential care centers for elderly in urban centers are generally few, and the existing ones are not geographically accessible by all participants and/or suffer from insufficient capacity and higher elder-staff ratios that make in inaccessible for some citizens are far away and/or suffer from insufficient capacity. Supply side

data shows the limited number and capacity of live-in eldercare centers, especially in rural areas (Table 7). In FYR Macedonia, the study found only two live-in eldercare providers in our urban catchment area, two in the small city, and one in the rural area. Furthermore, having scant vacancy for newcomers, waiting lists, and insufficient infrastructure and staff capacity were mentioned as a shared social problem across urban FGDs, suggesting that the supply of residential care for elderly was below need and/or (potential) demand. (Figure 11).

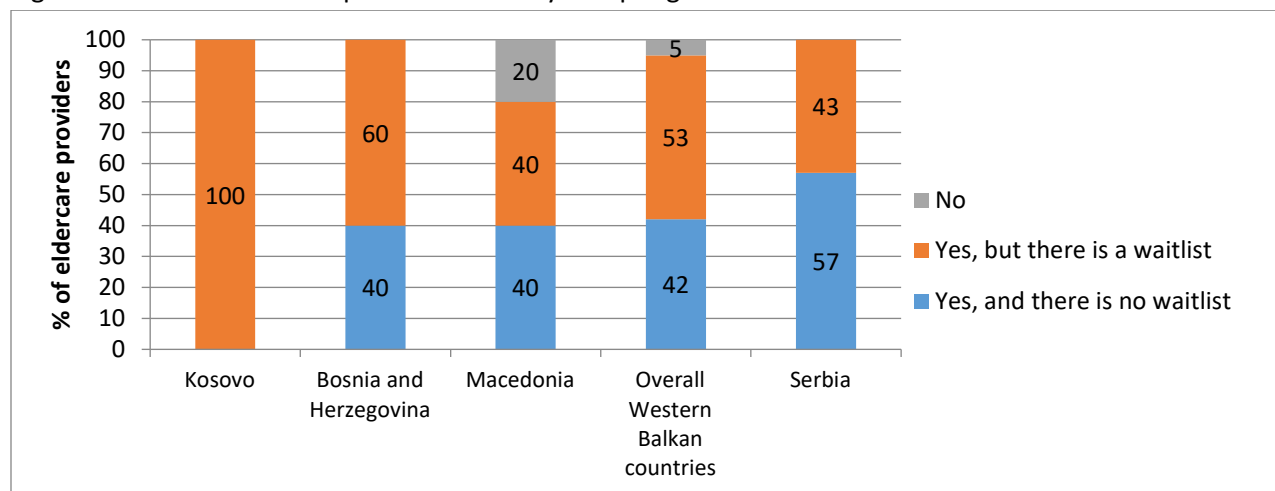
Table 7: Live-in eldercare provision by country

	Urban			Small city			Rural		
	Number of providers	Total elders served	Average elders served per provider	Number of providers	Total elders served	Average elders served per provider	Number of providers	Total elders served	Average elders served per provider
Kosovo	1	110	110	1	20	20	0	0	--
Bosnia and Herzegovina	2	585	293	1	155	155	2	320	160
Macedonia	2	173	87	2	20	10	1	20	20
Serbia	6	936	156	1	220	110	0	0	--
Armenia	2	42	21	0	0	--	0	0	--
Kyrgyzstan	2	955	478	2	131	131	1	11	11
Ukraine	0	0	--	1	250	250	0	0	--

Source: Independent field data (2014).

Note: Total elders served = total of capacity of all providers in the location.

Figure 11: "Is this eldercare provider currently accepting new clients?"



Source: Questionnaire to eldercare facilities, Independent field data (2014).

34. Regulations / conditions about acceptance might limit access to services. In FGDs it is suggested that availability of services depends on retirement plans and pensions bringing to mind the question of care service availability for those aging citizens who do not have social security, pensions or property.⁷

35. Recreational facilities with day-based services that are demanded by the participants exist only to a limited extent. These refer to recreational facilities for socialization of elderly. There is demand for facilities of this type which would also provide basic medical and day-to-day assistance for elderly.

Residential eldercare and at-home private care options are very expensive

36. Quality urban residential care and at-home private nurses for elderly are generally very expensive and cannot be afforded by the majority. Retirement pensions of elderly affect affordability of residential care or at-home private care options and hence decisions.

“The biggest problem are the finances, for me to hire someone to take care for my mother I need to pay her, but I am unemployed and maybe I will be unemployed 20 years more” (Urban woman, FYR Macedonia)

“If you have the money, there are good services; there are private retirement homes. But if you live on one salary you can’t afford it” (Rural woman, FYR Macedonia).

⁷ This was also mentioned in Kosovo’s FGDs

37. **Discussions suggest that affordability of care services, and particularly of home-based care, might have an influence on the decisions to use which form of care as well as household division of labor.** Some participants explained that when families cannot afford neither center-based nor home-based formal care, their only remaining option is to arrange for informal care among family members.

“The private homes are more expensive, but in the public ones they don’t take good care of them, so they die after two-three months. You have to take care of them, there is no money for other options” (Urban woman, FYR Macedonia)

38. **Retirement pensions of elderly seem to affect affordability of residential care or at-home private care options and hence decisions.** Discussions reveal that pensions are seen to be the ideal potential source for formal care of elderly, however in many occasions participants state that they are not sufficient enough to cover the costs of care, leading families to use informal care.

39. **Among the live-in eldercare providers in the sample, care is never offered free of charge.** Of the live-in providers sampled across the Western Balkans, 83% charge a monthly fee, and the remaining providers use a different pricing scheme. In Skopje, for example, eldercare providers charge using a monthly fee. The cost of basic services ranges from € 420-500 (50,000-59,500 dinar), with an average of € 446 (53,000 dinar). The public providers cost an average of € 467 (55,500 dinar), and the private providers cost an average of € 435 (51,750). Though it may seem surprising for the private providers to cost less on average, both require additional fees for an upgraded room and/or for an elder who has poor health. They also both offer discounts for a simpler room, and one also offers a discount for low-income elders.

Quality is relatively low and the most challenging dimensions are infrastructure and safety

40. **Regardless of location or gender, there is agreement across the WB FGDs that affordable center-based institutional services that are available for elderly suffer from serious quality impediments, and that the quality of care provision is far below standards that could be considered adequate.** Among all FGDs, the perceptions about quality seems to be relatively better in Bosnia and Serbia, however it is understood that some of the major problems associated with these services that are related to capacity, staff and basic service conditions are problematic in all countries.

41. **Provision of basic quality services is a particular problem regarding elder-care centers.** In general, private services are thought to provide better services for the elderly than public services,

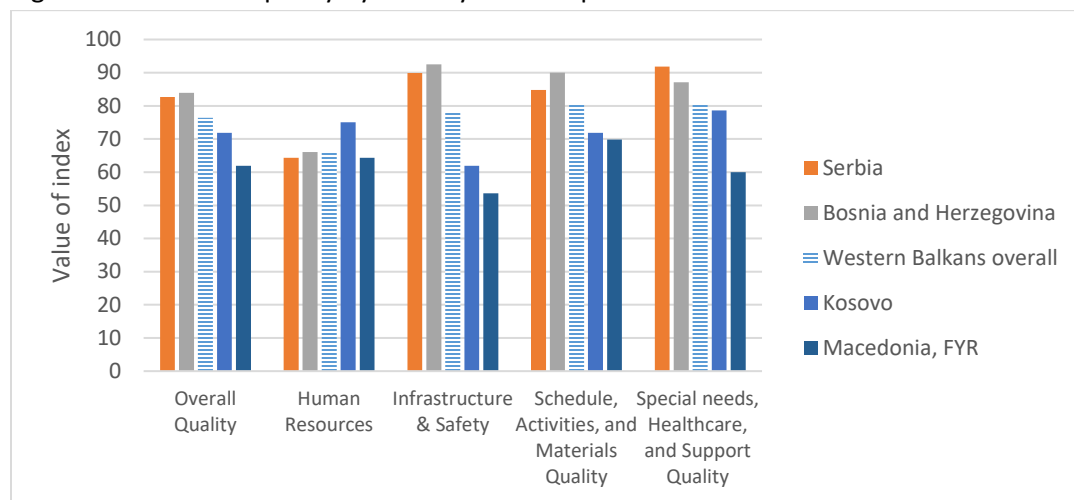
however they are not affordable for many households. Public services on the other hand are thought to suffer from lack of hygiene, poor infrastructure (such as stuffy rooms), and low level of attendance by staff to the basic care needs of the elderly.

“The public homes are in horrible condition, it’s not right to just throw the elderly there to rot, I wouldn’t want that. I saw some on TV, they fall apart, water drips from the roof. When I get older, I wouldn’t want to go. I would feel bad” (Rural woman, FYR Macedonia).

42. **As with childcare, supply-side data on quality was collected to complement the focus group discussions.** A principal component analysis method to create four equally weighted quality sub-indices (one more than in the childcare analysis). These mirrored the central concerns raised in focus group discussions, and include the following: 1) Infrastructure and safety quality sub-index, 2) Schedule, activities, and materials quality sub-index, 3) HR quality sub-index, and 4) Special needs, healthcare, and support quality sub-index. All inputs varied between 0 and 1. The sub-indices and the overall scores were standardized to a scale between 0-100. The first sub-index, infrastructure, includes 24 indicators such as whether the space is in good repair and if there is no malodor in the classrooms, as in the childcare sub-index, along with a questions relevant specifically to live-in elders, such as whether clinical mattresses or beds are available. The second sub-index, schedule, activities, and materials quality (SAMQ), includes 16 indicators. Again, some indicators are the same or similar to those used in childcare, including whether care recipients are served food, and some that are specific to live-in elder care, such as whether there are visiting hours for family members. The third sub-index, HR quality, includes 8 indicators, such whether elders are organized into groups and whether staff members make an effort to ensure that the elder feels respected. The final indicator, special needs, health, and support quality (SHSQ), is unique to eldercare and includes 14 indicators, such as whether there are special services for elders with dementia and whether routine medical care is available. Full details of the sub-indices can be found in Annex 2.

43. **Contrary to the case of childcare facilities, quality provision of eldercare services scores relatively low in every dimension.** Scores in every dimension are below other countries in the region and the most challenging dimensions are infrastructure and safety as well as special needs and healthcare. (Figure 12).

Figure 12: Eldercare quality by country and component



Source: Author’s calculation based on visits to eldercare facilities, Independent field data (2014).

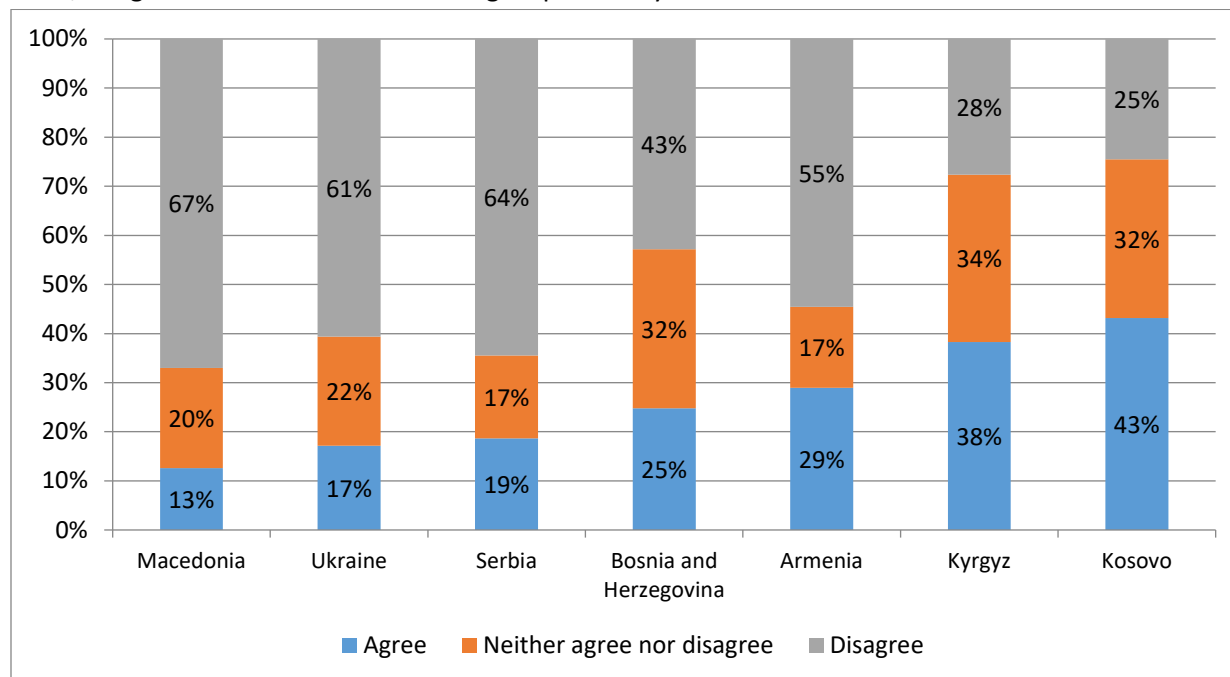
VII. Demand for eldercare

Filial obligations and social norms are a strong deterrent for residential eldercare use

44. **There is a marked mismatch between available care formats and norms of care in FYR Macedonia, filial obligations strongly deter residential eldercare use, however views about gender vies about elder care responsibility are relatively progressive.** This mismatch is true of all ECA countries including the Western Balkans, and it results especially marked in countries like FYR Macedonia and Kosovo where Qualitative analysis of FGDs show that residential care format which is the elder care format available, stands in contradiction with the social norms and filial obligations of families. However, social norms implying that informal eldercare is mainly a task for women and girls are relatively progressive for the region (Figure 13).

“Even if there were elderly houses I would not send my parents there. I would feel like I have dumped them to the dogs if I would do that” (Rural man, Macedonia).

Figure 13: Percent of people who agree, disagree, or neither with the following: "When parents are in need, daughters should take more caring responsibility than sons"



Source: Independent field data (2014).

Day-care centers and home-based formal eldercare formats are more compatible with social norms

45. **Other formats such as day-care centers or home-based formal eldercare are viewed more positively, as they are seen to be more compatible with the norms that emphasize the well-being of the elderly.** However, as in other countries in the region, it is understood that accessibility of such services are at best limited and unsystematic.

46. **Generally, the preferred format for care of elderly voiced by the participants, is informal care for elderly at home.** Caring for elderly at home by family members is viewed by many participants, as an obligation as well as the most appropriate way of helping their aging loved ones to live out their remaining years in comfort, health, peace and dignity, in the companionship of their loved ones. Focus group discussions suggest that this is both due to social norms that emphasize filial obligations and to the belief that the care needs of the elders (social-emotional needs / companionship, medical assistance needs and basic day-to-day needs such as house chores, self-care and security) can be best met at home by relatives vis-à-vis current provision of services.

47. **The current formats and quality of formal care service supply, and particularly residential care,⁸ for elderly is seen as by most participants as inadequate in addressing the care needs of the elderly and therefore mostly incompatible with social norms.** Poor quality of centers also seems to have a role in shaping the norms against use and therefore for many, residential care centers are seen to be for elderly with no family or care support. Accordingly, it is observed that participants' perceptions of the need for and benefits of use of formal care services are limited in comparison to formal childcare.

48. **Ability to identify needs and imagine benefits of formal care for elders is more developed in the Western Balkan FGDs, including FYR Macedonia.** In these countries' FGDs the ability to define benefits of use of formal eldercare is also related to alternate formats that are more compatible with the norms, and are also conditional on the fact that these services offer adequate quality.

49. In these countries the ability to define benefits of use of formal eldercare has also been related to alternate formats to residential care that are more compatible with the norms, and have been conditional on the fact that these services offer adequate quality for the elders.

50. The benefits of eldercare for the care receiver elderly mentioned in the Macedonian FGDs include the following:

- **Elderly care centers benefit the elderly for meeting their needs of companionship.** Eldercare centers, and (imagined or actual) day-care centers for elderly in particular, can provide spaces for the socialization of the elderly, and meet their needs for companionship during the day.
- **Residential care centers benefit those elderly that do not have family to care for them.** This becomes an important issue particularly because migration abroad for work is becoming more common among younger generation of Macedonians, according to some participants.
- **Private home-based care services (such as nurses) benefit the elderly who have demanding care and/or medical needs.** This way the elderly stays with his/her family in accordance with the care norms, and the burden of care on the caregiver is also relieved.

Formal eldercare services can also benefit the informal care providers the majority of whom are women:

- **Eldercare centers can benefit caregiver women by emancipating them from the severe psychological and physical costs of eldercare responsibilities.⁹** This view was particularly voiced by women who themselves are experiencing the physical and psychological burdens of eldercare

⁸ Residential care for elderly refers to these centers where the elderly citizens reside / live, as opposed to adult day-care centers which provide care for elders only during day times, much like childcare. The most common format of residential care across ECA countries is the nursing homes.

⁹ This view was voiced also in Serbia.

as middle-aged women, and by younger women who observe this in their own mothers' care burden.

- **Free home-based services that are provided by NGOs or social services in regular intervals provide benefit both caregivers and receivers.** Such services lighten the burden of care on the informal caregivers and improve the quality of care received by the elders. Free home-based services that are provided by NGOs or social services in regular intervals provide benefit both caregivers and receivers. Such services lighten the burden of care on the informal caregivers and improve the quality of care received by the elders.

51. **From the public policy perspective, the reasons for directing public resources to support child and eldercare are not the same; however, the focus on the care recipient remains constant.** In terms of policies, there are two sides when it comes to care, those intended at improving the outcomes of the recipient. For children, early childhood development via education and care to reduce inequalities later in life; for the elderly, the main focus is to protect them from increased vulnerability after retirement and to limit the effects of age-related functional limitations on the elderly quality of life, respecting their preferences. From the care provider side, the main focus is to support them in their care responsibilities and duties, so these responsibilities do not affect their access to opportunities and do not generate unintended effects such as increasing gender gaps in labor outcomes.¹⁰

VIII. Conclusions and Policy Recommendations

52. **Increasing labor participation among women and capitalizing the investments of valuable resources in education by implementing policies to help balance care and work responsibilities is crucial for economic growth in FYR Macedonia.** Policy efforts for adequate job creation need to be accompanied by policies addressing care needs. Women tend to reduce their labor supply on either the extensive or intensive margin when market, normative, and institutional forces push them toward fulfilling their caregiving mandate in the household. Career interruptions or reductions in work hours can have a permanent negative impact on women's lifetime income, affecting their households' current living standards and human capital investments as well as future well-being due to reduced pension wealth and damaged health.

53. **Given the current demographic situation of FYR Macedonia, implementation of formal care systems is strongly compatible with the short and long term objectives of economic growth and poverty**

¹⁰ For example, for the case of Chile, Prada, Rucci and Urzua (2015) show that a mandated child care policy that introduces differential cost in hiring and employing women has negative impacts on wages.

reduction and savings objectives. The expansion of formal care services can present a double benefit for the population: A well-developed childcare sector not only helps generating economic participation opportunities for women but also implies potential improvements in the school readiness for children via better coverage of early childhood education; this, in turn, can translate into higher human capital accumulation, which is vital for sustaining economic growth. Similarly, quality provision of formal eldercare can potentially improve health outcomes of the elderly through prevention, early detection, and consistent maintenance of chronic diseases, which may imply long-term cost savings in the health care sector.

54. **Analysis in this report shows evidence of a mismatch in the market for care services in terms of expectations on availability, prices and quality between the supply and demand that is mainly caused by a lack of adequate public provision or financing to cover the latent demand.** Current challenges in terms of supply and demand of childcare and eldercare services are summarized below in five salient points: (i) limited availability of affordable services that underlies the relatively low utilization of formal childcare services, (ii) latent demand of formal childcare services that is voiced predominantly by parents perceiving benefits for child’s development and working (or willing to work) mothers, (iii) lack of day-based services and limited and expensive availability of residential care centers, (iv) social norms that act as a strong deterrent for use of residential eldercare while use of day-care centers and home-based formats –if available- would be more compatible with prevailing standards, and v) quality is important for potential users of formal care services: FYR Macedonia scores high in terms of quality provision of childcare, however that is not the case in eldercare provision with challenges in every dimension, particularly in infrastructure and safety features.

55. **The rising demand for care services and relatively progressive views about use of formal care services in FYR Macedonia provide an opportunity to develop a formal care industry and increase labor force participation and productivity.** Policy priorities to appropriately address the challenges identified in this note include the expansion of publicly provided childcare centers, implementation of public subsidies to private childcare provision and use, creation of education and accreditation programs to prepare caregivers and care-entrepreneurs, development of a system and plan to increase quality of services with attention to costs, and revising the legal framework to be adaptable to the demands and expectations of care.

56. **In terms of childcare, comprehensive policies that target both the supply and availability while making services more affordable particularly for women who have potential to join the labor market, are expected and likely to have a high employment impact.** The employment impact of a purely demand side subsidy is likely to be limited in the short term. In order to tackle the real problem of accessing affordable and quality child care, a viable alternative is a neighborhood program –made widely available

through public or private subsidized provision and based on the expectations of mothers and fathers-combined with a demand side transfer for households with difficulties to afford the services.

57. **In terms of eldercare, evidence suggest prioritization of day-care provision and at-home support policies over institutionalization and long-term care in medical institutions.** At-home systems of elderly care and treatment make essential to have efficient, multi-professional workers capable of working with elderly people and their families. Government investment in training programs for staff working in elderly care is essential to ensure high standards.

58. **Crucial elements in the design of care systems for successfully achievement of intended impacts are the gender neutrality in financing and service characteristics tailored to address constraints related to labor market participation.** In order to avoid unintended effects such as increasing gender gaps in labor outcomes or having low take-up of care facilities, the design and implementation of care programs will require i) avoiding differential costs in hiring and employing women and men –for example, mandated benefits that imply for employers higher costs of employing a women versus a men, and ii) providing flexibility in terms of service characteristics (hours of operation, year round service and so on) to respond to working women and family needs.

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Annex 1: List of Variables Used in the Construction of the Childcare Quality Sub-Indices

Questions included	Infrastructure quality sub-index	Materials, curriculum and learning quality sub-index	HR quality sub-index
There is sufficient indoor space for children and adults to move freely	X		
There is a dedicated space for naptime	X		
At least one of the following are available for naptime: Beds/cots, cribs, mattresses, soft mats	X		
Space is in good repair, clean and well-maintained.	X		
There is adequate lighting	X		
No malodor in the classrooms	X		
Floors, walls, and other surfaces are made of easy to clean materials	X		
There are sufficient number of clean, appropriately sized toilets for potty-trained children	X		
There is adequate temperature control(central heating)	X		
There is sufficient outdoors space	X		
The outdoors space is generally safe (for example, mats under swings, fenced area, etc.)	X		
Doors and windows are childproof when appropriate (for example, windows can't open fully, heavy doors close slowly, etc.)	X		
Safety covers are on all electrical outlets	X		
Electrical cords are out of children's reach	X		
Heavy equipment or furniture that could tip over is anchored	X		
Stairway gates are locked into place when infants or toddlers are nearby	X		
Sharp furniture edges are cushioned	X		
There is a sufficient number of age-appropriate toys		X	
There is organized and convenient storage for toys		X	
Are there any systems in place to give feedback to parents about their children?		X	
Are there any systems in place to receive feedback from parents?		X	
Are there opportunities and provisions for parents to present and discuss additional needs?		X	
Is there a daily routine?		X	
Are children served food?		X	
Are there provisions for children with special needs?		X	
Whether caregivers' minimum credentials include higher school or university degree			X
Whether the typical length of time that caregivers stay working at the provider is 5 or more years			X
Caregiver to pupil ratio			X
Is a small group of children primarily cared for by one designated staff member?			X

Annex 2: List of Variables Used in the Construction of the Eldercare Quality Sub-Indices

Questions included	Infrastructure and safety quality sub-index	Schedule, activities, and materials quality sub-index	HR quality sub-index	Special needs, healthcare, and support quality sub-index
There is sufficient indoor space for elders and caregivers to move freely	X			
Space allows for privacy when desired	X			
Is there a dedicated space for naptime?	X			
What is the quality of the bedrooms? Please take into account cleanliness, lighting, ventilation, temperature, absence of unpleasant odors, comfort, quantity and quality of furniture, safety, and privacy.	X			
Space is in good repair, clean and well-maintained.	X			
There is adequate lighting	X			
The facilities do not have unpleasant odors	X			
Floors are smooth and have nonskid surfaces. Rugs are skidproof	X			
There are clean toilets for staff members and elders	X			
There is adequate temperature control	X			
There is outdoors space for elders to use	X			
The outdoors space is generally safe (for example, mats under swings, fenced area, etc.)	X			
Walls and ceilings have no peeling paint, have no cracked or falling plaster, and are free of crumbling asbestos	X			
Cords and electrical elements are in good condition and do not present a hazard to elders	X			
Heavy equipment or furniture that could tip over is anchored	X			
Doorways to unsupervised or unsafe areas are closed and locked unless the doors are used for emergency exits	X			
The facilities feel comfortable, and nurturing	X			
Do elders sleep in individual or shared bedrooms?	X			
Who provides the furniture for the bedrooms?	X			
Are clinical mattress and bed available if needed?	X			
Do elders use individual or shared bathrooms?	X			
What are families required to provide for their elders?	X			
Are there standards and regulations that pertain to safety?	X			
Do your safety policies and procedures meet these standards and regulations?	X			
For each of the following activities, please check whether it is a frequent part of the elders' activities, happens on a limited basis, or is not allowed				
There is a sufficient number of mentally stimulating materials, such as chess sets		X		
There is organized and convenient storage for materials, such as books and games		X		
Are there any systems in place to give feedback to families about their elders?		X		
Are there any systems in place to receive familial feedback?		X		

Are there opportunities and provisions for families to present and discuss additional needs?	X	
Is there a daily schedule?	X	
Are elders served food?	X	
When are elders served food?	X	
Where is the elders' food prepared?	X	
Does the food follow nutrition and health standards and regulations?	X	
Does the food follow hygiene and cleanliness standards and regulations?	X	
Does the food follow other relevant standards and regulations?	X	
Is there a set procedure around elders' first time arrival?	X	
Is there a set procedure to prepare for elders' departure (moving out or death)?	X	
Are there visiting hours for family members?	X	
What are the caregivers' credentials and qualifications? (include minimum required)		X
What is the typical length of time that caregivers stay working at [service provider]?		X
What is the current ratio of caregivers to elders?		X
Are elders organized into groups?		X
Do staff members make an effort to ensure that elders feel respected?		X
Are there opportunities for continued education, training, and professional development for current caregivers?		X
What is the typical contract type for caregivers?		X
On what basis are caregivers evaluated?		X
Space is accessible for persons with disabilities		X
Protected access to stairs and facilities allow for limited mobility elders to circulate (i.e., those using wheelchairs, walkers, etc.)		X
Are there provisions for special needs?		X
Are elders' dietary needs and food allergies considered?		X
What are the types of staff members that are employed by [service provider]?		X
Who does laundry and cares for elders' personal items?		X
Does the [service provider] care for physically able elders, mentally able elders, some disabled elders, and/or all disabled elders?		X
Are elders given help with their personal hygiene, cleanliness, and appearance?		X
Is routine medical care available to elders?		X
What provisions are in place for elders who use wheelchairs or have trouble walking?		X
Are ambulance services available?		X
Are elders given help with bathing, shaving, and hair washing?		X
What services are offered to elders with Alzheimer's Disease or related dementias?		X