

Country Programme Evaluation of the United Nations Population Fund (UNFPA) Serbia

2nd Country Programme (2021-2025)

Evaluation Report

28 February 2025

A map of Serbia with its administrative districts highlighted in orange. The districts shown include Subotica, Sombor, Kula, Odžaci, Bac, Sremski Karlovci, Novi Sad, Šid, Sremska Mitrovica, Rumia, BG-Palilula, Opovo, Kovacica, Sečanj, BG-Zemun, Pančevo, Kovin, BG-Čukarica, Šabac, Loznica, BG-Obrenovac, UB, BG-Jagodina, Valjevo, Lajkovac, Aranđelovac, Bajina Bašta, Užice, Čačak, Kragujevac, Jagodina, Svilanov, Despotovac, Bor, Zaječar, Boljevac, Knjaževac, Srbljig, Niš, Bela Palanka, Piroć, Babušnica, Dimitrograd, Vlasotince, Bosilegrad, Bujanovac, Vranje, Surdulica, V. Han, Lebane, Leskovac, Prokuplje, Aleksinac, Sokobanja, Kruševac, Raška, Novi Pazar, Tutin, Ivanjica, Nova Varoš, Priboj, Vrjnjačka Banja, and Prijepolje.

Evaluation Team	
Ms Alison King	Team Leader
Ms Vera Gligorijević	Population Dynamics Expert
Mr Žarko Šunderić	EU Reform Social Policy Expert
Ms Jana Pavlović	Young and Emerging Evaluator
Ms Nevena Šović	Evaluation Manager, UNFPA Serbia

The analysis and recommendations of this evaluation do not necessarily reflect the views of the United Nations Population Fund (UNFPA).

Evaluation Reference Group (ERG)		
Government		
Mr Saša Ojdanić	Advisor to the Minister	Ministry of Foreign Affairs
Ms Marija Ivković Trkulja	Advisor to the Assistant Minister	Ministry of Tourism and Youth
Ms Tamara Mirković	Public Health Sector	Ministry of Health
Ms Danijela Čukić Vlahović (Alternate: Ms Slađana Čabrić)	Social Protection Sector	Ministry of Labour, Employment Veteran and Social Affairs
Ms Snežana Vuković	Department for Human and Minority Rights in Education	Ministry of Education
Ms Tatjana Prijić	Assistant Commissioner	Commissioner for the Protection of Equality
Public Institutions		
Snezana Lakčević (Alternate: Ms Suzana Stanojković)	Deputy Director	Serbian Statistical Office
Ms Katarina Boričić	Public Health Department	Institute for Public Health
Civil Society Organisations (CSOs)		
Ms Maja Vranić Mitrić	Development Manager	Ana and Vlade DIVAC Foundation
Ms Svetlana Ilić	Activist	BIBIJA – Roma Women Center
Ms Nataša Todorović	Public Health/Ageing Expert	Red Cross of Serbia
Academia		
Ms Mirjana Rašević	Professor	Institute of Social Sciences and Department of Demography, University of Belgrade, Faculty of Geography
UNFPA		
Ms Jennet Appova	Regional M&E Advisor	UNFPA

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Table of Contents

Acknowledgements	v
Table of Contents.....	vi
Acronyms and Abbreviations.....	viii
Key Facts Table Republic of Serbia.....	x
Executive Summary	1
1 Introduction.....	7
1.1 Purpose and objectives of the evaluation	7
1.2 Scope of the evaluation	8
1.3 Evaluation approach	8
1.3.1 Theory of change and contribution analysis	10
1.3.2 Methods for data collection and analysis.....	12
1.3.3 Stakeholders consulted and sites visited.....	13
1.3.4 Limitations and mitigation measures.....	14
2 Country context.....	15
2.1 Development challenges and national strategies	15
2.2 The role of external assistance	19
3 United Nations and UNFPA response	21
3.1 United Nations and UNFPA strategic response	21
3.2 UNFPA response through the country programme	23
3.2.1 UNFPA previous programme cycle, goals and achievements.....	23
3.2.2 The current UNFPA country programme	23
3.2.3 The financial structure of the UNFPA country programme.....	29
4 Findings	33
4.1 EQ1: To what extent has UNFPA support in SRH, A&Y and PD (i) been relevant and well-adapted to national priorities for meeting EU requirements and (ii) adequately reflected UNFPA's transformative results? (Relevance).....	33
4.1.1 Consistency with national priorities for meeting EU requirements	33
4.1.2 Consistency with UNFPA's transformative results	36
4.2 EQ2: To what extent have UNFPA outputs contributed to planned outcomes, and has UNFPA contributed to building demographic resilience in Serbia? (Effectiveness)	37
4.2.1 UNFPA's contribution to improved SRHR and GBV prevention and response....	39
4.2.2 UNFPA's contribution to the empowerment of young people in Serbia	43
4.2.3 UNFPA's contribution to population and development	47
4.2.4 UNFPA's contribution to demographic resilience in Serbia	53
4.3 EQ3: To what extent has UNFPA facilitated and safeguarded national ownership of UNFPA-promoted and supported policies and interventions? (Sustainability)	57
4.3.1 UNFPA's contribution to durable national strategies.....	58
4.3.2 The sustainability of UNFPA-supported tools and services	59

5. Conclusions	61
6. Recommendations	64

Tables, Figures and Boxes:

Table 1 Evaluation criteria, evaluation questions and assumptions for assessment	8
Table 2: UNFPA Serbia 2nd CPD: Risks and assumptions	12
Table 3: N of consulted stakeholders at national and local levels by data collection method	13
Table 4: Type and # of consulted stakeholders at national and local levels by CPD output .	14
Table 5: Limitations and mitigation measures	14
Table 6: UNFPA CPD alignment with the UNSDCF and Serbian national priorities	22
Table 7: Proposed indicative assistance 2021-2025 (in millions of US\$)	29
Table 8: RR allocation & OR mobilisation by CPD output, January 2021-August 2024, in US\$	30
Table 9: Expenditure RR & OR in % of budget, 2021-2023, in US\$	30
Table 10: Expenditure RR & OR per year, 2021-2023, in US\$	30
Table 11: Expenditure by UNFPA Strategic Plan 2018-2021 output (RR/OR), 2021, in US\$	31
Table 12: Expenditure by UNFPA SP 2022-2025 output (RR/OR), 2022-2023, in US\$	31
Table 13: Expenditure by fund utilisation modality and CPD output, 2021-August 2024, in US\$	32
Table 14: Budget and expenditure by IP, 2021-2023, in US\$	32

Figure 1: Map of the Republic of Serbia indicating areas of UNFPA programme implementation	ii
Figure 2: CPE phases and timeline	8
Figure 3: UNFPA Serbia results logic	10
Figure 4: ODA disbursements to Serbia, 2018-2022, in US\$ millions	21
Figure 5: RR allocation and OR mobilisation by year, January 2021-August 2024, in US\$.	30
Figure 6: RR/OR expenditure by CPD output, 2021-August 2024, in US\$	31

Box 1: UNFPA Demographic Resilience Programme for Europe and Central Asia	9
Box 2: Progress towards achieving UNFPA's transformative results by 2030	17
Box 3: Government of Serbia Nairobi Summit commitments	36

Annexes (separate documents)

Annex 1: CPE Evaluation Matrix
Annex 2: List of Documents Consulted
Annex 3: List of Persons Met
Annex 4: Data Collection Tools
Annex 5: Theory of Change Visuals
Annex 6: CPD Serbia Monitoring Data
Annex 7: List of UNFPA Interventions
Annex 8: CPE Terms of Reference

Acronyms and Abbreviations

ADA	Austrian Development Cooperation
AWP	Annual Work Plan
A&Y	Adolescents and Youth
CCA	Common Country Analysis
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DAC	Development Assistance Committee
EC	European Commission
EECA	Eastern Europe and Central Asia
EECARO	UNFPA Regional Office for Eastern Europe and Central Asia
ERG	Evaluation Reference Group
ERP	Economic Reform Programme
EU	European Union
EUD	European Union Delegation
EQ	Evaluation Question
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GGP	Generations and Gender Programme
GGs	Generations and Gender Survey
GII	Gender Inequality Index
GNI	Gross National Income
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HQ	Headquarters
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
ICT	Information and Communications Technology
IFI	International Financial Institution
IP	Implementing Partner
IPA	Instrument for Pre-Accession Assistance
IVF	In-Vitro Fertilisation
JP	Joint Programme
KII	Key Informant Interview
LFS	Labour Force Survey
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
LNOB	Leave No One Behind
MDTFs	Multi-Donor Trust Funds
MoE	Ministry of Education
MoH	Ministry of Health
MFWD	Ministry for Family Welfare and Demography
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package

MMR	Maternal Mortality Rate
MOLEVSA	Ministry of Labour, Employment, Veteran and Social Affairs
MSD	Merck Sharp & Dohme
MSM	Men who have Sex with Men
MTY	Ministry of Tourism and Youth (MTY)
NGO	Non-Governmental Organization
NHDR	National Human Development Report
NTA	National Transfer Accounts
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
OR	Other Resources
PBF	Secretary-General's Peacebuilding Fund
PCA	Programme Coordination and Assistance
PD	Population Dynamics
PIN	Psychosocial Innovation Network
PMP	Peer Mentoring Project
PRO	Local Governance for People and Nature Programme
PRPD	United Nations Partnership on the Rights of Persons with Disabilities
RR	Regular Resources
RRF	Results and Resources Framework
RSD	Serbian Dinar
SBAA	Standard Basic Assistance Agreement
SCTM	Standing Conference of Towns and Municipalities
SDC	Swiss Agency for Development Cooperation
SDG	Sustainable Development Goal
SHAI	Social Housing and Active Inclusion
SIDA	Swedish International Development Cooperation Agency
SORS	Statistical Office of Serbia
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TFGBV	Technology Facilitated Gender-based Violence
TR	Transformative Result
UN	United Nations
UNCHR	United Nations High Commissioner for Refugees
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDS	United Nations Development System
UNEP	The United Nations Environment Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UNSCR 1244	United Nations Security Council Resolution 1244
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organisation
YAG	United Nations Youth Advisory Group
YWI	Youth Wellbeing Index

Key Facts Table Republic of Serbia

Basic geographical features	
Geographical location. Serbia is a landlocked country in Southeastern Europe, in the centre of the Balkan Peninsula. Because Serbia covers part of the Pannonian Plain in the north, the country also belongs to Central Europe. It shares borders with Bosnia-Herzegovina, Bulgaria, Croatia, Hungary, North Macedonia, Montenegro, Romania and Albania. ¹	
Land area	88,499 km ²²
Demographics	
Total population size (2023 est.)	6,623,183 ³
Population size by sex composition (2023 est.)	51.4% women (3,402,267); 48.6% men (3,220,916) ⁴
Proportion of population over 65 (2022)	22.3% ⁵
Population size by rural/urban (2023 est.) ⁶	Urban: 62.1%; Other: 37.9%
Population growth rate (2023)	-0.7% ⁷
Life expectancy at birth (disaggregated by sex) (2021) ⁸	Total: 72.8; Male: 70; Female: 75.6
Under 5 mortality rate (deaths per 1000 live births) (2022)	5.079 ⁹
Human Development Index (HDI) index/rank (2022)	0.805/65 ¹⁰
Gender Inequality Index (GII) index/rank (2022)	0.119/36 ¹¹
Young people	
Proportion of population aged 10-19 (2022)	9.94% ¹²
School attendance rate (2019) ¹³	Primary school: Total: 98.6%; M: 99.6%; F: 97.3% Secondary school: Total: 94.1%; M: 94.7%; F: 93.3%
School completion rate (2019) ¹⁴	Primary school: Total: 99.5%; M: 99.6%; F: 99.5% Secondary school: Total: 97.7%; M: 98.4%; F:

¹ The Government of the Republic of Serbia. Available at: <https://www.srbija.gov.rs/tekst/en/130127/basic-info.php> (Accessed on August 6th, 2024).

² Manić, E., Nikitović, V. and Djurović, P. (eds.): The Geography of Serbia: Nature, People, Economy. Cham, Springer, 2022.

³ Statistical Office of the Republic of Serbia. Estimated population, 2023. Available at: <https://www.stat.gov.rs/en-us/vesti/statisticalrelease/?p=15196&a=18&s=1801?s=1801> (Accessed on August 6th, 2024).

⁴ Ditto.

⁵ Statistical Office of the Republic of Serbia. Estimated population, 2023. Available at <https://www.stat.gov.rs/en-us/vesti/statisticalrelease/?p=15196&a=18&s=1801?s=1801> (Accessed on September 2nd, 2024).

⁶ Statistical Office of the Republic of Serbia. Estimated population, 2023. Available at: <https://www.stat.gov.rs/en-us/vesti/statisticalrelease/?p=15196&a=18&s=1801?s=1801> (Accessed on August 6th, 2024).

⁷ The World Bank Data. Population growth (annual %) – Serbia. Available at: <https://data.worldbank.org/indicator/SP.POP.GROW?locations=RS> (Accessed on August 6th, 2024).

⁸ World Health Organization. Health data overview for the Republic of Serbia. Available at: <https://data.who.int/countries/688> (Accessed on August 6th, 2024).

⁹ UNICEF Data Warehouse. Available at: https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=S_RB.CME_MRY0T4.&startPeriod=1970&endPeriod=2024 (Accessed on August 6th, 2024).

¹⁰ Human Development Reports. Human Development Index (HDI). Available at: <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI> (Accessed on August 6th, 2024).

¹¹ Human Development Reports. Gender Inequality Index (GII). Available at: <https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII> (Accessed on August 6th, 2024).

¹² Statistical Office of the Republic of Serbia. Age and Sex; Data by settlements. Available at <https://publikacije.stat.gov.rs/G2023/Pdf/G20234003.pdf> (Accessed on August 7th, 2024).

¹³ Multiple Indicator Cluster Survey 2019. Serbia. Available at <https://www.unicef.org/serbia/media/16726/file/MICS%206%20Multiple%20Indicator%20Cluster%20Survey%20or%202019.pdf> (Accessed on August 27th, 2024).

¹⁴ Ditto.

	97.0%
Teenage pregnancy rate (% of women aged 15-19 years who have begun childbearing) (2019)	2.5% ¹⁵
Health and fertility	
Total fertility rate (2023)	1.6 ¹⁶
Adolescent birth rate (2022)	14.1/1,000 ¹⁷
Adolescent birth rate in Roma population (2019)	163/1,000 ¹⁸
Contraceptive prevalence rate (modern methods) (2019)	21% ¹⁹
Unmet need for family planning (2019)	8.8% ²⁰
Proportion of births attended by skilled health personnel (2019)	99.9% ²¹
Institutional deliveries (2019)	100% ²²
Maternal mortality ratio (2022)	11.2/100,000 live births ²³
HIV prevalence rate, 15-49 (2022) (Sex distribution among diagnosed persons)	0.1% ²⁴ ; Male: 77.81% ²⁵ ; Female: 22.19%
HIV incidence by age group (2023) ²⁶ (calculated from the total of diagnosed people infected with HIV)	20-29: 25%; 20-49: 80%
HIV incidence by sex (2023) ²⁷ (calculated from the total of diagnosed people infected with HIV)	Male: 92%; Female: 8%
HIV incidence by key population (2023) ²⁸ (calculated from the total of diagnosed people infected with HIV)	Sexual intercourse without protection: 98% of which men who have sex with men (MSM): 63%
Economic	
Gross National Income (GNI) (2022 provisional value)	\$60,309.5 ²⁹
Gross domestic product (GDP) per capita, current US\$	\$11,361.0 ³⁰

¹⁵ Ditto.

¹⁶ Statistical Office of the Republic of Serbia. Vital Statistics, 2023. Available at <https://www.stat.gov.rs/en-us/vesti/statisticalrelease/?p=15197> (Accessed on August 20th, 2024).

¹⁷ Statistical Office of the Republic of Serbia. Demographic Yearbook. Available at <https://publikacije.stat.gov.rs/G2023/Pdf/G202314020.pdf> (Accessed on 29th August 2024).

¹⁸ Multiple Indicator Cluster Survey 2019. Serbia. Available at <https://www.unicef.org/serbia/media/16726/file/MICS%206%20Multiple%20Indicator%20Cluster%20Survey%20of%202019.pdf> (Accessed on August 27th, 2024).

¹⁹ Ditto.

²⁰ Ditto.

²¹ World Health Organization. Proportion of births attended by skilled health personnel (%) Available at <https://data.who.int/indicators/i/F835E3B/1772666#disclaimer-maps> (Accessed on August 20th, 2024).

²² Multiple Indicator Cluster Survey 2019. Serbia. Available at <https://www.unicef.org/serbia/media/16726/file/MICS%206%20Multiple%20Indicator%20Cluster%20Survey%20of%202019.pdf> (Accessed on August 27th, 2024).

²³ Statistical Office of the Republic of Serbia. Maternal mortality ratio. Available at: <https://data.stat.gov.rs/Home/Result/SDGUN03010101?languageCode=en-US> (Accessed on August 6th, 2024).

²⁴ Trading Economics. Serbia - Prevalence Of HIV, Total (% Of Population Ages 15-49). Available at <https://tradingeconomics.com/serbia/prevalence-of-hiv-total-percent-of-population-ages-15-49-wb-data.html> (Accessed on August 20th, 2024).

²⁵ Institute of Public Health of Serbia "Dr Milan Jovanović Batut". Health Statistical Yearbook of Republic of Serbia 2022. Available at: <https://www.batut.org.rs/download/publikacije/pub2022v1.pdf> (Accessed on 2nd September 2024).

²⁶ Institut za javno zdravlje "Dr Milan Jovanović Batut". Svetski AIDS dan, 1. decembar. Available at: <https://www.batut.org.rs/index.php?content=2731> (Accessed on 2nd September 2024).

²⁷ Ditto.

²⁸ Ditto.

²⁹ Statistical Office of the Republic of Serbia. Gross national income. Available at <https://data.stat.gov.rs/Home/Result/09020102?languageCode=en-US> (Accessed on August 27th, 2024).

³⁰ The World Bank Data. GDP per capita, PPP (current international \$). Available at: <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD> (Accessed on August 27th, 2024).

(2023)	
GDP growth rate (2023)	2.5% ³¹
Unemployment rate (by sex - 2024 Quarter I; rural/urban - 2023)	Total: 8.2% ³² ; M: 8.0%; F: 8.3%; Urban: 9.5% ³³ ; Other: 9.3%; Youth (15-24): 20.2% ³⁴ ; M: 22.1%; F: 17.2%
Inflation rate (July 2024)	4.3% ³⁵
Gini index (2020)	35 ³⁶
Major economic activity	Energy, information and communications technology (ICT), the automotive industry, machinery, mining and agriculture ³⁷
Gender equality	
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (2019) ³⁸	Before age 15: 1.2%; Before age 18: 5.5%
Proportion of ever-partnered women and girls aged 18 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (2021)	2.3% of women aged 18-74 years ³⁹
Political	
Type of government	Unitary parliamentary republic
Key political events (during the period being evaluated) ⁴⁰	<ul style="list-style-type: none"> - Frequent parliamentary elections (2020, 2022, 2023) and government reshuffling - Changes in the government: in October 2020 - immediately after the adoption of UNFPA Serbia Country Programme Document (CPD) - COVID-19 pandemic - War in Ukraine - Sector crisis and crisis in the society after tragic shootings in one elementary school and in several villages near Belgrade in May 2023

³¹ The World Bank Data. GDP Growth Rate. Available at: <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=RS> (Accessed on August 6th, 2024).

³² Statistical Office of the Republic of Serbia. Labour Force Survey, II Quarter 2024. Available at: <https://publikacije.stat.gov.rs/G2024/HtmlE/G20241243.html> (Accessed on September 2nd, 2024).

³³ Statistical Office of the Republic of Serbia. Labour Force Survey in The Republic of Serbia, 2023. Available at: <https://publikacije.stat.gov.rs/G2024/PdfE/G20245707.pdf> (Accessed on August 27th, 2024).

³⁴ Statistical Office of the Republic of Serbia. Labour Force Survey, II Quarter 2024. Available at: <https://publikacije.stat.gov.rs/G2024/HtmlE/G20241243.html> (Accessed on September 2nd, 2024).

³⁵ National Bank of Serbia. Target and actual inflation. Available at: <https://nbs.rs/en/ciljevi-i-funkcije/monetarna-politika/inflacija/projekcija-inflacije/> (Accessed on 2nd September 2024).

³⁶ The World Bank Data. Gini index – Serbia. Available at: <https://data.worldbank.org/indicator/SI.POV.GINI?locations=RS> (Accessed on August 27th, 2024).

³⁷ International Trade Administration. Serbia – Country Commercial Guide. Available at: <https://www.trade.gov/country-commercial-guides/serbia-market-overview> (Accessed on August 6th, 2024).

³⁸ Multiple Indicator Cluster Survey 2019. Serbia. Available at: <https://www.unicef.org/serbia/media/16726/file/MICS%206%20Multiple%20Indicator%20Cluster%20Survey%20or%202019.pdf> (Accessed on August 27th, 2024).

³⁹ Rašević Mirjana. Republic of Serbia: 30 Years from the International Conference on Population and Development. 2023. Statistical Office of the Republic of Serbia. Kvalitet života i bezbednost žena. Available at: <https://www.stat.gov.rs/media/358198/q20226006.pdf> (Accessed on August 20th, 2024).

⁴⁰ UNFPA Serbia country office.

Executive Summary

1. Context

Serbia is an upper-middle income country characterised by low fertility, population ageing and outmigration. Since 2012, the country is a European Union (EU) candidate country. Under the UNFPA Strategic Plan 2022-2025, it is considered a Tier 3 country where one transformative result has not been achieved. Serbia has already achieved the Sustainable Development Goals (SDG) values for maternal mortality and decreased the value of the Gender Inequality Index below 0.3. The country is progressing towards ending unmet need for family planning, increasing the use of modern contraceptives and reducing the adolescent birth rate in the general population. However, there has been no reduction in the very high levels of adolescent births and child marriages among Roma. Gender-based violence (GBV) also remains high. According to latest available data, 17% of women had experienced violence at some point in their lives in 2018.

2. Purpose, objectives and intended users

In line with the UNFPA Evaluation Policy (2024), the present country programme evaluation (CPE) provides an independent, impartial perspective on the work of UNFPA in Serbia. It supports organisational learning, provides evidence to inform development, humanitarian and peace-responsive programming, and facilitates public access to information for interpreting and interrogating national policies and programmes. Its overall objectives are to provide an independent assessment of the UNFPA CP covering the years 2021-2024, and broaden the evidence base for designing the CPD for Serbia 2026-2030. The evaluation's main audience and primary intended users are the UNFPA Serbia country office, the Government of Serbia, UNFPA Implementing Partners (IPs), the UNFPA Regional Office for Eastern Europe and Central Asia (EECARO), rights-holders involved in UNFPA interventions and the organisations that represent them, the United Nations country team (UNCT) and other development partners. The evaluation results are also of interest to a broader group of stakeholders, including UNFPA headquarters (HQ), the UNFPA Executive Board, academia and international non-governmental organisations (NGOs).

3. The UNFPA Serbia country programme

UNFPA is one of 20 United Nations agencies active in Serbia. The 2nd UNFPA CPD for Serbia was developed under the UNFPA Strategic Plan 2018-2021 and implemented under the UNFPA Strategic Plan 2022-2025 and the United Nations Sustainable Development Framework (UNSDCF) 2021-2025. The CPD was designed to contribute to all three transformative results through the achievement of three outputs in the areas of sexual and reproductive health (SRH) and GBV, adolescents and youth (A&Y) and population development (PD), the latter with a strong focus on achieving demographic resilience. UNFPA's CP and the UNFPA Serbia country office have grown considerably during the reporting period, the annual budget (regular and other resources) having increased from US\$826,479.00 in 2021 to US\$1,7 million in 2024 (August) and the number of staff/personnel from four to 15, led by a Head of Office and the Country Director based in Bosnia & Herzegovina. To implement the CP, the country office has collaborated with various other United Nations agencies as part of United Nations Joint Programmes (JPs), funded by individual donors, multi-donor trust funds (MDTFs) and UN2UN transfers. During the present CP cycle, UNFPA has not been awarded an opportunity to directly manage EU resources.

4. Scope and methodology

This CPE covers all outputs and expected CPD outcomes. It also explores the CP's application of the principle of leaving no one behind (LNOB), gender equality and humanitarian preparedness and response. In addition, the CPE assesses the CP in light of UNFPA's comparative advantages and UNFPA's contributions to sustainably achieving demographic resilience in Serbia. Regarding geographical and temporal scope, the CPE assesses interventions planned and implemented at the national and municipality levels from January 2021 to the end of evaluation data collection in mid-October 2024.

The CPE applied three evaluation criteria - i.e., relevance, effectiveness and sustainability and responds to three evaluation questions: (i) To what extent has UNFPA support in SRH, A&Y and PD (i) been relevant and well-adapted to national priorities for meeting European Union (EU) accession requirements and (ii) adequately reflected UNFPA's transformative results?; (ii) To what extent have UNFPA outputs contributed to planned outcomes, and has UNFPA contributed to building demographic resilience in Serbia?; and (iii) To what extent has UNFPA facilitated and safeguarded national ownership of UNFPA-promoted and supported policies and interventions? To this intent, it used a theory of change-based approach.

The evaluation team developed an evaluation matrix containing assumptions for assessment and associated indicators. Data collection followed a mixed-method approach consisting of document review, semi-structured key informant interviews (KIIs) and focus group discussions (FGDs). Overall, the evaluators consulted 75 people at the national and 50 at the local level, of whom 79% were female and 21% male. Besides UNFPA staff, they consulted representatives of all IPs, key ministries and public institutions, international development partners, including United Nations agencies, academia and the private sector.

5. Main findings

RELEVANCE. UNFPA's support is consistent with Serbia's EU integration process, particularly with the negotiation chapters on the judiciary and fundamental rights, education and culture, consumer and health protection, social policy and employment, and statistics. However, UNFPA's role and contributions to the EU accession process are not widely recognised.

While the UNFPA country office addresses all transformative results, it lacks an explicit commitment to accelerating progress and achieving zero by 2030. Its family planning focus has rightly primarily centred on reducing unplanned pregnancies among Roma women and adolescent girls. In the general population, characterised by low fertility, UNFPA's efforts have expanded beyond addressing unmet needs to encompass broader factors influencing desired fertility, whether individuals seek to increase or decrease their family size.

EFFECTIVENESS. Despite the challenges posed by the COVID-19 pandemic and shifts in ministerial leadership, structures and responsibilities, UNFPA has enhanced data availability and improved Serbia's national policy framework for SRH. The country office has also successfully built national capacities to deliver quality SRH services and care. However, considerable work is still ongoing to translate these achievements into tangible benefits for women of reproductive age, particularly in the areas of maternal health and cervical cancer prevention and detection. While UNFPA has also enhanced national capacities to prevent and respond to GBV, policy-level gains in gender equality achieved through previous UNFPA support are currently under threat. Furthermore, regarding generating greater demand for SRHR, the country office has implemented only limited activities to address the specific SRH and GBV needs of older women and key populations. Despite efforts to reduce harmful social norms and improve health literacy, challenges persist in meeting the SRHR needs and mobilising demand for care and protection from Roma women and adolescent girls. While the 2025 outcome targets outlined in the CPD have not yet been fully met, evidence indicates that

UNFPA has contributed to a decrease in the unmet need for family planning and an increase in the prevalence of modern contraception among the general population.

UNFPA has enhanced the youth-friendliness of Serbia's policy environment and strengthened domestic accountability by introducing the YWI. The country office has also fostered youth engagement and promoted positive social change at the community level. However, the effectiveness and scalability of these efforts have been hindered by limited synergies between projects and insufficient engagement with government entities. In the aftermath of mass shootings, UNFPA has improved the education sector's preparedness and response to emergencies, although the scope of its mandate in this area remains unclear. Furthermore, in lieu of comprehensive sexuality education (CSE) as a stand-alone subject in the curriculum, the country office has scaled up life skills education within and beyond the formal school setting, including raising awareness about the dangers of Technology Facilitated Gender-based Violence (TFGBV). Numerous young people have already benefited, and a robust foundation is in place to intensify this work further. Overall, despite successfully reducing the adolescent birth rate in the general population beyond the CPD 2025 outcome target, UNFPA has been unable to prevent a nationwide increase specifically among the Roma population.

UNFPA has made substantial contributions to the generation and analysis of demographic data, including the 2022 census and the country's first NTA analyses, thus providing valuable insights into demographic trends, including within vulnerable populations, although the dissemination of data and research findings to a broader audience requires further improvement. Through these efforts, the country office has significantly influenced national, but not local-level - demographic policies, particularly those concerning youth, older persons and persons with disabilities. Evidence-based initiatives aimed at strengthening the understanding of family planning and factors affecting fertility rates have also yielded promising results. However, at the outcome level, UNFPA-generated demographic intelligence has hardly contributed to the planned increase in SDG indicators monitored by the Government of Serbia.

As part of its population and development mandate, UNFPA has also implemented various interventions to address the weaknesses of social protection services and promote social inclusion and healthy and active ageing for older persons. While these interventions have been highly valued, they have not served as models and best practices for broader replication across the country, thus limiting their potential impact on a larger scale.

Regarding achieving demographic resilience, UNFPA possesses a strong comparative advantage in understanding complex demographic trends, especially the second demographic transition, and in population data analytics and policy advocacy where it has made relevant and significant contributions despite weak institutional capacities and entrenched views, most notably regarding ageing. While UNFPA's support for SRHR and A&Y empowerment can also be framed as enhancing Serbia's human capital and "demography-proofing" social policy systems, thereby contributing to achieving demographic resilience, this crucial link is not always apparent to stakeholders. Overall, some stakeholders are concerned that the country office may be exceeding its capacities and overstepping the boundaries of UNFPA's mandate under the umbrella of supporting demographic resilience.

SUSTAINABILITY. UNFPA-supported policies, such as the Youth Strategy and the Strategy for Active and Healthy Ageing, offer substantial potential for long-term sustainability regarding strategic directions. Nevertheless, their sustainability is contingent upon robust institutions, consistent political will and sufficient financial resources for implementation. Moreover, the sustainability of data generation and research, crucial for informed policymaking, is susceptible to funding shortfalls.

Despite successful instances of institutionalising new tools and services introduced with UNFPA support, ensuring national ownership and long-term sustainability remains challenging. This is due to factors such as fragmented funding, dispersed geographical presence, relatively short project durations, limited budgets, and weak government capacities.

6. Conclusions

The CPE draws six conclusions based on the evaluation findings, reflecting the evaluation team's reasoned judgements on the performance of the 2nd UNFPA CP for Serbia. The conclusions are structured along the broad perspectives of policy and accountability, quality of care and services, gender and social norms, population change and data, humanitarian action and A&Y empowerment, which also correspond to the logic of UNFPA's Strategic Plan 2022-2025 outputs under which the 3rd UNFPA CPD for Serbia will be formulated.

Conclusion 1. In the context of demographic challenges, UNFPA in Serbia has made notable contributions to shaping national policies and domestic accountability for meeting EU accession requirements, particularly in areas related to women, young people, older persons and Roma. However, the country office has extended its reach beyond SRHR and the transformative results. It faces ongoing challenges in promoting gender equality and fostering a supportive environment for family planning.

Conclusion 2. While UNFPA's interventions have positively impacted SRH/GBV care and services, there is still potential to concentrate UNFPA's efforts to increase the reach of these benefits, particularly among women and adolescent girls who are left behind because of reasons connected to their age, culture, ethnicity, disability or location.

Conclusion 3. UNFPA's commitment to challenging discriminatory gender and social norms, in line with the UNFPA Strategic Plan 2022-2025, is critical for strengthening SRHR, human capital and social cohesion in Serbia, aligning with European values, and contributing to demographic resilience, and should continue to the extent that UNFPA is best-positioned and country office capacities allow.

Conclusion 4. UNFPA Serbia is a key player and convener in data and analytics, generating valuable insights for achieving demographic resilience. While its data products are relevant, enhancing their dissemination could further maximise their impact.

Conclusion 5. UNFPA's CP for Serbia is currently aligned with the country's low-risk categorisation but may benefit from incorporating strategies to address potential future challenges related to climate change and regional instability to ensure continued relevance and effectiveness.

Conclusion 6. In terms of implementation, UNFPA has contributed to empowering A&Y through multiple entry points but has lacked the necessary resources and long-term focus to achieve substantial results that last, apart from promising collaboration on life skills development in schools.

7. Recommendations

The evaluation team developed six recommendations based on the conclusions and evaluation findings. The draft recommendations were consulted with the UNFPA Serbia country office and discussed with ERG members. Recommendations have been prioritised and are addressed to relevant functions within the country office.

Recommendation 1 (high priority): UNFPA should enhance its role and visibility as a significant contributor to Serbia's EU integration across the next CP. To achieve this, the Serbia country office should emphasise a limited number of high-impact areas critical to meeting national priorities and EU accession requirements, where UNFPA has built a robust reputation and where future funding and financing is likely to be forthcoming. In these high-impact areas, the country office should develop five-year integrated programmes, each with a theory of change that supports demographic resilience and challenges discriminatory gender and social norms. They should consider the humanitarian-development-peace continuum, help define the division of labour between United Nations agencies, and supports communications, visibility, and resource mobilisation. To increase national ownership and strengthen capacities, they should prioritise IP implementation and concrete replicable and sustainable models. High-impact programmes should be subject to mid-term reviews. The evaluation team suggests a programmatic focus on (i) data and research for advocacy and informed decision-making, including population data; (ii) life skills education/comprehensive sexuality education; (iii) healthy and active ageing; (iv) cervical cancer prevention and detection; and (v) SRHR care and services (including GBV) for Roma and other vulnerable women and adolescent girls.

Recommendation 2 (high priority): To contribute to demographic resilience, UNFPA should promote its advisory role and prioritise generating demographic intelligence to support the government, UNCT members and other stakeholders in their evidence-based planning, programming, advocacy and decision-making. the Serbia country office, with EECARO's support, should continue to promote the EECA demographic resilience concept, emphasizing governance, human capital and systems adaptation. It should offer an advisory support to the United Nations Resident Coordinator and UNCT. It should include a population data and research component into high-impact data and research programme (see Recommendation 1), prioritizing support for the UNICEF-led Multiple Indicator Cluster Survey (MICS) and the introduction of the Generations and Gender Survey (GGS) and continued support for NTA analyses. Additionally, efforts should be made to close data gaps related to fertility, ageing (mortality) and migration through stakeholder consultations, including at the local level. the country office should foster data transparency and facilitate learning and knowledge exchange among experts and stakeholders in the country and region.

Recommendation 3 (high priority): Of UNFPA's three global transformative results, the UNFPA Serbia country office should prioritise meeting the family planning needs of women and adolescent girls to plan and attain their desired number of children, if any. he country office should prioritise addressing the SRH and family planning needs among Roma women and adolescent girls and discriminatory norms that influence their uptake of SRH services and commodities, strengthening synergies with UNICEF's work on child marriage. Despite anxieties concerning the prevailing low fertility in Serbia, UNFPA should scale up collaboration to address the high unmet need for family planning and the low use of modern contraceptives in the general population, UNFPA's engagement in family planning should go beyond the contraceptive-centred transformative result, addressing discriminatory gender and social norms t leveraging data for programming, advocacy and decision-making; scaling up support for people experiencing infertility; and promoting gender-responsive and family-friendly policies in partnership with other United Nations agencies and IFIs.

Recommendation 4 (high priority): UNFPA should clarify its mandate regarding addressing the implications of ageing before initiating new interventions. To achieve this, the Serbia country office should consult with EECARO and other UNFPA offices in the Western Balkans to clarify the organisation's role regarding ageing as a megatrend, without becoming an ageing organisation. Its contributions should serve to (i) strengthen data systems

and generate needs-based publicly available evidence and information, including support for monitoring the Strategy for Active and Healthy Ageing and associated Action Plan; (ii) implement local-level pilot schemes (including exit strategies) to develop replicable models for advocacy and policy; (iii) continue to promote intergenerational cooperation as part of A&Y empowerment and skills development; and (iv) address older women's SRH and GBV protection needs, including for Roma and other vulnerable groups, in the 3rd CPD for Serbia.

Recommendation 5 (medium priority): To achieve the LNOB goal, UNFPA should consider factors that disproportionately affect demand for and access to SRHR, including the intersectionality of these factors, and focus its actions accordingly, thus ensuring that the most vulnerable groups are not left behind. To achieve this, the Serbia country office should use existing data and evidence and, if necessary, generate new knowledge to assess “furthest-behind” factors for operationalising the LNOB principle in the 3rd UNFPA CPD for Serbia. The evaluation team suggests a primary focus on age, culture and ethnicity, disability and location.

Recommendation 6 (medium priority): During the next CP cycle, UNFPA should pay more attention to addressing development, humanitarian and social cohesion needs in an interconnected manner. The country office should integrate emergency preparedness and response considerations into the formulation of the 3rd UNFPA CPD for Serbia as well as into the CPD Theory of Change, including in the risks and assumptions, the recommended high-impact programmes (see Recommendation 1) and all project proposals. To ensure the country office's resilience in case of crises, staff needs to be equipped with the necessary skills to plan, programme and communicate across the humanitarian-development-peace/social cohesion continuum and function in crisis settings, including leading GBV coordination in line with UNFPA's global area of responsibility within the Inter-Agency Standing Committee (IASC).

1 Introduction

1.1 Purpose and objectives of the evaluation

The evaluation of the UNFPA country programme (CP) for the Republic of Serbia 2021-2025 (CPE)⁴¹ is one of four CPEs planned for Eastern Europe and Central Asia (EECA) in 2024 and 21 globally.⁴² In actual fact, five CPEs are being conducted in the EECA region in 2024-2025. The Serbia CPE follows the latest independent evaluation of UNFPA's performance in Serbia, which was part of a "cluster evaluation for Bosnia and Herzegovina, North Macedonia, Serbia and Kosovo (UNSCR 1244)" in 2019.⁴³ The CPE serves four purposes, as outlined in the 2024 UNFPA Evaluation Policy⁴⁴ and CPE terms of reference (see Annex 8) - i.e.,

- (i) provide evidence to inform development, humanitarian response and peace-responsive programming;
- (ii) provide an independent, impartial perspective on the work of UNFPA and entail management accountability to act on recommendations;
- (iii) aggregate and share good practices and credible evaluative evidence to support organisational learning; and
- (iv) empower community, national and regional levels by providing them with access to information and skills to interpret and interrogate policies and programmes affecting their lives.

The overall objectives of the CPE are:

- (i) provide an independent assessment of the UNFPA CP; and
- (ii) broaden the evidence base to inform the design of the CPD for Serbia 2026-2030, which will be implemented under the framework of the yet-to-be-finalized and approved UNFPA strategic plan 2026-2029.

The specific objectives of this CPE are:

- (i) provide an independent assessment of the relevance, effectiveness and sustainability of UNFPA support for Serbia;
- (ii) provide an assessment of the role played by the UNFPA Serbia country office in United Nations country team (UNCT) coordination, with a view to enhancing the United Nations collective contribution to national development results; and
- (iii) draw key conclusions from past and current cooperation and provide clear, forward-looking, actionable recommendations for the next CP cycle.

The evaluation's main audience and primary intended users are the UNFPA Serbia country office, the Government of Serbia, UNFPA Implementing Partners (IPs), rights-holders involved in UNFPA interventions and the organisations that represent them, the UNCT, the UNFPA Regional Office for Eastern Europe and Central Asia (EECARO), and development partners. The evaluation results are also of interest to a broader group of stakeholders, including UNFPA headquarters (HQ), the UNFPA Executive Board, academia, local civil society organisations (CSOs) and international non-governmental organisations (NGOs). UNFPA will disseminate the evaluation results using analogue and digital channels of communication.

⁴¹ UNFPA. Country programme document for Serbia 2021-2025. DP/FPA/CPD/SRB/2. 2020.

⁴² UNFPA. Multi-year costed evaluation plan, 2024-2027. DP/FPA/2024/2. 2024.

⁴³ UNFPA. Final Cluster Evaluation Report for the UNFPA Programmes in Bosnia and Herzegovina, North Macedonia, Serbia and Kosovo (UNSCR 1244). 2019. Volume 5.

⁴⁴ UNFPA. Evaluation Policy. DP/FPA/2024/1. 2024.

1.2 Scope of the evaluation

The CPE covers all outputs and expected CPD outcomes in the areas of sexual and reproductive health (SRH), including gender-based violence (GBV), adolescents and youth (A&Y) and population dynamics (PD), including interventions added in response to changing contexts, priorities and needs. It also explores the CP's focus on and application of the principle of leaving no one behind (LNOB), gender equality and humanitarian preparedness and response. In addition, going beyond standard UNFPA CPEs, the CPE assesses the CP in light of its contributions to sustainably achieving demographic resilience in Serbia.⁴⁵ Regarding geographical and temporal scope, the CPE assesses interventions planned and implemented at the national and municipality levels (see Annex 7). It covers CP interventions planned and implemented from January 2021 to the end of evaluation data collection in mid-October 2024.

1.3 Evaluation approach

This independent evaluation of the UNFPA CP for Serbia was conducted between April 2024 and February 2025, including the preparation and dissemination phases. The design and fieldwork phases were timed to provide preliminary findings and considerations for the UNFPA Serbia Strategic Dialogue White Paper (see Figure 2).

Figure 2: CPE phases and timeline

Phase	A p r i l	M a y	J u n e	J u l y	Au g u s t	S e p t e m b e r	O c t o b e r	N o v e m b e r	D e c e m b e r	J a n u a r y	F e b r u a r y
Preparation											
Design											
Fieldwork											
Reporting											
Dissemination											

The CPE applied three Organization for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) evaluation criteria: relevance, effectiveness and sustainability. It provides answers to three broad evaluation questions (EQ) (see Table 1).

Table 1 Evaluation criteria, evaluation questions and assumptions for assessment

Relevance
EQ1. To what extent has UNFPA support in SRH, A&Y and PD (i) been relevant and well-adapted to national priorities for meeting European Union (EU) accession requirements and (ii) adequately reflected UNFPA's transformative results?
Assumptions:
A.1.1 UNFPA Serbia's support in SRH, A&Y and PD aligns with Serbia's national priorities for meeting EU accession requirements
A.1.2 UNFPA Serbia's support in SRH, A&Y and PD has been consistent with UNFPA's transformative results - i.e., ending unmet family planning needs, preventing maternal deaths and eliminating GBV and harmful practices by 2030
Effectiveness
EQ2. To what extent have UNFPA outputs contributed to planned outcomes, and has UNFPA contributed to building demographic resilience in Serbia?

⁴⁵ Demographic resilience as defined by the UNFPA Demographic Resilience Programme for Europe and Central Asia.

Assumptions:

A.2.1 UNFPA Serbia has successfully addressed the identified “determinants” in the output theories of change, thereby affecting the achievement of planned CPD outputs and progress towards outcomes

A.2.2 UNFPA outputs and outcomes in SRH, A&Y and PD have contributed to building demographic resilience in Serbia (as defined in the Demographic Resilience Programme for Europe and Central Asia)

A.2.3 UNFPA has added benefits to partner efforts to build government capacity to understand, plan for and shape demographic changes and create positive demographic outcomes in Serbia (UNFPA’s comparative advantages)

Sustainability

EQ3. To what extent has UNFPA facilitated and safeguarded national ownership of UNFPA-promoted and supported policies and interventions?

Assumptions:

A.3.1 UNFPA has successfully cultivated national ownership and commitment to the policy initiatives it has advocated and supported during the CP cycle, which has been instrumental in ensuring long-term sustainability beyond UNFPA’s direct involvement.

A.3.2 UNFPA’s efforts have effectively cultivated national ownership and commitment to the tools and services it has promoted and supported during the CP cycle, which has been instrumental in ensuring the long-term sustainability of these resources beyond UNFPA’s direct involvement.

EQ1 pertains to UNFPA’s relevance in Serbia. It assesses (i) the alignment of UNFPA’s support in SRH/GBV, A&Y and PD with national reforms for meeting European Union (EU) accession requirements and (ii) its alignment with UNFPA’s transformative results. It explores the adaptability of UNFPA’s support to changing contexts and priorities throughout 2021-2024, for instance, in connection with national elections, the COVID-19 pandemic or the war in Ukraine. EQ2 speaks to the effectiveness of UNFPA’s support in SRH/GBV, A&Y and PD. The approach to the assessment is two-pronged: (i) the implementation of activities, delivery of results and an assessment of UNFPA’s contributions to expected outcomes as outlined in the Results and Resources Framework (RRF) of the CPD and the Theories of Change for each CP component; and (ii) an assessment of UNFPA’s contributions to the four outputs of the UNFPA Demographic Resilience Programme for Europe and Central Asia. Specifically, as regards demographic resilience, the evaluation also focuses on UNFPA’s comparative strengths relative to other organisations. EQ3 covers the sustainability (or expected sustainability) of UNFPA’s policy and programmatic support for Serbia. It considers the extent to which the UNFPA country office has paid attention during CP design and implementation to ensure shared responsibility and national ownership and the extent to which benefits thanks to UNFPA support (including in collaboration with partners) have continued or are likely to continue regardless of continued UNFPA involvement. The fundamental principles - gender equality, human rights and LNOB - were mainstreamed throughout the evaluation questions.

Box 1: UNFPA Demographic Resilience Programme for Europe and Central Asia

Demographic resilience, as a concept, emphasises the importance of population dynamics for socioeconomic development and individual well-being, as well as for political stability and security. In 2020-2021, EECARO launched the Demographic Resilience Programme with the goal of societies being resilient and thriving amidst demographic change. Achieving this goal is critically dependent on the capacity of governments to understand, plan for and shape demographic changes. UNFPA interventions contributing to this outcome are grouped under four outputs:

Output 1: Evidence-based governance: Governments strengthen the science-policy interface and consider demographic change in planning and policy-making

Output 2: Inclusive economy: Governments develop human capital throughout the life course and empower all people to participate in the economies and society

Output 3: Social policy: Governments adapt labour markets, social protection systems, service

delivery and infrastructures to new and emerging demographic realities

Output 4: Narrative: Public discourse on demography that is based on evidence and supportive of human rights and gender equality

Source: UNFPA. *Guidance for Common Country Analysis (CCAs), UNSDCF and CPDs: Demographic Change, the Sustainable Development Goals, and the High-impact Initiatives: Understanding the linkages, managing the integration and building demographic resilience. 2024.*

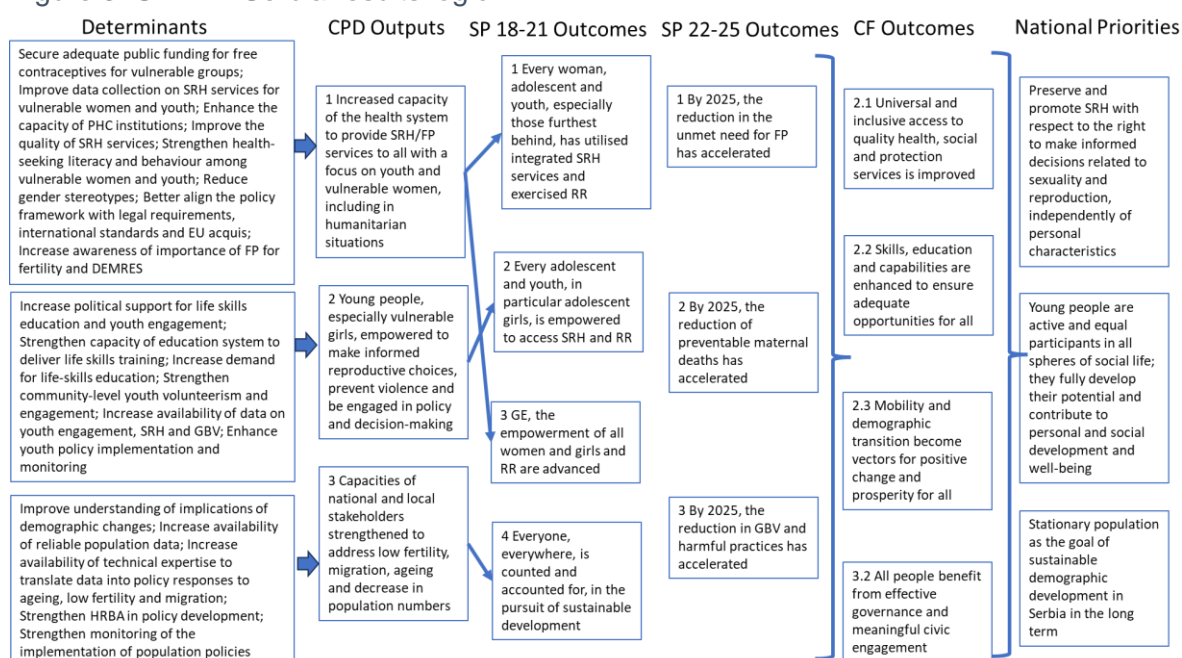
1.3.1 Theory of change and contribution analysis

The CPE used a theory of change-based approach. This approach relies on a Theory of Change or “change story” that depicts how interventions are expected to produce outputs and contribute to outcomes. The Theory of Change also identifies critical assumptions and contextual risks that are expected to support or hinder the achievement of desired results and changes. A theory-based approach generates insights about what works, what does not, why and for whom. It focuses on analysing links between changes at different levels of the results chain and exploring how the assumptions behind these links and contextual risks affect the achievement of intended results.

In the case of the UNFPA Serbia CP, the Theory of Change for each CPD output developed by the UNFPA country office served as the basis for the evaluation team to assess the performance of UNFPA’s support for Serbia (see Annex 5). In particular, the evaluation team used each output-level Theory of Change to determine whether UNFPA interventions have addressed determinants, delivered the expected CPD output and thus contributed to (are likely to contribute to) the expected outcome, measured by outcome-level indicators. For greater clarity, Figure 3 visualises the overall results logic against the outcomes of the UNFPA strategic plans 2018-2021 and 2022-2025, the UNSDCF 2021-2025 and national priorities.

In this sense, by applying a contribution analysis, the evaluation team considered UNFPA as part of the collective efforts of multiple stakeholders to achieve outcomes. The team did not attempt to attribute outcome-level changes to UNFPA, which is a narrower concept and would seek to establish a direct causal link between UNFPA interventions and outcomes achieved.

Figure 3: UNFPA Serbia results logic



Source: CPE team

As part of the design phase of the evaluation process, the UNFPA Serbia country office

updated the theories of change underpinning the CP at the request of the evaluation team. Staff refined and supplemented the determinants for achieving the three CPD outputs. They reviewed programme interventions, risks and assumptions.

The evaluation team noted that the Theory of Change for CPD Output 1 (SRH/GBV) with nine interventions addressing eight determinants is overly complicated and fragmented, especially in light of the size of this CP component. The CPD output formulation does not address GBV prevention and response and is limited to the supply side of SRH services. Because it fits better, the evaluation team discussed one determinant, “Increased understanding about family planning and SRH preserving fertility, contributing to overall demographic resilience, and decreased misconceptions about the use of contraceptives in low fertility settings” under CPD Output 3 of the evaluation report. The Theory of Change for CPD Output 2 (A&Y) is more straightforward to comprehend, with three clusters of interventions and determinants related to (i) data, policy-making and monitoring, (ii) life skills education in and out-of-school and (iii) youth engagement at the community level that should result in more empowered young people. However, there may be some overlap between CPD outputs 1 and 2 regarding A&Y SRH.

While three of the four outcome-level indicators for CPD outputs 1 and 2 (contraceptive prevalence rate, unmet need for family planning, and adolescent birth rate) align with UNFPA's family planning transformative result and the UNSDCF (adolescent birth rate), they only partially capture the full spectrum of UNFPA's contributions to sexual and reproductive health and rights (SRHR) and youth empowerment and may be at too high a level to be able to discern UNFPA's contributions.

The Theory of Change for CPD Output 3 (PD) revolves around population data generation and dissemination, advocacy and technical expertise for a better understanding of the implications of demographic changes (particularly regarding ageing, low fertility and migration) and for formulating and monitoring policies and programmes, all of which can be expected to lead to enhanced capacities to address demographic issues. The only operational-level intervention under CPD Output 3, “Support existing centres for older persons to implement best standards of active ageing centres/intergenerational centres”, appears as an outlier but can be understood as intending to inform Serbia's human rights-based policy response to ageing through providing on-the-ground evidence of good practices and innovations in the Serbian context. The single outcome-level indicator regarding disaggregated monitoring of SDG indicators appears poorly chosen, with no evident connection to UNFPA's interventions. Risks and assumptions are similar for the three CPD outputs. Overall, the risks are more numerous and complex for UNFPA to mitigate. However, in some instances, the UNFPA country office opted to include aspects such as political stability as an assumption and a threat; thus, the expectation is unclear. The evaluation team has combined risks and assumptions in the following Table 2.

Table 2: UNFPA Serbia 2nd CPD: Risks and assumptions

Assumptions	Risks
Related to governance	
<ul style="list-style-type: none"> Stable political and social situation (CPD output 2) 	<ul style="list-style-type: none"> Political instability and frequent changes in government (CPD outputs 1,2)
<ul style="list-style-type: none"> Government commitment (CPD outputs 1,2,3) 	<ul style="list-style-type: none"> Limited government commitment/political will (CPD output 1)
<ul style="list-style-type: none"> Stable/increasing domestic financing (CPD outputs 1,2,3) 	<ul style="list-style-type: none"> Shift in government priorities due to global and local threats (CPD outputs 1,2,3)
	<ul style="list-style-type: none"> Overlapping ministry responsibilities (CPD outputs 1,3)
	<ul style="list-style-type: none"> Pushback and increased pressure from ultra-radical organisations and religious authorities (CPD outputs 1,2)
	<ul style="list-style-type: none"> Continued government emphasis on economic incentives to boost fertility (CPD output 3)
Related to development partners/EU accession	
<ul style="list-style-type: none"> Increased donor, including EU, support for LNOB (CPD output 1) 	<ul style="list-style-type: none"> Limited reflection in EU accession agenda (CPD output 1)
	<ul style="list-style-type: none"> Lack of donor interest and funding (CPD outputs 2,3)
Related to the UNCT	
<ul style="list-style-type: none"> United Nations agencies' commitment to joint programming and resource mobilisation (CPD output 1) 	

Source: CPE team

1.3.2 Methods for data collection and analysis

An evaluation matrix is the backbone of the CPE's methodological design (see Annex 1). It supplements the evaluation questions with “assumptions for verification”. Assumptions constitute the hypotheses to be tested through data collection and analysis to respond to the evaluation questions. To facilitate data collection and analysis, the assumptions are further broken down into indicators (quantitative and/or qualitative) to verify or refute the assumptions. Specific questions break down the assumptions and indicators into more easily digestible topics for KIIs and FGDs.

The CPE team implemented a mixed-method approach to ensure a robust evaluation process. The team primarily utilised qualitative methods for data collection, supplemented by UNFPA online databases to gather financial and quantitative data. To the extent possible, the evaluation team ensured that the data collected was disaggregated by sex, age, location, and other relevant dimensions.

Primary data was collected through individual and group interviews with key informants at national and local levels (government officials, service providers and representatives of IPs, CSOs, private sector, academia, other United Nations organisations and development partners) and FGDs, including with end beneficiaries (e.g., youth and older persons). Secondary data was collected through extensive document review (124 documents/weblinks), including UNFPA, United Nations and Government of Serbia reports and publications (see Annex 2).

KIIs were conducted using a semi-structured format and a set of guiding questions derived

from the evaluation matrix (see Annex 4). Such guiding questions provided a framework for the interviews, but the semi-structured format enabled interviewers to adapt questions based on responses, probing further into relevant areas and capturing diverse perspectives. Depending on the informants' availability and preferences, interviews were conducted in person, via telephone or online. Interview notes were produced for each interview. The CPE team closely adhered to the United Nations Evaluation Group (UNEG) Ethical Code of Conduct and the UNEG Ethical Guidelines for Evaluation. All key informants were assured that data gathering was confidential and voluntary.

Regarding data analysis, all evaluation findings are firmly grounded in evidence. To achieve this, the evaluators entered the data into an Excel-based evidence database. The evidence matrix was used to extract and analyse all data by indicator. Through systematic triangulation, the evidence database helped the evaluators identify common themes and patterns, thereby ensuring the validity and reliability of the evaluation process and providing the audience and primary intended users with confidence in the results.

1.3.3 Stakeholders consulted and sites visited

At the beginning of the design phase, the evaluation manager provided the evaluation team with an overview of the interventions supported by UNFPA during 2021-2024 and the stakeholders that have been directly or indirectly involved in or affected by the implementation of the CP. Building on this stakeholder map and based on other information gathered through document review and discussions with UNFPA country office staff and ERG members, the evaluation team selected a sample of stakeholders at national and local levels for consultation that is as representative as possible, recognising that obtaining a statistically representative sample is impossible.

The stakeholders for each CPD output were selected through criteria in line with the UNFPA Evaluation Handbook - i.e., a combination of:

- all types of stakeholders;
- stakeholders who work in the same fields as UNFPA but who are neither directly partnering with UNFPA nor IPs; and
- stakeholders involved in inter-agency activities and United Nations JPs.

The evaluators consulted 75 people at the national level and 50 at the local level, of whom 99 persons were female (79%) and 26 were male (21%). Besides UNFPA staff, they interviewed representatives of all IPs, key ministries and public institutions, international development partners, including United Nations agencies, academia and private sector (see Table 3 and Annex 3). 64 consulted stakeholders at national and local levels spoke to CPD Output 3 (PD), 54 to Output 1 (SRH/GBV), and 53 to Output 2 (A&Y) (see Table 4).

The evaluation team also sampled cities and municipalities for in-depth data collection in consultation with the evaluation manager and considering recommendations by ERG members. Based on an analysis of projects and initiatives that UNFPA has supported since 2021 and/or is currently supporting and in consultation with the evaluation manager, the selected locations were Kragujevac, Kruševac, Niš and Novi Pazar. These municipalities provided good coverage of initiatives in the most relevant areas of UNFPA's work and allowed insights into UNFPA's alignment with and support for the needs of vulnerable population groups such as Roma women and adolescent girls, youth and older persons.

Table 3: N of consulted stakeholders at national and local levels by data collection method

Stakeholders	National		Local	
	FGD	KII	FGD	KII
Government and public institutions	5	9	17	4
Academia	5	2	-	-

NGOs and business	8	13	8	3
End beneficiaries	-	-	16	2
UNFPA	-	13	-	-
United Nations	-	13	-	-
Development partners	-	7	-	-
Total	18	57	41	9

Table 4: Type and # of consulted stakeholders at national and local levels by CPD output

Stakeholders	National			Local		
	Output 1	Output 2	Output 3	Output 1	Output 2	Output 3
Government and public institutions	11	9	8	4	6	11
Academia	2	-	5	-	-	-
NGOs and business	8	9	11	7	-	4
End beneficiaries	-	-	-	-	14	4
UNFPA⁴⁶	5	3	4	-	-	-
United Nations	13	5	12		-	-
Development partners	5	7	5	-	-	-
Total	43	33	45	11	20	19

1.3.4 Limitations and mitigation measures

Presented in Table 5 is a brief description of limitations encountered, together with mitigation measures.

Table 5: Limitations and mitigation measures

Limitations	Mitigation measures
Certain aspects of the programme were implemented during the COVID-19 pandemic, so some partners did not recall the details.	Supplementing interview data with secondary sources provided a more complete and nuanced understanding.
Technical staff and service providers have moved on from their positions since participating in CP implementation.	Evaluators engaged with higher-level officials to ensure that the institutions were in a position to provide necessary information and responses.
Difficulty reaching or involving all relevant stakeholders limited the scope and depth of the evaluation.	Evaluators provided multiple meeting options, including in-person and virtual formats, to accommodate stakeholder availability. UNFPA country office staff were engaged in overcoming obstacles.
Limited analysis of intersectionality as methodology was not designed to collect disaggregated data on different characteristics that would enable the intersectional analysis.	Evaluators engaged a wide range of stakeholders, including right-holders.
Limited time restricted the scope and depth of the evaluation.	Evaluators prioritised the most critical aspects of the CP to optimise available time. They consulted with the evaluation manager to make the best use of resources.

Source: CPE team

⁴⁶ Without UNFPA Serbia finance/admin and communications staff.

2 Country context

2.1 Development challenges and national strategies

The Republic of Serbia is a parliamentary republic with three levels of government: central (Republic), provincial (Vojvodina) and local (145 cities and municipalities).⁴⁷ Serbia's National Assembly consists of 250 members directly elected through a party list proportional representation system. Members serve four-year terms. The last parliamentary elections were held in December 2023 (previous elections in 2020 and 2022). The National Assembly elects the Serbian Cabinet. The current head of government is Prime Minister Miloš Vučević, who has held the position since May 2024. Serbia's chief of state, President Aleksandar Vučić, has been in office since May 2017. The president is directly elected by popular vote for a five-year term and is eligible for a second term. The most recent presidential election was held in April 2022, with the next election scheduled for 2027.

In March 2012, Serbia was granted EU candidate status. In June 2013, accession negotiations began. Since the first Intergovernmental Conference in January 2014, 22 of the 35 negotiation chapters have been opened, and two have been provisionally closed. In June 2021, Serbia agreed to the revised enlargement methodology by establishing six negotiation clusters covering several chapters⁴⁸ that address areas related to social policies, employment, human rights, education and health protection, including Chapter 19: Social Policy and Employment, Chapter 23: Judiciary and Fundamental Rights, Chapter 26: Education and Culture, and Chapter 28: Consumer and Health Protection. Currently, no active EU accession negotiations are taking place.

The estimated population of Serbia in 2023 was 6,623,183.⁴⁹ Like many countries in the region, Serbia faces a long-term decrease in its total population, resulting from rapid ageing and a relatively low but stable total fertility rate. The average age of women at birth was 30.4, and the total fertility rate slightly decreased in 2023 to 1.61.⁵⁰ In 2023, the share of persons aged 65 and over was 22.3%, and those under 15 accounted for 14.4%.⁵¹ According to the National Transfer Accounts (NTA), the consumption of older persons is financed mainly through public cash benefits (63.6% consumption).⁵² Enabling and encouraging older people to work for as long as they want and can do is widely considered necessary.⁵³ However, the older population has a high level of digital illiteracy. 77% have never used a computer.⁵⁴

Serbia is an upper-middle-income country. Its Human Development Index (HDI) value for 2022 was 0.805, which puts Serbia in the *very high* human development category, positioning it at 65 out of 193 countries and territories.⁵⁵ In 2020, the Gini coefficient was 35.0.⁵⁶ The at-risk-of-poverty rate was 20.0% in 2022. Observed by age, the at-risk-of-poverty rate shows that individuals aged 65 and over are the most exposed - i.e., 22.6% - as well as individuals aged 55 to 64 - 21.6%.⁵⁷ The recent contraction in at-risk-of-poverty rates follows the trend of previous years and aligns Serbia's at-risk-of-poverty rates with the region's average.

⁴⁷ Without data for Kosovo and Metohija which is under UN administration since 1999, in accordance with Resolution of UN Security Council 1244.

⁴⁸ https://neighbourhood-enlargement.ec.europa.eu/enlargement-policy/serbia_en.

⁴⁹ Statistical Office of the Republic of Serbia 2023 Estimated population, Edition Announcement ISSN 0353-9555, 179, CH70, <https://www.stat.gov.rs/en-us/vesti/statisticalrelease/?p=15196&a=18&s=1801?s=1801> 1.

⁵⁰ Statistical Office of the Republic of Serbia 2023 Vital statistics, Edition Announcement; ISSN 0353-9555, 176, CH40, <https://publikacije.stat.gov.rs/G2024/HtmlE/G20241176.html> I.

⁵¹ Statistical Office of the Republic of Serbia 2023 Estimated population, Edition Announcement ISSN 0353-9555, 179, CH70, <https://www.stat.gov.rs/en-us/vesti/statisticalrelease/?p=15196&a=18&s=1801?s=1801>.

⁵² Analytical report on National Transfer Accounts. Statistical Office of the Republic of Serbia 2021.

⁵³ <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2023/84/2>.

⁵⁴ https://ec.europa.eu/eurostat/databrowser/view/isoc_ci_cfp_cu_custom_12913461/default/table?lang=en.

⁵⁵ National Human Development Report 2024. [Serbia](#).

⁵⁶ The World Bank Data 2020. [Gini index - Serbia](#).

⁵⁷ <https://www.stat.gov.rs/en-US/vesti/statisticalrelease/?p=13838&a=01&s=0102?s=0102>.

The employment rate in the second quarter of 2024 amounted to 51.4%, while the unemployment rate had a value of 8.2%.⁵⁸ According to Labour Force Survey data for the second quarter of 2024, 27.5% of the working-age population is inactive. The inactivity rate is highest among the age group 15-24 - i.e., 68.5%.⁵⁹ A mismatch between qualifications in the education sector and labour market needs is an essential reason for high youth unemployment and migration trends. Moreover, the periods of economic inactivity are gradually lengthening due to longer-term education. As a result, the period during which individuals earn more than they spend is shortened (namely 30 years from 27 to 57 years of age).⁶⁰ Workforce shortages are among the top concerns for specialised professions, with over 60% of businesses requesting that authorities deploy policies to retain workers.⁶¹ Recent data reveal that within just a few months, the number of work permits issued had already exceeded the total for 2023, highlighting a steady rise in the number of foreigners working in Serbia across various sectors.⁶² Median net salaries and wages for June 2024 amounted to 74,185 Serbian dinars (RSD).⁶³

Emigration from Serbia is widely perceived as one of the most pressing problems facing Serbian society and economy. In the post-COVID-19 period, Serbia witnessed a mixed migration trend that also included returns/immigration of foreign workers. Serbia is part of the Western Balkans route, one of the main paths for migrants, especially from the Middle East, Asia and Africa. After the record number of arrivals in the EU in 2015, the number of irregular migrants choosing Serbia as a transit hub fell steadily. According to the latest data provided by the Commissioner for Refugees and Migration of the Republic of Serbia, a total of 12,300 migrants were registered in the first eight months of 2024; this number is approximately five times less than in the same period the prior year, clearly showing a decrease in irregular migration flows. Since the start of the war in Ukraine, an unknown number of Ukrainians and Russians have arrived.

The mortality rate in Serbia in 2023 was 16.4 per 1,000 inhabitants. Significant progress has been achieved by reducing the infant mortality rate. During the last ten years, neonatal mortality has declined progressively, reaching 4.0 per 1,000 live births in 2022. The maternal mortality rate (MMR) has declined since 2012. The latest data from 2022 show that the MMR is 11.2/100,000, and thus, Serbia has achieved the SDG target. The exception to the low value was 2021, when, due to the COVID-19 pandemic, a value of 22/100,000 was recorded.⁶⁴ Almost all births, nearly 100%, are overseen by skilled personnel, which also brings Serbia very close to achieving the SDG target by 2030. However, the quality of care is uneven.

Cervical cancer is a significant health problem among women of reproductive age, and Serbia remains in the group of countries with the highest morbidity and mortality rates in Europe. Cervical cancer ranks as the fifth-most frequent cancer among women and the second-most frequent cancer among women between 15 and 44 years of age.⁶⁵ In 2021, there were 1,085 newly diagnosed cases (24.1/100,000), while 424 died (8.5/100,000). The government has

⁵⁸ Statistical Office of the Republic of Serbia 2023, Labour Force Survey, Press release edition: ISSN 0353-9555, number: 243. <https://publikacije.stat.gov.rs/G2024/HtmLE/G20241243.html>.

⁵⁹ <https://publikacije.stat.gov.rs/G2024/HtmLE/G20241243.html>.

⁶⁰ Analytical report on National Transfer Accounts. Statistical Office of the Republic of Serbia 2021.

⁶¹ Regional Cooperation Council 2023. [Balkan Barometer Business Opinion 2023](#).

⁶² In July 2023, the Serbian Parliament adopted amendments to the [Law on Foreigners](#) and the [Law on the Employment of Foreigners](#) to shorten procedures for entering the job market by introducing a "Single Permit," which covers both the work and residence permit.

⁶³ Statistical Office of the Republic of Serbia 2023 Average salaries and wages per employee, Press release edition: ISSN 0353-9555, 233, <https://www.stat.gov.rs/en-us/vesti/statisticalrelease/?p=15254&a=24&s=2403?s=2403>. Corresponded to €633.71 in October 2024.

⁶⁴ The IPH of Serbia. [Health Statistics Yearbook 2022](#).

⁶⁵ Cervical cancer ranks 11th among the most frequently occurring cancers among women in the EU and 12th among the most frequent causes of cancer deaths. https://ecis.jrc.ec.europa.eu/pdf/factsheets/cervical_cancer_en-Nov_2021.pdf.

shown commitment to reducing cervical cancer-related morbidity and mortality through the Cancer Control Improvement Programme 2020-2022, which was adopted at the onset of the COVID-19 pandemic. Organised cervical cancer screening is currently conducted in 18 primary health centres.⁶⁶ Since June 2022, the 9-valent Human Papillomavirus (HPV) vaccine has been covered by national health insurance for boys and girls aged 9-19.⁶⁷

The percentage of unmet need for family planning among married women or in union decreased from 14% in 2014 to 8.8% in 2019, which remains above the SDG target value of 7%.⁶⁸ Moreover, inequalities persist. In the Roma population, the unmet need is much higher (14%), and the use of modern methods remains lower (7% compared to 30% in the general population).⁶⁹

While the adolescent birth rate in the general population has shown a decreasing trend in the long term, albeit with a slight increase in 2018-2022 (14.1/1,000 women aged 15-19 years in 2022⁷⁰), there has been a deterioration in the Roma population, where it was a very high 163/1,000 in 2019.⁷¹ High-risk sexual behaviour among young people is continuously present. According to the 2019 European Health Interview Survey for Serbia, 26.8% of young people aged 15-19 were sexually active, young men (29.5%) more than young women (24.5%). Sexual intercourse with casual partners is widespread, but the use of condoms inconsistent: 55.6% of young people used a condom during intercourse in the last 12 months, young men (61%) more than young women (48.2%).⁷² Education on SRH has not been a part of the educational system. To remedy this situation, in 2021, the MoE, UNFPA and the Institute for the Improvement of Education developed a training programme to enable educational staff to develop a responsible attitude towards health and protect the health and safety of students.⁷³

According to World Health Organisation (WHO) estimates for 2018, 4% of women aged 15-19 who live/lived in an intimate relationship had survived physical and/or sexual violence by their current/former partner in the last 12 months (17% had experienced violence at some point in their lives).⁷⁴ National statistics indicate that, in 2019, 34% of young women aged 15-19 living in Roma settlements were married or in union. Every fifth Roma woman with just a primary education was married before the age of 15 (21%), compared to 2% with secondary or higher education. Early marriage is more common for women from the poorest and materially deprived household population.⁷⁵

Box 2: Progress towards achieving UNFPA's transformative results by 2030

Serbia has made progress towards ending preventable maternal deaths by 2030 (the annual rate of reduction of maternal mortality 2018-2022 is -5.6%, and the proportion

⁶⁶ National screening office <https://www.skriningsrbija.rs/src/skrining-raka-grlica-materice/domovi-zdravlja-ukljuceni-u-skrining-raka-grlica-materice/>.

⁶⁷ As of July 2023, 25,000 children had received the first dose of the vaccine. <https://www.euronews.rs/srbija/drustvo/93815/direktorka-batuta-do-sada-25060-dece-vakcinisano-protiv-hpv-virusa-vakcina-kljucna-za-prevenciju-vest>. According to WHO, the percentage of 15-year-old girls who have received the recommended doses of HPV vaccine has improved by 2% - i.e., from 0 in 2022 to 2% in 2023. <https://data.who.int/indicators/i/A7398F0/287D1D2>.

⁶⁸ Multiple Indicator Cluster Survey 2019. [Serbia](#).

⁶⁹ Multiple Indicator Cluster Survey 2019. [Serbia](#).

⁷⁰ Statistical Office of the Republic of Serbia 2023 Vital statistics, Edition Announcement; ISSN 0353-9555, 176, CH40, <https://publikacije.stat.gov.rs/G2024/HtmlE/G20241176.html>

⁷¹ Multiple Indicator Cluster Survey 2019. [Serbia](#).

⁷² <https://publikacije.stat.gov.rs/G2021/pdf/G20216003.pdf>.

⁷³ Institute for the Improvement of Education. A responsible attitude to health: Improving students' extracurricular competences. 2021 [cited 29.8.2023]. Available at: <https://zuov.gov.rs/zdravlje/>.

⁷⁴ WHO. World Health Statistics 2023: Monitoring Health for the SDGs, Sustainable Development Goals. 2023. Available at: <https://www.who.int/publications/i/item/9789240074323>.

⁷⁵ SORS, MICS 2019 https://www.stat.gov.rs/media/3528/mics5_report_serbia.pdf and https://www.stat.gov.rs/media/5612/mics6_report_serbia.pdf.

of births attended by skilled health personnel is 99.9%). The country has partly progressed towards ending unmet need for family planning (the annual rate of reduction in 2014-2019 is -6.1%) and reducing the adolescent birth rate in the general population. However, there has been no progress in reducing the very high levels of adolescent births and child marriages among Roma. GBV remains high. 17% of women had experienced violence at some point in their lives in 2018. However, the lack of a dataset makes calculating trends impossible.

The INFORM Global Crisis Severity Index places Serbia among low-risk and relatively stable countries with an average score of 3 (out of 10).⁷⁶ However, Serbia is still prone to various hazards.⁷⁷ Since 2000, Serbia has faced several extreme climate and weather events that have caused significant material and financial losses, as well as losses of human lives. The most significant losses caused by heat waves, intensive precipitation, droughts and air, water and soil pollution. According to the INFORM Climate Change Risk Index, Serbia's risk of natural hazards resulting from climate change was 2.4 in 2022 (which is a higher-medium value).⁷⁸ Estimates show that Serbia is warming more intensively and faster than the global average and the climate hazard frequency and intensity will continue to increase, with a clear trend of change until the mid-21st century period.⁷⁹ It is thus reasonable to assume that climate change has the potential to influence demographic processes, through influencing fertility, mortality and migration.⁸⁰ Furthermore, events in May 2023, after shootings in one elementary school and in several villages near Belgrade, show that Serbian society is prone to mental health crises besides other humanitarian crises. The government subsequently formed a multi-sectoral working group for young people's mental well-being and security to create a programme and coordinate all measures and activities to support the mental well-being and safety of children and youth.

Over recent years, the Government of Serbia has continued strengthening the national policy framework to address the country's main challenges, including related to SRH/GBV, A&Y and PD. Still, additional work is required to align all relevant policy documents (especially those adopted before the 2018 Law on the Planning System) with international standards and legal requirements and their consistent implementation. Key policies for UNFPA's work in Serbia include:

- National Programme on Sexual and Reproductive Health, adopted in December 2017, but without a budgeted action plan.⁸¹
- Birth Promotion Strategy adopted in 2018.⁸²
- Strategy for the Improvement of the Position of Persons with Disabilities in the Republic of Serbia 2020-2024.⁸³
- Strategy for the Development of Education in the Republic of Serbia by 2030.⁸⁴

⁷⁶ <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Country-Risk-Profile>.

⁷⁷ The government has adopted a Law on Disaster Risk Reduction and Emergency Management. <https://www.paragraf.rs/propisi/zakon-o-smanjenju-rizika-od-katastrofa-i-upravljanju-vanrednim-situacijama.html>.

⁷⁸ <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Climate-Change/INFORM-Climate-Change-Tool>

⁷⁹ Climate Change Adaptation Programme for the Period 2023-2030, Government of the Republic of Serbia. Ministry of Environmental Protection.

file:///C:/Users/VeraGligorijevic/C4%87/Downloads/UNFCCC%20Serbia%20Climate%20change%20pgm%202023-2030.pdf.

⁸⁰ <https://popenviros-prizma.com/about-project/>.

⁸¹ Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021 - 2025, Official Gazette of the Republic of Serbia No. 47/21.

⁸² <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2018/25/1/reg>.

⁸³ <https://pravno-informacioni-sistem.rs/eli/rep/sgrs/vlada/strategija/2020/44/1>.

⁸⁴ https://prosveta.gov.rs/wp-content/uploads/2021/11/1-SROVRS-2030_MASTER_0402_V1.pdf.

- Strategy for Social Inclusion of Roma in the Republic of Serbia 2022-2030.⁸⁵
- Law on Gender Equality enacted in 2021, but the adoption of acts based on the law is suspended until a constitutional review process is completed.⁸⁶
- Gender Equality Strategy 2021-2030.⁸⁷
- Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021-2025, however, adopted without an Action Plan.⁸⁸
- Strategy for Deinstitutionalization and Development of Services at the local level, adopted in January 2022 for 2022-2026.⁸⁹
- Strategy for Social Inclusion of Roma in the Republic of Serbia 2022-2030.⁹⁰
- Youth Strategy of the Republic of Serbia for 2023-2030, adopted in January 2023 and Action Plan 2023-2025, adopted in July 2023.⁹¹
- Programme for Adaptation to Changed Climate Conditions 2023-2030 and the associated Action Plan 2024-2026, adopted in December 2024.⁹²
- Strategy for Active and Healthy Aging in the Republic of Serbia for 2024-2030 adopted in September 2023, and the Action Plan for the first three years of the strategy's implementation, adopted in December 2023.⁹³
- Draft Strategy for Preserving and Improving Reproductive Health and Action Plan, expected to be adopted in 2024-2025.⁹⁴

In 2023, the government adopted the Regulation on the Procedure for Preparing the Draft National Development Plan, which stresses the importance of balanced regional development and alignment with the 2030 Agenda for Sustainable Development. A National Development Plan has not yet been prepared or adopted. In January 2024, the President presented a state development plan entitled "Leap into the Future," with an announced investment of €17.8 billion. However, a consolidated version of this plan remains unavailable for public review or commentary.

2.2 The role of external assistance

The EU is Serbia's largest donor. The EU has launched several instruments to support EU candidate countries, including Serbia, in the accession process, helping them harmonise with European legislation and policies ahead of EU membership. The primary EU financial mechanism, the Instrument for Pre-Accession Assistance (IPA) for 2021-2027, is designed to help candidate countries implement the reforms required to access the EU. Furthermore, in

⁸⁵ <https://www.paragraf.rs/propisi/zakon-o-smanjenju-rizika-od-katastrofa-i- upravljanju-vanrednim-situacijama.html>.

⁸⁶ <https://ustavni.sud.rs/sednice-suda/saopstenja-sa-sednice-suda/saopstenje-sa-8-sednice-ustavnog-suda-odrzane>.

⁸⁷ <https://www.minjimpdd.gov.rs/doc/konsultacije/090821/Polazne-osnove-za-Predlog- strategije-o-RR.pdf>.

⁸⁸ <https://www.pravno-informacioni- sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2021/47/1/reg>.

⁸⁹ <https://www.minrzs.gov.rs/sr/dokumenti/ostalo/sektor-za-socijalnu-zastitu/strategija-deinstitucionalizacije-i-razvoja-usluga-socijalne-zastite-u-zajednici-za-period-2022-2026godine>.

⁹⁰ <https://www.paragraf.rs/propisi/zakon-o-smanjenju-rizika-od-katastrofa-i- upravljanju-vanrednim-situacijama.html>.

⁹¹ http://demo.paragraf.rs/demo/combined/Old/t/t2023_02/SG_009_2023_002.htm.

⁹² Climate Change Adaptation Programme for the Period 2023-2030, Government of Republic of Serbia Ministry of Environmental Protection.

file:///C:/Users/VeraGligorijevi%C4%87/Downloads/UNFCCC%20Serbia%20Climate%20change%20pgm%202023-2030.pdf.

⁹³ <https://www.pravno-informacioni- sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2023/84/2>.

⁹⁴ <https://www.minbpd.gov.rs/uskoro-dve-nove-strategije-o-podsticanju-radjanja-i-o-unapredjenju-reproduktivnog-zdravlja/>.

addition to the IPA instrument, the EC adopted the Growth Plan for the Western Balkans⁹⁵ in November 2023, aiming to accelerate the region's integration with the EU. By offering early access to some EU benefits, the Growth Plan incentivizes reform efforts and accelerates the enlargement process, helping the region to close its economic gap with the EU. To support these efforts, the EU introduced a €6 billion Reform and Growth Facility for 2024-2027. In this connection, in October 2024, the Government of Serbia adopted the Reform Agenda of the Republic of Serbia,⁹⁶ aimed at accelerating reforms outlined in EU membership negotiations. Developed in collaboration with 37 Serbian institutions and the EC, this agenda aligns with the Growth Plan, unlocking access to European Growth Fund resources. The Reform Agenda sets out 98 measures across four areas: business environment and private sector development, green and digital transition, human capital, and rule of law. Funding disbursements are linked to the implementation of these measures, with Serbia expected to receive an initial €112 million tranche, part of €1.58 billion allocated through 2027, contingent upon meeting reform goals. Serbia uses sector budget support as a third instrument to advance its EU accession process. Under the first support package, the EU allocated €80 million in grants.⁹⁷ The Ministry of Public Administration and Local Self-Government and the Ministry of Education are the primary beneficiaries of these funds. Recently, Serbia and the EU signed another agreement for €30 million for public administration reform for 2023 and 2025.⁹⁸ A further sector budget support package for the Ministry of Education is being prepared. EU pre-accession instruments and budget support mechanisms are increasingly integrated into Serbia's national budget, which has left less room for United Nations agencies to directly support the government in implementing programmes funded by these sources. However, it is important to highlight here that the EU has repeatedly expressed a clear preference for working directly with the Government of Serbia, an approach that leaves limited scope for United Nations agencies to provide technical assistance in the implementation of the Serbian Reform Agenda.

In addition to EU funds, individual countries such as Austria, Denmark, France, Germany, Italy, Japan, Norway, Slovenia, Sweden, Switzerland, Sweden, the United Kingdom and the United States contribute bilateral aid, typically directed towards specific sectors or projects based on the donor country and Serbia's priorities. However, with Serbia being a high-middle-income country, donor assistance is shrinking. Furthermore, International Financial Institutions (IFIs) significantly support Serbia's economic development, structural reforms and infrastructure modernisation, primarily through loans. The World Bank, for example, offers financial and technical assistance aimed at poverty reduction, infrastructure improvement and economic development.⁹⁹ It is currently involved in several key projects in Serbia, focusing on infrastructure, education and sustainability. Of relevance to UNFPA is the Serbia Inclusive Primary Education Improvement Project, valued at \$75 million, which is set to launch in January 2025 and run through 2030. The project will focus on comprehensive reforms in Serbia's primary education system to enhance inclusivity, quality and equity in education. Its goals include improving access to education for disadvantaged groups, enhancing learning outcomes, and modernising the primary school curriculum and infrastructure.¹⁰⁰

Figure 4 visualises Official Development Assistance (ODA) disbursements to Serbia between 2018 and 2022. During that period, disbursements from EU institutions exceeded those from Organization for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) countries in 2018 (US\$428.09 million) and 2021 (US\$338.80 million). While not an indicator of effectiveness, in purely monetary terms, the United Nations development

⁹⁵ <https://europa.rs/growth-plan-for-the-western-balkans/?lang=en>

⁹⁶ <https://www.mei.gov.rs/eng/news/2153/more/w/0/growth-plan-and-reform-agenda-of-serbia/>

⁹⁷ <https://www.euzatebe.rs/rs/sektori/javna-uprava>.

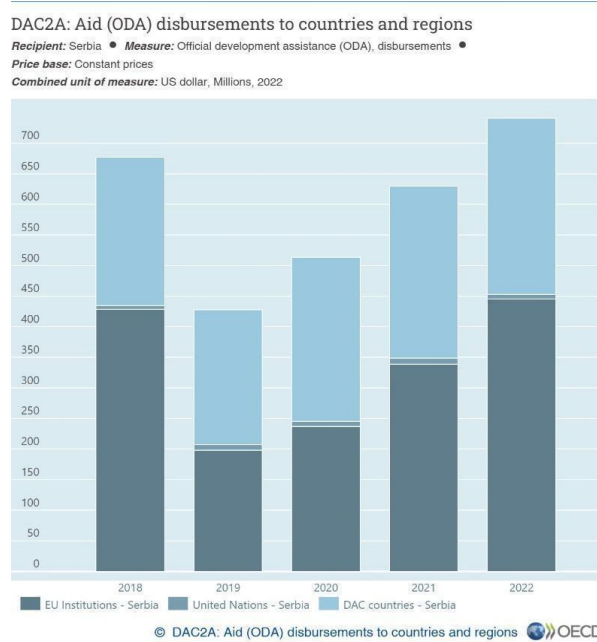
⁹⁸ <https://www.euzatebe.rs/rs/sektori/javna-uprava/o-sektoru>.

⁹⁹ <https://www.mei.gov.rs/srp/fondovi/bilateralni-i-multilateralni-partneri/po-medjunarodnim-organizacijama/>.

¹⁰⁰ https://projects.worldbank.org/en/projects-operations/projects-list?os=0&countryshortname_exact=Serbia&_gl=1*193phwe*_gcl_au*MTgwNTYyODQ2Mi4xNzI2NTc0M0Dg2.

system is a modest player. United Nations annual results reports provide a more detailed financial overview of resources allocated across the three UNSDCF outcomes.¹⁰¹ For example, in 2023¹⁰², US\$95.56 million was allocated. Of the diverse funding sources, 49.1% came from locally raised, earmarked donor contributions, the EU being the largest single donor, accounting for 37.7%, followed by the Government of Serbia with 28.2%. Core resources only accounted for 9.3%, pooled and thematic funds 9.7%, private sector 2.4%, and IFIs 1.3%. Linked, among other things, to large infrastructure programmes, United Nations Development Programme (UNDP) (US\$42.4 million), United Nations Office for Project Services (UNOPS) (US\$14.3 million) and United Nations Children's Fund (UNICEF) (US\$9.1 million) had the most significant budgets.

Figure 4: ODA disbursements to Serbia, 2018-2022, in US\$ millions



Source: OECD Data Explorer (accessed on September 5th 2024).

3 United Nations and UNFPA response

3.1 United Nations and UNFPA strategic response

UNFPA is one of 20 United Nations agencies active in Serbia. The UNCT is coordinated by the United Nations Resident Coordinator. It is operating under the UNSDCF 2021-2025, signed between the Government of Serbia and the UNCT members.¹⁰³

UNFPA is implementing the 2nd CPD for Serbia 2021-2025. The CPD was developed under the UNFPA Strategic Plan 2018-2021 and approved by the UNFPA Executive Board at its second regular session in 2020. The overall vision of the CPD is that “by 2030, Serbian society benefits from inclusion, equality of opportunity as well as capability of all members, especially youth, vulnerable women and older people, to make informed choices, fulfil their potential, participate in decision-making and contribute to development”.¹⁰⁴ The UNFPA CPD contributes to national priorities outlined in relevant national strategies and the EU accession agenda by aligning the three CPD outputs on SRH/GBV, A&Y and PD with the UNSDCF

¹⁰¹ The UNSDCF has three strategic priorities: 1) Serbia harnesses the full potential of a green, sustainable and inclusive economy; 2) Wellbeing, social equity and the human potential are at the heart of systems, policies and practices; and 3) Building trust and mutual accountability through the rule of law, rights and duties agenda.

¹⁰² United Nations Serbia. 2023 Results Report.

¹⁰³ <https://serbia.un.org/en/sdgs>.

¹⁰⁴ UNFPA country programme document for Serbia. DP/FPA/CPD/SRB/2. July 2020.

2021-2025, first and foremost, UNSDCF strategic priority 2, “Well-being, social equity and the human potential are at the heart of systems” with three related outcomes (see Table 6).¹⁰⁵ UNFPA also reports against the UNSDCF strategic priority 3, “Building trust and mutual accountability through the rule of law, rights and duties agenda”, through a regional joint United Nations peacebuilding project.¹⁰⁶

Table 6: UNFPA CPD alignment with the UNSDCF and Serbian national priorities

CPD Outputs	UNSDCF Outcomes	National Priorities
Output 1 (SRH/GBV): Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with a focus on youth and vulnerable women, including in humanitarian situations	Outcome 2.1: Universal and inclusive access to quality health, social and protection services is improved	Preserve and promote SRH of the population of the Republic of Serbia, with respect to the right to make informed decisions related to sexuality and reproduction, independently of an individual's personal characteristics, such as sex, gender, age, disability, socio-economic status, cultural identity, sexual orientation, exposure to social deprivation, HIV infection or other personal characteristics.
Output 2 (A&Y): Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making	Outcome 2.2: Skills, education and capabilities are enhanced to ensure adequate opportunities for all	Young people are active and equal participants in all spheres of social life; they fully develop their potential and contribute to personal and social development and well-being.
Output 3 (PD): Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights-based, evidence-based and gender-sensitive	Outcome 2.3: Mobility and demographic transition become vectors for positive change and prosperity for all people	Stationary population as the goal of sustainable demographic development of the Republic of Serbia in the long term, i.e., a population in which the future generations will be the same size as the existing.

Source: Evaluation team based on UNFPA CPD 2021-2025.

In 2022, the UNFPA Serbia country office undertook a realignment exercise to explore the need for adjustments to align the CP with the UNFPA Strategic Plan 2022-2025.¹⁰⁷ It confirmed that the CP, including expected results and modes of engagement, was already well aligned with the new Strategic Plan, and that no changes to the CP priorities or its programmatic approaches were required.

From 2006 to 2020, UNFPA operated in Serbia with a team of four members who were

¹⁰⁵ UNFPA country programme document for Serbia. DP/FPA/CPD/SRB/2. July 2020. United Nations Sustainable Development Cooperation Framework Serbia 2021-2025. The UNSDCF has three strategic priorities: 1) Serbia harnesses the full potential of a green, sustainable and inclusive economy; 2) Wellbeing, social equity and the human potential are at the heart of systems, policies and practices; and 3) Building trust and mutual accountability through the rule of law, rights and duties agenda.

¹⁰⁶ “Strengthening the role of youth in promoting increased mutual understanding constructive narrative respect for diversity and trust in Albania, Bosnia and Herzegovina, North Macedonia, Serbia and Kosovo,” 2022-2024. Funded by the United Nations Peacebuilding Fund (PBF).

¹⁰⁷ UNFPA. Note to the file on alignment of UNFPA EECA country programme to the Strategic Plan 2022-2025. Not dated.

responsible for implementing activities and formulating the 2nd CPD for Serbia, which is the subject of this evaluation. During the implementation of the 2nd CPD, the country office was restructured and put under the leadership of a national Head of Office. It grew to 15 team members to respond to an expanded programme portfolio (nine programme staff, three communications staff and two admin/finance staff). All programme staff, except for the two programme analysts, are project-based. The Country Director for Serbia is based in Bosnia & Herzegovina. To deliver its activities, UNFPA in Serbia has engaged consultants and IPs and collaborated with the UNFPA Regional Office for Eastern Europe and Central Asia (EECARO) and other UNFPA offices in the Western Balkans.

3.2 UNFPA response through the country programme

3.2.1 UNFPA previous programme cycle, goals and achievements

The 1st UNFPA CP supported the Government of Serbia in improving access to high-quality SRH, advancing gender equality and strengthening population data. It resulted in the following: (a) adoption of the National Programme on Sexual and Reproductive Health; (b) endorsement of the National Guidelines on Contraceptives; (c) integration of the Minimum Initial Service Package (MISP) in the National Programme on the Health System Response in Emergencies; (d) development of an education package on GBV prevention and response for health care professionals and medical students; (e) strengthening of engagement of men and boys in gender equality and GBV prevention; and (f) provision of evidence and data on older people and recommendations for improving their status.¹⁰⁸

The evaluation of the 1st CPD¹⁰⁹ recommended (a) supporting the development of a costed action plan for the National Programme on Sexual and Reproductive Health; (b) developing an advocacy platform to increase investments in marginalised adolescents and youth; (c) strengthening youth initiatives addressing gender stereotypes among young men; (d) applying innovative approaches and modern communication methods to implement youth-friendly education programmes; and (e) supporting the statistics agency in population data collection, analysis and dissemination.¹¹⁰

3.2.2 The current UNFPA country programme

The 2nd UNFPA Serbia CP (2021-2025) intends to achieve three outputs by 2025 (see Table 6 above). It aligns with Outcomes 1 (SRH), 2 (A&Y), 3 (GBV) and 4 (PD) of the UNFPA Strategic Plan 2018-2021, and associated outputs 1, 2, 5, 6, 7, 8, 10, 11, 13 and 14, whereby GBV is part of CPD Output 1.¹¹¹ As concerns UNFPA's Strategic Plan 2022-2025, the UNFPA country office has reported against all Strategic Plan outputs.¹¹² It intends to contribute to all three Strategic Plan outcomes.

CP implementation has been inspired by EU accession requirements, the COVID-19 pandemic, frequent changes in government and administration and related structures (e.g., the establishment of the Ministry for Family Welfare and Demography), availability of donor funding, pushback against gender equality and related social norms, the war in Ukraine and demographic changes.¹¹³ In particular, implementation has been situated in an environment of growing demographic anxieties on the part of national decision-makers about the social and economic implications of low fertility, outmigration (especially of young people) and ageing. In 2021, under the new government, ten municipalities were not selected for CP implementation, as initially planned in 2020. Since 2021, the UNFPA country office has implemented activities

¹⁰⁸ 2nd UNFPA CPD for Serbia 2021-2025.

¹⁰⁹ UNFPA. Final Cluster Evaluation Report for the UNFPA Programmes in Bosnia and Herzegovina, North Macedonia, Serbia and Kosovo (UNSCR 1244). 2019. Volume 5.

¹¹⁰ UNFPA country programme document for Serbia. DP/FPA/CPD/SRB/2. July 2020.

¹¹¹ UNFPA Serbia CPD 2021-2025; UNFPA Serbia annual report 2021; financial data.

¹¹² UNFPA Serbia annual reports 2022 and 2023; financial data.

¹¹³ UNFPA Serbia Country Office Annual Reports 2021-2023; UNFPA Serbia country office staff.

across 72 municipalities (see Annex 10).

As a result, the CP has experienced adjustments in its prioritisation, geographical coverage and the composition of its partners during the implementation cycle. Specifically, the original emphasis on CPD Output 1 (SRH/GBV) was redirected to other areas in line with the priorities of the Ministry of Health (MoH) in light of the COVID-19 pandemic and SRH not being high on the EU reform agenda. In contrast, new initiatives for CPD Output 2 (A&Y) created a niche for a more substantial UNFPA footprint regarding youth empowerment. Work and collaboration with partners on CPD Output 3 (PD) have responded to the increased demand for support in demographics.

CPD Output 1 (SRH/GBV): Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with a focus on youth and vulnerable women, including in humanitarian situations

CPD Output 1 contributes to Outcomes 1 and 3, Outputs 1, 2, 5, 10 and 11, of the UNFPA Strategic Plan 2018-2021; results were reported under Outputs 1, 2, 3 and 5 of the UNFPA Strategic Plan 2022-2025.

CPD Output 1	Strategic Plan 2018-2021 outputs	Strategic Plan 2022-2025 outputs
Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with a focus on youth and vulnerable women, including in humanitarian situations	<p>Output 1: Enhanced capacities to develop and implement policies, including financial protection mechanisms, that prioritise access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings</p> <p>Output 2: Strengthened capacities to provide high-quality, integrated information and services for family planning, comprehensive maternal health, sexually transmitted infections and HIV, as well as information and services that are responsive to emergencies and fragile contexts</p> <p>Output 5: Improved domestic accountability mechanisms for sexual and reproductive health and reproductive rights through the involvement of communities and health-system stakeholders at all levels</p> <p>Output 10: Strengthened civil society and community mobilisation to eliminate discriminatory gender and sociocultural norms affecting women and girls</p> <p>Output 11: Increased multisectoral capacity to</p>	<p>Output 1: Policy and accountability output: By 2025, improved integration of SRH and reproductive rights, as well as the prevention of and response to GBV and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans, and accountability frameworks</p> <p>Output 2: Quality of care and services: By 2025, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices</p> <p>Output 3: Gender and social norms output: By 2025, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making</p> <p>Output 5: Humanitarian action output: By 2025, strengthened the capacity of critical actors and systems in preparedness, early action and in the</p>

	prevent and address GBV using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination	provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, gender-transformative and peace-responsive
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Source: CPE team based on UNFPA Serbia annual reports and financial data 2021-2023.

UNFPA intends to address eight determinants to increase the capacity of the health system (CPD Output 1) - i.e., secure adequate public funding for free contraceptives for vulnerable groups; improve data collection on SRH services for vulnerable women and youth; enhance the capacity of primary healthcare institutions to implement the National Programme on Sexual and Reproductive Health; improve the quality of integrated SRH services; strengthen health-seeking literacy and behaviour among vulnerable women and youth; reduce gender stereotypes; and better align the policy framework with legal requirements, international standards and EU acquis. Additionally, increasing awareness of the importance of family planning for fertility and demographic resilience is crucial.

Key UNFPA interventions to address the determinants are: develop costed investment cases for family planning and youth-friendly services; conduct evidence-based advocacy for free access to integrated SRH services, including cervical cancer and commodities, through the National Health Insurance; scale up engagement of CSO advocacy platforms for various SRHR topics; advocate for and support inclusion of indicators measuring the utilisation of integrated SRH services by vulnerable women and youth, including young key populations; introduce online training on rights-based family planning and MISP in continuous education of health providers and continue with training on GBV response; support the government to conduct ex-post analyses and evaluate health policies implementation; support the development of clinical guidelines on SRH services; mobilise civil society in increasing health-seeking behaviour among vulnerable women and young people; and support the health sector response to GBV and advocacy for a multi-sectoral approach, including TFGBV.¹¹⁴

CPD Output 2 (A&Y): Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making

CPD Output 2 contributes to Outcome 2, Outputs 6, 7 and 8, of the UNFPA Strategic Plan 2018-2021; results were reported under Outputs 1, 5 and 6 of the UNFPA Strategic Plan 2022-2025.

CPD Output 2	Strategic Plan 2018-2021 outputs	Strategic Plan 2022-2025 outputs
Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making	Output 6: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being Output 7: Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and well-being	Output 1: Policy and accountability output: By 2025, improved integration of SRH and reproductive rights, as well as the prevention of and response to GBV and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans, and accountability frameworks Output 5: Humanitarian action output: By 2025, strengthened

¹¹⁴ The planned intervention «Support revision of methodology to assess quality of services and engage vulnerable people and youth in assessing the quality of integrated SRH services in collaboration with the Public Health Institute» was dropped because it had already been implemented by the national partner. Source: UNFPA Serbia country office.

	Output 8: Young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and in sustaining peace	the capacity of critical actors and systems in preparedness, early action and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, gender-transformative and peace-responsive Output 6: Adolescents and youth: By 2025, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital
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Source: CPE team based on UNFPA Serbia annual reports and financial data 2021-2023.

UNFPA intends to address six determinants to empower young people (CPD Output 2) - i.e., increase political support for life skills education and youth engagement; strengthen the capacity of the general and vocational education system to deliver life skills training; increase the demand for life-skills education; strengthen youth volunteerism and engagement at the community level; increase the availability of disaggregated data on youth engagement, SRH and GBV at national and municipal levels; enhance youth policy implementation and monitoring.

Key UNFPA interventions to address the determinants are: establish an advocacy platform to promote life skills, gender equality and youth involvement in communities; integrate gender equality and life skills curriculum in continuous education; pilot innovative approaches to CSE, especially for young key populations and other most vulnerable and marginalised youth; scale up peer education and youth volunteerism; engage influencers in awareness raising campaigns (including on TFGBV); educate parents and communities about CSE; scale up youth initiatives aiming at gender stereotypes among young men; strengthen intergenerational knowledge exchange and learning; and introduce the Youth Wellbeing Index (YWI).^{115,116}

CPD Output 3 (PD): Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights-based, evidence-based and gender-sensitive

CPD Output 3 contributes to Outputs 13 and 14 of the UNFPA Strategic Plan 2018-2021; results were reported under Outputs 1 and 4 of the UNFPA Strategic Plan 2022-2025.

CPD Output 3	Strategic Plan 2018-2021 outputs	Strategic Plan 2022-2025 outputs
Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights-based, evidence-based and gender-	Output 13: Improved national population data systems to map and address inequalities; to advance the achievement of the Sustainable Development Goals and the commitments of the Programme of Action of the International Conference on	Output 1: Policy and accountability output: By 2025, improved integration of SRH and reproductive rights, as well as the prevention of and response to GBV and harmful practices, into universal health coverage-related policies and

¹¹⁵ At the time of planning the CPD, the UNFPA country office used the name Youth Score Card. During implementation, to avoid confusion with the Youth Score introduced by the United Nations Secretary-General, it was agreed with the Ministry for Youth to name it the Youth Wellbeing Index, which corresponds better with the overall goal of the Youth Strategy. Source: UNFPA Serbia country office.

¹¹⁶ The planned intervention "Scaling up the initiative "boys on the move" was discontinued as the number of people "on the move" decreased significantly after Covid 19. Source: UNFPA Serbia country office.

sensitive	Population and Development; and to strengthen interventions in humanitarian crises Output 14: Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy	plans, and other relevant laws, policies, plans, and accountability frameworks Output 4: Population change and data output: By 2025, strengthened data systems and evidence that take into account population changes and other megatrends (including ageing and climate change), in development policies and programmes, especially those related to sexual and reproductive health and reproductive rights
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Source: CPE team based on UNFPA Serbia annual reports and financial data 2021-2023.

UNFPA intends to address five determinants to strengthen the capacities of stakeholders to address demographic trends (CPD Output 3). They are: improve the understanding of the implications of demographic changes; increase the availability of reliable population data; increase the availability of technical expertise to translate data into policy responses to ageing, low fertility and migration; strengthen human rights-based approach in policy development; and strengthen monitoring of the implementation of population policies.¹¹⁷

Key UNFPA interventions to address the determinants are: build an understanding of population trends and their implications on development at national and local levels; support data collection through specialised surveys, research and analyses; adjust methodology, conduct training and disseminate the 2022 census results and post-census analyses; conduct evidence-based advocacy at national and municipality level for human right-based policies that address ageing, low fertility, migration and shrinking population; assist the government at all levels in formulating and costing people-centred national and subnational development policies and programmes; support monitoring of population policies and programmes implementation; and support existing centres for older people.

In implementing the CPD, UNFPA has collaborated with other United Nations agencies as part of United Nations JPs, funded by individual donors, MDTFs and UN2UN transfers:

- In partnership with UNOPS, UNFPA contributed to the implementation of one segment of the EU-funded “Social Housing and Active Inclusion” (SHAI) project in 2021-2022 during the COVID-19 pandemic. The project intervention was designed to enhance the implementation of social inclusion policies in Serbia and provide sustainable housing solutions accompanied by active inclusion measures for Roma and older people. The funding was transferred to UNFPA through a UN2UN agreement and has been the first and only EU-funded initiative implemented by UNFPA.
- The Swedish International Development Cooperation Agency (SIDA)-funded “Integrated Response to Violence Against Women and Girls in Serbia, Phase III” was a joint effort involving UNDP (lead agency), UN Women, UNICEF and UNFPA. Phase III started in 2021 and was finalised by March 2023. The fourth phase (2024-2026), “Ending Violence, Empowering Change”, with the same participating agencies, is also funded by SIDA and focuses on gender equality.
- “Extending Social Protection to Families in Serbia with Enhanced Shock Responsiveness”, funded by the Joint SDG Fund, was led by UNICEF in collaboration with UNFPA and participation from the United Nations High Commissioner for Refugees (UNHCR). The

¹¹⁷ The determinant and associated intervention “Advocacy for the establishment of a high-level national coordination body on population and development” became obsolete with the establishment of the Ministry for Family Welfare and Demography in 2020. Source: UNFPA Serbia country office.

project was implemented post-COVID-19 in 2022 and completed with a final report published in February 2023. The project pursued three outputs – i.e., more timely and reliable data on the impact of the global crisis on the most vulnerable population groups; availability of poverty trajectories; Increased consultation with stakeholders on new poverty findings; and provision of one-off humanitarian cash transfers to vulnerable households.¹¹⁸

- The 12-month “Peer Mentoring Project for the Promotion of Human Rights, Gender Equality and Youth Participation in Serbia” was funded by the Italian Ministry of Foreign Affairs and implemented by UNFPA with UN Women as IP between January and December 2023. The project aimed to expand opportunities for youth participation and promotion of youth human rights in Serbia. Its specific objective was to strengthen the role of young people in the promotion of youth human rights, gender equality and increased participation in various aspects of life in selected municipalities.¹¹⁹
- A multi-country United Nations JP was funded by the United Nations Peacebuilding Fund (PBF), “Strengthening the Role of Youth in Promoting Increased Mutual Understanding, Constructive Narrative, Respect for Diversity and Trust”. The JP (2023-2024) has been implemented by UNDP, UNFPA, UNESCO and UN Women. It supported young men and women to promote constructive and fact-based narratives and to contribute to building trust, intercultural dialogue, cultural diversity, gender equality and social cohesion in the region. In doing so, the JP aimed to address priority drivers of hate speech, divisive narratives, negative gender norms and a deficit of reconciliation within the region.¹²⁰ A second phase is in the pipeline.
- The United Nations JP “Local Governance for People and Nature Programme” (PRO), funded by Swiss Agency for Development Cooperation (SDC) and co-funding from UNFPA, is being implemented by UNFPA in collaboration with UNOPS (lead agency), UNICEF and the United Nations Environment Programme (UNEP) (2023-2026). The overall objective is to contribute to improved citizens’ well-being and quality of life through improved local governance, social inclusion and environmental protection. Expected outcomes are: (i) local governments improve capacities and apply good governance principles in managing their affairs, resulting in citizens’ improved quality of life; (ii) local governments and other relevant actors develop evidence-based local social protection policies and services, resulting in improved well-being of receiving left behind groups; and (iii) local governments’ improve their capacities and apply environmental governance processes in practice, resulting in improved environmental protection system.¹²¹
- A United Nations JP, funded by the United Nations Partnership on the Rights of Persons with Disabilities (PRPD), “Strengthening Equality and Rights, Bolstering Inclusive Action”, is being implemented with UN Women and UNDP during 2023-2025. The programme aims to address the absence of fully inclusive policies and systems that cater to the rights and needs of persons with disabilities.¹²²

It is important to note that UNFPA has firm commitments under single agency ventures and three United Nations JPs during the next CP cycle: “Ending Violence, Empowering Change” (2024-2026); the second phase of “Strengthening the Role of Youth in Promoting Increased Mutual Understanding, Constructive Narrative, Respect for Diversity and Trust” (2023-2026); and “Local Governance for People and Nature Programme” (PRO) (2023-2026).

¹¹⁸ Joint Programme 2022 Annual Progress Report. 2023.

¹¹⁹ Peer Mentoring Project for the Promotion of Human Rights, Gender Equality and Youth Participation in Serbia. Final Report. 2024.

¹²⁰ PBF WB Youth Project Document. 2022.

¹²¹ PRO Annual Report. January-December 2023. Draft Version No. 1.

¹²² Final Serbia UNPRPD Round 4 Programme Proposal. 2023.

The UNFPA country office tracks progress and performance using output- and outcome-level indicators included in the RRF. Annex 6 shows the extent to which CPD indicators have been achieved, using information from the UNFPA country office as of August 2024.

3.2.3 The financial structure of the UNFPA country programme

Serbia was classified in the pink country quadrant according to need and ability to finance under the UNFPA Strategic Plan 2018-2021.¹²³ Under the Strategic Plan 2022-2025, Serbia is considered a Tier 3 country where one or zero transformative results have not been achieved.¹²⁴

UNFPA in Serbia emphasises work in policy advice, targeted technical support and knowledge building (the country office does not engage in project management, procurement or service delivery). The planned budget for implementing the CPD 2021-2025 is US\$5.0 million, consisting of US\$2.5 million in regular (core) resources (RR) and US\$2.5 million in other (non-core) resources (OR) (see Table 7). In monetary terms, it was assumed that Outputs 2 and 3 (A&Y and PD) would be more significant than Output 1 (SRH), thanks to other resources (OR).

Table 7: Proposed indicative assistance 2021-2025 (in millions of US\$)

CPD outputs		Regular resources	Other resources	Total
Output 1	SRH	0.9	0.4	1.3
Output 2	A&Y	0.6	1.1	1.7
Output 3	PD	0.7	1.0	1.7
Programme coordination and assistance (PCA) ¹²⁵		0.3	0	0.3
Total		2.5	2.5	5.0

Source: UNFPA CPD 2021-2025

Regarding RR, annual ceilings have exceeded the minimum amount of US\$500,000 in 2021-2024.¹²⁶ The amount of OR mobilised has gradually increased and exceeded set targets in 2022-2024 (see Figure 5).¹²⁷ Overall, the total amount of OR has exceeded RR. As such, the original plan to have a 50/50 balance between RR and OR has changed in favour of OR. As of August 2024, UNFPA had already exceeded the total resource target of US\$5.0 million - i.e., US\$5.2 million (see Figure 5).¹²⁸ With additional OR for 2024 and resources available in 2025, the country office expects to exceed US\$6.0m.

Other resources were received from public and private donors - i.e., Austrian Development Cooperation (ADA), EU, Merck Sharp & Dohme (MSD), SDC, SIDA and the Government of Italy as well as MDTFs - i.e., the United Nations PBF, the United Nations PRPD and the Joint SDG Fund. In the spirit of reforming the United Nations development system (UNDS), a significant share of OR was mobilised through the United Nations JP modality for delivering results through a multi-sectoral approach and UN2UN transfers. Other resources from ADA and PBF were received as part of UNFPA regional/multi-country programmes.

As UNFPA had anticipated, OR were mainly received for CPD Output 2 (A&Y), followed by

¹²³ UNFPA. UNFPA Strategic Plan, 2018-2021. Annex 4. Business model.

¹²⁴ Note: GBV is measured against the Gender Inequality Index.

¹²⁵ The overall purpose of PCA (specific to the Annual Work Plan (AWP) structure until 2023 and the discontinuation of the Atlas operating system) was to cover standard operational costs (to some extent management, but not in total) – e.g., joint UNCT activities, office supplies, visits.

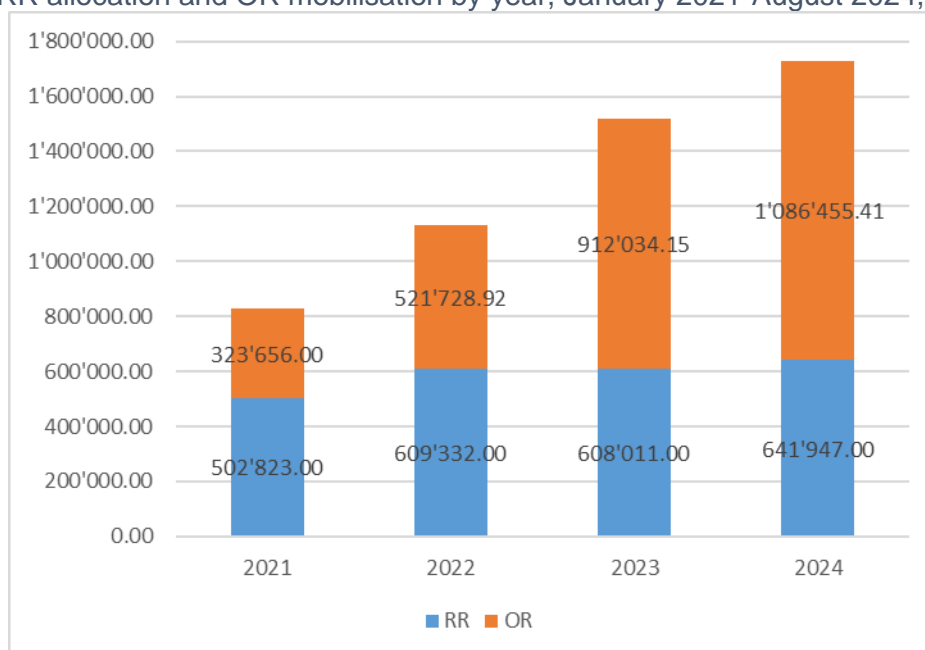
¹²⁶ Core resources are allocated “as the foundation for building and implementing the country programme, particularly carrying out the UNFPA normative role to promote the ICPD Programme of Action and to advocate achieving the transformative results”. UNFPA. UNFPA Strategic Plan, 2022-2025. Annex 3. Business model

¹²⁷ Note: Some OR are for multi-year programmes.

¹²⁸ 2021: US\$826,479.00; 2022: US\$1,131,060.92; 2023: US\$1,520,045.15; 2024 (January-August): US\$1,728,402.71. Including confirmed funding for an extension to the Peacebuilding project under the A&Y output, starting in early November 2024.

Output 3 (PD) and Output 1 (SRH/GBV) (see Table 8).

Figure 5: RR allocation and OR mobilisation by year, January 2021-August 2024, in US\$



Source: UNFPA Serbia Country Office

Table 8: RR allocation & OR mobilisation by CPD output, January 2021-August 2024, in US\$

	Output 1: SRH/GBV	Output 2: A&Y	Output 3: PD	PCA	Total
RR	642,384.00	704,878.00	920,676.00	94,175.00	2,362,113.00
OR	829,256.17	1,104,758.91	909,859.40		2,843,874.48
Total	1,471,640.17	1,809,636.91	1,830,535.40	94,175.00	5,205,987.48

Source: UNFPA Serbia Country Office

Regarding expenditures, the UNFPA country office has a very good utilisation record for RR (see Tables 9 and 10). Regarding OR, it must be considered that most OR are for multi-year programmes and that implementation spills over several years. Therefore, the overall utilisation rate will only be evident in the final year of the respective programme implementation. Given the duration of six projects/programmes (funded by SDC, ADA, PBF, SIDA and MSD), the country office will carry over OR from the current to the next CPD.

Table 9: Expenditure RR & OR in % of budget, 2021-2023, in US\$

	Budget	Expenditure	In %
RR	1,720,166.00	1,686,883.28	98.07%
OR	1,283,880.70	798,593.38	62.20%
Total	3,004,046.70	2,485,476.66	82.74%

Source: UNFPA Serbia Country Office

Table 10: Expenditure RR & OR per year, 2021-2023, in US\$

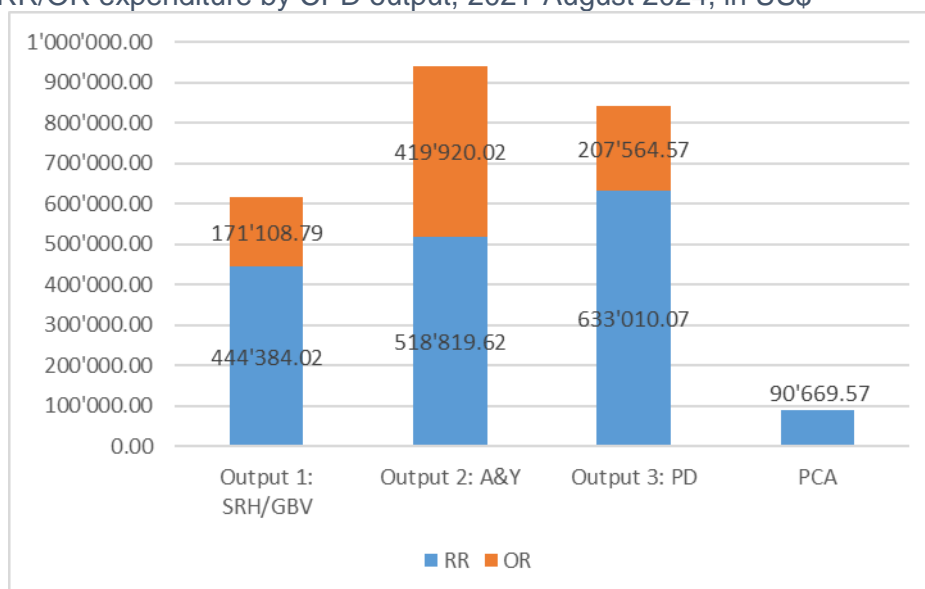
	2021	2022	2023
RR	477,866.33	596,310.92	598,803.44
OR	120,139.56	320,957.53	371,398.88
Total	598,005.89	917,268.45	970,202.32
RR in %	95.04%	97.86%	98.49%
OR in %	37.12%	61.52%	40.72%

Source: UNFPA Serbia Country Office

A further breakdown shows that expenditures between 2021 and 2024 (August) for CPD Output 2 (A&Y) were the largest, followed by Output 3 (PD) and Output 1 (SRH) (see Figure

6). In 2021, under the UNFPA Strategic Plan 2018-2021, expenditures for PD-related outputs 13 and 14 were the most prominent (see Table 11). No funds were spent on health workforce capacity, delivery of SRH commodities, gender equality policy frameworks or harmful practices. In 2022 and 2023, under the Strategic Plan 2022-2025, Output 6 (A&Y) expenditures exceeded all other outputs (see Table 12). Humanitarian action is negligible.

Figure 6: RR/OR expenditure by CPD output, 2021-August 2024, in US\$



Source: UNFPA Serbia Country Office

Table 11: Expenditure by UNFPA Strategic Plan 2018-2021 output (RR/OR), 2021, in US\$

Strategic Plan 2018-2021 outputs	RR	OR	Total
Output 1: SRH policies	7,557.70	-	7,557.70
Output 2: Integrated SRH services	103,684.37	15,644.77	119,329.14
Output 3: Health workforce capacity	-	-	-
Output 4: Delivery of SRH commodities	-	-	-
Output 5: Accountability for SRH	7,000.00	5,581.64	12,581.64
Output 6: A&Y skills and capabilities	135,859.40	-	135,859.40
Output 7: Youth policies	582.42	-	582.42
Output 8: Youth leadership and participation	4,892.29	-	4,892.29
Output 9: Gender equality policy frameworks	-	-	-
Output 10: Social norms	12,464.29	14,999.76	27,463.85
Output 11: Prevention and addressing GBV	5,311.50	71,913.39	77,224.89
Output 12: Harmful practices	-	-	-
Output 13: Population data systems	111,278.31	12,000.00	123,278.31
Output 14: Demographic intelligence	89,236.25	-	89,236.25

Source: UNFPA Serbia Country Office

Table 12: Expenditure by UNFPA SP 2022-2025 output (RR/OR), 2022-2023, in US\$

	Output 1: Policy and accountability	Output 2: Quality of care and services	Output 3: Gender and social norms	Output 4: Population change and data	Output 5: Humanitarian action	Output 6: A&Y
2022						
RR	65,152.92	148,374.95	19,372.83	187,429.97	-	175,980.25
OR	13,902.59	64,698.59	61,896.39	104,034.43	30,449.88	45,975.65
2023						
RR	23,596.84	163,683.18	33,481.19	202,662.31	-	175,379.92
OR	4,000.00	21,810.37	24,438.67	16,527.41	-	304,622.43

Total	106,652.35	398,567.09	139,189.08	510,654.12	30,449.88	701,958.25
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Source: UNFPA Serbia Country Office

Both IP implementation and UNFPA implementation have been applied. It must be noted that UNFPA has not been able to engage government partners as IPs. However, in September 2024, UNFPA signed a Standard Basic Assistance Agreement (SBAA) with the Government of Serbia, and therefore, this practice might change in 2025 or for the new programme cycle. From 2021 to 2024, UNFPA implementation has been more widely used for SRH and PD (see Table 13). The high level of UNFPA implementation in SRH is, among other things, due to the near absence of CSOs specialised in SRH, specifically family planning in Serbia.¹²⁹

Table 13: Expenditure by fund utilisation modality and CPD output, 2021-August 2024, in US\$

	Output 1: SRH/GBV	Output 2: A&Y	Output 3: PD	PCA	Total
IP Implementation (PG+PN)	35,549.86	376,014.87	191,096.99		602,661.71
UNFPA Implementation (PU)	579,942.95	562,724.77	649,477.65	90,669.57	1,882,814.95
Total	615,492.81	938,739.64	840,574.64	90,669.57	2,485,476.66

Source: UNFPA Serbia Country Office

The UNFPA CP has been implemented by UNFPA and 12 IPs (ten CSOs and two United Nations agencies), of which the Center for Research and Social Development IDEAS, the Ana and Vlade Divac Foundation, the Center for Democracy Foundation, UNDP and UN Women are new IPs. In monetary terms, the Ana & Vlade Divac Foundation implemented the highest amount of resources (CPD Outputs 2 and 3), followed by IDEAS (Output 3) and UN Women (Outputs 1 and 2) (see Table 14¹³⁰).

Table 14: Budget and expenditure by IP, 2021-2023, in US\$

Implementing Agency/Partner	Budget	Expenditure	In %
Ana & Vlade Divac Foundation	229,720.97	227,912.25	99,21%
Center for Research and Social Development IDEAS	56,560.48	56,531.87	99,95%
UN Women	50,263.93	50,244.29	99,97%
ATINA	46,450.00	45,196.18	97,30%
Red Cross Serbia	40,052.30	40,049.89	99, 99%
Center for Democracy Foundation	40,051.38	40,051.38	100.00%
Belgrade Center for Human Rights	40,016.00	39,927.35	99,77%
Mikser Association	27,500.00	27,463.84	99,87%
UNDP	27,000.00	27,000.00	100.00%
Iz Kruga Vojvodina	22,400.00	22,072.06	98,53%
BIBIJA Roma Women Center	15,000.00	14,447.79	96,32%

¹²⁹ Source: UNFPA Serbia country office. Challenges working with the CSOs must also be noted due to the government being very restrictive and little space for CSOs.

¹³⁰ The discrepancy between the budget and expenditure columns, particularly for IPs, is a result of: i. exchange rate change between transfer of funds and reporting; ii. timeframe for the implementation of the projects. Source: UNFPA Serbia country office.

Psychosocial Innovation Network (PIN)	13,000.00	12,734.81	97,97%
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Source: UNFPA Serbia Country Office

4 Findings

4.1 EQ1: To what extent has UNFPA support in SRH, A&Y and PD (i) been relevant and well-adapted to national priorities for meeting EU requirements and (ii) adequately reflected UNFPA's transformative results? (Relevance)

A.1.1 UNFPA Serbia's support in SRH, A&Y and PD aligns with Serbia's national priorities for meeting EU accession requirements

A.1.2 UNFPA Serbia's support in SRH, A&Y and PD has been consistent with UNFPA's transformative results - i.e., ending unmet family planning needs, preventing maternal deaths and eliminating GBV and harmful practices by 2030

Summary of Findings: UNFPA's support is consistent with Serbia's EU integration process, particularly with the negotiation chapters on the judiciary and fundamental rights, education and culture, consumer and health protection, social policy and employment, and statistics. However, UNFPA's role and contributions are not widely recognised.

While the UNFPA country office addresses all transformative results, it lacks an explicit commitment to accelerating progress and achieving zero by 2030. Its family planning focus has rightly primarily centred on reducing unplanned pregnancies among Roma women and adolescent girls. In the general population, characterised by low fertility, UNFPA's efforts have expanded beyond addressing unmet needs to encompass broader factors influencing desired fertility, whether individuals seek to increase or decrease their family size.

4.1.1 Consistency with national priorities for meeting EU requirements

Finding 1: The UNFPA CP has addressed a wide range of areas relevant to Serbia's EU integration process, particularly those pertaining to the following negotiation chapters: Chapter 23: Judiciary and Fundamental Rights, Chapter 26: Education and Culture, Chapter 28: Consumer and Health Protection, Chapter 19: Social Policy and Employment and Chapter 18: Statistics. However, UNFPA is not perceived as a significant player.

UNFPA, with the full support of the MoH, Faculty of Medicine, the Public Health Institute, the Commissioner for the Protection of Equality and the Coordination Body for Gender Equality (while it was operational), as well as several CSOs, is actively working to improve GBV prevention and response in Serbia.¹³¹ Besides work at the policy and strategy levels, key initiatives include the Bodyright campaign, GBV programmes engaging men and boys, efforts to improve the health sector's capacity to recognise and address GBV, and health literacy campaigns addressing Roma SRH and combating child marriage. These, alongside the country office's efforts to reduce discrimination based on age, are well-aligned with **Chapter 23 on Judiciary and Fundamental Rights**. As regards GBV prevention and response, in 2021, the EC noted that "medical professionals in civilian health care institutions still lack both the knowledge and skills necessary to document signs of ill-treatment committed by the police in line with the Istanbul protocol, which may have an adverse effect on the investigation before the judicial authorities."¹³² In 2022, it stated, "The implementation of the law against domestic violence needs to be improved, particularly for vulnerable groups such as women with disabilities and Roma women", and "Serbia should amend its Family Law to explicitly prohibit

¹³¹ UNFPA Annual Plan 2023; UNFPA Serbia Annual Report 2023. KII4; KII8; KII21; KII50. FGD5.

¹³² <https://neighbourhood-enlargement.ec.europa.eu/system/files/2021-10/Serbia-Report-2021.pdf>.

corporal punishment of children in the family and ban child marriage.”¹³³ One year later, in 2023, the EC report highlighted that “A more comprehensive response is needed to all instances of violence against women covered by the Istanbul Convention, including rape, stalking, sexual harassment, and forced marriage” and that “The very few support services for these cases of violence are predominantly run by CSOs and operate on a limited budget.”¹³⁴ The 2023 EC progress report also stresses the importance of improving the health of Roma. It states, “Job descriptions for local Roma coordinators, pedagogical assistants and health mediators have yet to be unified and become an integral part of local self-government services, with additional finances.” Given significant needs, key informants suggest that UNFPA maintain its focus on this negotiation chapter, looking to the next CP cycle.¹³⁵

The UNFPA CP’s focus on life skills development with the Ministry of Education (MoE) and collaboration with the Ministry of Tourism and Youth (MTY) at the policy level is consistent with **Chapter 26 on Education and Culture**. UNFPA has contributed to engaging in Serbia’s EU accession process by supporting the implementation of the EC’s 2021 recommendation, which states, “Teachers should be consistently supported in implementing the ongoing outcome-based curricular changes, particularly with regard to developing students’ key competences” and “Further efforts are required to develop teaching materials and empower teachers to build student competences related to gender equality, health, reproductive health, mental health, sexuality education, prevention and response to all forms of gender-based violence, including sexual abuse.” This recommendation was reiterated in 2022 and 2023, emphasising consistent support for teachers and quality of education. The UNFPA Serbia country office has also focused on the 2021 EC recommendations regarding the youth policy framework and youth policy coordination mechanisms at the local level - i.e., “Preparations for the revision of the legislative and strategic framework in the field of youth are underway” and “Youth policy coordination mechanisms at the local level should be further strengthened” to support the authorities in Serbia.

UNFPA’s support for national institutions for tackling the very high cervical cancer-related morbidity and mortality in Serbia is a strategic initiative aligned with **Chapter 28 on Consumer and Health Protection**. The 2021 and 2022 EC reports for Serbia warn that “Cancer screening for colorectal, breast, and cervical cancers is slowly progressing. In many regions of the country, it is not performed in a systematic manner.” The 2023 report notes that “Health promotion necessary to help prevent non-communicable diseases remains limited”, “Cancer screening for colorectal, breast, and cervical cancers continues to progress at a slow pace and is not performed in a systematic manner in many regions of the country”, and “Appropriate funding is needed to ensure implementation of the national programme for safeguarding and improving sexual and reproductive health, and access to quality services in this area”. It warns that “Access to healthcare services remains an issue for persons with disabilities, persons living with HIV, children and adults who use drugs, prisoners, women involved in prostitution, Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) persons, internationally displaced persons and Roma.” UNFPA’s support for cervical cancer prevention also aligns with the government’s broader focus on preventive health measures, including hospital modernisation and equipment upgrades.¹³⁶

The UNFPA CP’s emphasis on vulnerable populations with particular attention to older persons, women (including older women, Roma women and women with disabilities) and adolescent girls, and emphasis on social inclusion and protection, including through tailored analyses and support for the deinstitutionalisation of older persons, are relevant to **Chapter 19: Social Policy and Employment** and the main recommendations from the EC in this regard. The EC 2022 report for Serbia notes, “Public expenditure on social protection and

¹³³ https://neighbourhood-enlargement.ec.europa.eu/serbia-report-2022_en.

¹³⁴ https://neighbourhood-enlargement.ec.europa.eu/serbia-report-2023_en.

¹³⁵ KII35; KII48.

¹³⁶ KII50.

budget transfers as a share of GDP has been gradually decreasing in recent years". It highlights that "Serbia adopted a strategy on deinstitutionalisation in January 2022; however, the action plan and funding are pending" and "Funding for developing community-based services and supporting licensed service providers and social services remains insufficient." The 2023 EC progress report for Serbia also emphasises that "The quality and coverage of social services need to improve, and oversight and regulatory mechanisms, monitoring and evaluation need to be strengthened" and warns that "In the area of deinstitutionalisation; an action plan and funding, to accompany the strategy adopted in January 2022, is significantly overdue."

The EU's statistical requirements, outlined in Eurostat's Statistical Requirements Compendium (SRC)¹³⁷, form the cornerstone of **Chapter 18 on Statistics** in the EU accession negotiations. The SRC provides a comprehensive framework for statistical production aligned with EU standards, covering demographic, social, economic, sectoral, environmental, and cross-cutting statistics, alongside statistical infrastructure and methodologies. UNFPA's expertise in demographic and social statistics, particularly on ageing, health and migration, positions it to help Serbia align with EU standards, addressing demographic challenges and advancing Chapter 18 accession goals. **UNFPA has played a pivotal role in helping Serbia meet EU statistical requirements**, particularly in demographic and social statistics and public health data.¹³⁸ In support of achieving Chapter 18 requirements, the country office has closely worked with the national statistical office, SORS, to harmonise the census methodology and implement the census and related research. This is reflected in the 2021 and 2023 EC reports: "Serbia progressed well in preparing the methodology and the technical specifications for the next population and housing census" and "A new population census was conducted in October 2022, preceded by translation of census questionnaires into languages of national minorities and awareness-raising campaigns". Moreover, UNFPA supported SORS in conducting the National Transfer Accounts (NTA) in 2021, which showed that by 2041, 24% of the Serbian population will be aged 65 or older, and provided guidance to the government for addressing challenges related to pension and healthcare costs, ensuring sustainable social protection systems, and investing in human capital. By supporting various research projects, the UNFPA country office has also helped follow the EC's 2021 recommendation: "Public health statistics in line with the EU acquis are not yet fully available. In particular, non-expenditure healthcare data are highly compliant, while healthcare expenditure statistics are lacking."

Finally, evidence reveals that UNFPA has considerably focused on relevant topics and challenges identified in the above-mentioned negotiations chapters, and the UNFPA country office has provided written input into the EC's annual progress reports. However, while many key informants value UNFPA's mandate in connection with EU negotiations, numerous are unaware of the country office's actual role in the Serbian European integration process, and thus, **overall, UNFPA is not perceived as a significant player in advancing EU accession reform requirements in Serbia**.¹³⁹ Collaboration and exchange between the country office and the European Delegation (EUD) has revolved mainly around policy exchange, events and implementing a small component of the UNOPS-led EU-SHAI project in 2021-2022. As co-chairs of the Results Group 2 for the UNSDCF Strategic Priority 2 - Wellbeing, social equity, and the human potential are at the heart of systems, policies and practices: everyone has equal opportunities, throughout their life, to achieve their full potential - the UNFPA country office and UNICEF recently initiated a policy dialogue on social protection with the EUD, the outcome of which remains to be seen. Unlike other United Nations agencies such as UNDP, UNICEF, UNOPS, and WHO, which have greater institutional capacities, UNFPA has not been awarded an opportunity during the present CP cycle to directly manage EU resources. Looking

¹³⁷ <https://ec.europa.eu/eurostat/web/products-manuals-and-guidelines/w/ks-gq-24-006>.

¹³⁸ KII7; KII8; KII23.

¹³⁹ KII1; KII4; KII8, KII9; KII10; KII15; KII18, KII9; KII20; KII31; KII35; KII40; KII48; KII50.

ahead, opportunities are likely to become less for the entire UNCT, given the EU's intent to channel funds directly to the government budget.

4.1.2 Consistency with UNFPA's transformative results

Finding 2: The UNFPA CPD for Serbia set out to address all transformative results, particularly family planning among married women and in union and adolescent girls; however, it fell short of explicitly committing to accelerating progress and achieving zero by 2030. In practice, the country office has worked in all transformative result areas. Its family planning focus has rightly primarily been on the needs of Roma women and girls; it has extended to women's right to achieve their desired fertility.

The UNFPA CPD 2021-2025 aims to contribute to all UNFPA transformative results: ending preventable maternal deaths, the unmet need for family planning, GBV and harmful practices.¹⁴⁰ This aligns well with the voluntary Nairobi Summit commitments made by the Government of Serbia in 2019 (see Box 3).

Box 3: Government of Serbia Nairobi Summit commitments

- Building an inclusive society
- Ensuring the active participation of young people in Serbian society
- Financing to complete the International Conference on Population and Development (ICPD) Programme of Action and sustain the gains already made
- End GBV and the harmful practice of child marriage
- HIV/Aids prevention and control in the Republic of Serbia
- Improved access to age-appropriate information, education and adolescent-friendly services
- Zero preventable maternal deaths and maternal morbidities
- Ensuring universal access to SRH and zero unmet need for family planning
- Full implementation of the ICPD Programme of Action

Source: [Nairobi Summit commitments on ICPD25](#)

While covering all transformative results, the CPD focuses on the family planning transformative result, an area where key informants consider UNFPA to have a unique comparative advantage.¹⁴¹ The RRF includes all three transformative result indicators for family planning, measured by way of (i) reducing the unmet need for family planning among married women and in union from 14.9% to 7% and (ii) increasing the contraceptive prevalence rate of modern contraception among married women or in union from 18 to 22. The RRF also lists the family planning performance indicator (iii) reduced adolescent birth rate (aged 15-19 years) per 1,000 women from 22 to 18 in the general population and 157 to 120 among Roma.¹⁴² However, the evaluation team notes that **the CPD does not plan to accelerate progress and achieve zero unmet need for family planning by 2030, which would be the ultimate transformative goal.** In practice, the country office has engaged mainly in health literacy campaigns targeting Roma women and adolescent girls that have addressed family planning, among other subjects; it has supported better SRH services for women and girls with disabilities and the population at large. Furthermore, the country office has addressed misconceptions about the use of contraceptives in low-fertility settings. Going beyond the transformative result of contraception-centred family planning, the country office has also implemented activities to promote women's rights to achieve their desired fertility -

¹⁴⁰ UNFPA CPD 2021-2025.

¹⁴¹ KII4; KII17; KII2; KII13, KII18; KII20.

¹⁴² Note: The adolescent birth rate is a shared indicator with the United Nations country team (UNCT) and especially UNICEF for Outcome 2.1 of the UNSDCF 2021-2025. UNSDCF Serbia 2021-2025.

i.e., their right to have children or not and to control their reproductive choices.¹⁴³

Serbia has already achieved the SDG values for maternal mortality (i.e., less than 70 deaths per 100,000 live births); 99.7% of births are attended by skilled health personnel (goal value: 100%). Given Serbia's positive performance and outlook, key informants¹⁴⁴ thus agree that, while the quality of maternal healthcare remains an issue that the country office is addressing, including through research into women's experience in maternity hospitals and cancer prevention activities, **there has been no need for UNFPA to channel a large part of its programmatic efforts towards achieving the transformative result of zero preventable maternal deaths by 2030.**

As regards GBV, key informants¹⁴⁵ consider that UNFPA in Serbia plays a crucial role in generating relevant data and analysis, informing policy and strategy processes, supporting the health system to ensure effective prevention and improved access to quality services for survivors of GBV as part of addressing their multisectoral needs and engaging with young people. While recognising UNFPA's relevance, in light of the complexity of the problem, they also agree that **it would be unrealistic to expect the country office, by channelling its own limited resources and mobilising other stakeholders, to achieve zero GBV by 2030.**

Besides adolescent pregnancies, child marriage is also a significant and growing harmful practice among Roma in Serbia and is an area where UNICEF is reportedly very active. While the UNFPA CPD only references child marriage in passing¹⁴⁶, **the country office has implemented complementary interventions that tackle child marriage, involving health literacy promotion and challenging social norms within the Roma community.**¹⁴⁷ UNFPA is also a member of the Coalition against Child Marriage, led by UNICEF and with the participation of the Roma Women Network.

4.2 EQ2: To what extent have UNFPA outputs contributed to planned outcomes, and has UNFPA contributed to building demographic resilience in Serbia? (Effectiveness)

A.2.1 UNFPA Serbia has successfully addressed the identified "determinants" in the output theories of change, thereby affecting the achievement of planned CPD outputs and progress towards outcomes

A.2.2 UNFPA outputs and outcomes in SRH, A&Y and PD have contributed to building demographic resilience in Serbia (as defined in the Demographic Resilience Programme for Europe and Central Asia)

A.2.3 UNFPA has added benefits to partner efforts to build government capacity to understand, plan for and shape demographic changes and create positive demographic outcomes in Serbia (UNFPA's comparative advantages)

Summary of Findings: Despite the challenges posed by the COVID-19 pandemic and shifts in ministerial leadership, structures and responsibilities, UNFPA has contributed to enhancing data availability and improving Serbia's national policy framework for SRH. The country office has also successfully built national capacities to deliver quality SRH services and care. However, considerable work is still ongoing to translate these achievements into tangible benefits for women of reproductive age, particularly in the areas of maternal health

¹⁴³ KII4; KII8; KII7; KII21; KII31; KII 34; KII38; KII43; KII50.

¹⁴⁴ KII2; KII8, KII17; KII18.

¹⁴⁵ KII2; KII4; KII8.

¹⁴⁶ The programme "will address cross-boundary and regional issues that impact the country, such as migration, trafficking and gender-based violence, early marriages, youth, peace and security".

¹⁴⁷ E.g., as part of EU-SHAI (2021-2022), PRO (since 2023), the Integrated Response to Violence Against Women and Girls in Serbia, Phase III" project (2021-2023), and the "Improved Health Literacy and Access to Health Care Services of Roma Women and Girls in Serbia" (since 2024). KII1; KII3; KII9; KII4; KII8; KII12; KII14; KII15; KII16.

and cervical cancer prevention and detection. While UNFPA has also enhanced national capacities to prevent and respond to GBV, policy-level gains in gender equality achieved through previous UNFPA support are currently under threat. Furthermore, regarding generating greater demand for SRHR, the country office has limitedly implemented activities to address the specific SRH and GBV needs of older women and key populations. Despite ongoing efforts to reduce harmful social norms and improve health literacy, challenges persist in meeting the SRHR needs and mobilising demand from Roma women and adolescent girls for care and protection. While the 2025 outcome targets outlined in the CPD have not yet been fully met, evidence indicates that UNFPA has contributed to a decrease in the unmet need for family planning and an increase in the prevalence of modern contraception among the general population.

UNFPA has enhanced the youth-friendliness of Serbia's policy environment and strengthened domestic accountability by introducing the YWI. The country office has also fostered youth engagement and promoted positive social change at the community level. However, the effectiveness and scalability of these efforts have been hindered by limited synergies between projects and insufficient engagement with government entities. In the aftermath of mass shootings, UNFPA has improved the education sector's preparedness and response to emergencies, although the scope of its mandate in this area remains unclear. Furthermore, in lieu of CSE as a stand-alone subject in the curriculum, the country office has scaled up life skills education within and beyond the formal school setting, including raising awareness about the dangers of TFGBV. Numerous young people have already benefited, and a robust foundation is in place for further intensifying this work. Overall, despite successfully reducing the adolescent birth rate in the general population beyond the CPD 2025 outcome target, UNFPA has been unable to prevent a nationwide increase specifically among the Roma population.

UNFPA has made substantial contributions to the generation and analysis of demographic data, including the 2022 census and the country's first NTA analyses, thus providing valuable insights into demographic trends, including within vulnerable populations, although the dissemination of data and research findings to a broader audience requires further improvement. Through these efforts, the country office has significantly influenced national, but not local-level - demographic policies, particularly those concerning youth, older persons and persons with disabilities. Evidence-based initiatives aimed at strengthening the understanding of family planning and factors affecting fertility rates have also yielded promising results. However, at the outcome level, UNFPA-generated demographic intelligence has hardly contributed to the planned increase in SDG indicators monitored by the Government of Serbia.

As part of its population and development mandate, UNFPA has also implemented various interventions to address the weaknesses of social protection services and promote social inclusion and healthy and active ageing for older persons. While these interventions have been highly valued, they have not served as models and best practices for broader replication across the country, thus limiting their potential impact on a larger scale.

Regarding achieving demographic resilience, UNFPA possesses a strong comparative advantage in understanding complex demographic trends, especially the second demographic transition, and in population data analytics and policy advocacy, where it has made relevant and significant contributions despite weak institutional capacities and entrenched views, most notably regarding ageing. While UNFPA's support for SRHR and A&Y empowerment can also be framed as enhancing Serbia's human capital and "demography-proofing" social policy systems, thereby contributing to achieving demographic resilience, this crucial link is not always apparent to stakeholders. Overall, there are concerns that the country office may be exceeding its capacities and overstepping the boundaries of UNFPA's mandate under the umbrella of supporting demographic resilience.

4.2.1 UNFPA's contribution to improved SRHR and GBV prevention and response

Finding 3: UNFPA has significantly contributed to increasing the availability of data and improving the Serbian national policy framework for SRH despite the health sector's emphasis on the COVID-19 pandemic at the beginning of the CP cycle and bureaucratic challenges. Policy-level gains in gender equality, achieved with UNFPA support, are under threat.

The Theory of Change for CPD Output 1 aims to enhance data availability and strengthen the policy framework, thus improving the health system's capacity to provide quality SRH and GBV services.

Collaboration with the Serbian health sector has been challenging due to the COVID-19 pandemic, leadership changes, and the shared responsibility of the Ministry of Health (MoH), the Ministry for Family Welfare and Demography (MFWD) and the Ministry for Labour, Employment, Veteran and Social Affairs (MOLEVSA) for reproductive health.¹⁴⁸ Nevertheless, **an important step has been taken to improve the national SRHR policy framework.** In 2023, the MFWD initiated the development of a Strategy for Preserving and Improving the Reproductive Health of the Citizens of Serbia and an Action Plan in line with the Law on the Planning System. Supported by UNFPA, which recruited national consultants and solicited inputs from concerned UNCT members, the draft was completed in December 2023 and is considered a success.¹⁴⁹ The strategy, which has five objectives related to maternal and infant health, prevention of reproductive cancers and sexually transmitted diseases, family planning, treatment of infertility, and promotion of reproductive health and rights among sensitive groups, is expected to be adopted in 2024-2025.¹⁵⁰ Furthermore, the evaluation team learned about the MoH's request for UNFPA's support in developing a national cancer prevention strategy, for which terms of reference have been created.¹⁵¹ Furthermore, the country office reports the inclusion of one additional oral combined contraceptive in the list of drugs (partially) reimbursed by the National Health Insurance.¹⁵²

During the previous CP cycle, UNFPA and other stakeholders also supported the development of the Gender Equality Strategy 2021-2030,¹⁵³ the Law on Gender Equality (enacted in 2021),¹⁵⁴ and the Strategy for Preventing and Combating GBV against Women and Domestic Violence 2021-2025.¹⁵⁵ UNFPA's contributions pertained mainly to the role of the health sector.¹⁵⁶ However, **the full implementation of the UNFPA-supported gender policy framework has been delayed due to political pushback and the lack of Action Plans.** Moreover, as key informants pointed out, the previously supported Gender Equality Coordination Body, the government's primary mechanism for driving gender equality, and the National Council for Gender Equality, established to provide expert input and guidance to support these efforts, have been discontinued.¹⁵⁷

In support of advocacy and national-level policy-making in SRH and GBV, UNFPA has contributed to increasing the availability of data and analysis; however, not all of these

¹⁴⁸ UNFPA Serbia Annual Report 2021. KII4; KII7; KII8.

¹⁴⁹ KII4; KII8; KII17; KII20; KII22.

¹⁵⁰ <https://www.minbpd.gov.rs/uskoro-dve-nove-strategije-o-podsticanju-radjanja-i-o-unapredjenju-reproduktivnog-zdravlja/>.

¹⁵¹ KII8; KII17; KII50.

¹⁵² UNFPA Serbia CPD monitoring data.

¹⁵³ <https://www.rodnaravnopravnost.gov.rs/sr/dokumenti/strategije-i-akcioni-planovi/nacionalna-strategija-za-rodnu-ravnopravnost-za-period-2021>.

¹⁵⁴ <https://www.paragraf.rs/propisi/zakon-o-rodnoj-ravnopravnosti.html>.

¹⁵⁵ <https://pravno-informacioni-sistem.rs/eli/rep/sgrs/vlada/strategija/2022/12/2>.

¹⁵⁶ UNFPA Annual Report 2021.

¹⁵⁷ KII3; KII5; KII7; KII12; KI31. FGD8; FGD1; FGD8.

have been made public. Some noteworthy examples¹⁵⁸ are

- action research on infertility and assisted reproductive technologies in Serbia (2021);
- assessment of the organised cervical cancer screening system (2022);
- ex-ante analysis for the National Strategy for Preserving and Improving the Reproductive Health of the Citizens of Serbia (2023);
- qualitative research on women's experience in maternity hospitals (2023);
- research into violence against older women in the Western Balkans, Moldova and Ukraine (2022);¹⁵⁹
- research into perceptions and attitudes of older Roma women towards violence (2022);¹⁶⁰
- assessment of social housing conditions and options for Roma women experiencing GBV (2022);¹⁶¹ and
- research into TFGBV ("In Front of the Screen") (2022).¹⁶²

Finding 4: UNFPA has enhanced national capacities to provide quality SRH and GBV services and care. However, considerable work is still ongoing to produce tangible benefits for women of reproductive age, especially in the areas of maternal health and cervical cancer prevention and detection. While efforts have been made to reduce harmful social norms and improve their health literacy, challenges persist in reducing the unmet need for family planning and preventing child marriage and adolescent pregnancy among Roma. UNFPA has hardly implemented activities that address the SRH and GBV needs of older women or key populations.

The Theory of Change for CPD Output 1 also aims to strengthen the quality and demand for SRH and GBV services.

Post-COVID-19, as part of the SIDA-funded JP "Integrated Response to Violence Against Women and Girls in Serbia" (Phase III), UNFPA supported local health centres, such as the one in Nis, to improve the detection of domestic violence through training for trainers on MoH protocols.¹⁶³ **UNFPA also supported the University of Belgrade Faculty of Medicine in introducing an online GBV training course for health professionals as part of their continued medical education.** The Health Council of Serbia accredited the training.¹⁶⁴ An evaluation of the JP in 2023 established that 247 healthcare professionals from 33 municipalities had completed the training on the healthcare system's role in response to GBV through the online training package,¹⁶⁵ with those completing the training earning medical education points.¹⁶⁶ Phase IV of this United Nations JP is expected to introduce written protocols on GBV in at least ten primary healthcare facilities in targeted municipalities.¹⁶⁷

Currently, in response to calls for increased oversight of maternity wards, investigations of

¹⁵⁸ KII4; KII31; KII49; KII50; KII52.

¹⁵⁹ <https://serbia.unfpa.org/en/publications/exploring-violence-against-older-women-western-balkans-moldova-and-ukraine>.

¹⁶⁰ [UNFPA Serbia | ПЕРЦЕПЦИЈА И СТАВОВИ СТАРИЈИХ РОМКИЊА ПРЕМА РОДНО ЗАСНОВАНОМ НАСИЉУ](#).

¹⁶¹ [UNFPA Serbia | УСЛОВИ ЗА БЕЗБЕДНО СТАНОВАЊЕ И ДРУГИ РЕСУРСИ ДОСТУПНИ РОМКИЊАМА СА ИСКУСТВОМ РОДНО ЗАСНОВАНОГ НАСИЉА](#).

¹⁶² <https://serbia.unfpa.org/sr/publications/ispred-ekrana-istra%C5%BEivanje-o-rodno-zasnovanom-nasilju-u-digitalnom-prostoru>.

¹⁶³ KII4; KII12. FGD7.

¹⁶⁴ UNFPA Serbia Annual Report 2021; SIDA Final Progress Report. KII4; KII10. FGD5.

¹⁶⁵ Final evaluation report. Integrated Response to Violence against Women and Girls in Serbia III. June 2023.

¹⁶⁶ FGD5.

¹⁶⁷ UNFPA Serbia CPD monitoring data.

allegations of obstetric violence and more substantial patient rights¹⁶⁸, and based on UNFPA-supported qualitative research, **the UNFPA country office is supporting the MoH in producing clinical guidelines on physiological childbirth to improve the quality of services, conditions and attitudes of health professionals in Serbian maternity wards.**¹⁶⁹ Work on organising online training for health providers on the MISP for SRH in Crisis Situations started in 2024.¹⁷⁰

Furthermore, alongside WHO, **UNFPA support has been instrumental in helping the MoH and the Public Health Institute prevent and detect cervical cancer**, a critical preventive health measure. UNFPA efforts have led to significant awareness at all levels. The country office has played a vital role in supporting Serbia's participation in the Regional Alliance for Cervical Cancer Prevention in Eastern Europe and Central Asia.¹⁷¹ It has also supported the introduction of the 9-valent HPV vaccine in Serbia and, since June 2022, its coverage by the health insurance (covered by the National Health Insurance) to facilitate uptake among girls and boys aged 9-19. As of July 2023, 25,000 children had received the first dose of the vaccine.¹⁷² According to WHO, the percentage of 15-year-old girls who had received the recommended doses improved by 2% - from 0 in 2022 to 2% in 2023.¹⁷³ Currently, UNFPA is collaborating with the MoH and Roche to introduce an HPV cervical cancer screening method that is recommended by international standards and already implemented in Albania and Turkey, and piloted in North Macedonia. Thanks to UNFPA and its partners' advocacy, the Government of Serbia has committed some domestic financing. The private sector (Roche) is funding the tests and equipment for the pilot. According to key informants, UNFPA is critical in driving this project forward with its proactive approach, ideas and extensive contacts. The pilot screening is ready to commence, pending final approval from the MoH and Roche headquarters. The testing equipment was delivered to the Institute of Public Health Institute (April 2024), and Roche donated the HPV screening tests. The pilot will take place in several healthcare centres chosen by the MoH. The aim is to invite 10,000 women for testing and achieve a 70% response rate for the test to be considered successful. Following the pilot, Roche and UNFPA plan to conduct nationwide training for healthcare workers and launch a digital campaign to promote the new screening method.¹⁷⁴

Besides cooperating with ministries and public health institutions to expand and strengthen the quality of public SRHR and GBV services, UNFPA has collaborated with and strengthened NGOs to address harmful social norms and improve health literacy and health-seeking behaviour among vulnerable women and adolescent girls.

For instance, **UNFPA has collaborated with the NGO Iz Kruga - Vojvodina to strengthen SRH and GBV information and uptake of services for women and adolescent girls with disabilities**, a neglected topic within the disability agenda. This collaboration, funded from UNFPA core resources and through the SIDA-funded JP, has raised awareness about the SRH of women with disabilities. Women with disabilities were educated on SRH and advocacy, allowing them to map local healthcare challenges and present solutions to decision-makers. This has led to tangible improvements, such as thanks to the relocation of medical tables for the physical examination of women with disabilities from inaccessible "red zones" to "green zones" during COVID-19 and enabling SMS appointment scheduling. Over

¹⁶⁸ <https://www.slobodnaevropa.org/a/srbija-optuzbe-akusersko-nasilje/32787145.html>.

¹⁶⁹ KII4; KII8; KII49; KII50. In April 2024, the MoH established a working group for developing clinical guidelines on physiological childbirth. The guidelines, which are currently in progress, also respond to the CPD output-level indicator "clinical guidelines on gender-transformative and youth-friendly SRH services adopted". Baseline: No. Target: Yes (multiple). UNFPA Serbia CPD monitoring data.

¹⁷⁰ UNFPA Serbia CPD monitoring data.

¹⁷¹ Launched by UNFPA in 2021. <https://eeca.unfpa.org/en/regional-alliance-cervical-cancer-prevention>.

¹⁷² <https://www.euronews.rs/srbija/drustvo/93815/direktorka-batuta-do-sada-25060-dece-vakcinisano-protiv-hpv-virusa-vakcina-kljucna-za-prevenciju-vest>.

¹⁷³ <https://data.who.int/indicators/i/A7398F0/287D1D2>.

¹⁷⁴ UNFPA Serbia Annual Report 2021. KII4; KII8; KII17; KII49; KII50; KII52. FGD5.

the last few years of collaboration, the partnership has benefited women with disabilities in more than ten municipalities and led to a national initiative advocating for their SRH rights.¹⁷⁵

Through core and non-core-funded projects, **the country office has also targeted the SRH rights and needs of left-behind Roma women and adolescent girls and those experiencing domestic violence.** The collaboration between UNFPA and the NGO Bibija, the leading organisation of the Roma Women Network, and consultants recruited from other network members in Roma substandard settlements in five municipalities, such as in Kruševac¹⁷⁶ has focused on raising awareness of SRH, GBV and discrimination and addressing child marriages in five rural and substandard settlements.¹⁷⁷ Workshops for mothers, adolescent girls and families revealed that many Roma women experience violence from partners, children and the wider community, which they often view as normal. Despite UNFPA's efforts, SRH and GBV remain taboo subjects in Roma communities. Misinformation about contraception is widespread, particularly among mothers and grandmothers living in substandard Roma settlements.¹⁷⁸ Moreover, the evaluation team learned from key informants about the pressing need to facilitate inter-sectoral collaboration between Roma NGOs and health centres, police and schools, and UNFPA's plan, as part of the recently started MSD-funded project, to explore the formalisation of collaboration with local self-governments to increase health literacy for Roma women and girls.¹⁷⁹ Within EU-SHA, UNFPA also supported a survey of housing conditions and housing support provided by Centres for Social Work in 33 municipalities for Roma women experiencing violence. However, it is unclear if and how the survey results have been used.¹⁸⁰ UNFPA is on track to reach and exceed the number of primary care facilities in targeted municipalities where health professionals have built capacities to increase the availability of SRH services for vulnerable populations – i.e., at least ten.¹⁸¹ UNFPA estimates that 50% of women and adolescent girls know about their rights to quality services and the availability of SRH and GBV services, thanks to UNFPA-supported interventions to date (target: 85%).¹⁸² However, as some key informants¹⁸³ noted, **activities targeting vulnerable women and adolescent girls have often been limited in their financial and temporal scope**, thus proving insufficient sustained support required for such an underserved issue. Additionally, **there have been no clear interlinkages or systemic impacts, resulting in a lack of visibility. Older women and key populations for HIV have not been a focus of the SRH/GBV component of the UNFPA CP.** While ageing and support for the social inclusion and social protection of older people have been a central component of UNFPA's PD work, and UNFPA conducted research on the critical topic of violence against older women, targeted on-the-ground interventions to mobilise older women to speak out against domestic violence and seek SRH-related healthcare and support have remained small-scale.¹⁸⁴ Contrary to plan, the country office has not implemented SRH/GBV activities targeting key populations (LGBTQI+ individuals) due to a lack of funding. UNFPA introduced the principle of mainstreaming, which has allowed UNFPA's partner organisations to include initiatives for the LGBTQI+ population. For instance, the Institute for Student Healthcare has worked on a health literacy programme for LGBTQI+. However, the scope and approach of these interventions have been narrow and limited.¹⁸⁵

¹⁷⁵ KII4; KII38.

¹⁷⁶ KII43; KII50.

¹⁷⁷ KII1; KII3; KII34; KII43; KII50.

¹⁷⁸ KII34; KII43; KII50.

¹⁷⁹ KII4, KII7, KII8; KII34. FGD6.

¹⁸⁰ UNFPA Serbia Annual Report 2021; UNFPA Serbia Annual Report 2022. KII15. FGD8.

¹⁸¹ UNFPA Serbia CPD monitoring data (see Annex 6).

¹⁸² Serbia CPD monitoring data (see Annex 6).

¹⁸³ KII1; KII34, KII43.

¹⁸⁴ KII4; KII10.

¹⁸⁵ KII4. FGD5.

Finding 5: In terms of CPD outcome indicators, UNFPA has contributed to improvements regarding unmet need for family planning and prevalence of modern contraception indicators in the general population, but the targets for 2025 have not yet been achieved.

The CPD does not include outcome indicators regarding maternal health. At the outcome level, UNFPA intends to contribute to increasing the prevalence rate of modern contraception among married women or in union from 18 in 2014 to 22 by 2025, as well as to a reduction in the unmet need for family planning from 14.9% in 2014 to 7.0% by 2025.¹⁸⁶ The latest MICS data from 2019 show that progress has been made, but the targets for 2025 have not yet been achieved - i.e., a contraceptive prevalence rate of 21 and an unmet need for family planning of 8.8%.¹⁸⁷

Through its efforts to improve SRHR, in particular, to enhance data availability and strengthen the policy framework, to strengthen national capacities to provide quality SRH services and care, and to address harmful social norms and improve health literacy and health-seeking behaviour among vulnerable women and adolescent girls, UNFPA can be considered to have supported improvements to family planning measured by the above indicators. However, at the national level, the evaluation team could not further determine the level of the organisation's contribution. With family planning not being an explicit priority of the current UNSDCF and for lack of a shared UNSDCF family planning outcome indicator (there is an outcome indicator that reads "coverage of essential health services", which includes family planning and maternal health among other essential services¹⁸⁸), the current UNSDCF has not been a potent vehicle for leveraging the government and other UNCT members around family planning. On the other hand, UNFPA's role as a co-chair of Results Group 2 is undoubtedly helpful in this regard.

As concerns GBV and child marriage, the UNFPA Serbia CPD does not contain related outcome indicators. Neither does the UNSDCF, likely due to the lack of robust surveys on GBV in Serbia. There is, thus, no target against which to assess the organisation's performance.

4.2.2 UNFPA's contribution to the empowerment of young people in Serbia

Finding 6: UNFPA's efforts have enhanced the youth-friendliness of Serbia's policy environment and strengthened domestic accountability by introducing the YWI and capacity building for local governments.

The Theory of Change for CPD Output 2 seeks to empower young people by improving youth policy and increasing data availability to inform decision-making.

UNFPA in Serbia provided valuable support for the MTY in formulating and adopting a Youth Strategy 2023-2030 and Action Plan 2023-2025, which, adopted in February and July 2023, aim to improve the quality of life of young people in the country.¹⁸⁹

In parallel, MTY and UNFPA developed a composite index - the YWI¹⁹⁰ - that reflects the structure of the Youth Strategy and is considered a significant tool for monitoring youth status and the implementation of the Youth Strategy at the national and local levels.¹⁹¹ With the support of the Ana and Vlade Divac Foundation, 16 local governments have been trained to implement and calculate the YWI, which is anticipated to enhance local planning efforts concerning youth development. While monitoring data for the first year of implementation is

¹⁸⁶ UNFPA Serbia 2nd CPD 2021-2025.

¹⁸⁷ UNFPA Serbia CPD monitoring data.

¹⁸⁸ SDG indicator 3.8.1.

¹⁸⁹ KII35; KII41; KII53.

¹⁹⁰ Note: Initially called "Youth Score Card".

¹⁹¹ Note: UNFPA EECARO and the UNFPA Moldova country office initially developed the YWI concept, which is being rolled out in the Western Balkans.

not yet available, all municipalities are expected to have measured and calculated the index by the end of 2024.¹⁹² For instance, local key informants in Kragujevac and Niš informed the evaluation team that measuring the YWI has offered valuable insights into the well-being of young people in these cities. In Kragujevac, the findings point to a pressing need for more substantial mental health support and expanded non-institutional services for youth, making these areas a key priority moving forward. Local authorities have confirmed their intention to apply the YWI findings to enhance youth policies. **UNFPA also assisted the MTY in preparing a report on the implementation of the Strategy Action Plan during its first year of execution.** The results will be presented in December 2024 at the MTY's premises.¹⁹³

UNFPA has also facilitated the consultation of young people in formulating national policies and decision-making processes beyond the Youth Strategy and Action Plan. With UNFPA support, youth were consulted regarding the Strategy for Preventing and Combating GBV against Women and Domestic Violence 2021-2025, which envisages improved action to prevent GBV, protect survivors, and provide support services. There are plans for UNFPA to facilitate youth engagement in public consultations on the draft Strategy for Preserving and Improving the Reproductive Health of the Citizens of Serbia and Action Plan.¹⁹⁴

Finding 7: While cultural sensitivities and resistance to CSE persist, UNFPA has scaled up its work in life skills development in primary and secondary schools, building on the proactive interest of the MoE in quality education. Foundations have been laid for further intensifying this work, from which many students have benefited. Moreover, the UNFPA Bodyright Campaign has enjoyed high visibility outside the formal school setting, raising awareness about the dangers of TFGBV.

The Theory of Change for CPD Output 2 also seeks to empower young people by increasing political support for, strengthening capacities and demand for life skills education.

Navigating cultural sensitivities and influential conservative circles of the Serbian society that resist CSE for adolescents, in 2021, UNFPA and the MoE launched a life skills development programme, “Responsible Health Attitudes,” for primary and secondary schools (1,800 schools). This broader and more universally accepted concept includes essential knowledge and skills that young people need to make informed decisions regarding their health and relationships, including gender equality, child marriage, risky behaviours, mental health and family planning.¹⁹⁵ To date, UNFPA has contributed to higher quality education by supporting the production of age-appropriate materials for teachers and education assistants and the creation of an exchange and knowledge-sharing platform, which is available on the National Education Portal platform.¹⁹⁶ According to UNFPA, approximately 1,300 education professionals have been trained and certified. As a result, schools have created tailored action plans for educators to integrate the different topics of life skills education into the curricula. According to some key informants, the focus and implementation have varied by school.¹⁹⁷ A considerable 25,000 students are estimated to have benefited from it so far.¹⁹⁸ In the context of implementing the Strategy for the Development of Education in the Republic of Serbia by 2030 and a sector budget support package from the EU for the MoE, the evaluation team noted calls and plans to intensify

¹⁹² UNFPA Serbia CPD monitoring data (see Annex 6). Updated information from the UNFPA Serbia country office.

¹⁹³ https://mto.gov.rs/extfile/sr/2540/akcioni_pl_2023-2025_za_mlade_RS_2023-2030_063_cyr.pdf. KII1; KII41.

¹⁹⁴ UNFPA Serbia CPD monitoring data (see Annex 6).

¹⁹⁵ KII40. FGD5; FGD9.

¹⁹⁶ <https://zuov.gov.rs/zdravlje/>.

¹⁹⁷ KII40. FGD9.

¹⁹⁸ UNFPA Serbia CPD monitoring data (see Annex 6).

collaboration and further scale programme coverage to achieve more significant results.¹⁹⁹ According to some key informants, a key aspect will be to foster a supportive educational environment by improving teachers' interdisciplinary competencies, particularly in health, positioning them as the first line of support for recognising early signs of distress in students.²⁰⁰

UNFPA has also worked outside the education system to raise awareness of young people, change attitudes and behaviours and increase demand for life-skills education. A flagship initiative launched in Serbia in 2022 in cooperation with the Office of the Commissioner for the Protection of Equality is the local adaptation of the global UNFPA Bodyright Campaign to prevent TFGBV. This campaign to address the digital dimension of GBV, implemented taking into account research results about TFGBV among 18-year-old girls in Serbia conducted by UNFPA and the NGO Atina, has enjoyed high visibility. It has reportedly spurred actions related to the definition of new criminal offences in the field of technology and led to the inclusion of TFGBV in school-based life skills development.²⁰¹ Moreover, UNFPA worked with the Belgrade Center for Human Rights during the COVID-19 pandemic to conduct a COVID-19 immunisation campaign that received significant attention and engagement from young people. A *Youth Health Guide*²⁰², developed with the Belgrade Center for Human Rights, is now part of a Master's programme in Public Health. This programme also reportedly helped shift healthcare professionals' attitudes, including reducing youth stigma during COVID-19.²⁰³

Finding 8: UNFPA has been instrumental in fostering youth engagement and positive social change in Serbia. Through two United Nations JPs, UNFPA has empowered young people to emerge as leaders and engage in community activities to promote positive values and address pressing social issues. Nevertheless, missing synergies between the projects and insufficient engagement with national and local government institutions have affected their effectiveness and scalability. In the wake of mass shootings, UNFPA has improved the education sector's preparedness and response to crises, though the scope of its mandate in this domain is uncertain.

Thirdly, the Theory of Change for CPD Output 2 seeks to empower young people by promoting their active engagement in their communities.

At the local level, UNFPA has promoted youth volunteerism and community engagement and supported positive narratives in Serbia. The main channel has been the United Nations JP "Strengthening the Role of Youth in Promoting Increased Mutual Understanding, Constructive Narrative, Respect for Diversity and Trust", funded by the PBF, under which the UNFPA Serbia country office has implemented country-level activities that focus on promoting mutual understanding, dialogue, respect for diversity, and trust among youth.²⁰⁴

UNFPA has partnered with the Ana and Vlade Divac Foundation to implement country-level activities for youth under this PBF project. The evaluation team gathered information in Nis and Novi Pazar. In Novi Pazar, for instance, UNFPA has promoted cultural diversity and tolerance. Students from Novi Pazar, of ethnic Bosniac and Serbian origin, visited Ruski Krstur, home to the Rusyn minority, fostering connections between different cultures and religions within Serbia. Another initiative, "Young People Speak," empowered youth to combat discrimination through student parliaments in schools.²⁰⁵

¹⁹⁹ KII8; KII35; KII40. FGD5; FGD9.

²⁰⁰ KII40. FGD9.

²⁰¹ KII4; KII8; KII17; KII21; KII31.

²⁰² https://www.youtube.com/playlist?list=PLY_KSLbuCz0qpGKh3luwmUaasLnDrkO-a.

²⁰³ KII32.

²⁰⁴ UNFPA Serbia Annual Report 2022; UNFPA Serbia Annual Report 2023. KII1; KII8; KII5; KII47.

²⁰⁵ KII29. FGD4.

Key informants are generally satisfied with the results and outcomes of the PBF project but see room for improving coordination and national ownership. Regarding the number of participating agencies and geographic scope, it is currently the largest PBF project. They highlighted the project's political importance for the United Nations in the region. However, while some key informants emphasised the excellent cooperation, others perceive the potential for better coordination and collaboration between the participating United Nations agencies and implementing partners in Serbia and other countries to facilitate communication and sharing of good practices and leverage project outcomes.²⁰⁶

The evaluation team noted similarities between UNFPA youth activities implemented under the PBF and the 12-month Peer Mentoring Project (PMP) for the Promotion of Human Rights, Gender Equality and Youth Participation, funded by the Italian government and implemented with UN Women as an Implementing Partner, but could not ascertain the level of overlap or synergies. PMP, which concluded in December 2023, built the capacities of members of the United Nations Youth Advisory Group (YAG) to work as peer mentors with local youth leaders and provided small grants for them to develop and implement activities and facilitate engagement with local stakeholders, including Local Youth Offices. Some 600 young people in six municipalities benefited from PMP, including those from underprivileged communities where resources and local youth infrastructure are lacking.²⁰⁷ In Kragujevac, for instance, the project resulted in a comic book series, “Kraguj Youth Hero”, about human rights, mental health and other topics of interest to local youth.²⁰⁸ **Key informants appreciate the collaboration to implement the project and its contribution to youth empowerment. However, they also realise its shortcomings, being somewhat ad hoc and driven by the availability of short-term and finite donor funds.**²⁰⁹

Addressing mental health and the implications of poor mental health in the society and especially among youth is a new aspect of the UNFPA CP in Serbia. In response to mass shootings in and near Belgrade in May 2023, UNFPA partnered with the MoE to launch the project “Enhancing the Effectiveness of the Education System’s Response in Crisis Situations”. Key achievements include revising the Rulebook on the Protocol for Handling Violence, Abuse and Neglect, updating the Handbook for Psychological Interventions in Educational Institutions and developing a new Manual for handling crises, based on collaborative meetings and FGDs with diverse stakeholders, including school representatives, mental health experts and academic institutions. In 2024, the country office is supporting training for all education councillors in all district school administrations of Serbia and for school managers and education associates in all schools. However, while the country office demonstrated flexibility, evidence suggests that mandates and capacities within the UNCT to support crisis management related to mental health issues within the society, including UNFPA’s mandate to address violence against children in the education sector, were unclear and a matter of debate.²¹⁰ Also related to the shootings, the NGO PIN (Psychosocial Innovation Network), with UNFPA's support, developed a Handbook on Youth Mental Health for youth workers and service providers such as Centers for Social Work and educational institutions, which contains practical guidelines and promotes healthy habits among young people. Training sessions on its use have been conducted in selected municipalities, aligned with a broader government strategy and action plan to improve youth mental health.²¹¹

²⁰⁶ KII1; KII4; KII8; KII10; KII5; KII37.

²⁰⁷ PMP Final Report. 2024.

²⁰⁸ FDG2.

²⁰⁹ KII1; KII4; KII5; KII13.

²¹⁰ KII8; KII9; KII36; KII40. UNFPA Serbia Annual Report 2023.

²¹¹ KII1; KII8; KII36. https://psychosocialinnovation.net/wp-content/uploads/2024/01/Mentalno-zdravlje-socijalna-dobrobit-i-zdrave-navike-mladih_Prirucnik-za-rad-sa-mladima.pdf.

Finding 9: In terms of CPD outcome indicators, UNFPA has contributed to reducing adolescent birth rates in the general population beyond the CPD target for 2025, but despite the efforts of UNFPA and other partners, the Roma community still experiences very high levels of adolescent births.

At the outcome level, UNFPA intends to contribute to including A&Y in the formulation of national SRH policies and reducing the adolescent birth rate among the general and Roma (the latter being a shared indicator with the UNCT and especially UNICEF for Outcome 2.1 of the UNSDCF 2021-2025). As already discussed, UNFPA has reported progress in engaging A&Y in policymaking, which the evaluation team considers an output-level indicator (rather than an outcome). While the adolescent birth rate in the general population decreased from 22 per 1,000 women in 2014 to 12 in 2019, exceeding the 2025 target of 18 by 2025, it has increased among Roma - from 157 in 2014 to 163, way above the target of 120 by 2025.²¹² UNFPA's efforts to increase data availability and improve the youth-responsiveness of policies, strengthen life skills education and promote youth engagement can be considered to have made a difference in the general population. They have not been sufficient to help prevent the country-wide increase in adolescent birth rates among Roma. United Nations Serbia annual results reports do not report the UNCT's performance against UNSDCF outcome indicators.

4.2.3 UNFPA's contribution to population and development

Finding 10: UNFPA has substantially contributed to improving the availability and analysis of demographic data. Through support for the 2022 census, the country's first NTA analyses and other research initiatives, UNFPA has strengthened national capacities, thus providing valuable insights into demographic trends, including in vulnerable populations. The country office has fostered collaboration between government and academic institutions. However, further improvement in disseminating data and research results to a broader audience is needed.

The Theory of Change for CPD Output 3 seeks to increase the availability of population data and improve understanding of the implications of demographic changes for Serbia, enabling stakeholders to develop more effective policies and strategies to address demographic issues.

UNFPA has engaged with the SORS and other stakeholders to increase the comprehensiveness of reliable population data and evidence. Notably, the country office supported the 2022 Census of Population, Households and Dwellings.²¹³

Evidence from key informants and document review shows that, while not the only partner, it is thanks to UNFPA involvement that the census ensured better inclusion of vulnerable and marginalised groups, thus increasing the number of persons enumerated and improving the quality of census data thanks to greater coverage. For instance, before the census, the country office developed recommendations and organised training for enumerators on how to communicate with the population; the country office also organised the filming of two tutorials on how to motivate the Roma population and people with disabilities to respond to the census; it organised the translation of census material into seven languages spoken by national minorities in Serbia. Furthermore, before the census, UNFPA helped develop a methodology to assess how new living arrangements brought on by the COVID-19 pandemic had skewed census data.²¹⁴ After the census, UNFPA provided post-census support to SORS to improve the assessment of the migration balance and the total population by developing a Project on Validation and Correction of Data on International Migration

²¹² UNFPA Serbia CPD monitoring data.

²¹³ Note: The census was delayed due to COVID-19 and public health and safety concerns. It was initially scheduled for 2021.

²¹⁴ KII23. UNFPA Serbia Census-Covid 19 Report.

Estimation and Population Based on the 2022 Census Data.²¹⁵ Such interventions before and after the 2022 census have strengthened national and local government capacities and are useful for subsequent censuses. With UNFPA financial and capacity-building support, UNFPA has also supported SORS in producing analyses of census data, including new topics such as people living with disabilities, internal migration patterns, migration balance estimates, the composition of the labour force and fertility rates among men and women. Support for analysing census data is essential for evidence-based public policymaking at the national level and at the local administration level, where, in the latter case, information on the population of local communities is collected exclusively through the census.²¹⁶

The country office has also facilitated the generation and analysis of other national population data. Notably, with UNFPA support, SORS, in 2021 and 2022, conducted the first NTA analyses and policy papers, which examine the allocation of resources across generations and offer valuable insights into public and family expenditures by age groups – insights that have found a place in university textbooks and public policy.²¹⁷ Based on the 2021 NTA analysis²¹⁸, a policy brief titled “National Transfer Accounts and Policy Recommendations in the Social Sector of the Republic of Serbia” was published in 2022, focusing on the sustainability of the social protection, healthcare and pension systems. After the 2022 NTA analysis, consultations with interested partners are ongoing to review and improve a draft policy paper entitled “Recommendations for Public Policies in the Field of Education based on the Analysis of National Transfer Accounts” prepared by a UNFPA-recruited expert. Moreover, after the first two rounds of UNFPA-supported NTA analyses, experts from SORS are capable of applying the methodology for collecting and analysing NTA independently. With UNFPA support, SORS plans to include the allocation of time in the subsequent NTA analysis, emphasising unpaid female work in Serbia.²¹⁹

At the request of the President of the Republic of Serbia in 2020, UNFPA has collaborated closely with UNDP on a range of activities supporting the country’s demographic transition.²²⁰ Under the so-called “depopulation portfolio”,²²¹ UNFPA and UNDP co-authored Serbia’s fifth National Human Development Report (NHDR) entitled “Human Development in Response to Demographic Change”²²², which highlights innovative approaches to population policy that emphasise quality over quantity of human resources. Specifically, the UNFPA country office was responsible for the demography, ageing, family and youth chapters. Report drafting was consultative, and the final report was launched with high-level government participation in May 2022 at the National Assembly of Serbia. According to external stakeholders²²³, the report has vast potential with its extensive research, but the UNCT has not sufficiently used it to inform public policy measures. In the context of the depopulation portfolio and the 2022 census, UNFPA and UNDP also organised a “depopulation data challenge”²²⁴. The intervention aimed to determine whether alternative data could shed new light on depopulation in Serbia. Results suggest that alternative data can be a valid corrective and complement official data. SORS has announced that it could use some solutions as alternative digital sources for external migration estimates. However, evidence suggests that the close partnership between UNFPA and UNDP on population

²¹⁵ Project On Validation and Correction of Data on International Migration Estimation and Population Based on the 2022 Census Data, UNFPA and SORS, Belgrade 2024.

²¹⁶ KII7; KII8; KII10; KII23.

²¹⁷ E.g., Introduction in Economic Demography. University of Belgrade. Faculty of Geography.

²¹⁸ Analytical report on National Transfer Accounts. Statistical Office of the Republic of Serbia 2021.

²¹⁹ KII7; KII23.

²²⁰ UNFPA Serbia Annual Report 2021; UNFPA Serbia Annual Report 2022. KII7; KII10; KII23. FGD1.

²²¹ <https://lab.undp.org.rs/depopulation-portfolio/>.

²²² <https://hdr.undp.org.rs/home/>.

²²³ FGD1. <https://doi.org/10.22182/sp.12022.3>.

²²⁴ <https://lab.undp.org.rs/depopulation-data-challenge/>.

dynamics has since disintegrated.²²⁵

UNFPA has also supported the production of other analyses, such as on violence against older women, discrimination against older persons,²²⁶ loneliness and poverty among older people, mental health of informal caregivers²²⁷ and the situation in maternity wards. As part of the United Nations JP “Extending Social Protection to Families in Serbia”, funded by the Joint SDG Fund in response to the COVID-19 pandemic, and in collaboration with the Centre for Democracy Foundation, UNFPA co-authored Poverty Projections for Older Persons 2022-2024 in Serbian and English,²²⁸ which identified potential social and economic factors that could lead to an increase in poverty of older persons as well as aspects that can mitigate negative impacts. **Furthermore, UNFPA engaged three experts in PD to provide proposals for future research.** The concept note entitled “Mapping Future Analyses, Research and New Indicators in the Area of Population Dynamics, Migration and Work-Life Balance based on the 2022 Census, with the Purpose of Localisation of the Demographic Resilience Programme in the Republic of Serbia” presented some of the most burning issues in the domain of demographic development and related socio-economic processes in Serbia, which should be the focus of research based on 2022 census data and other complementary statistical sources and surveys.²²⁹ In this connection, the issue of organising the next round of UNICEF-led MICS is considered very important. UNFPA financially supported the previous round²³⁰ and is expected to be involved in implementing the next research cycle.²³¹

Regarding the dissemination of data and evidence-based advocacy to improve stakeholders' understanding of the opportunities and challenges related to demographic change, **an important channel through which UNFPA disseminates data and research results are numerous national events and workshops that UNFPA organises for its reports and regional and international events.** For instance, the outputs of UNFPA's collaboration with UNDP on depopulation were presented to stakeholders at a Ministerial Conference on Demographic Resilience, “Shaping Europe's Demographic Future,” in Bulgaria in December 2021 to raise awareness and visibility in the region.²³² Demographics were also the topic at the Forum for Mayors and Youth in Sarajevo in November 2022, at the Global Symposium on Low Fertility and Population Ageing in Seoul in November 2022 and at the ICPD30 Regional Meeting in Geneva in October 2023, where national partners from academia and civil society were part of the Serbian delegation.²³³ Participants at a multi-stakeholder workshop on the findings of the Poverty Projections for Older Persons 2022-2024 concluded that (i) the adequacy and coverage of social protection benefits need to improve; (ii) the social protection system needs further strengthening; (iii) coordination between social protection and emergency preparedness systems need to be facilitated; and (iv) appropriate finances must be available to facilitate the adaptation of programmes and systems.²³⁴ Social

²²⁵ KII7; KII10; KII18.

²²⁶ https://serbia.unfpa.org/sites/default/files/pub-pdf/executive_summary-national_report_on_discrimination_against_older_persons.pdf.

²²⁷ <https://www.redcross.org.rs/en/resources/publications/mental-health-of-informal-caregivers/>.

²²⁸ Poverty Projections for Older Persons – The Impact of the COVID-19 Pandemic and the Ukrainian Crisis on the Poverty of Older Persons in the Republic of Serbia. 2022.

<http://www.centaronline.org/userfiles/files/publikacije/cdf-unfpa-lidija-kuzmanov-poverty-projections-for-older-persons.pdf>; <http://www.centaronline.org/userfiles/files/publikacije/fcd-unfpa-sarita-bradas-uticaj-globalne-krize-na-ranjive-grupe.pdf>.

²²⁹ Mapping Future Analyses, Research and New Indicators in the Area of Population Dynamics, Migration and Work-Life Balance based on the 2022 Census, with the Purpose of Localisation of the Demographic Resilience Programme in the Republic of Serbia, Concept Note. 2022.

²³⁰ https://www.stat.gov.rs/media/5611/mics6_izvestaj_srbija.pdf.

²³¹ KII7; KII23.

²³² <https://eeca.unfpa.org/en/shaping-europes-demographic-future>.

²³³ FGD1.

²³⁴ SDG Fund 2022 Progress Report. KII8; KII7; KII23; KII51.

networks are another channel through which UNFPA promotes data, but rarely in conventional print and electronic media.

Another type of contribution to data dissemination and transparency is connecting the expert community with SORS and mediating requests for obtaining special data processing. Key informants agree that the UNFPA Serbia country office has successfully mediated between researchers and SORS through advocacy and allocation of funds. Evidence reveals that UNFPA has facilitated the analysis and dissemination of data owned by SORS by special crossings of population characteristics, which requires time, money and expertise. Examples are unpublished data on the education of migrants that fed into the Serbia NHDR, showing that not only the highly educated population is leaving the country²³⁵ and ongoing research into differences in fertility patterns between women and men in Serbia to understand the decisions that lead to childbearing or giving up childbearing²³⁶

Finding 11: UNFPA has significantly influenced national - but not local-level - demographic policies based on evidence. Key examples include the development of new strategies for youth, active and healthy ageing and persons with disabilities. Additionally, UNFPA's efforts to strengthen the understanding of family planning and factors affecting fertility rates have shown promising results.

The Theory of Change for CPD Output 3 also seeks to translate data and research into policies that support demographic resilience.

UNFPA has been able to inform policy development and integrate demographic dynamics into Serbian national policies based on evidence and the principles of gender equality and human rights; it has not engaged in supporting local-level policy-making even though governments at the local level often lack human resources for the preparation of strategic documents, and the CPD for Serbia anticipated support for local-level policymaking.²³⁷ While successful, according to several key informants, broader use of demographic data is a challenge in Serbia for several reasons: (i) data are often not in line with political goals, resulting in policy measures that are contrary to data and are inefficient and costly; (ii) insufficiently qualified professionals in ministries turn to well-known measures that do not require expertise; and (iii) frequent changes in government, which result in changes to top and middle management in ministries and interrupt previously started projects.²³⁸

Evidence particularly emphasises **UNFPA's contributions to the Youth Strategy 2023-2030 and Action Plan 2023-2025, which aim to improve the quality of life of young people, as well as the Strategy for Active and Healthy Ageing 2024-2030 and Action Plan 2024-2027,**²³⁹ which have formalised new concepts of intergenerational solidarity, lifelong learning, digital competencies, health education, psychological and social aspects of ageing, and participation of older persons, thus emphasising the active role that most older persons can continue to play after retirement.²⁴⁰ Consulted external stakeholders believe that UNFPA's expert assistance (and, to a lesser extent, financial support) was instrumental in developing the strategy and action plan, particularly in popularising the concept of intergenerational cooperation.²⁴¹ Furthermore, reports and external stakeholders draw attention to the new Strategy for the Improvement of the Position of Persons with Disabilities 2025-2030, under development, and the draft Strategy and Action Plan on Preserving and

²³⁵ FGD1.

²³⁶ KII7.

²³⁷ UNFPA Serbia CPD monitoring data (see Annex 6).

²³⁸ KII8; KII20; KII22; KII24; KII 51. FDG1.

²³⁹ Previously "Strategy for Older Persons".

<https://www.minbpd.gov.rs/wp-content/uploads/2023/10/Serbia-Strategy-for-Active-and-Healthy-Ageing.pdf>.

²⁴⁰ Also see UNFPA Serbia CPD monitoring data (see Annex 6).

²⁴¹ KII13; KII14; KII15; KII20; KII21; KII48.

Improving Reproductive Health with its five objectives, including regarding family planning, to which UNFPA significantly contributed.²⁴²

UNFPA's constant efforts, across consecutive governments, to create an evidence-based understanding of the factors affecting fertility rates in Serbia and to demonstrate alternatives to a predominantly pro-natalist approach to addressing demographic challenges have shown initial results. In 2023 and 2024, the Government of Serbia, at the highest level, announced a revision of the Birth Promotion Strategy (2018) that aims to increase the total fertility rate to enable the replacement of the population. In its place, a comprehensive Strategy for Parenting Support has been developed, which goes beyond the issue of fertility, and the government recently announced further work on creating an overarching National Family Strategy. However, the adoption of the draft Strategy for Parenting Support is delayed. Furthermore, during data collection for this evaluation, the government introduced new economic incentives with the objective of boosting fertility. At the time of issuing this report, the concrete vision of the government is not yet clear.²⁴³

An independent evaluation of the UNFPA multi-country programme “Expanding Choices: Gender-Responsive Family Policies for the Private Sector in the Western Balkans and Moldova 2019-2023”²⁴⁴, funded by ADA, recommended expanding activities to other countries based on a demonstration of positive results and interest from more than ten countries in the Eastern Europe and Central Asia region. **In April 2024, UNFPA in Serbia also started promoting gender-responsive family policies that allow women and men to balance work and family - e.g., related to family leave and childcare - in cooperation with the Ana and Vlade Divac Foundation and targeting the government and currently 11 private companies**, one of which (Flow Ninja) has introduced four weeks of paid paternity leave upon the birth of a child.²⁴⁵ Besides creating gender-responsive and family-friendly work environments that benefit individuals and employers, UNFPA’s work on developing family policies is intended to provide the government with evidence and models for formulating and implementing the expected Parenting Support Strategy and reviewing the Law on Employment. The project was presented at a meeting held at the Serbian Chamber of Commerce in September 2024.²⁴⁶ It has generated interest among partners, including other United Nations agencies.²⁴⁷

Finding 12: The UNFPA country office has improved the lives of older persons in Serbia, including thanks to direct support during the COVID-19 pandemic. Through various projects, UNFPA has addressed the weaknesses of social protection services and promoted social inclusion and healthy and active ageing. However, while greatly appreciated, UNFPA interventions have not served as models and best standards for replication nationwide, limiting their potential impact.

Lastly, support for best models and standards for active ageing should contribute evidence for policymaking under the Theory of Change for CPD Output 3.

UNFPA’s support for older persons in Serbia who are generally considered vulnerable is much appreciated and uncontested.²⁴⁸ Under the PD output, UNFPA has implemented local initiatives and generated a collection of on-the-ground benefits for older people that addressed their immediate needs during the COVID-19 pandemic. It has aimed to reduce

²⁴² KII17; KII20; KII27.

²⁴³ KII8; KII7; KII20; KII22. FGD1.

²⁴⁴ Evaluation. Expanding Choices: Gender-Responsive Family Policies for the Private Sector in the Western Balkans and Moldova (2019-2023). Final Evaluation Report. October 2023.

²⁴⁵ KII4; FGD8.

²⁴⁶ <https://fondacijadivac.civicalyst.org/sites/default/files/Agenda%20FFW%20model%20-%20Beograd%20C02.09.2024%20-%20DRAFT%20%281%29.pdf>.

²⁴⁷ UNFPA Serbia Annual Report 2022. KII7; KII8; KII4; KII5; KII10; KII37.

²⁴⁸ UNFPA Serbia Annual Report 2021; UNFPA Serbia Annual Report 2022. KII5; KII8; KII7; KII9; KII10; KII11; KII14; KII15; KII16; KII19; KII24. FGD3.

age-based discrimination, promote healthy and active ageing, and strengthen social protection.

During the pandemic, the UNFPA country office collaborated with MOLEVSA, the Red Cross and the telecom company A1 Serbia to improve the situation of vulnerable older persons by distributing 50 mobile phones and pre-paid SIM cards to 50 isolated older persons living in rural areas of three municipalities and 79 people in selected long-term care institutions, by conducting basic training on digital literacy and by producing a “how-to” video for broader sharing.²⁴⁹ UNFPA also procured and distributed equipment for light physical exercises to six Red Cross branches, which benefited 164 persons. These activities to enhance social activity and reduce social isolation were possible thanks to EU-SHAJ; they received positive feedback.

Post-COVID-19, UNFPA has continued targeting the needs of older persons. Also, as part of EU-SHAJ, UNFPA supported the cultural, educational, and humanitarian activities of the Corner for Quality Ageing in Kragujevac, founded and run by the Red Cross, which the evaluation team visited, as well as other centres.²⁵⁰ Thanks to the Joint SDG Fund JP, and with the help of the Red Cross, UNFPA distributed one-time cash vouchers to 75 households with older persons, mainly in rural areas in the South of Serbia.²⁵¹ Within the Swiss-funded PRO JP, and in collaboration with the Commissioner for the Protection of Equality, UNFPA has improved the basic digital skills of almost 150 older persons.

The UNFPA country office and the Commissioner for the Protection of Equality have also initiated the establishment of resource centres for intergenerational dialogue, ultimately intended for nationwide expansion. Furthermore, intending to inform the development of local government strategies in support of deinstitutionalisation, as part of the PRO JP, UNFPA and MOLEVSA assessed the implementation of the Deinstitutionalisation Strategy²⁵², which showed that some actions had not been initiated, and local government capacities in 12 municipalities to address older persons' social protection and inclusion needs.²⁵³

However, **evidence shows that UNFPA interventions have not (yet) served as models and best standards for implementing the Strategy for Active and Healthy Ageing.**²⁵⁴ Benefits have not (yet) reached wider circles of older persons beyond the project beneficiaries, for instance, by adapting the social protection system to the new demographic realities.

Finding 13: In terms of CPD outcome indicators, UNFPA-generated demographic intelligence has hardly contributed to an increase in SDG indicators that are monitored by the Government of Serbia.

Output 3 of the UNFPA Serbia CPD regarding PD has a single outcome-level indicator – i.e., the proportion of SDG indicators produced at the national level with full disaggregation (the UNSDCF indicator on statistical capacity building for Outcome 3.2). CPD monitoring data report an increase from 28% at the beginning of the CP to 58% (target of 72% by 2025). United Nations Serbia annual results reports do not report the UNCT's performance against UNSDCF outcome indicators. However, key informants agree that UNFPA interventions

²⁴⁹ <https://www.a1.by/en/company/news/yaonlajn-dlya-vseh-a1-i-yunfpa-razrabotali-novuyu-programmu-obucheniya-tsifrovoj-gramotnosti/p/novaya-programma-obucheniya-tsifrovoj-gramotnosti>.

²⁵⁰ <https://serbia.unfpa.org/en/news/making-serbia-more-demographically-resilient-through-healthy-ageing#:~:text=Founded%20by%20the%20Red%20Cross,volunteers%20for%20the%20Red%20Cross>. Also see UNFPA Serbia CPD monitoring data (see Annex 6).

²⁵¹ UNFPA Serbia Annual Report 2022. KII5.

²⁵² <https://www.minrzs.gov.rs/sr/dokumenti/ostalo/sektor-za-socijalnu-zastitu/strategija-deinstitucionalizacije-i-razvoja-usluga-socijalne-zastite-u-zajednici-za-period-2022-2026godine>.

²⁵³ Note: The associated Action Plan and domestic funding for implementing the Deinstitutionalisation Strategy are pending. KII19; KII21; KII22; KII46; KII50. FGD7.

²⁵⁴ KII4.

have hardly contributed to this progress.²⁵⁵ A possible explanation is that data collected with the support of UNFPA are often not representative and do not have a time series. Census data and UNFPA's participation in the UNICEF-led MICS are exceptions.

4.2.4 UNFPA's contribution to demographic resilience in Serbia

Finding 14: UNFPA has made relevant and significant contributions to enhancing Serbia's demographic resilience by supporting population data collection and data-driven research. Despite weak institutional capacities, entrenched views and political interests, UNFPA has steadily advanced a more nuanced understanding of and public discourse on demographic trends, most successfully regarding ageing.

Key informants highlight UNFPA's substantial contributions to achieving demographic resilience in Serbia through support for population data collection and data-driven research.²⁵⁶ Evidence reveals that especially UNFPA's support for the Serbian Census of Population, Households and Dwellings and census data dissemination and analysis – e.g., regarding internal migration patterns, fertility rates and composition of the labour force – as well as UNFPA-supported NTA analyses and policy briefs and the latest NHDR on population trends in Serbia, have shown great potential for achieving greater consideration of data on demographic change in planning and policy-making.²⁵⁷ The same goes for the UNICEF-led MICS on the situation of households, women and children in Serbia, conducted during the previous UNFPA CP in 2019, with financial support from UNFPA and plans to conduct a new MICS in 2024 at the national level and in a sample of Roma settlements. However, when writing this evaluation report, it is not certain that the research can be carried out due to financial gaps.²⁵⁸

Furthermore, the UNFPA Serbia country office has been making great efforts, together with other UNFPA offices in the Western Balkans, to organise a Pan-Balkan Generations and Gender Survey (GGS) that should provide evidence for a family-friendly population policy development.²⁵⁹ A workshop in Montenegro, co-organised by UNFPA and the Generations and Gender Programme (GGP) in 2023, aimed at developing a joint plan of action and a detailed implementation budget. Although the process seemed to progress, this intervention has stalled, presumably due to a lack of competencies in the neighbouring countries. It would be the first GGS for Serbia.²⁶⁰

Key informants believe that research supported by UNFPA addresses important and poorly researched demographic issues.²⁶¹ However, some factors have hampered the practical application of evidence in policies. These include frequent changes in government and particularly in ministers for demography, weak demographic understanding and capacities within concerned government and public institutions, entrenched views - e.g., on fertility, paternity and emigration - and thus difficulties connecting with decision-makers to communicate research results, and politically motivated decisions.^{262,263} The evaluation team notes two significant challenges regarding the current population discourse, which call for UNFPA's continued efforts. The first concern is the ongoing review of the Law on Gender Equality by the Constitutional Court in Serbia to assess its compliance with constitutional principles and the potential for fostering backlash against women's rights and gender equality

²⁵⁵ UNFPA Serbia CPD monitoring data. KII8; KII7; KII10.

²⁵⁶ Output 1 of the UNFPA Demographic Resilience Programme for Eastern Europe and Central Asia.

²⁵⁷ KII7; KII8.

²⁵⁸ KII7, KII23. FGD1.

²⁵⁹ <https://www.ggp-i.org/wp-content/uploads/2023/06/GGP-Newsletter-No.-88-May-2023.pdf>.

²⁶⁰ KII23.

²⁶¹ KII22; KII20; KII19. FGD2.

²⁶² Output 4 of the UNFPA Demographic Resilience Programme for Eastern Europe and Central Asia.

²⁶³ UNFPA Serbia Annual Report 2021; UNFPA Serbia Annual Report 2022; PRO 2023 Progress Report. KII7; KII8; KII10; KII23; KII24. FGD1.

movements. The second regards the continued predominant pro-natalist narrative and the recently announced economic incentives, which intend to boost fertility, confirming the government's continued emphasis on increasing fertility to address population shrinking and ageing.²⁶⁴

Nevertheless, key informants also agree that the UNFPA country office has found ways to influence the sensitive public discourse on demography, including by exposing and engaging Serbian officials, academia and civil society representatives in high-level national, regional and international events. Examples of this are the

- At the Ministerial Conference on Demographic Resilience, “Shaping Europe’s Demographic Future,” in Bulgaria in December 2021, organised by UNFPA to raise awareness and visibility of demographic resilience in the region, the Serbian Commissioner for the Protection of Equality and the State Secretary for Youth and Sport featured among the speakers.²⁶⁵
- The high-level event in May 2022 in the National Assembly to launch the NHDR, which the Speaker of the National Assembly officially opened in the presence of the Minister of MOLEVSA, the United Nations Resident Coordinator and the UNFPA Serbia Country Director. The Minister of MOLEVSA emphasised that the Government of Serbia was committed to finding different solutions to slow down or mitigate the consequences of demographic change and removing the most critical factors leading to them.²⁶⁶
- Representatives of the Serbian government participated in the 2022 UNECE Ministerial Conference on Ageing in June 2022 in Rome, Italy. The conference's theme was “Joining Forces for Solidarity and Equal Opportunities throughout Life”.
- Serbia was represented by a delegation comprising academics and civil society representatives at the ministerial-level Global Symposium on Low Fertility and Population Ageing, held in the Republic of Korea in November 2022, organised by UNFPA. Due to accreditation delays, the Minister for Family Welfare and Demography could not join the delegation.²⁶⁷
- The 2023 World Population Day was celebrated in Sremski Karlovci, Serbia, at an event organised by UNFPA. The event was attended by the Minister for Family Welfare and Demography, who, in her video message, highlighted the importance of working on population issues in the country - “Our task is to look beyond the numbers and invest in people and their potential. Every person of our country is equally valuable, and everyone contributes to its development”.²⁶⁸
- National partners from academia and civil society were part of the Serbian delegation to the ICPD30 Regional Meeting under the theme “Population and Development: Ensuring Rights and Choices” in Geneva in October 2023, co-organised by UNFPA and the United Nations European Commission for Europe (UNECE). The UNFPA Serbia country office, in collaboration with the academic community, had supported the national review of progress in critical areas of the ICPD using a quantitative and qualitative analysis of the policies in place and their implementation.²⁶⁹

²⁶⁴ KII4; KII7; KII8; KII2; KII13; KII18; KII24. FGD5.

²⁶⁵ <https://eeca.unfpa.org/en/shaping-europes-demographic-future>.

²⁶⁶ <https://www.undp.org/serbia/news/new-solutions-demographic-change>.

²⁶⁷ <https://arabstates.unfpa.org/en/conferences/103733/programme>.

²⁶⁸ <https://serbia.un.org/en/239487-youth-wellbeing-our-mission-their-strength-world-population-day-marked-today-serbia>.

²⁶⁹ UNFPA Serbia Annual Report 2023. KII2; KII8. FGD1.

Specifically, thanks to UNFPA's long-standing cooperation and other stakeholders, public discourse has started to counteract age-based stereotypes and discrimination against older persons. An evidence-based report on the situation of older people and a "call to action" to stop ageism in 2021 and the NHDR, launched in 2022, have played an essential role. The NHDR has significantly influenced the narrative about ageing, from the question of "what older persons need" to the question of "what older persons can do". A section in the NHDR written by the renowned demographer Wolfgang Lutz and a section on "Ageing of the Population" are often cited in scientific papers and professional studies. An example is the academic book "Ageing. Is Demographics Destiny?" which abundantly refers to the NHDR.²⁷⁰ The effectiveness of UNFPA's interventions in changing the narrative on ageing can also be confirmed through the public appearances of UNFPA's civil society partners - e.g., the blog written by Nataša Todorović on the website of the Gerontology Society, in which she emphasises the need to change the perception of the role of the oldest members of society.²⁷¹ The Strategy for Active and Healthy Ageing²⁷², developed with UNFPA's support, has also contributed to a modern understanding of ageing, aiming for "generations formally considered older to spend their remaining years actively, enjoying a high quality of life not significantly different from that of younger people".

Although it has been challenging to influence narratives²⁷³, it was suggested that schools, universities, and social media (influencers) are essential channels for sharing evidence-based information and addressing misinformation to deconstruct harmful public discourse and social norms. Good examples are a UNFPA campaign on ageing and the UNFPA Bodyright Campaign.²⁷⁴

Finding 15: While UNFPA's efforts to enhance Serbia's human capital through promoting active and healthy ageing and youth SRHR and empowerment are widely recognised, crucial linkages between its other contributions to improving human capital, such as GBV prevention, cervical cancer screening and Roma inclusion, are not always apparent to stakeholders. Although UNFPA in Serbia is actively working to make social policies more resilient to demographic shifts through advocacy for social protection reforms, support for community-based care, and collaboration with the private sector on family-friendly workplace policies, these efforts have yet to result in concrete adaptations to social policy systems.

During the ongoing CP cycle, UNFPA has supported the Government of Serbia in developing the country's human capital and empowering young and older people to participate in the economy and society.²⁷⁵ Work on ageism and active and healthy ageing goes back to the beginning of the current CP cycle and is most advanced. Thanks to considerable UNFPA involvement, since September 2023, Serbia has a Strategy for Active and Healthy Ageing in place of the previous Strategy for Older Persons. The country office shaped and has supported the implementation of the strategy - e.g., through the publication of a Special Report on Discrimination against Older Persons by the Commissioner for the Protection of Equality with support from UNFPA, the regional launch of the United Nations Global Report on Ageism in 2021 in Belgrade, and by strengthening and working with the Red Cross and its network of local branches, including on building basic digital skills. Recently, the Commissioner for the Protection of Equality joined with UNFPA to identify three municipalities to create community centres for intergenerational dialogue that should serve as one-stop shops with mutual benefits for the older and younger generations.²⁷⁶ Furthermore, while

²⁷⁰ <https://isi.f.bg.ac.rs/wp-content/uploads/2024/01/Mirjana-Bobic-O-starenju-NBS.pdf>.

²⁷¹ <https://gds.org.rs/medugeneracijaska-solidarnost-kroz-prizmu-demografskog-starenja/08/>.

²⁷² <https://www.minbpd.gov.rs/wp-content/uploads/2023/10/Serbia-Strategy-for-Active-and-Healthy-Ageing.pdf>.

²⁷³ KII21.

²⁷⁴ KII2; KII8; KII49.

²⁷⁵ Output 2 of the UNFPA Demographic Resilience Programme for Eastern Europe and Central Asia.

²⁷⁶ UNFPA Serbia Annual Report 2021; UNFPA Serbia Annual Report 2022; SHAI Final Narrative Report; SDG

UNFPA has sporadically supported life skills education outside of school for some time - e.g., through EU-SHAI - more recently, the country office and the MoE have scaled up their efforts to introduce life skills development in the country's primary and secondary schools.²⁷⁷

While key informants acknowledge that developing the human capital of young people and older persons supports the demographic transition, there are areas of UNFPA's work that are less evident to stakeholders as supporting human capital and demographic resilience. For instance, UNFPA's support for strengthening the health sector's role in preventing and responding to GBV and cervical cancer vaccination and screening is appreciated in the context of investing in the health and wellbeing of women and girls, upholding women's rights and gender equality, but less recognised as an entry point to mitigating increased healthcare costs and addressing economic challenges associated with a declining workforce.²⁷⁸ Furthermore, UNFPA efforts to empower and improve Roma women and adolescent girls' demand for SRH and GBV information and services are greatly valued as part of the LNOB agenda but were neither conceived nor are they perceived as part of the demographic resilience agenda - i.e., aiming to transform harmful social and gender norms and thus improve health outcomes and increase educational and economic opportunities.²⁷⁹ There remains room for further improving that subgroup's human capital and family planning in collaboration with partners.

UNFPA in Serbia has also supported the government in "demography-proofing" aspects of its social policy.²⁸⁰ As part of joint United Nations efforts funded by the United Nations Joint SDG Fund, UNFPA promoted reforming and shock-proofing the social protection system, which is affected by less and less working-able population and more pension-dependent people, with implications for inequality and poverty. Specifically, UNFPA organised FGDs with vulnerable groups, conducted institutional capacity assessments at the local level, organised events and implemented advocacy activities to improve social protection services, including for activating social assistance users, thus reducing their dependence on the system.²⁸¹ Furthermore, through the PRO JP, UNFPA has supported local governments' ability to improve the implementation of the Deinstitutionalisation Strategy and better respond to changing demographic realities and the needs of older persons through research and needs assessments and by promoting community-based services and family care.²⁸² Moreover, very recently, as part of the UNFPA "Expanding Choices" regional programme, funded by ADA, UNFPA in Serbia has started collaborating with private companies to introduce gender-responsive and family-friendly workplace policies that harmonise family and professional life through, for instance, paternity leave and flexible working hours, thus supporting women to achieve their desired fertility, contributing to a more robust labour force, and improving the competitiveness of the Serbian economy. The country office has commissioned an analysis of the national legislation, aiming to adapt the existing relevant policy framework.²⁸³ However, tangible results regarding adaptations to social systems to demographic pressure are yet to be seen.

Finding 16: UNFPA in Serbia has a strong comparative advantage in understanding complex demographic trends, particularly regarding the second demographic transition. It also has a clear comparative advantage in population data analytics and policy advocacy. Additionally, UNFPA adds value by enhancing women's human capital through efforts to strengthen SRHR. However, there are concerns that the country

Fund 2022 Progress Report. KII5; KII7; KII10; KII15; KII17; KII21; KII24; KII25.

²⁷⁷ UNFPA Serbia Annual Report 2022. KII8; KII40; KII41. FGD5.

²⁷⁸ KII12.

²⁷⁹ KII15; KII35; KII48; KII50.

²⁸⁰ Output 3 of the UNFPA Demographic Resilience Programme for Eastern Europe and Central Asia.

²⁸¹ UNFPA Serbia Annual Report 2022; UNFPA Serbia Annual Report 2023; PRO 2023 Progress Report; SDG Fund 2022 Progress Report. KII11; KII16; KII18.

²⁸² PRO 2023 Progress Report; EU Progress Report for Serbia 2023. KII9; KII14; KII16.

²⁸³ KII5; KII8; KII10; KII37. FGD8.

office is stretching beyond its mandate and capacities under the umbrella of demographic resilience.

UNFPA has a comparative advantage in promoting a comprehensive and evidence-based understanding of and approach to demographic trends and challenges, notably the second demographic transition, which is characteristic of Europe and other developed countries and predicts durable low fertility and diverse living arrangements where traditional family structures become less prevalent. UNFPA's comparative advantage in supporting national and international partners in addressing the opportunities and challenges of the second demographic transition stems from its global mandate and worldwide experience and networks, including in other Eastern European countries.²⁸⁴

The above evidence shows that **UNFPA's contributions to demographic resilience in Serbia have been most visible and recognised by partners regarding its support for population data, data analytics, evidence-based governance, and input into the public discourse, particularly regarding ageing, youth, and fertility**, supported by EECARO and in collaboration with other UNFPA offices in the Western Balkans.²⁸⁵ On the other hand, its role in human capital development and the adaptation of social systems is less unique, given the mandates and resources of other partners, and needs to be well coordinated.

From the point of view of specific demographic groups, key informants pointed out that **UNFPA has a comparative advantage in improving the human capital of women and their contribution to Serbia's socioeconomic development through support for their SRHR** as well as the rights and well-being of Roma women and adolescent girls against the backdrop of poor SRH and high rates of child marriages and adolescent births.²⁸⁶

Compared to the previous CP cycle, the size of the UNFPA programme portfolio has grown considerably in budget and office capacity, the latter largely thanks to the addition of non-core-funded project assistants, but does not figure among large United Nations agencies in Serbia. UNFPA's broader push, especially in the Eastern European region, under the umbrella of supporting programme countries to achieve demographic resilience, has largely contributed to this expansion and new programmatic directions - e.g., social protection, healthy ageing, mental health and gender equality (beyond GBV).²⁸⁷ While internal and external stakeholders, including other United Nations agencies, appreciate UNFPA's contributions to data and analytics, policy development and other initiatives in support of demographic resilience, the evaluation team notes a concern that the UNFPA country office may be overextending itself and stretching beyond its mandate in a proactive attempt to fill various niches, explore the different causes and implications of demographic trends, promote solutions, and support the government in overcoming challenges. **As the UNFPA country office prepares for the next CP and UNSDCF, they recommend an unambiguous focus on its core mandate and realistic alignment with available capacities.**²⁸⁸

4.3 EQ3: To what extent has UNFPA facilitated and safeguarded national ownership of UNFPA-promoted and supported policies and interventions? (Sustainability)

A.3.1 UNFPA has successfully cultivated national ownership and commitment to the policy initiatives it has advocated and supported during the CP cycle, which has been instrumental in ensuring long-term sustainability beyond UNFPA's direct involvement.

A.3.2 UNFPA's efforts have effectively cultivated national ownership and commitment to the tools and services it has promoted and supported during the CP cycle, which has been instrumental in ensuring

²⁸⁴ KII8; KII13; KII4; KII16; KII17; KII18; KII21; KII35.

²⁸⁵ KII20; KII21; KII22 and others.

²⁸⁶ KII1; KII4; KII28; KII34; KII39; KII48; KII50. FGD1.

²⁸⁷ UNFPA Serbia organigram. UNFPA financial data. KII1; KII2; KII4; KII6; KII7; KII8; KII9.

²⁸⁸ KII6; KII9; KII10; KII13; KII19; KII25; KII35; KII48.

the long-term sustainability of these resources beyond UNFPA's direct involvement.

Summary of Findings: UNFPA-supported policies, such as the Youth Strategy and the Strategy for Active and Healthy Ageing, offer substantial potential for long-term sustainability regarding strategic directions. Nevertheless, their sustainability is contingent upon robust institutions, consistent political will and sufficient financial resources for implementation. Moreover, the sustainability of data generation and research, crucial for informed policymaking, is susceptible to funding shortfalls.

Despite successful instances of institutionalising new tools and services introduced with UNFPA support, ensuring national ownership and long-term sustainability remains challenging. This is due to factors such as fragmented funding, dispersed geographical presence, relatively short project durations, limited budgets, and weak government capacities.

4.3.1 UNFPA's contribution to durable national strategies

Finding 17: UNFPA-supported policies, such as the Youth Strategy and the Strategy for Active and Healthy Ageing, offer strong potential for long-term sustainability regarding strategic directions. However, their sustainability hinges on robust institutions, consistent political support and sufficient funding for implementation. The sustainability of data generation and research, crucial for informed policymaking, is susceptible to funding shortages.

Key informants agree that strategic directions given by government policies, including those promoted and supported by UNFPA, including with data and analyses, are highly likely to be sustainable once adopted with a budgeted action plan and reporting process (in line with the Law on the Planning System) and assigned to relevant ministries for implementation.²⁸⁹ However, overlapping mandates, lack of institutional capacity and funds, political pressure, and changes in government can hamper the implementation and durability of national strategies.

For instance, within the context of achieving demographic resilience, the Youth Strategy 2023-2030 and Action Plan 2023-2025 are a good example of policy-level sustainability with government backing and a clear path for implementation, provided the necessary competencies, capacities and resources are available, including locally.²⁹⁰ **The same applies to the Strategy for Active and Healthy Ageing 2024-2030 and the Action Plan 2024-2026,** including thanks to its anchoring in UNFPA-supported evidence.²⁹¹

On the other hand, **the Serbian gender equality and equal opportunities policy framework and mechanisms, which UNFPA also supported, have been weakened by political pushback,** which led to the suspension of the implementation of the Law on Gender Equality by the Constitutional Court, as well as delays adopting action plans for the Gender Equality Strategy 2021-2030 and the Strategy for Preventing and Combating GBV against Women and Domestic Violence 2021-2025. Moreover, the structures for driving gender equality – i.e., the Coordination Body for Gender Equality and the National Council for Gender Equality, have been discontinued.

Data generation and analysis for topics that relate to UNFPA priorities have inspired public policies and opened ways for new conceptual paradigms. Moreover, governmental and non-governmental capacities have been built that enable the continuation of analytical work for evidence-based governance. However, due to frequent changes in the government and reconceptualisation of priorities, the availability of funding for certain activities for data production, which the government requires, is a risk. A case in point is the plan to conduct a

²⁸⁹ KII2; KII4; KII5; KII8; KII17; KII20.

²⁹⁰ PRO 2023 Progress Report. KII4; KII14; KII37; KII41. FGD2.

²⁹¹ KII4; KII8; KII22.

new MICS (led by UNICEF and supported by UNFPA and others), which is currently on hold due to a lack of funding.²⁹²

4.3.2 The sustainability of UNFPA-supported tools and services

Finding 18: While good examples of successful institutionalisation exist, ensuring national ownership and the long-term sustainability of new tools and services is challenging due to fragmented funding, scattered geographical presence, relatively short project durations and limited budgets, combined with weak government capacities.

While there are good examples of institutionalisation of UNFPA-supported tools and services, there is a general recognition that the sustainability of benefits thanks to UNFPA capacity building and technical advice is less probable than its influence on national policy.²⁹³ Based on evidence collected from documentation and key informants, good examples of UNFPA-supported tools and services across the three CP components embedded in national systems are:

- The online GBV training course for health professionals as part of continued medical education accredited by the Health Council of Serbia and offered by the University of Belgrade Faculty of Medicine since 2022²⁹⁴ and the inclusion of a Youth Health Guide as additional literature for the Public Health Master's Programme²⁹⁵.
- Free-of-charge HPV vaccination for boys and girls aged 9-19 at the expense of the health insurance (covered by the National Health Insurance Fund).²⁹⁶
- The online exchange and knowledge-sharing platform for educators on life-skills development managed by the MoE, including educational materials, manuals and presentations.²⁹⁷
- A manual for Centres for Social Work to include social assistance beneficiaries in the labour market.²⁹⁸
- The UNFPA-promoted methodologies for conducting NTA analyses and validating and correcting data in international migration estimation.²⁹⁹

In addition, the YWI, currently being piloted at the national level and in 16 municipalities to monitor youth status and the implementation of the Youth Strategy, is expected to be sustainable.³⁰⁰ The successful leveraging of domestic funds for cancer prevention and response and potentially for life skills development through a sector budget support package from the EU for the MoE also raises the likelihood of sustainability of benefits produced with the support of UNFPA.

However, the long-term sustainability of core and partner-funded interventions at the local level has faced challenges. Document review and evidence from key informants show that UNFPA local-level interventions have been agreed upon with responsible ministries and involve the relevant arms of local governments - e.g., Local Youth Offices and

²⁹² KII7; KII23; KII18. FGD1.

²⁹³ KII1; KII4.

²⁹⁴ KII4. FGD5.

²⁹⁵ KII32. (https://www.youtube.com/playlist?list=PLY_KSLbuCz0qpGKh3luwmUaasLnDrkO-a).

²⁹⁶ KII4; KII50; KII52. FGD5.

²⁹⁷ KII40. FGD5.

²⁹⁸ KII25.

²⁹⁹ KII23.

³⁰⁰ KII1.

Centres for Social Work - and established non-governmental stakeholders, e.g., Red Cross Serbia and the NGO Bibija.³⁰¹ However, a combination of **fragmented funding, scattered geographical presence, relatively short project durations, limited budgets, and weak government capacities have often prevented UNFPA from emphasising sustainability through strengthening systems or creating models that are replicated countrywide, thus spreading benefits beyond the immediate project beneficiaries.**³⁰²

For instance, targeted campaigns, interventions and services to protect and activate older persons have relied on UNFPA support since 2021. They have not been allocated further international funding, domestic funds or embedded in local policies and structures.³⁰³ For instance, support for upgrading the Corner for Quality Ageing in Kragujevac and five other municipalities, thanks to the PRO project, has not become a national model for healthy and active ageing.

The same applies to UNFPA interventions that have improved the health literacy and demand for healthcare services of Roma women and adolescent girls³⁰⁴, UNFPA projects that have empowered and built the capacities of young people³⁰⁵, and initiatives to strengthen the health sector's response to GBV³⁰⁶. Benefits have not yet been localised and upscaled. For instance, activities initiated under the PMP stopped at the end of the twelve-month project duration. They were not carried forward by the youth or local institutions, reportedly for reasons such as the lack of funding, lack of interest, outmigration and the natural transition from the youth to the adult cohort.

However, evidence from key informants suggests that UNFPA is aware of this weakness and that **the country office plans to invest more in ensuring national and local stakeholders claim ownership and sustain benefits once projects end.** For instance, the evaluation team was informed of plans to focus more on national ownership during phase two of the PBF project by intensifying collaboration with the MTY and Local Youth Offices³⁰⁷; furthermore, municipalities wishing to benefit from a resource centre for intergenerational dialogue, an initiative under the PRO JP, must commit to providing a physical space and future funding.³⁰⁸ Under the MSD project, the UNFPA country office is also working towards formalising collaboration between Roma NGOs and local governments to boost health literacy and access to SRH/GBV services for Roma women and adolescent girls.³⁰⁹ Looking ahead, some key informants suggested establishing a strategic partnership with the Standing Conference of Towns and Municipalities (SCTM), which represents local self-governments.³¹⁰

Lastly, because of a lack of follow-up and monitoring data, **it is impossible to ascertain lasting change thanks to individual capacity building due to UNFPA - i.e., enhancing an individual's skills, knowledge and abilities to achieve their personal and professional goals.** However, key informants point out the high level of fluctuation among health professionals, among other things, because of the retirement of older workers, migration of younger ones and transfer to the private sector, and among youth searching for jobs and other personal reasons.³¹¹

³⁰¹ Evaluation VAW III; PRO 2023 Progress Report. KII16; KII34; KII46.

³⁰² KII1; KII8; KII9; KII10.

³⁰³ Interventions as part of SHAI 2021-2022; SDG-F 2022 and PRO 2023-24.

³⁰⁴ Interventions as part of SHAI 2021-2022 and MSD 2024-26. KII1.

³⁰⁵ Interventions as part of PBF 2022-2024 and PMR 2023. KII1.

³⁰⁶ Interventions as part of SIDA-funded project.

³⁰⁷ KII1.

³⁰⁸ KII5.

³⁰⁹ KII1.

³¹⁰ KII33; KII45. FGD5.

³¹¹ KII4; KII10; KII12.

5. Conclusions

This section introduces six conclusions drawn from the evaluation findings. Conclusions reflect the evaluation team's reasoned judgements on the performance of the 2nd UNFPA CP for Serbia. To optimise their relevance and the practicality of the subsequent recommendations and suggested actions (operational implications), the conclusions are structured along the broad perspectives of policy and accountability, quality of care and services, gender and social norms, population change and data, humanitarian action and A&Y empowerment, which corresponds to the logic of UNFPA's Strategic Plan 2022-2025 outputs under which the 3rd UNFPA CPD for Serbia will be formulated.

Conclusion 1. In the context of demographic challenges, UNFPA in Serbia has made notable contributions to shaping national policies and domestic accountability for meeting EU accession requirements, particularly in areas related to women, young people, older persons and Roma. However, the country office has extended its reach beyond SRHR and the transformative results. It faces ongoing challenges in promoting gender equality and fostering a supportive environment for family planning.

Links to findings: 3,4,6,11,15,17,18

UNFPA in Serbia has actively shaped the national policy landscape, advising on the development and improvement of SRH, GBV and other laws and policies, particularly for women, young people, older persons and Roma in the context of broader population trends and EU accession requirements. In so doing, UNFPA has emphasised policy-making at the national level; its focus has gone beyond integrating SRHR and creating a conducive framework for achieving the transformative results by 2030 to include aspects such as social protection and deinstitutionalisation for older persons.

While a lengthy process due to frequent changes in government and the ministries, UNFPA-supported policies generally offer strong potential for long-term sustainability regarding strategic directions. External stakeholders notably recognise UNFPA's contributions to the Youth Strategy and the Strategy for Active and Healthy Ageing. Looking ahead, significant strategies are in the making and call for UNFPA's continued input - i.e., regarding cancer prevention, the position of women with disabilities and parenting support in lieu of the present Birth Promotion Strategy. The pushback against the gender policy framework and mechanisms and continued backing of economic incentives to boost fertility present a risk to the 3rd UNFPA CPD for Serbia and require concerted action to mitigate. UNFPA has also successfully advocated for increased domestic resources for policy implementation - i.e., covering the costs of the HPV vaccine and one additional oral combined contraceptive by the National Health Insurance and piloting a new cancer screening method.

Furthermore, UNFPA has assisted in strengthening domestic accountability by informing the formulation of action plans in line with the Law on the Planning System. Most significantly, the country office introduced the YWI, including at the local level, to track the Youth Strategy's implementation status. The country office enabled an assessment of the implementation of the Deinstitutionalisation Strategy.

Conclusion 2. While UNFPA's interventions have positively impacted SRH/GBV care and services, there is still potential to concentrate UNFPA's efforts to increase the reach of these benefits, particularly among women and adolescent girls who are left behind because of reasons connected to their age, culture, ethnicity, disability or location.

Links to findings: 1,4,15,18

Within the context of the COVID-19 pandemic and competing (EU accession) priorities, UNFPA has supported the Serbian health sector in strengthening the quality of SRH primary

healthcare and services. The UNFPA country office has also engaged in multisectoral efforts to improve public services related to the prevention and protection from GBV, focusing on the health sector. A key achievement is the institutionalisation of an online GBV training course for health professionals as part of their continued medical education.

Regarding vulnerable women and adolescent girls, the country office has demonstrated ways for the health sector to fulfil the SRHR and needs of women with disabilities. It has supported the SRHR of Roma women and adolescent girls, which is especially important in light of the very high adolescent birth rates, however without engaging with the Roma health mediator mechanisms, which are a part of the formal MoH structure to integrate Roma women and their families into the healthcare system and ensure that medical assistance is more readily available to them (a recurring recommendation in EC annual reports). The country office has neither addressed the SRH rights and needs of key populations or older women.

Going beyond SRH/GBV services, it has implemented interventions to strengthen social protection services for vulnerable groups, first and foremost older persons and Roma. In future, it will be essential to concentrate UNFPA's limited resources on social protection services as an entry point for improving SRH and addressing GBV.

Of great significance, including for EU accession and demographic resilience, and potential for sustainable broad impact is UNFPA's collaboration with the Government of Serbia and other stakeholders, which, in 2022, resulted in the introduction and roll-out of free-of-charge HPV vaccination for adolescent girls and boys. Cooperation with the private sector is expected to increase the national coverage and quality of cervical cancer screening. This will be supported by collaboration between the Government and Serbia and UNFPA to develop a national cancer prevention strategy, the process of which just started. While Serbia has achieved the SDG target for reducing preventable maternal deaths, UNFPA's recent support for producing clinical guidelines on physiological childbirth is also relevant in light of the declining quality of care and services in maternity wards across the country.

UNFPA interventions to improve the quality of care and services at the local level, where the actual implementation of national policies occurs, have mainly relied on the availability of international development partner funding and have been scattered across Serbia. Only select new tools and services have been adopted for upscaling by national or international partners or embedded in the national system and replicated country-wide. In future, it will be essential to evolve from project-based initiatives to a sustainable, systemic approach to strengthening SRHR based on international standards.

Conclusion 3. UNFPA's commitment to challenging discriminatory gender and social norms, in line with the UNFPA Strategic Plan 2022-2025, is critical for strengthening SRHR, human capital and social cohesion in Serbia, aligning with European values, and contributing to demographic resilience, and should continue to the extent that UNFPA is best-positioned and country office capacities allow.

Links to findings: 1,2,4,6,7,10,11,12,14,15,16,17

The UNFPA Serbia country office did not introduce a gender and social norms output in line with the UNFPA Strategic Plan 2022-2025. However, the CP has mainstreamed discriminatory gender and social norms to improve women and girls' SRHR and, in light of Serbia's population development trends, support the strengthening of the country's human capital and social cohesion, thus contributing to demographic resilience. It has done so through analytical and policy work, (digital) campaigns and local-level interventions that are in instances conceptually difficult to connect to UNFPA's brand as "the United Nations sexual and reproductive health agency" with a mission to "deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled", especially the country office's work for the benefit of older persons.

Nevertheless, as a result, the country office has helped to sustainably transform policies and narratives regarding the societal value of the growing cohort of older persons and of young people, where traditional and conservative views have persisted. It has addressed the implications of conventional gender roles and stereotypes on gender equality and promoted positive masculinities to empower women and adolescent girls and reduce GBV. Moreover, UNFPA has worked with the left-behind Roma community to overcome norms underlying limited access to SRH and GBV information and services and fear and stigma, to increase health literacy and demand and decrease adolescent pregnancies and the harmful practice of child marriage.

Conclusion 4. UNFPA Serbia is a key player and convener in data and analytics, generating valuable insights for achieving demographic resilience. While its data products are relevant, enhancing their dissemination could further maximise their impact.

Links to findings: 2,3,6,10,14,16,17,18

UNFPA enjoys a strong reputation as a data agency in Serbia, as it has ensured a broad range of core population data outputs and other research related to SRH/GBV, which is aligned with the EU negotiation chapter 18 on statistics. Compared to other United Nations agencies, UNFPA has a clear mandate and comparative advantage in population data and analytics, and thus, it plays a significant role in supporting Serbia in achieving demographic resilience. The organisation's data products are relevant, and the country office's ability to convene the small data and research community is appreciated, especially given its susceptibility to funding shortages. However, the criteria for identifying and prioritising data generation and research topics are unclear. Furthermore, not all UNFPA-supported intelligence and knowledge products are easily accessible to decision-makers, experts and the broader public.

Conclusion 5. UNFPA's CP for Serbia is currently aligned with the country's low-risk categorisation but may benefit from incorporating strategies to address potential future challenges related to natural disasters, climate change and regional instability to ensure continued relevance and effectiveness.

Links to findings: 3,4,7,8,10,12,15

Serbia is not a humanitarian country. However, it is frequently affected by natural disasters, such as recent floods that caused significant damage to infrastructure, homes and agricultural land, and is increasingly vulnerable to the impacts of climate change. In March 2020, Serbia reported its first case of COVID-19. Earlier, the country was a crucial transit country on the Western Balkans route used by migrants and refugees to reach Western Europe, requiring the management of large numbers of people and the provision of humanitarian assistance. Following historical conflicts and tensions in the Western Balkans, peacebuilding remains essential for fostering social cohesion, regional cooperation, and integration and fulfilling requirements for EU membership. Since the start of the war in Ukraine, an unknown number of Ukrainians and Russians have arrived, and regional instability is growing. The UNFPA Serbia country office did not introduce a humanitarian action output in line with the UNFPA Strategic Plan 2022-2025. Neither has it made a visible attempt to mainstream actions to strengthen partner capacities to adapt programmes to and function in potential humanitarian emergencies in light of the more complex and volatile security landscape and the pressing issue of climate change. Isolated examples of humanitarian action have been limited to assistance during the COVID-19 pandemic (e.g., COVID-19 immunisation campaign), interventions to promote social cohesion, data generation (e.g., on the impact of the pandemic and the war in Ukraine on older persons), promotion of shock-proof social protection systems, handling crisis situations in schools, and recent MISP training for health professionals.

Conclusion 6. In terms of implementation, UNFPA has contributed to empowering A&Y through multiple entry points but has lacked the necessary resources and long-term focus to achieve substantial results that last, apart from promising collaboration on life skills development in schools.

Links to findings: 2,4,6,7,8,18

Throughout the current CP, UNFPA in Serbia has expanded its efforts to strengthen the skills and opportunities for A&Y to participate and demonstrate leadership, thus aiming to increase Serbia's human capital and possibly reduce migration. However, it is not easy to grasp the big picture of UNFPA's A&Y country programme component, and the overall direction of UNFPA's work is not entirely clear. For instance, the UNFPA country office has supported youth participation in formulating policies, although without a recognisable strategy or approach, including based on vulnerabilities.

Thanks to non-core funds, the country office has enabled youth-led community initiatives in several municipalities, but only small in scope, loosely connected to UNFPA's SRH mandate, Serbia's EU accession requirements or UNFPA's transformative results, and with little engagement of relevant national and local government institutions, which has affected sustainability after funds were spent.

Currently, the conditions for introducing CSE as a standalone subject are not in place. Instead, including thanks to strong government ownership and prospects of substantial funding from the EU for the MoE, UNFPA support for operationalising in-school life skills development for greater quality of education is the most tangible and targeted work area with the potential for positive and broad outcomes over time in terms of gender roles, GBV and family planning. Out-of-school life skills education has been implemented through separate UNFPA and NGO-implemented interventions ranging from the visible Bodyright Campaign to health literacy for Roma women and adolescent girls and those with disabilities.

6. Recommendations

This section contains six interlinked recommendations and related operational implications based on the evaluation analysis. The evaluation team developed the recommendations in draft form based on the evaluation findings and conclusions. The draft recommendations were consulted with the UNFPA Serbia country office, distributed to ERG members prior to and presented to ERG members during the recommendations workshops, providing them multiple opportunities for feedback and inputs. All suggestions were carefully considered, and, if applicable, incorporated before finalizing the recommendations. Recommendations have been assigned a priority and are addressed to relevant functions within the country office.

Recommendation 1	UNFPA should enhance its role and visibility as a significant contributor to Serbia's EU integration across the next CP.
Priority:	High ³¹²
Addressed to:	UNFPA Serbia Country Director; UNFPA Serbia Head of Office; UNFPA Serbia SRH and Youth Programme Analyst; UNFPA Serbia PD Programme Analyst; UNFPA Serbia Communications Analyst
Based on conclusions:	1,2,3,4,5,6
Rationale: UNFPA has made valuable contributions to support Serbia's national priorities for meeting EU accession requirements through interventions and projects in a broad range of	

³¹² Organisationally essential – should be addressed directly and resources allocated.

thematic areas in 72 of 145 cities and municipalities. However, while the country office has contributed to evidence-based national policies, comparatively small interventions at the local level have not yet driven high-impact and sustainable change for women and girls on the ground or positioned UNFPA as a widely recognised and influential player, with implications for resource mobilisation and leveraging domestic and international financing. The EC continues highlighting many areas relevant to UNFPA's mandate as challenges in Serbia's EU integration agenda.

Operational Implications:

1. The 3rd UNFPA CPD for Serbia should emphasise a limited number of high-impact areas critical to meeting national priorities and EU accession requirements, where UNFPA has built or is on track to build a robust reputation in Serbia and where future funding and financing is or may more likely be forthcoming. Integrated high-impact programmes should be subject to mid-term reviews. The evaluation team suggests focusing on
 - data and research for advocacy and informed decision-making, including population data ;
 - life skills education/comprehensive sexuality education;
 - healthy and active ageing;
 - cervical cancer prevention and detection; and
 - demand for and access to SRHR care and services (including GBV) for left-behind Roma and other vulnerable women and adolescent girls.
2. To ensure focus, continuity and policy/programmatic synergies, the UNFPA Serbia country office and its partners (possibly including other UNFPA offices in the Western Balkans) should develop an integrated five-year (2026-2030) programme for each high-impact area, including a theory of change that is also framed in the context of achieving demographic resilience, that builds on successful approaches and results to date, includes interventions to shift discriminatory gender and social norms, and considers the humanitarian-development-peace continuum.
3. Such programme documents will also help to define the division of labour between United Nations agencies, support external communications and visibility and optimise UNFPA resource mobilisation and efforts to leverage financing (including EU and domestic resources).
4. In these high-impact areas, UNFPA should prioritise convening and cooperating with national governmental institutions, independent authorities and non-governmental stakeholders at the central and local levels (IP implementation, including through government IPs³¹³) to increase national ownership and strengthen capacities and systems. Projects and interventions should result in concrete models and standards that can be easily replicated or adapted to other contexts and have better prospects for sustainability.
5. To achieve more significant benefits at the local level, the country office should explore more strategic partnerships, particularly with the SCTM and Roma health mediator mechanisms as part of the formal MoH structure, to promote key priorities through the local planning and policy processes, especially in local health planning, Roma inclusion and youth empowerment. UNFPA should target fewer municipalities than currently to ensure a critical mass of support.
6. Besides seizing opportunities to tap into IPA funds in support of Serbia's accession to the EU (through MEI, line ministries and UN2UN transfers), the UNFPA country office should join hands with the United Nations Resident Coordinator and other UNCT members and/or other UNFPA offices in the Western Balkans to explore the potential of mobilising EU community funding for its programmes - e.g., HORIZON (the EU's key funding programme

³¹³ Independent authorities such as the Commissioner for the Protection of Equality. SBAA allowing.

for research and innovation), CERV (the EU's Citizens, Equality, Rights and Values programme) and the EU Employment and Social Innovation Programme (EaSI).	
Recommendation 2	To contribute to demographic resilience, UNFPA should promote its advisory role and prioritise generating demographic intelligence to support the government, UNCT members and other stakeholders in their evidence-based planning, programming, advocacy and decision-making.
Priority:	High ³¹⁴
Based on conclusions:	4
Addressed to:	UNFPA Serbia Country Director; UNFPA Serbia Head of Office; UNFPA Serbia PD Programme Analyst; UNFPA Serbia Communication Analyst
<p>Rationale: Demographic resilience is a complex cross-sectoral field that relies on many stakeholders and depends on four determinants: progress towards evidence-based governance and constructive and solution-oriented rhetoric, investments in human capital, and adapting systems to new demographic realities. This evaluation shows that UNFPA Serbia has contributed to all these determinants, overextending its programme and operations staff to a certain extent. It also points to UNFPA's comparative advantages, which are two-pronged – i.e., (i) the organisation's comprehensive understanding of the critical characteristics and underlying factors driving demographic trends and (ii) its global population and development mandate. Both are essential in light of Serbia's second demographic transition, Serbia's national priorities for meeting EU accession requirements, and insufficient technical expertise and funding shortages for generating data and analysis, including on new demographic topics.</p>	
Operational Implications:	
<ol style="list-style-type: none"> 1. With the support of the UNFPA Regional Office for Eastern Europe and Central Asia (EECARO), the UNFPA country office should continue promoting the demographic resilience concept based on evidence-based governance and narratives, human capital and systems adaptation. It should offer to advise the United Nations Resident Coordinator on supporting the achievement of demographic resilience and addressing the second demographic transition. 2. The UNFPA Serbia country office, in consultation with key stakeholders and possibly in collaboration with other UNFPA offices in the Western Balkans, should include population data and research in the proposed high-impact programme on data and research for the next CP cycle (see Recommendation 1), which includes a theory of change, to inform UNFPA's priority-setting within the context of demographic resilience and EU accession requirements and to optimise resource allocation and mobilisation. 3. Building on UNFPA's competencies and ongoing population data and research work and based on systematic stakeholder consultations regarding population data needs, including regarding vulnerable population groups, the country office should prioritise remaining data gaps in the areas of fertility, mortality and migration before entering into other areas. The evaluation team suggests focusing on data gaps related to <ul style="list-style-type: none"> ○ the quality of partner relationships and work-family balance and the effectiveness of economic incentives in the area of fertility; ○ healthy and active ageing and longevity in the area of mortality; and ○ labour and ecological migration in the area of migration. 	

³¹⁴ Organisationally essential – should be addressed directly and resources allocated.

<p>4. Given the significance of MICS and GGS data, including for UNFPA's support for the Roma community, the country office should prioritise securing funding and financing for MICS research and conducting the next MICS, led by UNICEF, with a renewed focus on the family planning situation of Roma women and adolescent girls. It should also concentrate on introducing the GGS and continuing to produce NTA analyses and policy briefs in support of strategy development and planning.</p> <p>5. The proposed population data and research programme component should also consider information needs at the local level for planning and strategy development. It should include activities that address data transparency, facilitate learning and knowledge exchange among experts and stakeholders in the country and region (including other UNCT members), and ensure the dissemination of demographic intelligence to the interested public, using different communication channels to target all generations.</p> <p>6. The population data and research programme component should clearly outline the division of labour and modes of collaboration with UNDP and other UNCT members.</p> <p>7. As part of the next CP, the UNFPA country office should ensure that its work to strengthen human capital (e.g., life skills development, Roma SRHR, transformative gender and social norms) and adapt systems (e.g., deinstitutionalisation) is also communicated and recognised as contributing to demographic resilience, e.g., in social media posts and project proposals.</p>	
Recommendation 3	Of UNFPA's three global transformative results, the UNFPA Serbia country office should prioritise meeting the family planning needs of women and adolescent girls to plan and attain their desired number of children, if any.
Priority:	High ³¹⁵
Based on conclusions:	1,2,3,4,5,6
Addressed to:	UNFPA Serbia Country Director; UNFPA Serbia Head of Office; UNFPA Serbia SRH and Youth Programme Analyst; UNFPA Serbia PD Programme Analyst
<p>Rationale: UNFPA's transformative results, except GBV, are not a top priority regarding Serbia's EU accession requirements. However, they are of national importance: In 2019, the government made a voluntary commitment to achieve zero preventable maternal deaths and morbidities, ensure zero unmet need for family planning, and end GBV and the harmful practice of child marriage, which reflects UNFPA's transformative results. The UNFPA Serbia country office has spread its efforts across all three areas, which has affected its visibility and effectiveness and the sustainability of benefits achieved. While Serbia has meanwhile achieved the SDG target of fewer than 70 deaths per 100,000 live births and has made good progress towards reducing adolescent births in the general population, it is lagging regarding the unmet need for family planning and the use of modern contraceptives; it still experiences exceptionally high rates of adolescent births within the Roma community. Thanks to its global mandate and experience in the region, UNFPA has a strong comparative advantage over other United Nations agencies regarding the sensitive topic of family planning, including in low fertility settings, from which women, individuals and couples can benefit to attain their desired fertility (which may be lower or higher than their actual fertility) in a gender-responsive manner, thus contributing to Serbia's resilient society and economy.</p>	
Operational Implications:	
<p>1. In line with the LNOB principle, UNFPA Serbia should prioritise and scale up work with relevant government and non-governmental stakeholders, including pedagogical assistants, health mediators and family counsellors) to address the SRH and family</p>	

³¹⁵ Organisationally essential – should be addressed directly and resources allocated.

<p>planning needs among Roma women and adolescent girls and discriminatory norms that influence the uptake of SRH services and commodities.</p> <ol style="list-style-type: none"> 2. UNFPA Serbia, with partners, should prioritise advocacy efforts to mobilise and secure financing for the planned MICS survey, led by UNICEF, with a renewed focus on the family planning needs and challenges faced by Roma women and girls. 3. Given interlinkages between child marriages and high adolescent birth rates, the country office should explore opportunities for strengthening synergies with UNICEF's work on child marriage at the policy and operational levels. It should consider engaging in the UNFPA-UNICEF Global Programme to End Child Marriage's knowledge-sharing activities. 4. Besides targeting Roma women and adolescent girls, and in the sense of investing in Serbia's human capital and achieving demographic resilience, UNFPA should also scale up its work with national ministries, local-level governmental institutions, independent authorities³¹⁶ and non-governmental stakeholders in the health and education sectors to address the high unmet need for family planning and the low use of modern contraceptives in the general population, despite anxieties concerning the prevailing low fertility. 5. To support this, UNFPA should assist the Government of Serbia by conducting an investment case³¹⁷ on the costs and benefits of addressing family planning in Serbia. 6. The UNFPA country office should also go beyond the contraceptive-centred family planning transformative result. It should <ul style="list-style-type: none"> ○ address discriminatory gender and social norms that hinder the achievement of desired fertility; ○ generate and leverage data and evidence regarding (low) fertility for programming, advocacy and decision-making; ○ building on evidence, scale up support for people experiencing infertility, focusing on the causes and supporting individuals and couples to become pregnant; and ○ leverage the expertise and private sector networks of other United Nations agencies and IFIs to scale up the promotion of gender-responsive and family-friendly policies and work environments. 	
Recommendation 4	UNFPA should clarify its mandate regarding addressing the implications of ageing in Serbia before initiating new interventions.
Priority:	High ³¹⁸
Based on conclusions:	1,3,4
Addressed to:	UNFPA Serbia Country Director; UNFPA Serbia Head of Office; UNFPA Serbia SRH and Youth Programme Analyst; UNFPA Serbia PD Programme Analyst
<p>Rationale: The UNFPA Serbia country office is widely recognised for addressing ageism and promoting healthy and active ageing at the policy and operational levels, especially in light of an ageing population and achieving demographic resilience. It provided much-needed support for older persons during the COVID-19 pandemic. However, the evaluation team notes that UNFPA interventions in Serbia have gone well beyond the corporate focus on strengthening data systems and evidence, which take into account population trends such as ageing, in development policies and programmes, especially related to SRHR³¹⁹ to address digital skills,</p>	

³¹⁶ Independent authorities such as the Commissioner for Protection of Equality.

³¹⁷ https://www.unfpa.org/sites/default/files/pub-pdf/Developing_Investment_Cases_for_Transformative_Results_Toolkit.pdf.

³¹⁸ Organisationally essential – should be addressed directly and resources allocated.

³¹⁹ The UNFPA Strategic Plan 2022-2025 mentions ageing as part of Output 4 on population change and data: "By 2025, strengthened data systems and evidence that take into account population changes and other

deinstitutionalisation, social protection, physical exercise and financial assistance (cash vouchers). While ageing and support for older people have been a central component of UNFPA's PD work, and UNFPA researched the critical topic of violence against older women, the country office has not targeted on-the-ground interventions to mobilise older women to speak out against domestic violence and seek SRH-related healthcare and support. In addition, UNFPA efforts have increased understanding of and created a constructive narrative and policy environment regarding the implications of ageing as a demographic trend and the potential of older persons for society and the economy. However, other stakeholders have not replicated these efforts, and they have not resulted in benefits beyond UNFPA's immediate project beneficiaries.

Operational Implications:

1. UNFPA Serbia should consult with EECARO and other UNFPA offices in the Western Balkans to clarify the organisation's mandate and role regarding ageing as a megatrend. The evaluation team suggests that the aim is not for UNFPA to become an ageing organisation. Its contributions should entail/serve to
 - strengthening data systems and generating needs-based publicly available evidence, including support for monitoring the Strategy for Active and Healthy Ageing and associated Action Plan;
 - implementing local-level pilot schemes (including exit strategies) to develop and showcase good models and solutions for advocacy, decision-making and policy implementation that can be institutionalised and replicated by relevant national and external partners;
 - continuing to promote intergenerational cooperation as part of A&Y empowerment and skills development; and
 - address older women's SRH and GBV protection needs, including Roma and other vulnerable groups, in the 3rd CPD for Serbia.

Recommendation 5	To achieve the LNOB goal, UNFPA should consider factors that disproportionately affect demand for and access to SRHR, including the intersectionality of these factors, and focus its actions accordingly, thus ensuring that the most vulnerable groups are not left behind.
Priority:	Medium ³²⁰
Based on conclusions:	1,2,3,4,5,6
Addressed to:	UNFPA Serbia Country Director; UNFPA Serbia Head of Office; UNFPA Serbia SRH and Youth Programme Analyst; UNFPA Serbia PD Programme Analyst

Rationale: The 2nd UNFPA CPD for Serbia applies the principle of prioritising leaving no one behind (LNOB). The CPD emphasises vulnerable groups of women (Roma women, women with disabilities, survivors of GBV, poor urban and rural women), youth, including young key populations for HIV, Roma and older people (over 65 years old). In practice, UNFPA in Serbia is best known for supporting left-behind Roma women and adolescent girls. Additionally, UNFPA has collaborated with partners to improve the situation of women and girls with disabilities, although this work, based on evidence gathered, has received less attention. The country office has not explicitly targeted key populations such as LGBTQI+ individuals as envisaged in the current CP or older women's SRHR where evidence has demonstrated needs.

megatrends (including ageing and climate change), in development policies and programmes, especially those related to sexual and reproductive health and reproductive rights".

³²⁰ Important, but not urgent, and should be considered in light of capacities and resources.

Operational Implications:	
<ol style="list-style-type: none"> 1. The UNFPA Serbia country office should use existing data and evidence and, if necessary, generate new knowledge to assess “furthest-behind” factors for operationalising the LNOB principle in the 3rd UNFPA CPD for Serbia.³²¹ 2. The country office should focus on a limited number of relevant factors in the Serbian context. Based on evidence and past focus, the evaluation team suggests: age; culture and ethnicity; disability; and location. 	
Recommendation 6	During the next CP cycle, UNFPA should pay more attention to addressing development, humanitarian and social cohesion needs in an interconnected manner.
Priority:	Medium ³²²
Based on conclusion:	5
Addressed to:	UNFPA Serbia Country Director; UNFPA Serbia Head of Office; UNFPA Serbia SRH and Youth Programme Analyst; UNFPA Serbia PD Programme Analyst; UNFPA Serbia Admin/Finance Associate; UNFPA Serbia Communications Analyst
<p>Rationale: Serbia is not a humanitarian country. However, it is frequently affected by natural disasters, particularly floods, and is increasingly vulnerable to the impacts of climate change. In March 2020, Serbia reported its first case of COVID-19. Earlier, the country was a crucial transit country on the Western Balkans route. Since the start of the war in Ukraine, an unknown number of Ukrainians and Russians have arrived. Following historical conflicts and tensions in the Western Balkans, peacebuilding remains essential for fostering regional cooperation and integration and fulfilling requirements for EU membership. The UNFPA Serbia country office was engaged in COVID-19 assistance. It has received funds from the United Nations PBF to promote mutual understanding, dialogue, respect for diversity, and trust among youth, and it has started implementing MISP training. However, given the growing instability in the region, it has not emphasised humanitarian action or the complementarity between humanitarian, development and peace-responsive efforts.</p>	
Operational Implications:	
<ol style="list-style-type: none"> 1. UNFPA Serbia should integrate emergency preparedness and response considerations into the Strategic Dialogue and other steps leading up to the formulation of the 3rd UNFPA CPD for Serbia; 2. In consultation with partners, the country office should also reflect humanitarian considerations in the Theory of Change of the 3rd UNFPA CPD at the level of interventions and determinants for each CPD output as appropriate, as well as in the risks and/or assumptions; 3. All recommended high-impact programmes (see Recommendation 1) and UNFPA project proposals should consider the interconnectedness of humanitarian, development, and peace-responsive efforts as part of a larger process, including emergency preparedness actions, and reflect this as appropriate; and. 4. To ensure the country office’s resilience and mitigate disruptions to activities and results in case of crises, the UNFPA country office should ensure that country office staff are equipped with the necessary skills to plan, programme and communicate across the humanitarian-development-peace/social cohesion continuum and function in crisis settings, including leading GBV coordination in line with UNFPA’s global area of responsibility within the Inter-Agency Standing Committee (IASC). 	

³²¹ See UNFPA. Leaving No One Behind & Reaching the Furthest Behind: Strategic Plan 2022-2025. Undated.

³²² Important, but not urgent, and should be considered in light of capacities and resources.

Annex 1: CPE Evaluation Matrix

Note: Listed statements from KIIs and FGDs have been transferred from the evaluation team's internal evidence database and anonymised to the extent possible. Numbered references to KIIs (e.g., KII26) and FGDs (e.g., FGD) have been dropped to further increase the level of confidentiality, but the attribution is known to the evaluation team.

Evaluation Question 1: To what extent has UNFPA support in SRH, A&Y and PD (i) been relevant and well-adapted to national priorities for meeting European Union accession requirements and (ii) adequately reflected UNFPA's transformative results?	
Evaluation Criteria: <i>Relevance</i>	
Assumption for verification 1.1: UNFPA Serbia's support in SRH, A&Y and PD aligns with Serbia's national priorities for meeting EU accession requirements	Indicators: IND1.1.1 The extent to which UNFPA interventions have targeted reform areas identified in EU accession chapters, including challenges faced by UNFPA and opportunities looking ahead IND1.1.2 The extent to which UNFPA has collaborated with Serbian government agencies responsible for implementing EU accession reforms in SRH, A&Y and PD, including challenges faced by UNFPA and opportunities looking ahead IND1.1.3 The extent to which UNFPA has demonstrated flexibility and adjusted its support to address emerging priorities within the framework of EU accession reforms, including challenges faced by UNFPA and opportunities ahead
Data collected	
<p>KII: Thinks that PBF project aligns with EU reform agenda. Aligns with fundamentals, which are umbrella for PB project. HRBA lens. Reducing digital violence, hate speech (digital). Positive narratives etc. MEI informed about project. EUD not sure, but has been part of several activities/events/conferences. Design phase 2 includes the aspect of how to anticipate EU accession process. See project document. Sub-output on EU accession process.</p> <p>KII: Focus on TRs? Yes. Made some progress particularly past year. Serbia lagging behind only on FP and contraception. Obstructed by number of issues. If mention TRs to stakeholders in Serbia. Doesn't come as priority for country. Pack TRs in other priorities but not spelling them out. E.g., argument goes that economic growth will have indirect impact on TRs. Trying to explain that this is not automatic. Mention investment case. Need to do to demonstrate how and if economic and legal reforms will bring progress to TRs or not and costs. Aim to do. Were lucky. Recently big noise raised around situation in maternity wards and SRH issues. Making breakthrough in the health system. Leading to more attention to TRs than was the case before. Need to do more. Objective to participate in an investment case managed by the RO. Cost of not doing for FP and MH.</p> <p>KII: SIDA JP? Since 2016. Perfect collaboration. This year, broadening to GE in general, not only GBV. FPA role: Expertise in FPA in specific areas. UNDP is the coordinator. FPA strengths: working with young men. Conducted research on masculinities. The KI is sorry that FPA didn't continue working on this with follow-up interventions. FPA requires more capacities and a strategic approach. Missing strategic approach and sustainability. One-time activities. Working with young men is a niche for GE/GBV. Missing alliances with men and young men. FPA also working for elderly Roma women and GBV protection. Very often, their perspectives are missed. Small-scale but valuable FPA interventions. Health sector? Was part of JP. Yes. Due to fluctuation within the healthcare sector, there is continuous demand. FPA worked with the Faculty of Medicine and developed online training courses. FPA requires capacity to promote more</p>	

sustainable change.

KII: Unclear why UNFPA interventions have not been scaled up/why no comprehensive programme as a result. Perhaps through PRO JP? Maybe links there. The UN organisation is discussing the continuation of SHAI and funding modalities with the government. Will depend on outcome of ongoing discussions which UN agencies fit in as IPs or for providing advisory services.

KII: From a strategic perspective, the NGO recommends that UNFPA, as a smaller agency, focus on working through strong local partners. By selecting key, high-impact issues and addressing them through these partnerships, UNFPA can maximize its influence. Spreading resources too thinly across too many topics would dilute its effectiveness, and a more focused approach would likely yield better results.

KII: The success of projects with UNFPA happens thanks to easy communication and openness to ideas and proposals. The principle of human rights, yes of course. There were no unfulfilled results, the continuation of the activities follows, the deadline has been moved a little, but everything continues. They do not see the role of UNFPA in the origin of any problems.

KII: The KI thinks that the issue of sustainability is the most difficult. The KI thinks that UNFPA must and should stay as long as possible in Serbia, they have a great influence on other institutions in Serbia, they have knowledge, experience, etc. Even when the projects are sustainable, UNFPA must stay for the next topics. In the future, CO UNFPA could insist that others also see good global practices, so that we don't have to invent hot water every time to maintain projects.

KII: The priority of the public institution is alignment with the European statistical system and maintenance of that alignment, as well as alignment with global statistics of UNSDG. Everything funded and developed by UNFPA in statistics is in line with national priorities (SILC, MICS...) Chapter 23 yes, everyone has a contribution UNFPA and the public institution both. Use of time survey, unpaid female work survey, gender equality index, gender composition for all social characteristics of population, data for vulnerable groups (women, children, elderly, young, Roma population, rural-urban divided, gender perspective, pensioners, GBV 2022 research (two publications)...

KII: UNFPA support the public institution with dissemination of the 2021 census results. UNFPA produced two National Transfer Accounts in Serbia. Evidence-based policy, the public institutional a pioneer here, and everything the government does is based on official national data. The public institution does not know how it is further converted into recommendations. The public institution only provides quality data. UNFPA supports evidence-based government by estimating the migration balance. This is also done at the local level, which is important for the development strategies of municipalities. The approach applied by UNFPA is innovative in the field of migration, male fertility, current and proactive. They pay attention to young people, and there is little literature on young people, there is room for research on late transition, etc.

KII: UNFPA is a well-positioned organization, but a "drop in the ocean" compared to other donors and UN agencies. Nevertheless, its international reputation is significant. ...

KII: The KI does not collaborate with them. The KI does not work with UNFPA, except when UNFPA invites the KI to an event. The KI has worked with UNOPS and UNDP but has not collaborated specifically with UNFPA. She hasn't seen UNFPA doing anything concrete. During COVID, she heard something rather absurd that UNFPA did, which was the procurement of rape kits to prove sexual assault...

KII: UNFPA needs to find its niche and answer the question: what is their "differentiating factor"? They must specialize in something within the country. They should address a major problem the country faces or something important for EU integration. The strategy they should adopt is to pick a significant and challenging topic, agree with the other UN agencies on who will do what, and work on solving one issue over five years. This would be beneficial for both the country and UNFPA. Everyone knows what UNDP, UNICEF, and UN Women do, but it's hard to pinpoint what exactly UNFPA does. That's why it's best for them to focus. Demographics is a good topic, but it's highly politicized, and they should approach it cautiously.

KII: There are several key areas of collaboration between the Ministry and UN agencies, including WHO, UNICEF, UNDP, UNODC, and UNFPA. The Ministry has

highlighted recent cooperation with UNFPA on significant initiatives, particularly the HPV testing project aimed at cervical cancer prevention. This project aligns with the government's broader focus on preventive health measures, including hospital modernization and equipment upgrades. UNFPA has been instrumental in supporting this initiative, working closely with the Batut Institute and securing additional state funding, with Roche also contributing to the project.

KII: Another important collaboration is the qualitative research being conducted in maternity wards, focusing on improving care through comprehensive studies involving both medical staff and patients. This project is intended to address gaps in care and lead to necessary reforms.

KII: The Ministry also acknowledged UNFPA's involvement in regional forums, including an upcoming cervical cancer prevention conference in Turkey, where Serbia will present its achievements. Additionally, the Ministry expressed its gratitude for UNFPA's support in developing a national cancer strategy, which is currently a priority. This strategy will encompass everything from prevention to palliative care, and UNFPA will play a key role in coordinating the work of experts and the designated working group.

KII: In addition, UNFPA supports health literacy campaigns for Roma women and girls, targeting five cities in Serbia. This project has received full support from the Ministry, as it is aligned with Chapter 23 of Serbia's EU accession negotiations, which focuses on improving health through Roma health mediators.

KII: The Ministry also mentioned ongoing efforts to address violence, though the specifics will be defined in the coming period. Overall, the Ministry expressed high regard for UNFPA's work, emphasizing that while other agencies sometimes act independently, UNFPA has been a consistent and respectful partner, closely aligning with the country's agenda. ...

KII: UNFPA's primary contributions lie in analysis and strategic planning, which are essential for Serbia's evidence-based decision-making. Given the pressing need for data, they should avoid becoming too involved in implementation. Currently, UNFPA's engagement with the Ministry lacks the depth observed in other collaborations, such as those with UN Women, which has addressed more substantial topics. UNFPA's broad focus on aging, population policy measures, and reproductive health risks diluting their impact. By spreading their resources too thinly, they fail to achieve significant results.

FGD: The public institution has been collecting data on GBV, a project that was initiated with UNFPA's support, and noted that UNFPA's continued focus on important topics, such as SRH and GBV, ensures that these issues remain at the center of policy discussions in Serbia. UNFPA also plays a crucial role in linking Serbia to global health and development agendas, particularly the SDGs.

FGD: Looking to the future, they suggest that UNFPA should continue advocating for global issues to be addressed locally. The KI also mentioned the public institution's ongoing work on HPV screening, which is a challenging yet crucial project.

FGD: Significant efforts have been made in training healthcare professionals, with several hundred workers having undergone UNFPA-supported training. These efforts focus on both sustainability and effectiveness, with UNFPA's investment in capacity-building seen as essential.

FGD: Described UNFPA's work as highly responsive and impactful, particularly in leaving a lasting imprint on target populations. While systemic integration may not yet be fully realized, these efforts represent valuable investments in the community.

FGD: One participant mentioned that UNFPA's most significant contribution lies in connecting professionals from different fields and fostering a multidisciplinary approach to address challenges.

Assumption for verification 1.2: UNFPA Serbia's support in SRH, A&Y and PD has been consistent with UNFPA's transformative results - i.e., ending unmet family planning needs, preventing

Indicators:

IND1.2.1 The extent to which UNFPA's activities in Serbia have targeted ending unmet need for family planning by 2030 (or not) and facilitating/hindering factors

maternal deaths and eliminating GBV and harmful practices by 2030	<p>IND1.2.2 The extent to which UNFPA's activities in Serbia have targeted preventing maternal deaths by 2030 (or not) and facilitating/hindering factors</p> <p>IND1.2.3 The extent to which UNFPA's activities in Serbia have targeted eliminating GBV by 2030 (or not) and facilitating/hindering factors</p> <p>IND1.2.4 The extent to which UNFPA's activities in Serbia have targeted eliminating harmful practices by 2030 (or not) and facilitating/hindering factors</p>
Data collected	
<p>KII: Agrees that should do more on child marriage and adolescent births. Through MSD project at community level through outreach, including on cancer, maternal health etc among Roma (according to MICS results). Experienced and established IP. Resources a problem. UNICEF also in topic. National Coalition led by UNICEF. Trying to avoid potential clashes. Should strengthen FPA efforts. FPA more emphasis on outreach - face to face (local level). UNICEF more on policy level - policies and laws. At this point, more civil society; less government. A component is to bring LGs and Roma communities to the table. MoU/letter of intent with LGs to formalise and increase health literacy for Roma women and girls. Aware that should be strengthened.</p> <p>KII: Direct line with GBV mostly, specifically speaking because now shifting a lot to TFGBV during phase II. Child marriage/adolescent births? Engaged with Roma community in phase 1 from perspective of positive narratives/stereotypes.</p> <p>KII: The TRs are not so clear. Maternal health not so much an issue. Unmet need for family planning a big problem. GBV is not only UNFPA and not top government priority. FPA always connected to health.</p> <p>KII: SIDA JP 4th phase started around March 2024. The KI was not part of consultations. Cannot say how easy to determine who does what. FPA is known for work in the health sector. Youth overlap with UNICEF. Sexual violence with UNW (has established centres within hospitals for rape victims for multisectoral support within SIDA JP). Who else works with Roma? UNICEF in education and child marriage. Life expectancy for Roma women is 44. Every 2nd Roma girl is married by the age of 16. Work at the local level to promote good practices and role models.</p> <p>KII: As regards FP and contraceptives, is strength, but not a priority by the government and professionals (given low fertility). FPA trying to navigate narrative. SRB has seen increase in the use of condoms, but FPA contribution has been weak. Increase has come from decision-makers and the market. FPA has worked on health literacy and behaviour among young people, which should have contributed.</p> <p>KII: FPA offers holistic perspective on SRHR. Comprehensive policy advice and convening power. UNICEF and WHO also part, but not RH. For instance, FPA invited to contribute to the new strategies on RH and on family support (successor strategies to SRH Programme from 2018 before Law on National Planning, which however was never adopted).</p> <p>KII: SRB is Tier 3. Still, achieving zero is mission impossible. What would really want to commit to is zero deaths from cervical cancer. Really bad problem compared to other countries and compared to maternal deaths. GBV takes a lot of time and requires many actors.</p> <p>KII: There are only around 40 Health Mediators. They are struggling to be recognised by MoH and other stakeholders. Different opinions. On the other hand, FPA's partner, the Roma Women Network, works in 30 municipalities and FPA is able to reach more Roma women that way (works directly with a Coordinator). So not supporting parallel structures. But have realised that need to include men and boys at some stage. FPA is also part of the Coalition against Child Marriage, which is a Roma problem. Led by UNICEF and with the participation of the Roma Women Network. FPA is member. Working together to improve legal framework, advocate and implement local-level activities. Change norms and fight poverty.</p> <p>KII: Current government pro-natalist. Last week amended law to increase financial support (economic incentives) for children. UNFPA promotes other approaches to family planning. It should not be about numbers or money. Should be a broader concept than the current contraceptive-centred FP TR. Is about</p>	

balancing work and family. Amending outdated Labour Law. Working with employers. Government, with FPA support, revising Birth Promotion Strategy. Working title of new version is "Parenting Support Strategy". But government changed and process stalled. FPA offering expertise. Family planning work should be broadened to include issues such as infertility and access to IVF.

KII: Situation in terms of preventable maternal deaths is not dramatic. CO has also used core resources for maternal health - but showing quick/tangible results is difficult. A lot of barriers had to overcome. Quality of services/delivery is a big topic - physiological delivery guidelines, preventable cancer screening and HPV method, including for vulnerable groups - i.e., also including Roma, which is the "rights-based" part of SRHR. The latter has broad-based commitment from multiple stakeholders and UNFPA has committed itself beyond the present CP. Cervical cancer is priority #1 for her if she had to prioritize the TRs (recognizing that it is not a TR).

KII: A broader concept of FP, starting with contraception, would be the KI's TR priority #3.

KII: Focus on TRs? Yes. Made some progress particularly past year. Serbia lagging behind only on FP and contraception. Obstructed by number of issues. If mention TRs to stakeholders in Serbia. Doesn't come as priority for country. Pack TRs in other priorities but not spelling them out. E.g., argument goes that economic growth will have indirect impact on TRs. Trying to explain that this is not automatic. Mention investment case. Need to do to demonstrate how and if economic and legal reforms will bring progress to TRs or not and costs. Aim to do. Were lucky. Recently big noise raised around situation in maternity wards and SRH issues. Making breakthrough in the health system. Leading to more attention to TRs than was the case before. Need to do more. Objective to participate in an investment case managed by the RO. Cost of not doing for FP and MH.

KII: Tackling GBV would be the KI's TR priority #2, including the Bodyright campaign, which is led and pushed by HQ and there is no getting out of it.

KII: Child marriage? Not aware. UNICEF very active in SRB.

KII: In previous phases was a focus on child marriage through cooperation with UNICEF and FPA. Dropped in current phase. First need to work on Family Law - there is still a niche to marry underage; exemptions. UN partners are fighting to ban without any exception - no cultural excuses! Also need to work on judges.... Attitudes.

KII: FPA more involved at policy level and also field/groundwork. FPA has done a lot for the strategy for PWD (alongside other stakeholders). Policies involved with that would not have been developed if not for FPA - not to the adequate standards - e.g., fertility, population, ageing strategy. Could be seen as exclusively theirs and where government has concerning views. FPA comparative advantage. Could brand themselves.

KII: The wastepicker component offers workshops that work a little bit on SRH/GBV.

KII: Workshops for Roma women and girls from non-formal settlements and with financial difficulties significant focus on SRH, GBV and child marriage. Managed to attract and retain over 500 women and girls by providing participants with vouchers for stores where they can buy female products. FPA workshops for Roma women very beneficial.

KII: TRs? Yes, connection. FP, MH, and GBV are cross-cutting issues within all (UNFPA) social inclusion activities. For example, work with CSOs for social inclusion includes GBV services, child marriage (Roma), and RH (Roma). Within the informal waste pickers group (all but one are Roma), there is the so-called priority group of 60 Roma waste pickers. Workshops related to RH and GBV will be organized by FPA.

KII: The Family Planning Strategy (the KI is not sure of the exact title) is a success. FPA supported Ministry for Demography. FPA circulated the draft within UNCT for inputs. Ownership of government. FPA provided maximum it has to offer.

KII: MH: Compared with 27 EU member states, there is good situation in SRB. Compared to "old" EU not so nice. Problem, but not so significant. Government has to work on improving reporting and data collection. Need to explore. Potential issue/challenges. Had UNICEF mission last week with FPA and WHO participation - discussed topics. Working closely, even if WHO not so active. Using WHO guidelines and procedures.

KII: FP is very important mandate in Serbia. Only minimum maternal mortality in Serbia. FGM not common. FPA mandate in FP is relevant for men and women/citizens in Serbia. No other UN agency playing that role. Other areas pertain to multiple UN agencies - e.g., gender, older people, youth - from different perspectives.

KII: The KI does not have much information. Cannot estimate the contribution of UNFPA. The KI thinks they should deal with issues of family planning, improving health and reducing mortality where possible.

KII: The KI can't say much about it, they deal with discrimination complaints. They did a little contraception, but there is no data to talk about it. They fought to get prescription birth control. They don't directly deal with violence, they don't have the authority for it, they act preventively, and they can't even provide information about it.

KII: Everything that the NGO has done with UNFPA has provided a wealth of information and a solid foundation for further work on these topics. The issue of violence against migrant women has yielded significant insights. The data collected in collaboration with UNFPA contributed to subsequent changes in the Asylum Law, among others. The research they conducted serves as a valuable base of knowledge. For example, their latest research on digital safety and digital exploitation is crucial for the NGO's work. The findings are needed to promote the issue of digital security, a topic that had not been widely recognized before.

KII: The support from UNFPA lasted only for 6 months. One workshop participant shared that she had undergone 36 abortions, illustrating how neglected the topic is. This program also resonated with older women. Many Roma women face various forms of violence—by partners, children, and the majority community. They have internalized this violence as a normal part of life. Therefore, it was important to introduce the topics of discrimination and violence. The women wanted to learn that what they are enduring is not normal and should be reported.

KII: The NGO provides support for women with disabilities and have worked with UNFPA on SRH issues affecting women and girls with disabilities. While we are familiar with other UNFPA partners, our focus remains on our area of expertise. Our collaboration with UNFPA has been ongoing during this period. Women with disabilities represent a diverse group, and we address various types of disabilities and national communities, including Hungarian and Roma populations.

KII: Recommendations for UNFPA: UNFPA could significantly contribute by launching a focused and sustained campaign aimed at ending arranged child marriages and combating domestic violence. These are critical issues for protecting the rights of children and ensuring the realization of women's and human rights in Serbia, in line with the UN conventions that the country has ratified and the EU human rights framework. Supporting such efforts would not only address immediate needs but would also align with UNFPA's mission of advancing gender equality and protecting vulnerable populations.

KII: In addition, UNFPA supports health literacy campaigns for Roma women and girls, targeting five cities in Serbia. This project has received full support from the Ministry, as it is aligned with Chapter 23 of Serbia's EU accession negotiations, which focuses on improving health through Roma health.

Evaluation Question 2: EQ2: To what extent have UNFPA outputs contributed to planned outcomes, and has UNFPA contributed to building demographic resilience in Serbia? Focus on Output 1 (SRH/GBV)

Evaluation Criteria: *Effectiveness*

Assumption for verification 2.1: UNFPA Serbia has successfully addressed the identified “determinants” in the output theories of change, thereby affecting the achievement of planned CPD

Indicators:

IND2.1.1 The extent to which UNFPA Serbia's interventions to address determinants have led (are likely to lead) to the achievement of planned country programme outputs (or not),

outputs and progress towards outcomes	and facilitating/hampering factors IND2.1.2 The extent to which UNFPA has contributed to (is likely to contribute to) planned outcomes, and factors facilitating/hampering progress
Data collected	
<p>KII: FPA (through the Ana and Divac Foundation) and UNDP are IPs. Both are partners together on another project, not UN, but PB. No direct cooperation within PBF project.</p> <p>KII: Strive to create synergies - e.g., PB and PMP. PMP as natural thing - topics, expanding presence in municipalities. Use of YAG members as project partners. Naturally aligned. More recently TFGBV. PBF biggest project of all.</p> <p>KII: Engagement of LSGs/Local Youth Offices in PBF project? FPA works most with LYOs, have established good connections through other projects. Had discussion with MoY - idea to empower LYOs (through PBF, SIDA etc.). Trying to extend cooperation. Strengthen their capacities. PBF project developed materials for LYOs under phase 1. Manual on wellbeing and mental health. Focus on engaging men and boys planned under SIDA.</p> <p>KII: Challenges with government. Ministers change around every 2nd year. Government not eager to engage in GE. Sees women as mothers, although strategies, laws speak a different language. SRHR was never high on government priority list. It is important to find the right narrative.</p> <p>KII: The Strategy for the Improvement of Roma is well positioned among stakeholders, but not working well in practice - e.g., health, education, employment. Is difficult. MSD project not completely parallel. Is best approach. Direct work on the ground is very important. Also contributes to the implementation of the GBV Strategy 2021-25, the action plan of which was not adopted, and the GE Strategy. No budget.</p> <p>KII: Are very concerned about Roma girls - improving their positions, access to education and jobs. Child marriage.</p> <p>KII: The SIDA and MSD projects are somewhat interconnected (could be more). Overlap in one municipality. IPs well acquainted and working within same network. Within SIDA JP, planning to include Roma women with disabilities at the local level. Also intention to do joint advocacy, including in connection with 16 Days against VAW. Think that important to have comprehensive approach. FPA is best positioned to facilitate connections between national and local levels and between government and NGOs.</p> <p>KII: As regards FP and contraceptives, is strength, but not a priority by the government and professionals (given low fertility). FPA trying to navigate narrative. SRB has seen increase in the use of condoms, but FPA contribution has been weak. Increase has come from decision-makers and the market. FPA has worked on health literacy and behaviour among young people, which should have contributed.</p> <p>KII: Problem that two ministries claim responsibility for RH - MoH and Ministry of Demography and Social Welfare - and both lack capacities.</p> <p>KII: FPA offers holistic perspective on SRHR. Comprehensive policy advice and convening power. UNICEF and WHO also part, but not RH. For instance, FPA invited to contribute to the new strategies on RH and on family support (successor strategies to SRH Programme from 2018 before Law on National Planning, which however was never adopted).</p> <p>KII: FPA works with LSGs, but depends on topic. The health sector is centralized. Not much scope working with LSGs. FPA works directly with health professionals. In other areas maybe more scope.</p> <p>KII: No competition regarding GBV response of the health sector. Delivered new online training as part of continued medical education, which is good practice. Professionals can do in their own time and pace.</p> <p>KII: With UNICEF (which has been in SRB much longer) working on maternal health. The previous and current MoH have been more open to cooperation, especially following a scandal because of a preventable death. FPA working on physiological childbirth clinical guidelines and protocol. Hopes for UNFPA to</p>	

do more to improve the situation in maternity hospitals.

KII: Cervical cancer is a huge area; has huge importance; huge numbers (compared to other countries). FPA has helped introduce HPV vaccination, which is covered by the Health Insurance Fund (is sustainable). Now promotion and increasing demand through health literacy measures for A&Y, parents, teachers, health professionals. UNICEF and WHO are also promoting. FPA has offered its convening power, expertise from abroad and good practices. The Regional Alliance is very good. Vaccination introduced but screening now requires lot of support. FPA did assessment. Organized conference. At the moment, only 17 PHC screening centres nationwide. Only half of the population covered. Insufficient capacity. UNFPA is introducing new HPV screening method, which is faster, more efficient and effective and sustainable. Government has committed funding for the long-term. The pilot is funded by private sector.

KII: Women with disabilities for many years (core/non-core). Working with and building capacities of organizations of women with disabilities. Want to keep. Very good for building trust. ace education. Similar approach to Roma (huge community in SRB) - Roma women network (23 organizations very active) and going to Roma settlements for RH/health and talking about sensitive topics such as early pregnancies/marriages. LGBTQI? Don't have specific activity. Question of funding. Had discussion with young people with disabilities - try not to target, but make accessible.

KII: The MSD project on SRHR for Roma women and girls builds on activities under SHAI and core-funded activities in order not to lose what have already achieved.

KII: SRH strategy - developed. Also activities regarding birth promotion strategy 2018. FPA successfully negotiated agreement that new strategy called "parenting support strategy". Govt very vocal when comes to low fertility. See as threat. Not just in SRB. Also other Western Balkan countries. But should not just be birth promotion. FPA angle needs to approach and slowly work with them to see demographic changes as opportunity and not threat.

KII: Current government pro-natalist. Last week amended law to increase financial support (economic incentives) for children. UNFPA promotes other approaches to family planning. It should not be about numbers or money. Should be a broader concept than the current contraceptive-centred FP TR. Is about balancing work and family. Amending outdated Labour Law. Working with employers. Government, with FPA support, revising Birth Promotion Strategy. Working title of new version is "Parenting Support Strategy". But government changed and process stalled. FPA offering expertise. Family planning work should be broadened to include issues such as infertility and access to IVF.

KII: Law on GE suspended by court because of gender-sensitive language. Doesn't know when will be resolved.

KII: Agrees that should pick one priority/TR and stick to it, including leveraging partners. Would agree that a focus on Roma inclusion would be a good coverage of the TRs (child marriage, adolescent birth rate...). Have data from 2019 MICS. A new MICS was meant to be conducted this year, but problems, no money. Is already working on Roma inclusion through SHAI, MSD and PRO (wastepickers). Tried to work through national Health Mediators, but depends on the individuals - not a stable system.

KII: TRs? In SRB on one side focus on data. Produce comprehensive analysis/research/projections... Valuable for CO and inform govt. E.g., poverty projections for older persons; National Transfer Accounts analyses; with UNDP NHDR; exploring violence against older women in Western Balkans and Ukraine (lacked data). This all contributes to TRs. On other side, when have opportunities reach groups that need to be supported through local govts and partners. More concrete.

KII: Frequent elections demand adjustments and make it difficult to see continuity.

KII: Situation in terms of preventable maternal deaths is not dramatic. CO has also used core resources for maternal health - but showing quick/tangible results is difficult. A lot of barriers had to overcome. Quality of services/delivery is a big topic - physiological delivery guidelines, preventable cancer screening and HPV method, including for vulnerable groups - i.e., also including Roma, which is the "rights-based" part of SRHR. The latter has broad-based commitment from multiple stakeholders and UNFPA has committed itself beyond the present CP. Cervical cancer is priority #1 if the KI had to prioritize the TRs (recognizing

that it is not a TR).

KII: How does cervical cancer link up to the TRs? The KI has tried to answer this on various occasions. Speak about SRH and cervical cancer. Part of well-being. Care for women's health. Part of women's agenda. Mothers' well-being. But no straightforward connection to one of the TRs.

KII: The EU has realised that social protection gaps exist, including for Roma young and old women. Very clear niche for UNFPA, including SRHR. PRO and MSD projects. UNICEF works for Roma children. FPA not alone addressing Roma inclusion. Would not want exclusive focus on Roma inclusion, but considers Roma inclusion as part of larger efforts to improve services, with special attention to their needs.

KII: LNOB: Worked extensively with Roma and PWD for improving SRH. Applied for MSD programme getting grant to work on SRH of Roma women of all ages. Another initiative with CH with Roma women and FP.

KII: SIDA JP? Since 2016. Perfect collaboration. This year, broadening to GE in general, not only GBV. FPA role: Expertise in FPA in specific areas. UNDP is the coordinator. FPA strengths: working with young men. Conducted research on masculinities. She is sorry that FPA didn't continue working on this with follow-up interventions. FPA requires more capacities and a strategic approach. Missing strategic approach and sustainability. One-time activities. Working with young men is a niche for GE/GBV. Missing alliances with men and young men. FPA also working for elderly Roma women and GBV protection. Very often, their perspectives are missed. Small-scale but valuable FPA interventions. Health sector? Was part of JP. Yes. Due to fluctuation within the healthcare sector, there is continuous demand. FPA worked with the Faculty of Medicine and developed online training courses. FPA requires capacity to promote more sustainable change.

KII: Worrying: Action Plan combating GBV has expired. New government since spring - has not yet appointed chairperson for Gender Coordination Body at strategic level (inter-ministerial body) - to coordinate GE law, strategy, AP GE and AP GBV. Docs have expired. In limbo. Big risk if government does not complete gender mechanism.

KII: Progress thanks to JP/FPA varies across the country. Expects roll out of achievements by relevant institutions in the areas where FPA and team focused aiming to create change. Built capacities to create change. The situation has improved where the project mostly active and enjoyed stronger demand/ownership from participating institutions - Vojvodina, Novi Sad and Belgrade. E.g., special entrance for women victims of rape, sexual violence, DV established by hospitals thanks to FPA-supported capacity building and education. Also interview rooms and resting rooms. The KI also spoke to doctors - small core team aware and knowledgeable - but not all. Health sector is huge and a lot to be done in future. FPA has built capacities. Introduced models that work. Demonstrated what works. Now it is up to government. Initiatives need to be taken over by health sector and spread across country.

KII: Workshops for Roma women and girls from non-formal settlements and with financial difficulties significant focus on SRH, GBV and child marriage. Managed to attract and retain over 500 women and girls by providing participants with vouchers for stores where they can buy female products. FPA workshops for Roma women very beneficial.

KII: The Family Planning Strategy (the KI is not sure of the exact title) is a success. FPA supported Ministry for Demography. FPA circulated the draft within UNCT for inputs. Ownership of government. FPA provided maximum it has to offer.

KII: Cancer: Hopes for success in the future: Collaboration with WHO to provide support to MoH in drafting Cancer Prevention Strategy - cervical cancer screening is FPA's part. Just starting.

KII: The work of UNFPA is aligned with national priorities, examples are the Strategy for Active and Healthy Aging, the Birth Promotion Strategy, the Strategy for the Preservation and Improvement of Reproductive Health and the Action Plan (in progress) and the Parenting Support Strategy (not adopted). The KI believes that all UNFPA activities are directly or indirectly aimed at achieving national priority.

KII: UNFPA support the statistical agency with dissemination of the 2021 census results. UNFPA produced two National Transfer Accounts in Serbia. Evidence-

based policy - the public institution is a pioneer here, and everything the government does is based on official national data. The public institution does not know how it is further converted into recommendations. The public institution only provides quality data. UNFPA supports evidence-based government by estimating the migration balance. This is also done at the local level, which is important for the development strategies of municipalities. The approach applied by UNFPA is innovative in the field of migration, male fertility, current and proactive. They pay attention to young people, and there is little literature on young people, there is room for research on late transition, etc.

KII: The NGO has been a strategic partner of UNFPA for many years, collaborating on several projects. These projects mostly focus on research related to migrant women, the position of girls and women in Serbia, or digital violence against girls. In 2022, they conducted new research involving over 600 girls on the topic of digital violence. The work is done with young people, followed by the presentation of findings and media engagement (the research is titled "In Front of the Screen").

KII: The NGO also regularly consulted with marginalized groups, including LGBT youth, young people with disabilities, and others, to ensure that materials and activities were inclusive and responsive to their needs. This consultative approach highlights UNFPA's commitment to ensuring that no group is left behind in the programs.

KII: The NGO is a leading organization focused on supporting Roma women and girls, with active engagement in Roma settlements. Currently, the NGO leads the Roma Women's Network, making them an ideal source for a combined interview offering two perspectives.

KII: The broader system remains blind to these issues. What is required is for institutions to actively participate in raising awareness. While the NGO can work with girls on SRH, it's essential for the system—health centers, police, and schools—to collaborate intersectorally. There is a plan to sign a protocol between institutions and NGOs in the five municipalities. Currently, these institutions show little sensitivity to the lives of Roma women. Deeper, more systematic work is needed in these five cities.

KII: The workshops were impactful, raising awareness among the women. The programs should continue, but due to a lack of funds, they were unable to take the women outside their usual environments to experience life beyond the settlements. Long-term psychosocial support is also needed.

KII: The support from UNFPA lasted only for 6 months. One workshop participant shared that she had undergone 36 abortions, illustrating how neglected the topic is. This program also resonated with older women. Many Roma women face various forms of violence—by partners, children, and the majority community. They have internalized this violence as a normal part of life. Therefore, it was important to introduce the topics of discrimination and violence. The women wanted to learn that what they are enduring is not normal and should be reported. However, a dilemma arose afterward: what happens once the issue is opened? They will need ongoing psychological support. One 55-year-old participant appeared to be 70 years old, showing the toll life had taken. The NGO raised this issue with the President, pointing out that, given the amount of money spent on Roma inclusion, all Roma could be living in Dedinje (a wealthy neighborhood). Yet, women's lives remain unchanged. The only tangible progress has been at the individual level, while policy initiatives have stalled. They continue to focus on economic empowerment, though even the European Commission no longer consults them for Chapters 23 and 19. It's simply no longer a priority.

KII: Workshops, cofounded by UNFPA, were organized for mothers and adolescent girls, with some sessions including the entire family. The primary topic was child marriages, which also led to discussions on SRH, violence, and health. These efforts spanned five rural and substandard settlements (Piroć, Belgrade, Leskovac, Šabac, Kruševac), focusing primarily on young girls. The goal was to provide as much support and information as possible. Separate groups were formed for girls and their mothers. One key finding was that SRH is rarely discussed, leaving many girls without someone to talk to, often feeling ashamed. Even the mothers lacked adequate information. Pregnancy, contraception, and protection remain taboo topics for girls in Roma communities—misinformation is common among both mothers and grandmothers.

KII: ...The SRH program, which lasted about six months, was conducted through the NGO. Prior to this, the Roma Women's Network organized similar

workshops, involving around 10 organizations that followed methodologies developed by experts from the Roma women's movement. Discrimination was another key topic addressed. The joint mother-daughter workshops were highly attended, and participants expressed great satisfaction—this was the first time they discussed these issues together under guided facilitation. The NGO plans to continue using this methodology, though some adjustments are needed. These discussions rarely happen within the Roma community, so the experience was valuable.

KII: Inclusivity is a core value of the NGO and aligns closely with the UNFPA agenda. During implementation, special attention was given to vulnerable youth, rural youth, youth with disabilities, Roma, the LGBT population, and national minorities in Serbia. This engagement provided young people with insights into the diverse communities that coexist with them, leaving a positive impression and impact on many.

KII: The NGO provides support for women with disabilities and have worked with UNFPA on SRH issues affecting women and girls with disabilities. While we are familiar with other UNFPA partners, our focus remains on our area of expertise. Our collaboration with UNFPA has been ongoing during this period. Women with disabilities represent a diverse group, and we address various types of disabilities and national communities, including Hungarian and Roma populations.

KII: The most critical need is to empower as many women as possible to understand their rights and to create a critical mass of informed women. Many women rely on their close relations, rather than understanding that it is the state's responsibility to ensure access to services. It should not be the women's fault if they cannot enter a bus or facility; that is the failure of society and its institutions. People remain in ignorance. Even when our policies recognize a problem or suggest actions, they often remain mere words on paper.

KII: Despite the state's commitment to this issue through the Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Discrimination Against Women, SRH remains largely neglected in the disability agenda. We propose raising awareness among healthcare professionals regarding the SRH of women with disabilities, an issue recognized by UNFPA, which is crucial to us. Few other donors support this initiative. Medical institutions are often inaccessible, and there is a lack of accessible information for blind and visually impaired individuals. Medical staff frequently are unaware of existing accessible facilities, even when they are available. This lack of awareness results in the topic not being prioritized. Even when accessibility is included in local strategies, as seen in Novi Sad, it often remains unimplemented.

KII: We have an excellent collaboration with the UNFPA office. Notably, we were included in the delegation for a significant conference in Nairobi and also participated in a gathering in Istanbul. Our partnership with UNFPA has enabled us to gain exposure to global knowledge and tools used in our work. The experiences and work of the NGO are represented in UNFPA programs at the international level. We feel part of global movements and exchanges, affirming that we are doing the right thing, which enhances our credibility as an organization. This support is significantly attributable to UNFPA.

KII: Our focus includes women with disabilities and healthcare professionals. We have developed guidelines for working with women with disabilities, which gynaecologists utilize to ensure regular gynaecological examinations. Significant prejudices persist, such as the belief that "this is unnecessary for you."

KII: The NGO has conducted training for service providers to combat violence against women with disabilities, and based on this training, we received advice from the Ministry of Interior to develop our own guidelines. While this was part of another program, it is now being utilized in UNFPA initiatives.

KII: UNFPA is receptive when it comes to creating local activities, and the NGO aims to incorporate the SRH of women with disabilities into the broader women's agenda. There needs to be an entity (perhaps UNFPA or a strong network of women with disabilities) that can genuinely advocate to decision-makers for substantial, rather than merely formal, changes that lead to real impact. Every four years, we observe the same recommendations, yet there is no accountability. Ultimately, true strength lies within ordinary individuals. UNFPA should assist in mobilizing as many women as possible to seek their rights. There is no other path forward.

KII: The NGO focuses on supporting impoverished women, particularly in the areas of SRH and combating child marriages—a persistent issue in impoverished Roma communities. Their work has been bolstered by collaboration with an NGO from Pirot that specializes in these matters. The NGO has organized workshops

with girls, mothers, and older women (50+), sometimes addressing groups of girls alone and, at other times, including both girls and their mothers. This approach proved to be impactful, as these workshops opened up conversations between mothers and daughters about topics that are typically avoided in their homes, such as early marriages.

KII: The partnership has been praised, especially noting individuals like XX and YY from UNFPA, for their adaptability and support in modifying project models. UNFPA also conducted a survey among women who had recently given birth, focusing on violence during childbirth. Based on the survey findings, a protocol for labor management is being developed, aimed at addressing issues that arise during childbirth and changing public perception of medical negligence. This protocol is led by the Ministry of Health, and the medical field is being engaged in improving the standard procedures.

KII: There is concern about misinformation spreading through social media, with examples of individuals, including the person speaking, being affected by false narratives. This highlights the need to work on changing the public discourse around UNFPA topics. Key issues being addressed include cervical cancer screening (through HPV innovation), encouraging people to seek testing, and ensuring more youth are informed about sexually transmitted infections (STIs), fertility, prevention, and family planning, particularly through schools and social media. Lastly, youth migration is a pressing issue that requires the involvement of UNFPA for potential solutions.

KII: There is a collaborative effort between UNFPA and health authorities to introduce HPV testing as the basis for cervical cancer screening. This is a new method that they aim to expand to the entire population, and they are currently exploring scenarios for its scalability. The project involves cooperation with the Ministry of Health and the Public Health Institute, alongside the World Health Organization. Although there have been changes in the project compared to its initial phase, the partnership with UNFPA has been positive and flexible, allowing adjustments as needed.

KII: There are several key areas of collaboration between the Ministry and UN agencies, including WHO, UNICEF, UNDP, UNODC, and UNFPA. The Ministry has highlighted its recent cooperation with UNFPA on significant initiatives, particularly the HPV testing project aimed at cervical cancer prevention. This project aligns with the government's broader focus on preventive health measures, including hospital modernization and equipment upgrades. UNFPA has been instrumental in supporting this initiative, working closely with the public institution and securing additional state funding, with Roche also contributing to the project.

KII: The Ministry also acknowledged UNFPA's involvement in regional forums, including an upcoming cervical cancer prevention conference in Turkey, where Serbia will present its achievements. Additionally, the Ministry expressed its gratitude for UNFPA's support in developing a national cancer strategy, which is currently a priority for the Ministry. This strategy will encompass everything from prevention to palliative care, and UNFPA will play a key role in coordinating the work of experts and the designated working group.

KII: Another important collaboration is the qualitative research being conducted in maternity wards, focusing on improving care through comprehensive studies involving both medical staff and patients. This project is intended to address gaps in care and lead to necessary reforms.

KII: In addition, UNFPA supports health literacy campaigns for Roma women and girls, targeting five cities in Serbia. This project has received full support from the Ministry, as it is aligned with Chapter 23 of Serbia's EU accession negotiations, which focuses on improving health through Roma health mediators.

KII: Roche, in partnership with UNFPA and the Ministry of Health, is working to introduce HPV-based cervical cancer screening, aiming to enhance early detection and ultimately shift HPV screening to a primary position if proven effective. UNFPA's strong commitment to the project is evident in their proactive approach, offering strategic ideas, contacts, and consistent support. Roche's HPV screening initiative is not only ongoing in Serbia but also being implemented in North Macedonia and Albania.

KII: The project is prepared to launch the pilot screening phase, pending final approvals from both the Ministry and Roche's central office. Roche's support includes a donation of HPV screening tests, and the equipment is already in place at the Batut Institute. The goal of the pilot is to validate HPV screening as a more reliable method compared to the Pap smear, with a timeline that includes test validity until February 2025. Field approval has been pending since

April 2025, presenting a timeline challenge for timely implementation.

KII: The pilot of the HPV cervical cancer screening method will focus on three primary healthcare centers chosen by the Ministry, targeting 10,000 women. A 70% participation rate will be required to deem the screening effective, presenting a notable outreach challenge. Success in reaching this participation rate is critical for the broader adoption of HPV screening as a primary method.

KII: Should the pilot succeed, Roche and UNFPA will proceed with comprehensive training for healthcare professionals across Serbia. This phase will require extensive resources and planning. Additionally, a digital awareness campaign will be essential to ensure widespread adoption and inform the public about the benefits of the HPV cervical cancer screening method.

FGD: Extremely important questions. Valuable research is being conducted in each of those three areas to get good data. The limitations to achieving the set goals are in the ministries with which UNFPA has communication, because the ministries sometimes require useless actions, such as revisions of strategies that are good, so solutions that are worse than the initial versions are obtained. UNFPA supports all this even though it is a bad decision. Gender-based violence is a big topic, the research on violence against older Roma women is shocking. The third transformative result was set too ambitiously.

FGD: Significant efforts have been made in training healthcare professionals, with several hundred workers having undergone UNFPA-supported training. These efforts focus on both sustainability and effectiveness, with UNFPA's investment in capacity-building seen as essential. ...

FGD: UNFPA has also conducted research into the needs of healthcare workers in combating GBV. This research resulted in concrete recommendations—a "blueprint" for future developments in this field. Educational content was developed and made accessible to healthcare workers, with those completing the trainings earning continuing medical education points. Importantly, these trainings, accredited and available to all healthcare professionals, were made possible through UNFPA's support.

FGD: Looking to the future, they suggest that UNFPA should continue advocating for global issues to be addressed locally. She also mentioned the public institution's ongoing work on HPV screening, which is a challenging yet crucial project. While HPV screening has become standard practice worldwide, Serbia still faces difficulties in fully implementing it. One of the main challenges, she said, is the frequent turnover of decision-makers, which often leads to restarting initiatives and delays in progress.

FGD: emphasized that violence against women is no longer a taboo subject in Serbia, and several systemic strides have been made in addressing it. However, some legal challenges remain, such as the Constitutional Court's review of the law on GBV, which has temporarily stalled the application of certain provisions. Despite this, one participant stressed the importance of integrating GBV content into educational materials for healthcare workers, as they play a critical role in identifying and responding to these cases.

FGD: ... One participant believes that the collaboration with UNFPA has contributed significantly to health literacy among young people, which is a crucial step toward prevention and creating informed users of health services. The Institute is LGBT-friendly and open to providing services to marginalized groups such as Roma and individuals seeking advice on HIV and reproductive health. She suggested further interventions, including peer support for healthcare workers, continued sensitization on gender-based violence, and championing good practices to inspire and guide colleagues.

FGD: In 2021, the NGO collaborated with Prof. XX from the Medical Faculty in Belgrade, along with UNFPA, to survey healthcare workers on GBV. The results of this survey were presented at the UN building, and the program continues to evolve based on these findings.

FGD: Participant of the Peace Building Program is working on a project that examines hormonal changes in women in response to external factors. She mentioned difficulties in obtaining sensitive statistical data, especially for studying gynaecological violence. The Union of Medical Faculties has a sector dedicated to SRH, and one participant suggested reaching out to them for further collaboration and data collection. Another participant also addressed GBV, particularly the emergency measures under the Law on Domestic Violence, pointing out that these measures do not adequately consider rural women, Roma women, and women with disabilities. She noted that removing the abuser is often not a solution for these groups, who are often threatened into withdrawing

their complaints. She mentioned that the Law on Gender Equality has been removed and that, although NGO Osvit is a member of the national Council for Gender Equality, there has not been a single meeting of this Council.

FGD: Through the EU/SHAI program, the NGO prepared a training for members of the Roma Women's Network and developed a survey on housing conditions for Roma women. The training educated members on conducting research and familiarized them with the legal framework for social housing. XX handled the statistical processing of the data, conducting research on housing support for Roma women experiencing violence. The study examined services offered by Centers for Social Work (CSR) in 33 municipalities, with only 20 responding, and 12 failing to respond despite the Law on Free Access to Information of Public Importance. The findings were published, but the KI is unsure what further steps the EU SHAI program took to build the capacity for social housing for Roma women

Evaluation Question 2: EQ2: To what extent have UNFPA outputs contributed to planned outcomes, and has UNFPA contributed to building demographic resilience in Serbia? Focus on Output 2 (A&Y)

Evaluation Criteria: *Effectiveness*

Assumption for verification 2.1: UNFPA Serbia has successfully addressed the identified “determinants” in the output theories of change, thereby affecting the achievement of planned CPD outputs and progress towards outcomes

Indicators:

IND2.1.1 The extent to which UNFPA Serbia’s interventions to address determinants have led (are likely to lead) to the achievement of planned country programme outputs (or not), and facilitating/hampering factors

IND2.1.2 The extent to which UNFPA has contributed to (is likely to contribute to) planned outcomes, and factors facilitating/hampering progress

Data collected

KII: Working on sustainability. YWI most sustainable product so far under youth. Presentation in December on results in premises of MoY - sign of ownership. Ministry wants to make long-term tool for annual monitoring. What will go beyond 2024: engage more local level; not just national level results. Now 16 municipalities implementing and trying to go beyond them to other municipalities. MoY will not necessarily need same kind of support as until now. Guidebook with methodology developed. FPA support less than at the beginning. FPA rather advocacy for using YWI.

KII: Biggest achievements: 1) Outreach impressive and connection to young people through social networks related to PB and 2) Partnering with new stakeholders in youth portfolio - e.g., journalists. Reached out to a variety of young people. Involved Young Ambassadors of Peace (15 from different settings and different backgrounds). Have managed to keep them involved after phase 1. E.g., involving them in regional training. Also developed short documentary “Point B”. FPA is only agency that involved another agency not part of project - i.e., UNHCR. Good example of inter-agency collaboration.

KII: Comparative advantages of FPA under PBF project are: 1) partners that FPA engages at local level (compared to UNDP) - using and supporting local structures; 2) topic youth and PB; 3) FPA focus on peer-to-peer approach (will be strong component in phase 2); 4) MoY - national counterpart buy-in; 5) well established IP (Ana and Vlade Divac Foundation) with good connections beyond local level; 6) linkages between PB and FPA topics.

KII: Strive to create synergies - e.g., PB and PMP. PMP as natural thing - topics, expanding presence in municipalities. Use of YAG members as project partners. Naturally aligned. More recently TFGBV. PBF biggest project of all.

KII: Youth: important initiative - YWI created to monitor implementation of youth policies. By RO and MDA in 2018. RO promoted tool. SRB interested and

started initiative in combination with development of Youth Strategy and Action plan and adoption. With help of RO.

KII: Italy peer mentoring programme good, but ad hoc. In support of Local Youth Offices and building local structures.

KII: Less sustainable at the local level, especially if not embedded in local policies and structures. E.g. Red Cross a good example. Italy-funded Peer Mentoring Programme problematic: While the youth will hopefully continue using their skills wherever they go, Local Youth Offices not always strong enough to continue; low importance/salaries and high rotation. Capacity building for health professionals faces problems of retirement of older workers and migration of younger ones. In GBV trained team leaders to train colleagues. But FPA cannot prevent migration abroad or to the private sector. Online training as part of continued education is a good example.

KII: PB can be connected to all UN agencies. Project about building bridges among youth (FPA component) - e.g., youth media literacy. Difficult to measure sustainability. Thinking about sustainability indicators.

KII: GBV: FPA very active in GBV even if others also involved - e.g., UNW. Had very good campaign recently. Cannot remember name. Very visible.

KII: FPA in the past has sporadically supported life skills development out of school. Now closer collaboration on life skills development (including digital GBV) with the Ministry and stakeholders in the medical sphere in the education sector. Also included in EU agenda as part of social norms change and DEMRES. FPA has produced modules and helped establish a platform where it is sharing knowledge and expertise. Do not intend to go down to the level of teachers.

KII: Tackling GBV would be the KI's TR priority #2, including the Bodyright campaign, which is led and pushed by HQ and there is no getting out of it.

KII: Very good idea combining digitalization and innovation in response to crisis in maternity wards - online platform to inform mothers about rights. Also digital literacy on older persons with telecom partners and gvt. Also body rights and digital space violence. Were very much present.

KII: Programme on peacebuilding about bringing peace and cohesion (regional programme) working through youth to maintain peace (political clashes).

KII: Peace-building fund (joint and multi-country) with UNW, UNDP and UNESCO excellent programme about to engage in phase 2. Going well. So coherent across region. Helps to position FPA in a trustful way.

KII: Regional PB JP? Multi-country becoming regional. The first phase is just ending. In-country activities. Small budget, but politically important for the UN. Largest PB Fund project in terms of number of agencies and geographic scope. Good cooperation under initiative in Serbia; excellent. Millions of reactions on social media. A large number of youth have taken part in activities. Giving opportunity to young people to address hate speech. Cannot expect results within two years. Looking at cost extension. In other countries, have shared person co-financed by FPA/UNDP. UNDP SRB hosting regional coordinator. Good results in terms of number of youth convened. Now, following up on what youth have learnt and what they are doing with lessons. Intention to highlight real-life examples

KII: The DEMRES concept is important, but not easy to communicate and to counter the pro-natalist approach. Comms plays a role changing the government narrative. Also via social media and influencers. DEMRES also about GE and GBV - e.g., campaign on digital violence has been a success. Everything is connected. DEMRES is a difficult term to use in Serbia.

KII: It was a pleasure working with FPA. Peer Mentoring Programme (PMP) was very well coordinated and jointly implemented. Very close. Flawless cooperation. Key success: UN Youth Advisory Group (YAG) is comprised of 10-15 young people who advise UN agencies on youth issues. PMP YAG gave them hands-on experience and ownership of something. Built capacities and led local initiatives in 6 municipalities. Provided opportunities for young people in 6 cities (some underprivileged communities) - almost 100 youth gained concrete skills and used funds for local initiatives - in cultural and political matters. Especially important where infrastructure/resources for youth lacking. Examples? E.g., website powered by local youth for employment opportunities. Self-funded, expects that sustainable. Sustainability more likely in cities with necessary infrastructure - where already had youth network/resources - easier there. For other cities more pessimistic. Too small a scale of project to create lasting change. There was no opportunity for the continuation of the grant by

Italy. Tried to engage local self-governments. Very much in favour to participate, but sometimes only declaratively. SRH, etc, to a certain extent, a focus, but in practice, less than intended. Human rights and GE at the centre. SRH was the topic in one city.

KII: The YWI will help authorities to better approach youth and create better conditions for youth. Important to preserve youth because huge outflow from SRB to Western European countries. YWI is a small but relevant contribution. Young people leave for work and because of economic conditions and bad governance (they are unhappy with conditions in their communities/in institutions). They feel they are not being treated fairly.

KII: The school had a project through the NGO, which was dedicated to getting to know cultural diversity and developing tolerance among young people. They traveled to Ruski Krstur, where the Rusyn national minority lives, so the project brought together two religions and two cultures that do not know each other, but live in the same country. One teacher and four students were traveling.

KII: It is important that there was no language barrier with this project, because it made it possible to include children with special needs, who have an entire class in this school, in the visit.

KII: The students were satisfied and the socializing continued even after the end of the project.

KII: The NGO has been a strategic partner of UNFPA for many years, collaborating on several projects. These projects mostly focus on research related to migrant women, the position of girls and women in Serbia, or digital violence against girls. In 2022, they conducted new research involving over 600 girls on the topic of digital violence. The work is done with young people, followed by the presentation of findings and media engagement (the research is titled "In Front of the Screen").

KII: Everything that the NGO has done with UNFPA has provided a wealth of information and a solid foundation for further work on these topics. The issue of violence against migrant women has yielded significant insights. The data collected in collaboration with UNFPA contributed to subsequent changes in the Asylum Law, among others. The research they conducted serves as a valuable base of knowledge. For example, their latest research on digital safety and digital exploitation is crucial for the NGO's work. The findings are needed to promote the issue of digital security, a topic that had not been widely recognized before.

KII: The cooperation with UNFPA has improved the organisation's Youth Program. After this collaboration, the organisation sees a gap in the youth program concerning the right to health and wish to continue addressing this need. Several components of the cooperation have shown strong signs of sustainability. The Youth Health Guide has been included in additional literature for a Master's program in Public Health, ensuring long-term use in academic settings. Moreover, the shift in healthcare professionals' attitudes, particularly in avoiding stigmatization of youth during the COVID-19 pandemic, marks a positive cultural change attributed to the program's influence.

KII: UNFPA's primary contributions lie in analysis and strategic planning, which are essential for Serbia's evidence-based decision-making. Given the pressing need for data, they should avoid becoming too involved in implementation. Currently, UNFPA's engagement with the Ministry lacks the depth observed in other collaborations, such as those with UN Women, which has addressed more substantial topics. UNFPA's broad focus on aging, population policy measures, and reproductive health risks diluting their impact. By spreading their resources too thinly, they fail to achieve significant results.

KII: The NGO has partnered with UNFPA to develop vital resources for mental health and well-being. Their feedback will be essential for evaluating the impact of the Handbook on Mental Health and its implementation.

KII: In 2023, the NGO undertook a project targeting youth and youth workers to provide initial psychological support. The outcome of this initiative is a comprehensive handbook for working with young people, covering various mental health topics. This handbook is accessible to a broad spectrum of service providers, including CSR, educational institutions, and similar organizations. It includes practical guidelines aimed at supporting the development of youth workers and others engaged with young people. Additionally, training sessions on how to utilize the handbook were held in several municipalities, as agreed

upon with the ministry responsible for youth affairs.

KII: The YWI, which plays a significant role in state cooperation, received backing from the Ministry. This project aids in monitoring the implementation of the national Strategy for Youth. The YWI was developed by UNFPA in several countries globally. In conjunction, the NGO has created a Youth Participation Index, leading to the integration of these two indices. They agreed to localize the indicators and assess, in various municipalities, how effectively the Strategy addresses the needs of young people. This initiative has since expanded throughout the Western Balkans, with North Macedonia now seeking to utilize it as a tool. The NGO's capacity to implement this participation index is why UNFPA selected them to execute the YWI. Data is derived from agreed-upon indicators from SORS, NES, and other administrative data sources.

KII: The IP and UNFPA have also partnered on the UN Peacebuilding Fund project, in collaboration with UNDP and UN Women. This project is being implemented at a regional level in the Western Balkans. It has engaged over 100 talented young individuals from small communities, including youth with disabilities. Participants had the opportunity to learn about media operations, active listening, critical thinking, and more. Selected high schools from ten cities participated, providing young people with the chance to experience the diversity of their country. As a result, perspectives shifted, and youth initiated discussions on topics such as minority rights, sexual and reproductive health (SRH), violence, and the experiences of migrants.

KII: However, a challenge during the project implementation was that each UN agency had different partners, which created communication barriers and diminished potential project outcomes. Due to a lack of cooperation, UN agencies were unaware of each other's activities within the project. Additionally, collaboration and exchange with other countries were insufficient, which could have enhanced the quality of initiatives and facilitated the sharing of best practices and challenges. Even at the national level in Serbia, collaboration was lacking. The first cycle of this project has concluded, and the continuation is pending.

KII: The Ministry described the initial collaboration with UNFPA focused on developing interdisciplinary competencies (with the focus on health-related interdisciplinary competences), crucial for implementing Serbian laws on elementary and secondary education. Through the project supported by UNFPA, the Ministry was able to create teaching materials, including a manual with 23 workshops and 14 presentations, which are available on the Education Development Institute's website. Additionally, UNFPA facilitated online training for about 1,300 education professionals, supported by certification and evidence of dissemination. Online resources - review the "Responsible Health Approach" project materials and training records on the ZUOV website.

KII: Regarding future collaboration during the new programming period, and the initiative by the Minister and UNFPA to involve UNFPA in supporting the Ministry's implementation of the Sector Budget Support (SBS), the interviewee clarified that the SBS has not yet been signed. This will be a process between the Ministry of Finance, the Ministry of Education, and the EU Delegation. Only when the Ministry has a financial agreement signed with the EU Delegation will they be able to discuss details, including the potential contribution of UNFPA to the implementation of SBS in education.

KII: The collaboration between UNFPA and the Ministry has resulted in sustainable outcomes through the development of health-related interdisciplinary competencies, educational materials, and comprehensive training for educators. UNFPA supported the creation of resources such as manuals and presentations, along with capacity building for over 1,300 professionals. In response to the 2023 Belgrade school shooting, a key initiative involved updating crisis management protocols and psychological intervention guidelines, with further training planned for school administrators.

KII: In response to the school shooting in Belgrade in May 2023, the Ministry, in partnership with UNFPA, launched the project "Enhancing the Effectiveness of the Education System's Response in Crisis Situations." The project's objective was to strengthen the education system's protocols for managing future crises. Key activities included revising the Rulebook on the Protocol for Handling Violence, Abuse, and Neglect, and updating the Handbook for Psychological Interventions in Educational Institutions.

KII: Additionally, to improve the implementation of the new Protocol, the Ministry, together with UNFPA, organized consultants to focus on the development of a new Manual for handling crisis situations. As a follow up, the training programs for school administration advisors are also being developed to enhance

their ability to implement the updated protocols effectively. There is a plan, through a new project with UNFPA, to conduct training for directors and advisors from 17 school administrations next year.

KII: UNFPA's goals are closely aligned with the national Youth Strategy, which seeks to improve youth well-being, health, and life skills. Key focus areas of the Youth Strategy, and thus of UNFPA's efforts in Serbia, include promoting healthy lifestyles, reproductive health, family planning, demographic resilience, and enhancing life skills. UNFPA also supports the Ministry in advancing youth work and expanding the availability of youth workers. Additionally, UNFPA has contributed to evaluating the implementation of the Youth Strategy's first year and the 2023-2025 Action Plan.

KII: UNFPA needs to provide more support to help the public understand that these various aspects of youth quality of life are vital for their informed decision-making about the future. Regarding collaboration, UNFPA and the Ministry have a strong alignment and mutual understanding. They have restored their strategic framework and worked together on the YWI. Their joint initiatives should be continued and strengthened to further enhance youth potential and improve their quality of life. The enduring partnership between UNFPA and the Ministry is marked by high levels of trust, openness, and strong professional and personal connections. This relationship should be acknowledged and maintained.

KII: The UN Peacebuilding Fund provides resources that UN agencies can access more easily, and this could potentially serve as an instrument for future collaboration between the KI and UNFPA. However, there is significant overlap in themes and mandates among the agencies. The KI has worked to involve UNFPA in localizing the UN peace and security agenda, which seems to present the most promising niche for cooperation in the coming period. Several events have been held at both the national (Serbian) and regional (Western Balkans) levels, with UNFPA in attendance. Further collaboration in this area is being considered. The KI continues to focus on engaging youth, particularly through KOMS in Serbia. In addition to peacebuilding, another key theme is youth participation.

KII: The Youth Strategy has led to some positive developments, such as the establishment of youth clubs and centers and the delivery of youth-oriented content at the local level, primarily led by OPENS. It has also facilitated discussions on youth mental health, which has become a key focus for both the Ministry and youth organizations.

FGD: The YWI is measured in Kragujevac, it is a project of UNFPA, the Divac Foundation and local governments. More work needs to be done on the mental health of young people and non-institutional support for young people to preserve the mental health of young people.

FGD: Two years ago, the Youth Office implemented a peer support project with the support of UNFPA. The topic was human rights and the young people created a comic that talked about it. Based on that comic book Kraguj heroj mladih, several more similar ones were created that dealt with other topics that interested the youth of Kragujevac.

FGD: warned that the reported cases of GBV are just the tip of the iceberg, stressing the importance of empowering healthcare workers to better recognize and communicate with survivors. The public institution suggested partnering with the Medical Faculty to develop a framework for health education in schools. Although a successful pilot project had been conducted with UNICEF, political changes and funding challenges have made it difficult to implement long-term programs. The FGD participant noted that while students are exposed to various topics in schools, life skills are often missing. A guidebook on life skills has already been developed, and the participant recommends its further dissemination to ensure young people are equipped with essential health-related knowledge.

FGD: Participant of the Peace Building Program is working on a project that examines hormonal changes in women in response to external factors. She mentioned difficulties in obtaining sensitive statistical data, especially for studying gynaecological violence. The Union of Medical Faculties has a sector dedicated to SRH, and one participant suggested reaching out to them for further collaboration and data collection.

FGD9: The Youth Office has worked with UNFPA on developing the Youth Well-Being Index, and they are also involved in a pilot project with the Divac Foundation to track the status of young people through specific indicators. The project started last year and is expected to conclude by the end of 2024,

after which the Well-Being Index will be fully developed. The goal is to apply the findings at the local level to enhance support for youth. A budget analysis was also conducted to ensure adequate resources for these initiatives.

Evaluation Question 2: EQ2: To what extent have UNFPA outputs contributed to planned outcomes, and has UNFPA contributed to building demographic resilience in Serbia? Focus on Output 3 (PD)

Evaluation Criteria: *Effectiveness*

Assumption for verification 2.1: UNFPA Serbia has successfully addressed the identified “determinants” in the output theories of change, thereby affecting the achievement of planned CPD outputs and progress towards outcomes

Indicators:

IND2.1.1 The extent to which UNFPA Serbia’s interventions to address determinants have led (are likely to lead) to the achievement of planned country programme outputs (or not), and facilitating/hampering factors

IND2.1.2 The extent to which UNFPA has contributed to (is likely to contribute to) planned outcomes, and factors facilitating/hampering progress

Data collected

KII: The DEMRES concept is important, but not easy to communicate and to counter the pro-natalist approach. Comms plays a role changing the government narrative. Also via social media and influencers. DEMRES also about GE and GBV - e.g., campaign on digital violence has been a success. Everything is connected. DEMRES is a difficult term to use in Serbia.

KII: ADA project being implemented in connection with new Family Support Strategy. The CO would have funded with core.

KII: PRO at the national and local levels: Currently working on digital literacy. Next year planned poor elderly. Furthermore, establishment of resource centres for intergenerational dialogue (conditions for municipalities to continue is their commitment to providing space and future funding after FPA leaves) (sustainability). Also inclusion of wastepickers (mostly Roma): finding sustainable solutions. Building LSG capacities. SRH sensitization.

KII: SDG-F implemented post-Covid. Two activities targeting elderly: poverty projections and cash vouchers distributed by Red Cross, mainly in rural areas in the South. Sort of "humanitarian". SDG-F in that sense not sustainable. Spent money. Cash vouchers were one-time thing. Poverty projections not so important to the government.

KII: ADA project: Learning from the experience of other programme countries. Companies interested. Government not so much - is issue. Companies will be on their own when programme ends. Sustainability a general problem in SRB (not just for FPA).

KII: Not many commonalities between SDG-F and PRO, both dealing with elderly. But the next PRO activity regarding poor elderly people could benefit from work done under SDG-F.

KII: Elderly +65 are a big topic in PD. Only FPA has specific activities. No connection to SRH. Comes from the "P" in UNFPA. Is FPA mandate. FPA also focuses on silver economy. There was also SHAI. Elderly not necessarily EU priority. EU agenda always shifting. They do their own thing to get visibility or work with national partners. Not interested in the UN. UN good for expertise and knowledge, but not for implementation.

KII: Agrees that need to improve CPD outcome-level indicators and that the PD indicator is not appropriate. Minor FPA contribution. At the outcome level, FPA contributed to: 1) Increased reliable data for all (government, academia, etc.) - e.g., is proud of National Transfer Accounts analyses and 2 policy briefs;

and 2) reduced stereotyping of elderly people.

KII: TRs? In SRB on one side focus on data. Produce comprehensive analysis/research/projections... Valuable for CO and inform gvt. E.g., poverty projections for older persons; National Transfer Accounts analyses; with UNDP NHDR; exploring violence against older women in Western Balkans and Ukraine (lacked data). This all contributes to TRs. On other side, when have opportunities reach groups that need to be supported through local gvts and partners. More concrete.

KII: The "depopulation" initiative with UNDP is "paused". Depends on people. Need to reconnect, to coordinate and collaborate. Was initiated at the request of the President. "Depopulation" in accordance with government terminology/common understanding of the population. But has negative connotation. FPA prefers DEMRES. FPA is not the only agency mandated to work on demography. There is space for others. UNFPA has more expertise. UNDP has more money. Irritating that UNDP went ahead unilaterally to pilot the model jointly developed through the NHDR. Yes, UNSDCF process a good moment to get back on the same page.

KII: Agrees that should pick one priority/TR and stick to it, including leveraging partners. Would agree that a focus on Roma inclusion would be a good coverage of the TRs (child marriage, adolescent birth rate...). Have data from 2019 MICS. A new MICS was meant to be conducted this year, but problems, no money. Is already working on Roma inclusion through SHAI, MSD and PRO (wastepickers). Tried to work through national Health Mediators, but depends on the individuals - not a stable system.

KII: Current government pro-natalist. Last week amended law to increase financial support (economic incentives) for children. UNFPA promotes other approaches to family planning. It should not be about numbers or money. Should be a broader concept than the current contraceptive-centred FP TR. Is about balancing work and family. Amending outdated Labour Law. Working with employers. Government, with FPA support, revising Birth Promotion Strategy. Working title of new version is "Parenting Support Strategy". But government changed and process stalled. FPA offering expertise. Family planning work should be broadened to include issues such as infertility and access to IVF.

KII: SRH strategy - developed. Also activities regarding birth promotion strategy 2018. FPA successfully negotiated agreement that new strategy called "parenting support strategy". Gvt very vocal when comes to low fertility. See as threat. Not just in SRB. Also other Western Balkan countries. But should not just be birth promotion. FPA angle needs to approach and slowly work with them to see demographic changes as opportunity and not threat.

KII: UNFPA supported Healthy and Active Ageing Strategy. Was adopted with FPA support. This is how work on ageing started after last strategy expired in 2015. Was government decision to update. Then frequent government changes.... Then window of opportunity with SHAI project and donor funding for working on healthy ageing centres (an indicator in the RRF). Worked with Red Cross as partner to ensure sustainability. Red Cross has branches in basically all municipalities and is more reliable than LSGs. Wanted to be present at local level. Also conducted research on loneliness, initiated by EECARO. Elderly have a range of needs - health, social, but can also be leveraged to be more active ("silver economy"). Ageing very relevant, but yes, maybe FPA could be more focused. Trying to find a niche in an UMIC. Programmatic work with elderly is part of UNFPA's mandate.

KII: So far focus on older persons and digitalization. Good references during the pandemic. Were alone. Only window to communicate with devices (tablets, phones...), especially those in nursing homes. Now focused on older persons. Donors interested/supported. Approved. Upgrading experience, knowledge. Widely recognized that population/ageing has profound impact on social systems. Healthy and active ageing is in FPA mandate. Not just taking care of the elderly. Majority of elderly can be active and lead healthy lives. Not useless after retirement. Systems will benefit.

KII: Supported Statistical Office to update methodology in preparation for census. Helped to capture C19-related movements of people. Trying to amend to distinguish between people in Serbia and virtually in Serbia. Now series of analysis, including youth migration. Also National Transfer Accounts analysis (2 rounds) bringing new culture of looking at statistics across generations. New angle.

KII: CO has done immense work in PD.

KII: Helping countries cope with the demographic transition is part of UNFPA's mandate. E.g., supported by National Transfer Accounts analysis, which is a flagship of UNFPA's DEMRES work - showing public expenditures by age groups and designing relevant responses in a modern way (not a traditional way). It's about changing public discourse/social norms. Analytical work, awareness raising, political advice. Do not go further than that.

KII: Local-level activities are a chance to test what preaching at the national level and to feed evidence into national policy dialogue. Get a good pulse of what is happening on the ground/what works. E.g., resource centres for intergenerational dialogue (is a concept/not physical) or healthy ageing centres.

KII: DEMRES and TRs? Fits well because one TR linked to contraception and FP. In Serbia political setup Ministry for Dem and Family Welfare promoting pronatalist policies - incentives for more children. Increase fertility rate (not clear if due to incentives). According to FPA, women have to be free and economic conditions and political atmosphere enabling. Influencing culture that affects SRHR. Trying to position UNFPA round DEMRES. Part of regional programme and domesticated in all countries in several ways. Everybody wants to be part. Money behind usually. Very valuable flagship projects - National Transfer Accounts analysis. Also support to census.

KII: Dialogue with private sector where would like to do more. Regional programme funded by ADA on FFPs. Area where FPA have big role to play.

KII: How does UNFPA explain its engagement in ageing? Link to UNFPA's mandate? Ageing phased in fastest thanks to regional JP on ageing developed back in 2020 in EECA. At the time, everybody wanted to do but couldn't prioritize over other issues. FPA started with surveys. Phased topic in through older women and VAW, loneliness. Then CO also became more vocal thanks to tools from RO. E.g., regional report on ageism - launched in SRB for the whole region in 2020 or 2021. It provides a good mixture of human rights/rights of older people (discrimination) and demographic issues and responds to the country's anxieties. Recognized and door opened for further activities. Another entry point: EECA DEMRES Programme with key rhetoric that ageing is not a bad thing - not stopping people from working - started promoting active ageing - professionally, socially, and economically - ran a campaign. Published national report.

KII: Elderly? Yes, has role to play. But is not well aware. E.g., deinstitutionalization - UNICEF for children/FPA for elderly. Wonders whether need for a separate UN agency for this, doesn't know. Main partner in the Western Balkans is EU/not UN. EU is leading partner. Government doesn't talk about SDGs, but chapters/acquis. EU accession most important. Requirements include social cohesion. But is it worth the UN investing scarce resources. Efficiency question. EU doesn't want to fund UN agencies.

KII: Data for SDG indicators? Doesn't know. Knows that FPA supported census. SDG tracking requires a lot of work - 110-115 indicators need to be tracked. A lot more to be done. Need to get better at tracking. SRB has no comprehensive data strategy. Would be needed. The UN organisation has ideas. The UN organisation supports infrastructure, centres, and structures to host the data. 2nd step would be data curation by each ministry. Does FPA have capacities? GIZ funded the latest SDG report. RCO gave the UN stamp.

KII: Systemic approach to PD that accelerator lab started. Started collaboration with FPA in 2019. Got support from Michael from EECARO. Flew to Belgrade. Had "studio". Developed the first draft of depopulation portfolio. Ongoing process. Can share systemic design - infographics of foreseen interventions. More than 100 interventions proposed. Certain areas where FPA prefers to work - ageing - and others the UN organisation. <https://lab.undp.org.rs/depopulation-portfolio/>.

KII: Initiated depopulation data challenge in 2020 - innovative use of data with FPA as partner. Finished in 2021. Four teams/projects - 1) used social network data (including Facebook) to map SRB diaspora and track migration in real time; 2) mobile data to better understand mobility within the country; satellite data to research depopulated rural areas; 4) job data for the job market for youth. FPA provided expertise and contacts in government. Each project had a mentor/external experts. UNDP and GIZ funding plus small FPA financial contribution. <https://lab.undp.org.rs/depopulation-data-challenge/>.

KII: NHDR in 2021 and published in 2022. <https://hdr.undp.org.rs/home/index.html>.

KII: What has changed thanks to collaboration? Government has an entirely different view on issue. Before, the government had a very negative view. Prevailing narrative. Now, it is more open for immigrant/foreign workers. It also puts more focus on human capital development (maximising the

potential/productivity of fewer people). Adapting public policies. Is a long process.

KII: Looking ahead, SRB should harness demographic trends, implement education reforms for better productivity, be open to immigration, and promote economic progress/economic growth. Then, people (highly educated people) will stay (although brain drain is not as bad as initially thought). The UN organisation's interventions focus on mid-size cities connected to rural parts with constant populations.

KII: Age is very much part of the depopulation/PD portfolio. So is social inclusion. Is aware of FPA engagement. E.g., healthy ageing conferences. Research the ageing population. Loneliness etc. No longer use "ageing", but rather "longevity".

KII: FPA's comparative advantages? The initial request came from the President of SRB to the UN organisation. The UN organisation reached out to FPA for expertise, know-how, and comparative examples. The UN organisation still reaches out to FPA for such expertise. FPA is good in identifying causes of population trends, but it can't solve the problem on its own. Diverse reasons for population dynamics, including, for instance, non-functioning water systems in Moldova. The UN organisation has a holistic mandate. UNFPA is suitable for data, analytics, and policies - e.g., regarding birth promotion (although the government implemented a policy in spite of a recommendation from the UN organisation/FPA).

KII: Would like to join forces with FPA on the ADA-funded Family Friendly Policies project with the business sector - for the sake of SRB. Excellent guidance from the regional FPA project. FPA capacities/funds limited. Doesn't want to be competitors.

KII: Age is very much part of the depopulation/PD portfolio. So is social inclusion. Is aware of FPA engagement. E.g., healthy ageing conferences. Research the ageing population. Loneliness etc. No longer use "ageing", but rather "longevity".

KII: Remembers shock-responsiveness report with FPA contribution. Had exchange with UN agencies and UNFPA. Very important work. Social protection during the pandemic: saw that social protection programmes not designed to respond to shocks. But need to be improved - e.g., legislation needs to be changed to allow for flexibility and to expand during crisis. SRB is not yet there. Government hasn't taken steps to improve. System is still not responsive. FPA had meeting with representatives of government with a special focus on most vulnerable - i.e., older people. FPA did assessment of impact of people on elderly. Obtained valuable data.

KII: FPA more involved at policy level and also field/groundwork. FPA has done a lot for the strategy for PWD (alongside other stakeholders). Policies involved with that would not have been developed if not for FPA - not to the adequate standards - e.g., fertility, population, ageing strategy. Could be seen as exclusively theirs and where government has concerning views. FPA comparative advantage. Could brand themselves.

KII: The YWI will help authorities to better approach youth and create better conditions for youth. Important to preserve youth because huge outflow from SRB to Western European countries. YWI is a small but relevant contribution. Young people leave for work and because of economic conditions and bad governance (they are unhappy with conditions in their communities/in institutions). They feel they are not being treated fairly.

KII: Mix of activities. 1) Training for people to get jobs and integrate in the labour market; 2) more important: work on studies and assessment, tools - e.g., YWI - advice for policymakers. But depends on government willingness to accept and implement. FPA's role as generator of knowledge and promoting the use of evidence-based assessments is important.

KII: What does social inclusion imply? What has FPA delivered? Improving the position of the elderly. Creating employment conditions for vulnerable categories - young people on social assistance lists - who are difficult to employ. FPA has provided guidelines, manuals and educational materials to local governments and held training for officials, particularly those dealing with employment on how to pay more attention to vulnerable groups and facilitate their employment. FPA has added value. FPA also tries to promote the integration of elderly and young people to reduce inter-generational gap and discrimination against the elderly. FPA has also created/promoted the YWI for local authorities to use. FPA has also supported the requalification of wastepickers (mainly Roma included in the beneficiary group although could also be other ethnicities). Built capacities of local governments and promoting employment for those without

qualification.

KII: Digital literacy for the elderly had nothing to do with SRH/GBV. Completely separate. For those living in rural areas and no stable connection procured 50 mobile phones and pre-paid SIM cards and provided very basic training and produced a video tutorial for sharing more widely. For those living in long-term care facilities, not only digital literacy but about engaging the elderly in meaningful activities during COVID. UNFPA also procured light physical equipment and distributed through Red Cross branches for conducting "fitness" sessions with the elderly ("healthy ageing").

KII: The UN organisation knew that FPA has meaningful activities focused on youth, the elderly and women's RH. FPA has a crucial role in the social inclusion component, with its own output dedicated to elderly people (combating ageism, establishing intergenerational centres—an innovative social protection service—reducing the digital gap focusing on elderly people).

KII: UNFPA has trained almost 150 elderly beneficiaries for digital skills so far. Huge success. There are many rural municipalities with elderly people in SRB.

KII: FPA right partner - also good in choosing its partners - e.g., for assessing deinstitutionalization according to the new law (shift to family care) or available services for informal waste pickers or developing handbooks for centres of social welfare employees for working activation. FPA is great for soft activities (e.g., policies, assessments, training). It should try to have more concrete/hands-on activities like active labour measures with direct contact with unemployed or the intergenerational centres. Produce tangible results.

KII: The Family Planning Strategy (he is not sure of the exact title) is a success. FPA supported the Ministry. FPA circulated the draft within UNCT for inputs. Ownership of government. FPA provided maximum it has to offer.

KII: Fairly good national statistics already available. The public institution is quite capable and doesn't require particular support. Except for Roma population-related data/indicators. MICS is important for this. UNICEF instrument with strong UNFPA promotion. Currently planning MICS 7, but is not in regular budget of SORS. Fundraising necessary. But is important to get new MICS data for CPDs and new UNSDCF. E.g., on adolescent pregnancies in Roma communities.

KII: Yes, depopulation programme with the UN organisation - but initiatives not very successful. Not huge collaboration. Not quite sure why. Doesn't recall. Perhaps not managed to fundraise. Perhaps some political disagreement. Somewhat dropped. UNCT recently had inter-agency meeting to speak about depopulation agenda. Conclusion: Possibly EU could support UNCT, but within framework of WB. EU not interested in national activities. Especially because migration is huge portion of depopulation. Mainly to EU countries, mostly young and highly educated and skilled. Has effects on natality, security, etc. Government measures to support FP are completely wrong!

KII: The KI mentions research on informal caregivers and training in cooperation with centers for social work at the local level. Research on violence and older women that entered the strategy on gender equality. The project of digital inclusion of the elderly.

KII: The KI thought that UNFPA contributed a lot to the popularization of the concept of intergenerational cooperation, and these activities should be continued and strengthened in the future. The KI mentions the word longevity as a paradigm that should replace active aging. The KI reiterated the importance of the already mentioned strategy and the readiness of the FPA to take some jobs which is obligation of the Government of Serbia, especially in the domain where the ministry did not have enough of its own human resources and capacities.

KII: The work of UNFPA is aligned with national priorities, examples are the Strategy for Active and Healthy Aging, the Birth Promotion Strategy, the Strategy for the Preservation and Improvement of Reproductive Health and the Action Plan (in progress) and the Parenting Support Strategy (not adopted). The KI believes that all UNFPA activities are directly or indirectly aimed at achieving national priority.

KII: The KI thinks that the FPA's work on collecting, processing and disseminating data is extremely important because this is how evidence-based policies can be made. The KI does not know exactly which projects were carried out together with SORS, but the KI knows that there were some, that they produced important results. The KI believes that the results would be better if the FPA focused less on donor-oriented activities, because that way they lose focus.

KII: Among the most important achievements are the tours of municipalities, 12 of them, from which three municipalities will be selected to create a service called the Center for intergenerational cooperation. The KI thinks that the NGO and UNFPA have based everything on research. Data is very important for their interventions. The KI cannot say whether this is a practice in government as well, she thinks not, an example is financial support to the family, which is considered not based on evidence.

KII: The KI believes that the work of UNFPA is significant on the Birth promotion strategy. The KI thinks that the proposals to decrease uncertainties for parents are significant, but financial support measures have not produced many results.

KII: Deinstitutionalization will remain as a tool owned by the ministry and local administrations.

KII: UNFPA support the statistical agency with dissemination of the 2021 census results. UNFPA produced two National Transfer Accounts in Serbia. Evidence-based policy, the public institution is a pioneer here, and everything the government does is based on official national data. The KI does not know how it is further converted into recommendations. The public institution only provides quality data. UNFPA supports evidence-based government by estimating the migration balance. This is also done at the local level, which is important for the development strategies of municipalities. The approach applied by UNFPA is innovative in the field of migration, male fertility, current and proactive. They pay attention to young people, and there is little literature on young people, there is room for research on late transition, etc.

KII: New actions are aimed at increasing the coverage of the census, with hard-to-reach population groups (persons with disabilities, for example). These data are further shared with users, for example in Novi Pazar an NGO was asked to create some services. The migration balance is new data that will be shared when it is published.

KII: On the way to data production, UNFPA has recognized the points of joint action to produce data according to the highest standards, with improved methodology, with experts... translation of censuses into minority languages, migration research, 2024 assessment of the migration balance...UNFPA fast recognizes where aid is needed and acts there. When priorities change like covid, UNFPA reacts in a timely manner, they are very flexible, it is easy to negotiate with them, they respect all the principles of human rights and LNOB... There were no unfulfilled results, everything they planned was realized.

KII: The KI says that more work needs to be done to support the family, especially women who care for children and elderly parents at the same time. The position of women in the villages is still very difficult, and this must be investigated more and followed by actions, which can be linked to research on women's unpaid work. Maybe also migration, GBV to be done again, MICS at any cost to find money. UNFPA helped the previous MICS financially.

KII: The achievements of UNFPA, which the KI knows about, the KI sees through the prism of concrete aid, gadgets for the elderly, and the second prism is the need to be in solidarity and the strengthening of awareness of the value of that support. Social workers as mediators, who are trained. Gives preference to measurable indicators, How many people felt the benefit.

KII: The Expanding Choices project, funded by ADA, commenced in April 2024. It draws on UNFPA's experiences in other countries and focuses on harmonizing family and professional life, with the model being replicated in Serbia. UNFPA developed the model four years ago based on global best practices. This year, the program has also been extended to Bosnia and Herzegovina, North Macedonia, and Serbia. The NGO is collaborating with the business sector to implement this model, specifically in creating family-friendly workplaces, with 11 companies currently registered. A long-term impact is anticipated. UNFPA is working directly with ministries to establish a policy framework for this topic and is conducting a legal framework analysis, which they plan to present to the public and the Ministry soon.

KII: The EU SHAI project, funded by the EU, was proposed by UN agencies—UNOPS, UNFPA, UNHCR, and UN Women. It was necessary to define the added value of each agency, and UNFPA joined to handle a smaller component within its area of expertise, which involved improving intergenerational solidarity

and supporting the elderly. The project had a positive impact, but the funds UNFPA received were limited, which also restricted the scope of its influence.

KII: They worked successfully on two large projects: The impact of the COVID-19 pandemic and the Ukrainian crisis on the poverty of older persons in the Republic of Serbia. These projections of elderly poverty were the first thing they did, and a publication came out. It was done within the framework of the Joint UN Program Extending Social Protection to families in Serbia with enhanced shock-responsiveness. The project implemented by UNFPA, UNICEF, UNHCR. The NGO had one more project with UNFPA, on the PRO project, together with UNOPS (for the needs of UNFPA in Serbia, the NGO conducted a mapping of social protection capacities and services in 12 local self-government units where waste collectors live and work, defined as priority groups within the PRO Program.

FGD: Research supported by UNFPA is invaluable to the academic community. Many are pioneering, such as male fertility research. All research can contribute to better public policies. An example is research that shows that financial support for parenthood did not produce the results that were expected. Therefore, the results of male fertility research must be included in future policies. It would be good for our country if we did not need UNFPA to help decision makers, it would mean that we have solved the problems that this agency deals with. Cooperation with UNFPA is important because there is a connection with other researchers and ideas, and the problem is a lack of connection with decision makers. Research such as the Human Development Report has great potential that is not being fully utilized. 5-year plans are not so long-term or variable that flexibility is necessary (only in the area of migration, it is necessary to react more quickly, otherwise there are no other dramatic changes in the field of PD. The biggest problem is the translation of research results into measures that will be applied. There are often diametrically opposed attitudes of decision-makers and of what we see in the results of the research done by UNFPA. The academic community's communication with UNFPA is good (they understand us better and change less often than the ministries and operatives within them).

FGD: For the sustainability of projects in the field of PD, the key question is the extent to which the obtained results were used, i.e. whether there is justification to continue some research, for example the mix is questionable. The question is whether it is possible to continue research from the perspective of the public institution's personnel. As long as there are funds, it is good, when they are not, the research community will manage in another way. The research community is small, and it cannot do without international organizations. The public institution is not very friendly in every situation and does not share all data. This is where UNFPA comes in, which makes it easier to obtain data and provide it to researchers. For now, it cannot be done without intermediaries like UNFPA. UNFPA are essential for evidence-based policy, there were attempts to have scientific institutes take it over, but it failed. UNFPA is sustainable because it is aligned in terms of goals that are acceptable to the government.

FGD: Project activities include health prevention, cultural events and educational workshops. Every Tuesday, from 10 a.m. to 1 p.m., elderly organize numerous activities that are significant for the population of the third age, so that their life in the third age would be more dynamic and of better quality. In addition to the organization of numerous sports-recreational, cultural and health-preventive activities, Kutak visitors take care of each other.

FGD: The intervention was provided by the NGO based on the Active aging project, which is a regular activity of the Red Cross. Then came the UNFPA projects that brought order and structure to the work of Kutak za aktivno starenje, and enabled the expansion and planning of new activities. Their opinion is sought, exhibitions are held, and they are guests at conferences.

FGD: Kutak za kvalitetno starenje received 18 phones in the digital literacy project and green cards, training for using Viber.

Evaluation Question 2: EQ2: To what extent have UNFPA outputs contributed to planned outcomes, and has UNFPA contributed to building demographic resilience in Serbia? Focus on DEMRES

Assumption for verification 2.2: UNFPA outputs and outcomes in	Indicators:
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<p>SRH, A&Y and PD have contributed to building demographic resilience in Serbia (as defined in the Demographic Resilience Programme for Europe and Central Asia)</p> <p>Assumptions for verification 2.3: UNFPA has added benefits to partner efforts to build government capacity to understand, plan for and shape demographic changes and create positive demographic outcomes in Serbia (UNFPA's comparative advantages)</p>	<p>IND2.2.1 Evidence-based governance (DEMRES Programme Output 1): The extent to which UNFPA Serbia's work has contributed to evidence-based governance - i.e., with UNFPA support, the government has strengthened the science-policy interface and considers demographic change in planning and policy-making processes - (or not) and facilitating/hampering factors</p> <p>IND2.2.2 Human capital for an inclusive economy and society (DEMRES Programme Output 2): The extent to which UNFPA Serbia's work has contributed to an inclusive economy - i.e., with UNFPA support, the government has developed human capital throughout the life course and empowers all people to participate in the economy and society - (or not) and facilitating/hampering factors</p> <p>IND2.2.3 Adapting social policy systems (DEMRES Programme Output 3): The extent to which UNFPA Serbia's work has contributed to social policy - i.e., with UNFPA support, the government has adapted labour markets, social protection systems, service delivery and infrastructures to new and emerging demographic realities - (or not) and facilitating/hampering factors</p> <p>IND2.2.4 Narrative (DEMRES Programme Output 4): The extent to which UNFPA Serbia's work has contributed to the public discourse - i.e., with UNFPA support, the public discourse on demography has become more constructive and relaxed and based on evidence and supportive of human rights and gender equality - (or not) and facilitating/hampering factors</p> <p>IND2.3.1 The extent to which UNFPA has demonstrated comparative advantages vis-à-vis partners in terms of demographic topics and the demographic challenges and opportunities of different age groups (or not) and specific local population dynamics, and facilitating/hampering factors</p>
<p>Evaluation Criteria: Effectiveness</p>	
<p>Data collected</p>	
<p><i>Also see evidence collected for assumption for verification 2.1.</i></p> <p>KII: Agrees that should do more on child marriage and adolescent births. Through MSD project at community level through outreach, including on cancer, maternal health etc among Roma (according to MICS results). Experienced and established IP. Resources a problem. UNICEF also in topic. National Coalition led by UNICEF. Trying to avoid potential clashes. Should strengthen FPA efforts. FPA more emphasis on outreach - face to face (local level). UNICEF more on policy level - policies and laws. At this point, more civil society; less government. A component is to bring LGs and Roma communities to the table. MoU/letter of intent with LGs to formalise and increase health literacy for Roma women and girls. Aware that should be strengthened.</p> <p>KII: Still not clear to the KI what DEMRES means. Has a lot of question marks. Still missing a lot in terms of framing DEMRES. Buzzword. Is it new or framing things in a different way? The KI thinks there is a niche for PB and maybe DEMRES can serve as a bridge between PB and the TRs, especially young people migrating from rural to urban areas and going abroad.</p>	

KII: Delicate fine line between aligning with government (rhetoric) and criticising/boldness. There is room for a little more boldness... Also room for pointing out FPA - giving FPA credit and visibility. But would not openly criticise the government.

KII: The government emphasises increasing fertility. FPA focus on more opportunities for young people. More holistic perspective. With FPA help government is changing narrative - evidence of this seen at events and conferences when talking about A&Y and ageing. The narrative of different cabinets over time is broadening.

KII: The DEMRES concept is important, but not easy to communicate and to counter the pro-natalist approach. Comms plays a role changing the government narrative. Also via social media and influencers. DEMRES also about GE and GBV - e.g., campaign on digital violence has been a success. Everything is connected. DEMRES is a difficult term to use in Serbia.

KII: DEMRES should be entry point for all FPA interventions. Clear comparative advantage in FP and ageing (important to understand that elderly people not a homogenous group; need to shift understanding). As concerns FP, every person should get a chance to contribute to society, to achieve desired fertility. FPA insists on desired fertility; on having a choice. Programmatic work on ageing in order to give positive examples, demonstrate the importance and what works, sow seeds. E.g., no dedicated national structure/officers for elderly. Would be centres for social work, but overloaded.

KII: FPA offers holistic perspective on SRHR. Comprehensive policy advice and convening power. UNICEF and WHO also part, but not RH. For instance, FPA invited to contribute to the new strategies on RH and on family support (successor strategies to SRH Programme from 2018 before Law on National Planning, which however was never adopted).

KII: As regards FP and contraceptives, is strength, but not a priority by the government and professionals (given low fertility). FPA trying to navigate narrative. SRB has seen increase in the use of condoms, but FPA contribution has been weak. Increase has come from decision-makers and the market. FPA has worked on health literacy and behaviour among young people, which should have contributed.

KII: Challenging to talk about family planning in low fertility context. Trying to explain that not about numbers, but about human capital. Rights and choices.

KII: Elderly +65 are a big topic in PD. Only FPA has specific activities. No connection to SRH. Comes from the "P" in UNFPA. Is FPA mandate. FPA also focuses on silver economy. There was also SHAI. Elderly not necessarily EU priority. EU agenda always shifting. They do their own thing to get visibility or work with national partners. Not interested in the UN. UN good for expertise and knowledge, but not for implementation.

KII: PRO at the national and local levels: Currently working on digital literacy. Next year planned poor elderly. Furthermore, establishment of resource centres for intergenerational dialogue (conditions for municipalities to continue is their commitment to providing space and future funding after FPA leaves) (sustainability). Also inclusion of wastepickers (mostly Roma): finding sustainable solutions. Building LSG capacities. SRH sensitization.

KII: SDG-F implemented post-Covid. Two activities targeting elderly: poverty projections and cash vouchers distributed by the NGO, mainly in rural areas in the South. Sort of "humanitarian". SDG-F in that sense not sustainable. Spent money. Cash vouchers were one-time thing. Poverty projections not so important to the government.

KII: Would agree that PD should be at the same level as TRs. Main issues: high mortality, outmigration, low fertility, population ageing. Need to focus on ageing and migration. DEMRES programme: need to focus not only on fertility but more focus on migration. Pronounced demographic change. Young people have plans to leave - leaving elderly behind, especially in rural areas. New trends: 300,000 Russians and Ukrainians entered during last two years. Also during COVID-19 talking about diaspora returning. Young people migrating towards bigger cities (don't want to live in rural areas). Outmigration could accelerate as get closer to EU accession. Circular migration - how to address.

KII: The government has to justify vis-à-vis donors the presence of the UNCT in SRB. 20 UN agencies perceived as too many. FPA just signed host country agreement. UNFPA is relevant for government, especially FPA knowledge and regional/global reach/platform. Government is dedicated to UNFPA topics -

SRH, parenting, PWD, youth, ageing. Through DEMRES, FPA has been able to bring in other topics/the TRs.

KII: Is it correct that the UNFPA CP originally only links to DEMRES through PD? Yes, SIS reporting on DEMRES only in connection with PD.... This is how it all started. CO was very small. At the very beginning (2006) had a unique focus on HIV/AIDS only. Gradually increased to a little bit of A&Y and SRH. When the KI joined, CO started a new CP and went higher and bigger in every area. Found that the fastest way to attract attention is through PD. Programmatic footprint grew. Then CO started making connections between DEMRES and SRH and A&Y. Later picked up faster and more obvious connections made. SRH getting there now. ICPD30 review for Serbia and EECA: the key issue is how to connect ICPD to DEMRES. This thinking is happening.

KII: Narrative: Government positive and open. At practical level, not undermining JP. But not doing enough to put into practice either. Civil society experiencing backwards processes retraditionalization and new conservatism. Clashes within society. Women activists are asking for even more and immediately. Sensitive situation. Need to be aware of what is going on the country to achieve something. Happened to GE Law which was adopted and implemented for couple of years. Beginning 2024 should have gone full implementation - but draconian fines and punishments connected to gender language/terminology... then everything blew up. Was challenged in constitutional court. Now on-hold. Unclear if whole thing or only language provisions. Fragile situation. Troubled waters. Risk of blowback and undermine/put in question. Risk of radicalizing society. FPA and others need to be aware where and when and how hard to push.

KII: No, JP doesn't support DEMRES. Not the way the JP was conceived.

KII: Until recently, the UN organisation had lead role in depopulation. Was not a happy solution for FPA. The UN organisation and FPA came to a certain agreement how to proceed. Not aware of a project on depopulation as such. DEMRES means working on enabling an environment for people not to migrate.... depopulation should not only be linked to fertility. Government doesn't do much to ensure that people remain. Would require efficiency of services, improved quality of lives, and human rights standards that contribute to well-being and people wanting to stay. No agency has the lead role, because government not inclined to change their response by having more births. People not starting families for economic and other reasons.

KII: What does social inclusion imply? What has FPA delivered? Improving the position of the elderly. Creating employment conditions for vulnerable categories - young people on social assistance lists - who are difficult to employ. FPA has provided guidelines, manuals and educational materials to local governments and held training for officials, particularly those dealing with employment on how to pay more attention to vulnerable groups and facilitate their employment. FPA has added value.

KII: PRO is an ongoing intervention. No evaluation yet. But can tell that activities on track. Too early to talk about results and effectiveness. FPA tries to find a niche in the area of social inclusion and with vulnerable groups. The elderly are forgotten in SRB.

KII: Social protection/inclusion for social cases is more an expenditure than an investment. Government budget declining year by year.

KII: Not many commonalities between SDG-F and PRO, both dealing with elderly. But the next PRO activity regarding poor elderly people could benefit from work done under SDG-F.

KII: Workshops for Roma women and girls from non-formal settlements and with financial difficulties significant focus on SRH, GBV and child marriage. Managed to attract and retain over 500 women and girls by providing participants with vouchers for stores where they can buy female products. FPA workshops for Roma women very beneficial.

KII: The UN agency knew that FPA has meaningful activities focused on youth, the elderly and women's RH. FPA has a crucial role in the social inclusion component, with its own output dedicated to elderly people (combating ageism, establishing intergenerational centres—an innovative social protection service—reducing the digital gap focusing on elderly people).

KII: Agrees that need to improve CPD outcome-level indicators and that the PD indicator is not appropriate. Minor FPA contribution. At the outcome level,

FPA contributed to: 1) Increased reliable data for all (government, academia, etc.) - e.g., is proud of National Transfer Accounts analyses and 2 policy briefs; and 2) reduced stereotyping of elderly people.

KII: TRs? In SRB on one side focus on data. Produce comprehensive analysis/research/projections... Valuable for CO and inform gvt. E.g., poverty projections for older persons; National Transfer Accounts analyses; with UNDP NHDR; exploring violence against older women in Western Balkans and Ukraine (lacked data). This all contributes to TRs. On other side, when have opportunities reach groups that need to be supported through local gvts and partners. More concrete.

KII: Agrees that should pick one priority/TR and stick to it, including leveraging partners. Would agree that a focus on Roma inclusion would be a good coverage of the TRs (child marriage, adolescent birth rate...). Have data from 2019 MICS. A new MICS was meant to be conducted this year, but problems, no money. Is already working on Roma inclusion through SHAI, MSD and PRO (wastepickers). Tried to work through national Health Mediators, but depends on the individuals - not a stable system.

KII: Current government pro-natalist. Last week amended law to increase financial support (economic incentives) for children. UNFPA promotes other approaches to family planning. It should not be about numbers or money. Should be a broader concept than the current contraceptive-centred FP TR. Is about balancing work and family. Amending outdated Labour Law. Working with employers. Government, with FPA support, revising Birth Promotion Strategy. Working title of new version is "Parenting Support Strategy". But government changed and process stalled. FPA offering expertise. Family planning work should be broadened to include issues such as infertility and access to IVF.

KII: Law on GE suspended by court because of gender-sensitive language. Doesn't know when will be resolved.

KII: SRH strategy - developed. Also activities regarding birth promotion strategy 2018. FPA successfully negotiated agreement that new strategy called "parenting support strategy". Gvt very vocal when comes to low fertility. See as threat. Not just in SRB. Also other Western Balkan countries. But should not just be birth promotion. FPA angle needs to approach and slowly work with them to see demographic changes as opportunity and not threat.

KII: UNFPA supported Healthy and Active Ageing Strategy. Was adopted with FPA support. This is how work on ageing started after last strategy expired in 2015. Was government decision to update. Then frequent government changes.... Then window of opportunity with SHAI project and donor funding for working on healthy ageing centres (an indicator in the RRF). Worked with Red Cross as partner to ensure sustainability. The NGO has branches in basically all municipalities and is more reliable than LSGs. Wanted to be present at local level. Also conducted research on loneliness, initiated by EECARO. Elderly have a range of needs - health, social, but can also be leveraged to be more active ("silver economy"). Ageing very relevant, but yes, maybe FPA could be more focused. Trying to find a niche in an UMIC. Programmatic work with elderly is part of UNFPA's mandate.

KII: So far focus on older persons and digitalization. Good references during the pandemic. Were alone. Only window to communicate with devices (tablets, phones...), especially those in nursing homes. Now focused on older persons. Donors interested/supported. Approved. Upgrading experience, knowledge. Widely recognized that population/ageing has profound impact on social systems. Healthy and active ageing is in FPA mandate. Not just taking care of the elderly. Majority of elderly can be active and lead healthy lives. Not useless after retirement. Systems will benefit.

KII: Supported the public institution to update methodology in preparation for census. Helped to capture C19-related movements of people. Trying to amend to distinguish between people in Serbia and virtually in Serbia. Now series of analysis, including youth migration. Also National Transfer Accounts analysis (2 rounds) bringing new culture of looking at statistics across generations. New angle.

KII: DEMRES and TRs? Fits well because one TR linked to contraception and FP. In Serbia political setup Ministry for Dem and Family Welfare promoting pronatalist policies - incentives for more children. Increase fertility rate (not clear if due to incentives). According to FPA, women have to be free and economic conditions and political atmosphere enabling. Influencing culture that affects SRHR. Trying to position UNFPA round DEMRES. Part of regional programme and domesticated in all countries in several ways. Everybody wants to be part. Money behind usually. Very valuable flagship projects - National

Transfer Accounts analysis. Also support to census.

KII: Helping countries cope with the demographic transition is part of UNFPA's mandate. E.g., supported by National Transfer Accounts analysis, which is a flagship of UNFPA's DEMRES work - showing public expenditures by age groups and designing relevant responses in a modern way (not a traditional way). It's about changing public discourse/social norms. Analytical work, awareness raising, political advice. Do not go further than that.

KII: Fairly good national statistics already available. The public institution is quite capable and doesn't require particular support. Except for Roma population-related data/indicators. MICS is important for this. UNICEF instrument with strong UNFPA promotion. Currently planning MICS 7, but is not in regular budget. Fundraising necessary. But is important to get new MICS data for CPDs and new UNSDCF. E.g., on adolescent pregnancies in Roma communities.

KII: UNFPA has had a strong influence on the official narrative, for which it has used core resources. Achieved strategic results. Core resources are an important asset, vital, strategic, flexible. There is plenty of work to do. The UN/FPA is recognized as an impartial, neutral ally.

KII: How does UNFPA explain its engagement in ageing? Link to UNFPA's mandate? Ageing phased in fastest thanks to regional JP on ageing developed back in 2020 in EECA. At the time, everybody wanted to do but couldn't prioritize over other issues. FPA started with surveys. Phased topic in through older women and VAW, loneliness. Then CO also became more vocal thanks to tools from RO. E.g., regional report on ageism - launched in SRB for the whole region in 2020 or 2021. It provides a good mixture of human rights/rights of older people (discrimination) and demographic issues and responds to the country's anxieties. Recognized and door opened for further activities. Another entry point: EECA DEMRES Programme with key rhetoric that ageing is not a bad thing - not stopping people from working - started promoting active ageing - professionally, socially, and economically - ran a campaign. Published national report.

KII: FPA works on fertility as part of DEMRES, which connects well to the TRs, but there are a number of "intruders" - e.g., UNW research in maternities. FPA also involved in migration-related work - producing a lot of evidence about economic migration. Also ageing, where its role is least disputed, but still a lot of efforts are required to change the narrative - including replacing ageing with "longevity".

KII: Tackling GBV would be the KI's TR priority #2, including the Bodyright campaign, which is led and pushed by HQ and there is no getting out of it.

KII: FPA in the past has sporadically supported life skills development out of school. Now closer collaboration on life skills development (including digital GBV) with the Ministry and stakeholders in the medical sphere in the education sector. Also included in EU agenda as part of social norms change and DEMRES. FPA has produced modules and helped establish a platform where it is sharing knowledge and expertise. Do not intend to go down to the level of teachers.

KII: Dialogue with private sector where would like to do more. Regional programme funded by ADA on FFPs. Area where FPA have big role to play.

KII: Elderly? Yes, has role to play. But is not well aware. E.g., deinstitutionalization - UNICEF for children/FPA for elderly. Wonders whether need for a separate UN agency for this, doesn't know. Main partner in the Western Balkans is EU/not UN. EU is leading partner. Government doesn't talk about SDGs, but chapters/acquis. EU accession most important. Requirements include social cohesion. But is it worth the UN investing scarce resources. Efficiency question. EU doesn't want to fund UN agencies.

KII: Excellent work where FPA has a mandate and the capacities. Leadership skills of the country office very strong. But current trend from EECARO is to put pressure on the leadership to go beyond mandate. Capacities follow mandate... Looking for money.... Donor landscape has major influence on all agencies. UNFPA one of agencies overstressing - impacts relevance and quality.

KII: Prioritization is important for everybody. Put resources where capacity and able to ensure big change.

KII: Financial crisis that everyone in UN is facing requires reinventing the way of work. Need to focus on providing high-level expertise for government. Leveraging domestic finances. Do not necessarily require presence on the ground. Regional hubs, HQs.... Project-based approach is "out" in UMICs/HICs. Not heard from anybody, but globally many organizations thinking that should close because facing major constraints.

KII: FPA is stretching its mandate. Has happened and continues to happen. The KI is concerned. E.g., violence against children in the education sector

(updating guidance in connection with the school shootings) and mental health. Had discussions with FPA Country Director in Sarajevo. FPA needs to draw the lines in line with UN reform - according to mandates and capacities!

KII: What has changed thanks to collaboration? Government has an entirely different view on issue. Before, the government had a very negative view. Prevailing narrative. Now, it is more open for immigrant/foreign workers. It also puts more focus on human capital development (maximising the potential/productivity of fewer people). Adapting public policies. Is a long process.

KII: Age is very much part of the depopulation/PD portfolio. So is social inclusion. Is aware of FPA engagement. E.g., healthy ageing conferences. Research the ageing population. Loneliness etc. No longer use "ageing", but rather "longevity".

KII: Would like to join forces with FPA on the ADA-funded Family Friendly Policies project with the business sector - for the sake of SRB. Excellent guidance from the regional FPA project. FPA capacities/funds limited. Doesn't want to be competitors.

KII: FPA's comparative advantages? The initial request came from the President of SRB to the UN agency. The UN agency reached out to FPA for expertise, know-how, and comparative examples. It still reaches out to FPA for such expertise. FPA is good in identifying causes of population trends, but it can't solve the problem on its own. Diverse reasons for population dynamics, including, for instance, non-functioning water systems in Moldova. The UN agency has a holistic mandate. UNFPA is suitable for data, analytics, and policies - e.g., regarding birth promotion (although the government implemented a policy in spite of a recommendation from the UN agency/FPA).

KII: At some point, several years ago, related to financing, she remembers FPA sharing a report. But not aware that FPA is doing classical analytical reports - i.e., public financial reviews - like the international organisation did with UNICEF. From a financial perspective, the international organisation reviews national social protection projects - expenditures and performance - and how they could be improved. Same for education and health. FPA is more support/implementation. The international organisation does a lot of analytical work, such as reviewing domestic funds expenditure. E.g., in the case of social protection, look at assistance, child allowances ... more than 20 national programmes. The international organisation looks at spending, targeting, etc, and how it could be improved.

KII: Remembers shock-responsiveness report with FPA contribution. Had exchange with UN agencies and UNFPA. Very important work. Social protection during the pandemic: saw that social protection programmes not designed to respond to shocks. But need to be improved - e.g., legislation needs to be changed to allow for flexibility and to expand during crisis. SRB is not yet there. Government hasn't taken steps to improve. System is still not responsive. FPA had meeting with representatives of government with a special focus on most vulnerable - i.e., older people. FPA did assessment of impact of people on elderly. Obtained valuable data.

KII: The KI covers many countries (3-4 countries). Thinks that FPA is doing the job well, but doesn't have much time to exchange and meet. Hardly has time. Would like to have more time to interact. Thinks that the UN provides great support and sometimes act as driver, which is good. Working pro-actively. Do not wait for the government. Important work to demonstrate where government can improve based on analysis. For example, the elderly/aging should be addressed, and a focus should be on shock responsiveness of systems, social benefits, long-term care, and community-based services (not advanced that much). It is important to have a dialogue with the government based on analysis and experience on the ground.

KII: Links between social protection and DEMRES? The international organisation addresses social protection and jobs. Migration is a challenge for SRB. But the idea is not to stop migration but for the government to acknowledge challenges and adapt to the situation. Also, with more and more elderly people, the government needs to adjust systems, e.g., strengthening the healthcare system, long-term care, and pension system. Address less and less working-age population and more pension-dependent people. Migration and ageing: question of how the system as a whole can be improved. The KI sees it part of the general context in which the international organisation works.

KII: Worrying: Action Plan combating GBV has expired. New government since spring - has not yet appointed chairperson for Gender Coordination Body at

strategic level (inter-ministerial body) - to coordinate GE law, strategy, AP GE and AP GBV. Docs have expired. In limbo. Big risk if government does not complete gender mechanism.

KII: FPA more involved at policy level and also field/groundwork. FPA has done a lot for the strategy for PWD (alongside other stakeholders). Policies involved with that would not have been developed if not for FPA - not to the adequate standards - e.g., fertility, population, ageing strategy. Could be seen as exclusively theirs and where government has concerning views. FPA comparative advantage. Could brand themselves.

KII: FPA comparative advantage? FPA has population mandate, could do mapping, but not do everything, migration, births, quality of life, regional disparities etc. Identify best response and best partners in which areas. Also determine priorities. FPA has strong convening role backed up by mandate and expertise. Very little done by almost anyone so far.

KII: Key challenge is the ambiguity of GE mandates between the UN agency and FPA. Until now FPA covered SRH/GBV and the UN agency GE. Now thinks that FPA going way beyond their mandate - e.g., economic empowerment, women leadership. AK: Reason? RESMOB. There is little funding for GE - crowded space. FPA focus on elderly, PWD okay. Little activities in SRB and few agencies. Ageing population and major brain drain have major consequences demographically. But hasn't seen much work done/research produced - burning issue. Have heard that new FPA CP pillar on GE. This is concerning.

KII: Digital literacy for the elderly had nothing to do with SRH/GBV. Completely separate. For those living in rural areas and no stable connection procured 50 mobile phones and pre-paid SIM cards and provided very basic training and produced a video tutorial for sharing more widely. For those living in long-term care facilities, not only digital literacy but about engaging the elderly in meaningful activities during COVID. UNFPA also procured light physical equipment and distributed through Red Cross branches for conducting "fitness" sessions with the elderly ("healthy ageing").

KII: Outreach and access to elderly in general, elderly Roma and Roma women and girls facilitated by the Red Cross branches.

KII: No direct/explicit links between SHAI and DEMRES, although through the provision of social housing and social inclusion could be considered contributing to retaining young people and building human capital; creating conditions for starting families. Different demographic trends of the general population (low fertility) and Roma communities (high fertility).

KII: FPA has a big role in the PRO social inclusion component (3 main components). FPA has nine activities, of which 8 are conducted independently, and the remaining one is implemented jointly by 3 UN agencies, which requires tight coordination. FPA started in June 2023 with implementation.

KII: Direct work with vulnerable groups will show if some aspects of their life improve - access to public services. Too early to show now. Only 2nd year of implementation (until end of 2026).

KII: Yes, connection to DEMRES. An entire output with four activities, all implemented by FPA, is dedicated to strengthening local capacities for reducing age-based discrimination and supporting activities to improve the position of the elderly in close coordination with youth (most interesting part of PRO, she thinks). Linking and promoting interaction between elderly and youth for mutual benefits. The public institution has an annual report on the violation of human rights of specific vulnerable groups - discrimination of the elderly is among the top five. FPA used this report as the basis for its activities. This is good process for developing interventions. FPA comparative advantage. No other UN agency working with elderly people - only sporadic involvement in the activities of other UN agencies.

KII: FPA right partner - also good in choosing its partners - e.g., for assessing deinstitutionalization according to the new law (shift to family care) or available services for informal waste pickers or developing handbooks for centres of social welfare employees for working activation.

KII: GBV: FPA very active in GBV even if others also involved - e.g., UNW. Had very good campaign recently. Cannot remember name. Very visible.

KII: FPA very active and vocal in the area of demography - e.g., strategy and other activities - e.g., healthy ageing. The UN organisation had discussions with the Ministry and FPA regarding healthy ageing and how to support the Ministry develop policies. Could collaborate more in future. Life expectancy in SRB is

going up. The need for healthy ageing is connected with health literacy. We need a healthy nation to be able to join the EU. Increasing life expectancy - 74/75 years - and for women even higher. Think about healthy ageing and quality of care and life for citizens. Secure health literacy from the very beginning (schools) to retirement to change behaviours and increase use of services. FPA working with the NGO on this.

KII: FPA co-chairs RG2 with UNICEF. Together initiated policy dialogue with EU on social protection. UNCT still defining anticipated outcome of policy dialogue. Will not be fundraising. Doesn't work that way. Funding for UNCT through IPA and government.

KII: FPA comparative advantages as regards FP, youth (e.g., Youth Strategy) and inclusive ageing (not only social protection but as active members of society). FPA is engaging in ageing business. Should open more space to talk about international standards.

KII: The KI believes that all organizations have a similar approach to SRH, youth and PD research. What sets UNFPA apart is the greater use of social media to communicate issues and results. UNFPA always does first research, recommendations, pilot and then recommendations and interventions. The KI cannot cite risks to the achievement of results other than political factors. Activities should be continued, not from the beginning every time when the government changes.

KII: From a strategic perspective, the NGO recommends that UNFPA, as a smaller agency, focus on working through strong local partners. By selecting key, high-impact issues and addressing them through these partnerships, UNFPA can maximize its influence. Spreading resources too thinly across too many topics would dilute its effectiveness, and a more focused approach would likely yield better results.

KII: The work of UNFPA is aligned with national priorities, examples are the Strategy for Active and Healthy Aging, the Birth Promotion Strategy, the Strategy for the Preservation and Improvement of Reproductive Health and the Action Plan (in progress) and the Parenting Support Strategy (not adopted). The KI believes that all UNFPA activities are directly or indirectly aimed at achieving national priority.

KII: The KI thinks that the FPA's work on collecting, processing and disseminating data is extremely important because this is how evidence-based policies can be made. The KI does not know exactly which projects were carried out together with SORS, but knows that there were some, that they produced important results. The KI believes that the results would be better if the FPA focused less on donor-oriented activities, because that way they lose focus.

KII: Of all DEMRES areas, the KI thinks that UNFPA has achieved the most in the first field, in connecting science and policies, and for this cites as an example the engagement of experts in the preparation of strategic documents and the inclusion of the results of recent statistical reports on the population (regular annual surveys, population projections etc.)

KII: The KI believes that the FPA should be the UN umbrella agency for DEMRES in SERBIA and that the FPA delegates lower-level activities in all four areas of DEMRES to other UN agencies and the Government of Serbia. He thinks that UNICEF is the agency with which FPA should cooperate more in the realization of DEMRES.

KII: The DEMRES concept has the capacity to merging many interventions by UN agencies and the Serbian government. That way, better results would be achieved, more people would benefit, the effects would be longer lasting.

KII: On October 4, there is a conference on the elderly, organized with UNFPA, where resilience will be discussed. That is an important example.

KII: The KI thinks that it is difficult to change the narrative about demographic changes, and that UNFPA is working on it, but change cannot be achieved so quickly.

KII: Among the most important achievements are the tours of municipalities, 12 of them, from which three municipalities will be selected to create a service called the Center for intergenerational cooperation. The KI thinks that her organization and UNFPA have based everything on research. Data is very important for their interventions. The KI cannot say whether this is a practice in government as well, she thinks not, an example is financial support to the family, which is considered not based on evidence.

KII: In order to strengthen its impact on DEMRES in the future, UNFPA must connect as many actors as possible who are important to these issues. No one can solve the issue of elderly alone. Continuity, as many actors as possible, local, these are the important directions.

KII: The KI thinks the recommendations arising from research supported by UNFPA to be a particularly valuable result. The recommendations are based on evidence, that they are representative at the national level, which is very important for the ministry.

KII: The KI believes that the work of UNFPA is significant on the Birth promotion strategy. The KI thinks that the proposals to decrease uncertainties for parents are significant, but financial support measures have not produced many results.

KII: UNFPA support the public institution with dissemination of the 2021 census results. UNFPA produced two National Transfer Accounts in Serbia. Evidence-based policy, the public institution is a pioneer here, and everything the government does is based on official national data. The KI does not know how it is further converted into recommendations. The public institution only provides quality data. UNFPA supports evidence-based government by estimating the migration balance. This is also done at the local level, which is important for the development strategies of municipalities. The approach applied by UNFPA is innovative in the field of migration, male fertility, current and proactive. They pay attention to young people, and there is little literature on young people, there is room for research on late transition, etc.

KII: New actions are aimed at increasing the coverage of the census, with hard-to-reach population groups (persons with disabilities, for example). These data are further shared with users, for example in Novi Pazar an NGO was asked to create some services. The migration balance is new data that will be shared when it is published.

KII: On the way to data production, UNFPA has recognized the points of joint action to produce data according to the highest standards, with improved methodology, with experts... translation of censuses into minority languages, migration research, 2024 assessment of the migration balance...UNFPA fast recognizes where aid is needed and acts there. When priorities change like covid, UNFPA reacts in a timely manner, they are very flexible, it is easy to negotiate with them, they respect all the principles of human rights and LNOB... There were no unfulfilled results, everything they planned was realized.

KII: The KI says that more work needs to be done to support the family, especially women who care for children and elderly parents at the same time. The position of women in the villages is still very difficult, and this must be investigated more and followed by actions, which can be linked to research on women's unpaid work. Maybe also migration, GBV to be done again, MICS at any cost to find money. UNFPA helped the previous MICS financially.

KII: The KI thinks these questions are important, that the society is deeply patriarchal, so all these topics came in handy. The affirmation of fathers against maternal dominance is an example of the importance of these topics.

KII: The KI believes that UNFPA needs to advertise more to change the narrative on these topics.

KII: The KI believes that research is very important, it is not specific to our government, but to UNFPA. They are methodologically more advanced than the government and have good marketing.

KII: The KI sees the connection of Intervention with DEMRES through the contribution to the development of the Strategy of active and healthy aging and the Loneliness of the elderly project, also through the Centers for the elderly that should encourage their economic engagement, and projects of greater employability of all categories of the population. The KI mentions demographic resilience, especially human capital as a field for future work.

KII: An example of joint work with UNFPA is strengthening access to the labor market for persons receiving social assistance. They created a guide for the staff of the center of social work, the guide helps interpretation legal provisions when employing social cases. Together with UNFPA, they are working on strengthening access to services for persons with mental disabilities and their families (working within the working group established by the government). UNFPA supported the Ministry to develop a protocol on dealing with people who are beneficiaries of cash social assistance (guide for their inclusion in the labor market). Training was also carried out for social workers for start to apply that protocol.

KII: Serbia: Together with UNFPA, they have a project that deals with the improvement of social protection services, specifically they are working on regulations on personal assistant services and supported housing.

KII: UNFPA's primary contributions lie in analysis and strategic planning, which are essential for Serbia's evidence-based decision-making. Given the pressing need for data, they should avoid becoming too involved in implementation. Currently, UNFPA's engagement with the Ministry lacks the depth observed in other collaborations, such as those with UN Women, which has addressed more substantial topics. UNFPA's broad focus on aging, population policy measures, and reproductive health risks diluting their impact. By spreading their resources too thinly, they fail to achieve significant results.

KII: They serve on the Steering Committee for the PRO project, funded by the Swiss Agency for Development and Cooperation (SDC), with UNFPA co-financing some activities. This partnership provides UNFPA with a comparative advantage due to its core funding, albeit limited. UNFPA has contributed to the development of both the Strategy for the Elderly and the Youth Strategy through analyses, studies, and an evidence-based approach. While their knowledge is commendable, their involvement in local-level implementation should be minimized when local hiring is feasible.

KII: The Expanding Choices project, funded by ADA, commenced in April 2024. It draws on UNFPA's experiences in other countries and focuses on harmonizing family and professional life, with the model being replicated in Serbia. UNFPA developed the model four years ago based on global best practices. This year, the program has also been extended to Bosnia and Herzegovina, North Macedonia, and Serbia. The NGO is collaborating with the business sector to implement this model, specifically in creating family-friendly workplaces, with 11 companies currently registered. A long-term impact is anticipated. UNFPA is working directly with ministries to establish a policy framework for this topic and is conducting a legal framework analysis, which they plan to present to the public and the Ministry soon.

KII: The ministry described the initial collaboration with UNFPA focused on developing interdisciplinary competencies (with the focus on health-related interdisciplinary competences), crucial for implementing Serbian laws on elementary and secondary education. Through the project supported by the UNFPA, the ministry was able to create teaching materials, including a manual with 23 workshops and 14 presentations, which are available on the Education Development Institute's website. Additionally, UNFPA facilitated online training for about 1,300 education professionals, supported by certification and evidence of dissemination. Online resources - review the "Responsible Health Approach" project materials and training records on the ZUOV website.

KII: Regarding future collaboration during the new programming period, and the initiative by the ministry and UNFPA to involve UNFPA in supporting the ministry's implementation of the Sector Budget Support (SBS), the interviewee clarified that the SBS has not yet been signed. This will be a process between the Ministry of Finance, the Ministry of Education, and the EU Delegation. Only when the ministry has a financial agreement signed with the EU Delegation will they be able to discuss details, including the potential contribution of UNFPA to the implementation of SBS in education.

KII: The collaboration between UNFPA and the ministry has resulted in sustainable outcomes through the development of health-related interdisciplinary competencies, educational materials, and comprehensive training for educators. UNFPA supported the creation of resources such as manuals and presentations, along with capacity building for over 1,300 professionals. In response to the 2023 Belgrade school shooting, a key initiative involved updating crisis management protocols and psychological intervention guidelines, with further training planned for school administrators.

KII: UNFPA's goals are closely aligned with the national Youth Strategy, which seeks to improve youth well-being, health, and life skills. Key focus areas of the Youth Strategy, and thus of UNFPA's efforts in Serbia, include promoting healthy lifestyles, reproductive health, family planning, demographic resilience, and enhancing life skills. UNFPA also supports the Ministry in advancing youth work and expanding the availability of youth workers. Additionally, UNFPA has contributed to evaluating the implementation of the Youth Strategy's first year and the 2023-2025 Action Plan.

KII: UNFPA needs to provide more support to help the public understand that these various aspects of youth quality of life are vital for their informed decision-making about the future. Regarding collaboration, UNFPA and the Ministry have a strong alignment and mutual understanding. They have restored their strategic framework and worked together on the YWI. Their joint initiatives should be continued and strengthened to further enhance youth potential and

improve their quality of life. The enduring partnership between UNFPA and the Ministry is marked by high levels of trust, openness, and strong professional and personal connections. This relationship should be acknowledged and maintained.

KII: UNFPA needs to find its niche and answer the question: what is their "differentiating factor"? They must specialize in something within the country. They should address a major problem the country faces or something important for EU integration. The strategy they should adopt is to pick a significant and challenging topic, agree with the other UN agencies on who will do what, and work on solving one issue over five years. This would be beneficial for both the country and UNFPA. Everyone knows what UNDP, UNICEF, and UN Women do, but it's hard to pinpoint what exactly UNFPA does. That's why it's best for them to focus. Demographics is a good topic, but it's highly politicized, and they should approach it cautiously.

KII: UNFPA is a small organization in Serbia with a small team, although the leadership is excellent—driven and won't stop until the job is done. On the other hand, UNICEF, for example, has a much larger staff. It would be better for all of them to agree on competencies and collaboration.

KII: The KI thinks that the country office leadership is fantastic, and can only speak highly of her energy and dedication. However, UNFPA needs to focus on an urgent problem, dedicate itself to it, and solve it. For example, working with Roma communities, helping change attitudes regarding early child marriages, or supporting Roma women's sexual and reproductive health (SRH) so they can maintain their health and plan their families. That would be their job, which everyone would value, and where they could make a significant change. One of the managers (who was not at the meeting, but was quoted by the KI) in the development partner believes that UN agencies are no longer needed in Serbia, as they are meant for development countries, which Serbia is no longer.

KII: There is concern about misinformation spreading through social media, with examples of individuals, including the KI, being affected by false narratives. This highlights the need to work on changing the public discourse around UNFPA topics. Key issues being addressed include cervical cancer screening (through HPV innovation), encouraging people to seek testing, and ensuring more youth are informed about sexually transmitted infections (STIs), fertility, prevention, and family planning, particularly through schools and social media. Lastly, youth migration is a pressing issue that requires the involvement of UNFPA for potential solutions.

FGD: Extremely important questions. Valuable research is being conducted in each of those three areas to get good data. The limitations to achieving the set goals are in the ministries with which UNFPA has communication, because the ministries sometimes require useless actions, such as revisions of strategies that are good, so solutions that are worse than the initial versions are obtained. UNFPA supports all this even though it is a bad decision. Gender-based violence is a big topic, the research on violence against older Roma women is shocking. The third transformative result was set too ambitiously.

FGD: Research supported by UNFPA is invaluable to the academic community. Many are pioneering, such as male fertility research. All research can contribute to better public policies.

FGD: Effectiveness in this area cannot be measured by the extent to which research results have been applied in policies, for example they have not been applied because financial support continues that does not produce results. However, this does not mean that UNFPA actions in the field of DEMRES are not effective. In this case, effectiveness should be measured by whether the determinants are addressed, and whether the results are representative. UNFPA must not become too flexible and start avoiding the real questions, and do only what the government wants to hear. A particular question is whether UNFPA communicates well the results of the research it supports. Sometimes not. That's why sometimes we get bad policy measures. It is difficult to communicate well new results, such as new paternity, with conservative views on traditional gender roles advocated by the new Minister. The questions UNFPA is asking are the right questions, but they are not reaching policy makers. There is not enough lobbying, for example research on infertility. Projects often satisfy researchers, but decision makers often fail to hear the messages being sent. Research on emigration, for example, had an impact on the public and on politics, but public discourse is important. Public discourse is difficult to deconstruct, an example is the narrative about a large number of highly educated people leaving the country, and the data showed that this is not entirely true.

FGD: Any research can and should strengthen government capacity to understand demographic issues and build resilience. However, sometimes political decisions are made that are contrary to research, and this weakens the enthusiasm of researchers. Even UNFPA cannot influence that. How much will the government base its policy on evidence. There are irrational and expensive policies from which no one benefits. The basic capacity of the Ministry is low, even in the middle administration, staff changes not only at the top, but many leave the ministries. UNFPA is building capacity, but it is ineffective because it is difficult to build capacity where there are no personnel, as in the ministry. Perhaps capacity can be built elsewhere, except in the ministries.

FGD: One participant mentioned that UNFPA's most significant contribution lies in connecting professionals from different fields and fostering a multidisciplinary approach to address challenges. This network-building has been crucial for developing comprehensive solutions, especially in the areas of sexual and reproductive health (SRH) and gender-based violence (GBV). The participant highlighted that UNFPA's efforts have brought important topics to the forefront, ensuring they remain a priority on both local and national agendas.

FGD: emphasized that violence against women is no longer a taboo subject in Serbia, and several systemic strides have been made in addressing it. However, some legal challenges remain, such as the Constitutional Court's review of the law on GBV, which has temporarily stalled the application of certain provisions. Despite this, one participant stressed the importance of integrating GBV content into educational materials for healthcare workers, as they play a critical role in identifying and responding to these cases.

FGD: The institute has ongoing collaboration with UNFPA, particularly in health promotion and sexual and reproductive health (SRH). Key activities include developing educational guides, conducting workshops on sexual education, and participating in the HPV screening initiative.

FGD: The public institution is also instrumental in promoting demographic issues and influencing natality rates, often collaborating with educational sectors. UNFPA's network and support during emergencies are highly valued, especially concerning the environmental impact on reproductive behaviour. The support from UNFPA aligns with area of intervention within the UNFPA DRP, specifically the focus on human capital, which emphasizes building capacity to prioritize human capital

Evaluation Question 3: To what extent has UNFPA facilitated and safeguarded national ownership of UNFPA-promoted and supported policies and interventions?

Evaluation Criteria: Sustainability

Assumptions for verification 3.1: UNFPA has successfully cultivated national ownership and commitment to the policy initiatives it has advocated and supported during the CP cycle, which has been instrumental in ensuring long-term sustainability beyond UNFPA's direct involvement.

Indicators:

IND3.1.1 The degree to which Serbian decision-makers exhibit (or are anticipated to exhibit) a pro-active and influential commitment towards external stakeholders and the population in support of the policy directions taken, and UNFPA's contribution

IND3.1.2 The degree to which the requisite institutional frameworks and resources have been established (are likely to be established) to facilitate the implementation of relevant policies across Serbia, and UNFPA's contribution

Data collected

KII: Strongest weakness of PBF project is question of sustainability. Hard to understand what is sustainable beyond UNFPA's policy level and national ownership of activities. Struggling to show what will be sustainable in the long run at the operational level. That's why wanting to strengthen collaboration with LYOs

with institutional component.

KII: Engagement of LSGs/Local Youth Offices in PBF project? FPA works most with LYOs, have established good connections through other projects. Had discussion with the Ministry - idea to empower LYOs (through PBF, SIDA etc.). Trying to extend cooperation. Strengthen their capacities. PBF project developed materials for LYOs under phase 1. Manual on wellbeing and mental health. Focus on engaging men and boys planned under SIDA.

KII: Policy work important and sustainable once policies accepted, but can take ages to materialize. Changes at local level are important for communications on practical results. More than a piece of paper. Human stories. For activating and awareness-raising. Humanitarian is easier - e.g., 2014 floods, refugees passing through the country, COVID-19 (FPA was first to localize HQ/RO materials, especially for the benefit of pregnant and breastfeeding women and older persons in isolation). Yes, it would be important to produce knowledge products for the benefit of the wider public and partners. Generally good coordination within FPA Western Balkans cluster and share good practices. The FPA cluster is very helpful.

KII: Government policies, as soon as adopted, are sustainable. Do not "belong" to a single ministry. But insufficient capacities, including to monitor implementation.

KII: Youth: important initiative - YWI created to monitor implementation of youth policies. By RO and MDA in 2018. RO promoted tool. SRB interested and started initiative in combination with development of Youth Strategy and Action plan and adoption. With help of RO.

KII: Problem that two ministries claim responsibility for RH - MoH and Ministry of Demography and Social Welfare - and both lack capacities.

KII: Law on GE suspended by court because of gender-sensitive language. Doesn't know when will be resolved.

KII: Local-level activities are a chance to test what preaching at the national level and to feed evidence into national policy dialogue. Get a good pulse of what is happening on the ground/what works. E.g., resource centres for intergenerational dialogue (is a concept/not physical) or healthy ageing centres.

KII: UNFPA has had a strong influence on the official narrative, for which it has used core resources. Achieved strategic results. Core resources are an important asset, vital, strategic, flexible. There is plenty of work to do. The UN/FPA is recognized as an impartial, neutral ally.

KII: Frequent elections demand adjustments and make it difficult to see continuity.

KII: The YWI will help authorities to better approach youth and create better conditions for youth. Important to preserve youth because huge outflow from SRB to Western European countries. YWI is a small but relevant contribution. Young people leave for work and because of economic conditions and bad governance (they are unhappy with conditions in their communities/in institutions). They feel they are not being treated fairly.

KII: The Family Planning Strategy (the KI is not sure of the exact title) is a success. FPA supported the ministry. FPA circulated the draft within UNCT for inputs. Ownership of government. FPA provided maximum it has to offer.

KII: Majority of strategies supported by the UN are sustainable because they are identified as a priority by the government. Government has to provide resources for implementation through budgets. UN/UNFPA not imposing policies. Identifying priorities. Expect that the government secure funding. E.g., the UN organisation has identified funding modalities through the Ministry through the Global Fund. The Ministry needs to increase its financial contribution every year. Challenging. It is also helpful to know how something contributes to the EU accession process. Yes, the UN also promotes, advocates, discusses with ministry. Help understand the need for something to be prioritized at the national level. Have open discussion. E.g., UNSDCF discussion with a range of stakeholders.

KII: UNFPA contributes to efforts to ensure sustainability, but is not the only player. Many players. Variety of other stakeholders, including NGOs. Often civil society/NGOs in the lead. Governmental and non-governmental structures should be enabled/capable to take on/sustain issues. This is the UN's job - to shift thinking/approaches.

KII: The work of UNFPA is aligned with national priorities, examples are the Strategy for Active and Healthy Aging, the Birth Promotion Strategy, the Strategy

for the Preservation and Improvement of Reproductive Health and the Action Plan (in progress) and the Parenting Support Strategy (not adopted). The KI believes that all UNFPA activities are directly or indirectly aimed at achieving national priority.

KII: The KI particularly emphasizes the strategic importance of UNFPA in Serbia. FPA helped to realize the plans of the Government of Serbia and without the expert assistance of UNFPA (and the financial, to a lesser extent) mentioned strategy would not have been developed yet. UNFPA is of particular importance because they are thinking in the long term, their plans should be even more long-term, until 2050.

KII: The KI thought that UNFPA contributed a lot to the popularization of the concept of intergenerational cooperation, and these activities should be continued and strengthened in the future. The KI mentions the word longevity as a paradigm that should replace active aging. The KI reiterated the importance of the already mentioned strategy and the readiness of the FPA to take some jobs which is obligation of the Government of Serbia, especially in the domain where the ministry did not have enough of its own human resources and capacities.

KII: The KI thinks that all the activities carried out by UNFPA at the highest level (strategic and political), are very sustainable, and that this type of intervention should be invested more (both money and human resources). The KI is not sure that interventions at local level can even be sustainable. The KI can't give examples.

KII: Deinstitutionalization will remain as a tool owned by the ministry and local administrations.

KII: One of the key challenges to achieving UNFPA's objectives in Serbia is the limitation of funding, i.e., insufficient resources within UNFPA to support all potential joint activities. Additionally, there is a simplified understanding of health culture in Serbia, and a broader societal comprehension of population policies is necessary beyond just the efforts of UNFPA. Public education and media engagement on effective population policy measures are essential, especially given Serbia's demographic challenges.

KII: UNFPA's goals are closely aligned with the national Youth Strategy, which seeks to improve youth well-being, health, and life skills. Key focus areas of the Youth Strategy, and thus of UNFPA's efforts in Serbia, include promoting healthy lifestyles, reproductive health, family planning, demographic resilience, and enhancing life skills. UNFPA also supports the ministry in advancing youth work and expanding the availability of youth workers. Additionally, UNFPA has contributed to evaluating the implementation of the Youth Strategy's first year and the 2023-2025 Action Plan.

KII: UNFPA needs to provide more support to help the public understand that these various aspects of youth quality of life are vital for their informed decision-making about the future. Regarding collaboration, UNFPA and the ministry have a strong alignment and mutual understanding. They have restored their strategic framework and worked together on the YWI. Their joint initiatives should be continued and strengthened to further enhance youth potential and improve their quality of life. The enduring partnership between UNFPA and the ministry is marked by high levels of trust, openness, and strong professional and personal connections. This relationship should be acknowledged and maintained.

Assumptions for verification 3.2: UNFPA's efforts have effectively cultivated national ownership and commitment to the resources* it has promoted and supported during the CP cycle, which has been instrumental in ensuring the long-term sustainability of these resources beyond UNFPA's direct involvement. * Resources are understood as operational tools, instruments, mechanisms and services, platforms, etc.

Indicators:

IND3.2.1 The extent to which UNFPA-promoted and supported resources are (anticipated to be) embedded in national and local systems and processes, including both governmental and non-governmental structures

IND3.2.2 The extent to which institutional capacities are in place to continue utilizing and providing resources previously supported by UNFPA

Data collected

KII: Phase I of PBF project has not served to strengthen systems - is rationale for/purpose of phase 2 to strengthen sustainability. Want someone to claim ownership once project ends. More results regarding policy and accountability expected in phase 2.

KII: Strongest weakness of PBF project is question of sustainability. Hard to understand what is sustainable beyond UNFPA's policy level and national ownership of activities. Struggling to show what will be sustainable in the long run at the operational level. That's why wanting to strengthen collaboration with LYOs with institutional component.

KII: Working on sustainability. YWI most sustainable product so far under youth. Presentation in December on results in premises of MoY - sign of ownership. Ministry wants to make long-term tool for annual monitoring. What will go beyond 2024: engage more local level; not just national level results. Now 16 municipalities implementing and trying to go beyond them to other municipalities. The Ministry will not necessarily need same kind of support as until now. Guidebook with methodology developed. FPA support less than at the beginning. FPA rather advocacy for using YWI.

KII: Less sustainable at the local level, especially if not embedded in local policies and structures. E.g. the NGO a good example. Italy-funded Peer Mentoring Programme problematic: While the youth will hopefully continue using their skills wherever they go, Local Youth Offices not always strong enough to continue; low importance/salaries and high rotation. Capacity building for health professionals faces problems of retirement of older workers and migration of younger ones. In GBV trained team leaders to train colleagues. But FPA cannot prevent migration abroad or to the private sector. Online training as part of continued education is a good example.

KII: Cervical cancer is a huge area; has huge importance; huge numbers (compared to other countries). FPA has helped introduce HPV vaccination, which is covered by the Health Insurance Fund (is sustainable). Now promotion and increasing demand through health literacy measures for A&Y, parents, teachers, health professionals. UNICEF and WHO are also promoting. FPA has offered its convening power, expertise from abroad and good practices. The Regional Alliance is very good. Vaccination introduced but screening now requires lot of support. FPA did assessment. Organized conference. At the moment, only 17 PHC screening centres nationwide. Only half of the population covered. Insufficient capacity. UNFPA is introducing new HPV screening method, which is faster, more efficient and effective and sustainable. Government has committed funding for the long-term. The pilot is funded by private sector.

KII: Funding to financing? Thinks that related to sustainability. Ensuring domestic funds for sustaining benefits. E.g., in education and cervical cancer. E.g., joint project VAW. For many years training for health professionals. During C19, online video training open to all medical professions with active licenses. Accredited programme - all interested people - reaching more.

KII: In general, core funding serves to start discussions/to engage in policy making. Direct work at the local level is usually non-core-funded. Ministries are aware of FPA local activities as part of strategy implementation, but not visible. Normative/policy framework is relatively good on paper, but know that gaps at local level (discrepancies between policy and local level). FPA supports piloting, capacity building.

KII: No competition regarding GBV response of the health sector. Delivered new online training as part of continued medical education, which is good practice. Professionals can do in their own time and pace.

KII: PB can be connected to all UN agencies. Project about building bridges among youth (FPA component) - e.g., youth media literacy. Difficult to measure sustainability. Thinking about sustainability indicators.

KII: PRO at the national and local levels: Currently working on digital literacy. Next year planned poor elderly. Furthermore, establishment of resource centres for intergenerational dialogue (conditions for municipalities to continue is their commitment to providing space and future funding after FPA leaves) (sustainability). Also inclusion of wastepickers (mostly Roma): finding sustainable solutions. Building LSG capacities. SRH sensitization.

KII: ADA project: Learning from the experience of other programme countries. Companies interested. Government not so much - is issue. Companies will be on their own when programme ends. Sustainability a general problem in SRB (not just for FPA).

KII: SDG-F implemented post-Covid. Two activities targeting elderly: poverty projections and cash vouchers distributed by the NGO, mainly in rural areas in the South. Sort of "humanitarian". SDG-F in that sense not sustainable. Spent money. Cash vouchers were one-time thing. Poverty projections not so important to the government.

KII: Sustainability? Major topic. Addressing at UNCT level. Requires total shift in how the UNCT members work. No longer project based. But should engage in systems strengthening. Should focus on localization. Strengthening local self governments. FPA is not doing this. Yes, has to do with available capacities. Larger agencies more able.

KII: SIDA JP? Since 2016. Perfect collaboration. This year, broadening to GE in general, not only GBV. FPA role: Expertise in FPA in specific areas. UNDP is the coordinator. FPA strengths: working with young men. Conducted research on masculinities. She is sorry that FPA didn't continue working on this with follow-up interventions. FPA requires more capacities and a strategic approach. Missing strategic approach and sustainability. One-time activities. Working with young men is a niche for GE/GBV. Missing alliances with men and young men. FPA also working for elderly Roma women and GBV protection. Very often, their perspectives are missed. Small-scale but valuable FPA interventions. Health sector? Was part of JP. Yes. Due to fluctuation within the healthcare sector, there is continuous demand. FPA worked with the Faculty of Medicine and developed online training courses. FPA requires capacity to promote more sustainable change.

KII: For far-reaching systemic reforms need lending operations - UN doesn't have. But also analytic work very important. Also developing models on the ground for scaling up by government. But this requires counterparts that understand issue. Can be challenging. Depends who is minister etc. "Window of opportunity." Need to see how can be sustainable - financially (domestic financing) and otherwise.

KII: New phase (AK: Phase IV) is building on what has been achieved in health sector. In the health sector, regarding the training of personnel (less fluctuation) - it is sustainable. Everything that is implemented depends on government commitment, including specific ministries.

KII: Progress thanks to JP/FPA varies across the country. Expects roll out of achievements by relevant institutions in the areas where FPA and team focused aiming to create change. Built capacities to create change. The situation has improved where the project mostly active and enjoyed stronger demand/ownership from participating institutions - Vojvodina, Novi Sad and Belgrade. E.g., special entrance for women victims of rape, sexual violence, DV established by hospitals thanks to FPA-supported capacity building and education. Also interview rooms and resting rooms. The KI also spoke to doctors - small core team aware and knowledgeable - but not all. Health sector is huge and a lot to be done in future. FPA has built capacities. Introduced models that work. Demonstrated what works. Now it is up to government. Initiatives need to be taken over by health sector and spread across country.

KII: It was a pleasure working with FPA. Peer Mentoring Programme (PMP) was very well coordinated and jointly implemented. Very close. Flawless cooperation. Key success: UN Youth Advisory Group (YAG) is comprised of 10-15 young people who advise UN agencies on youth issues. PMP YAG gave them hands-on experience and ownership of something. Built capacities and led local initiatives in 6 municipalities. Provided opportunities for young people in 6 cities (some underprivileged communities) - almost 100 youth gained concrete skills and used funds for local initiatives - in cultural and political matters. Especially important where infrastructure/resources for youth lacking. Examples? E.g., website powered by local youth for employment opportunities. Self-funded, expects that sustainable. Sustainability more likely in cities with necessary infrastructure - where already had youth network/resources - easier there. For other cities more pessimistic. Too small a scale of project to create lasting change. There was no opportunity for the continuation of the grant by Italy. Tried to engage local self-governments. Very much in favour to participate, but sometimes only declaratively. SRH, etc, to a certain extent, a focus, but in practice, less than intended. Human rights and GE at the centre. SRH was the topic in one city.

KII: YWI is a good thing/has a good chance of becoming sustainable.

KII: What does social inclusion imply? What has FPA delivered? Improving the position of the elderly. Creating employment conditions for vulnerable categories - young people on social assistance lists - who are difficult to employ. FPA has provided guidelines, manuals and educational materials to local governments

and held training for officials, particularly those dealing with employment on how to pay more attention to vulnerable groups and facilitate their employment. FPA has added value. FPA also tries to promote the integration of elderly and young people to reduce inter-generational gap and discrimination against the elderly. FPA has also created/promoted the YWI for local authorities to use. FPA has also supported the requalification of wastepickers (mainly Roma included in the beneficiary group although could also be other ethnicities). Built capacities of local governments and promoting employment for those without qualification.

KII: Demonstrate alignment with crucial national stakeholders (ministries, equality protection, social protection). All activities agreed with competent ministries; also documents reviewed and approved by relevant national stakeholders - good for sustainability. PRO can count on further national ownership.

KII: Campaigns are not sustainable, so there may be fewer of them at the expense of projects that are more sustainable.

KII: The KI thinks that the issue of sustainability is the most difficult. She thinks that UNFPA must and should stay as long as possible in Serbia, they have a great influence on other institutions in Serbia, they have knowledge, experience, etc. Even when the projects are sustainable, UNFPA must stay for the next topics. In the future, CO UNFPA could insist that others also see good global practices, so that we don't have to invent hot water every time to maintain projects.

KII: If they want to ensure greater sustainability, UNFPA needs to collaborate more with SKGO AND with local administrations so that their activities get the status of a "decision of rights" that will pass to budget funding when the project is completed.

KII: Migrations are a sustainable project and these data will live indefinitely. The registers are weak and incomplete, the classifications are underdeveloped, so any progress in that area is welcome. And those would be sustainable projects. In the future, money or tax breaks should be used to ensure that people give honest answers about their intentions to migrate and the displaced population from the registers. The most sustainable are projects that collect data on migration.

KII: UNFPA support the public institution with dissemination of the 2021 census results. UNFPA produced two National Transfer Accounts in Serbia. Evidence-based policy, the public institution is a pioneer here, and everything the government does is based on official national data. The KI does not know how it is further converted into recommendations. The public institution only provides quality data. UNFPA supports evidence-based government by estimating the migration balance. This is also done at the local level, which is important for the development strategies of municipalities. The approach applied by UNFPA is innovative in the field of migration, male fertility, current and proactive. They pay attention to young people, and there is little literature on young people, there is room for research on late transition, etc.

KII: The KI believes that their joint projects are sustainable, and sees the example that the ministry has sent to all the local self-governments, and that they are now acting on it and will continue to do so in the future. The KI believes that the agency, considering the resources, has ensured sustainability.

KII: An example of joint work with UNFPA is strengthening access to the labor market for persons receiving social assistance. They created a guide for the staff of the center of social work, the guide helps interpretation legal provisions when employing social cases. Together with UNFPA, they are working on strengthening access to services for persons with mental disabilities and their families (working within the working group established by the government). UNFPA supported the Ministry to develop a protocol on dealing with people who are beneficiaries of cash social assistance (guide for their inclusion in the labor market). Training was also carried out for social workers for start to apply that protocol.

KII: The cooperation with UNFPA has improved the organisation's Youth Program. After this collaboration, the organisation sees a gap in the youth program concerning the right to health and wish to continue addressing this need. Several components of the cooperation have shown strong signs of sustainability. The Youth Health Guide has been included in additional literature for a Master's program in Public Health, ensuring long-term use in academic settings. Moreover, the shift in healthcare professionals' attitudes, particularly in avoiding stigmatization of youth during the COVID-19 pandemic, marks a positive cultural change attributed to the program's influence.

KII: The goal of the Ministry of is to redefine the UN's role, limiting it to providing technical assistance (TA) while empowering local institutions to take the lead. The UN should not be responsible for implementing large projects in areas where they lack local offices and personnel. Instead, institutions should hire local staff for project implementation, as relying on UN agencies can lead to a lack of active participation, ultimately undermining the sustainability of project outcomes.

KII: The collaboration between UNFPA and the ministry has resulted in sustainable outcomes through the development of health-related interdisciplinary competencies, educational materials, and comprehensive training for educators. UNFPA supported the creation of resources such as manuals and presentations, along with capacity building for over 1,300 professionals.

KII: The ministry described the initial collaboration with UNFPA focused on developing interdisciplinary competencies (with the focus on health-related interdisciplinary competences), crucial for implementing Serbian laws on elementary and secondary education. Through the project supported by the UNFPA, the ministry was able to create teaching materials, including a manual with 23 workshops and 14 presentations, which are available on the Education Development Institute's website. Additionally, UNFPA facilitated online training for about 1,300 education professionals, supported by certification and evidence of dissemination. Online resources - review the "Responsible Health Approach" project materials and training records on the ZUOV website.

KII: Regarding future collaboration during the new programming period, and the initiative by the Minister and UNFPA to involve UNFPA in supporting the Ministry's implementation of the Sector Budget Support (SBS), the interviewee clarified that the SBS has not yet been signed. This will be a process between the Ministry of Finance, the Ministry of Education, and the EU Delegation. Only when the Ministry has a financial agreement signed with the EU Delegation will they be able to discuss details, including the potential contribution of UNFPA to the implementation of SBS in education.

KII: There is a collaborative effort between UNFPA and health authorities to introduce HPV testing as the basis for cervical cancer screening. This is a new method that they aim to expand to the entire population, and they are currently exploring scenarios for its scalability. The project involves cooperation with the Ministry and the public institution, alongside the World Health Organization. Although there have been changes in the project compared to its initial phase, the partnership with UNFPA has been positive and flexible, allowing adjustments as needed.

KII: There are several key areas of collaboration between the Ministry and UN agencies, including WHO, UNICEF, UNDP, UNODC, and UNFPA. The Ministry has highlighted its recent cooperation with UNFPA on significant initiatives, particularly the HPV testing project aimed at cervical cancer prevention. This project aligns with the government's broader focus on preventive health measures, including hospital modernization and equipment upgrades. UNFPA has been instrumental in supporting this initiative, working closely with the IPH and securing additional state funding, with Roche also contributing to the project.

KII: The projects are not sustainable. For projects to be sustainable, research must be repeated to confirm results and capture trends. Like results other projects, their joint ones with UNFPA had their own expiration date.

FGD: For the sustainability of projects in the field of PD, the key question is the extent to which the obtained results were used, i.e. whether there is justification to continue some research, for example the mix is questionable. The question is whether it is possible to continue research from the perspective of the public institutions' personnel. As long as there are funds, it is good, when they are not, the research community will manage in another way. The research community is small, and it cannot do without international organizations. The public institution is not very friendly in every situation and does not share all data. This is where UNFPA comes in, which makes it easier to obtain data and provide it to researchers. For now, it cannot be done without intermediaries like UNFPA. UNFPA are essential for evidence-based policy, there were attempts to have scientific institutes take it over, but it failed. UNFPA is sustainable because it is aligned in terms of goals that are acceptable to the government.

FGD: Significant efforts have been made in training healthcare professionals, with several hundred workers having undergone UNFPA-supported training. These efforts focus on both sustainability and effectiveness, with UNFPA's investment in capacity-building seen as essential. A key milestone was the incorporation of GBV-related service codes into new healthcare regulations, after years of advocacy. This systemic change, achieved in 2018, marks a critical

advancement in how healthcare institutions respond to violence cases.

FGD: Looking to the future, they suggest that UNFPA should continue advocating for global issues to be addressed locally. The KI also mentioned the public institution's ongoing work on HPV screening, which is a challenging yet crucial project. While HPV screening has become standard practice worldwide, Serbia still faces difficulties in fully implementing it. One of the main challenges, the KI said, is the frequent turnover of decision-makers, which often leads to restarting initiatives and delays in progress.

FGD: One participant emphasized that while the collaboration between the public institution, UNFPA, and the NGO during the COVID-19 campaign was high-quality, there is room for improvement in promoting these materials more widely. She also highlighted the broader relevance of vaccination beyond COVID-19, particularly in relation to HPV vaccines, noting that the anti-vaccine lobby remains strong. The campaign involving a large number of doctors across various specialties was seen as an important step in countering misinformation.

FGD: The collaboration between UNFPA and the Ministry was highlighted during the meeting, with a focus on the "Responsible Health Attitudes" program. A key feature of this training was that it required participants, such as professional associates and teachers, to create small implementation programs in their schools based on what they learned. The training covered a broad range of topics including gender equality, child marriages, gender education, risky behaviors, mental health, nutrition, contraception, pregnancy, and communication skills. These subjects are recognized as critical cross-curricular competencies for 21st-century education, which the Ministry has identified as a priority. Many of these topics have now been integrated into schools, and there is a dedicated platform on the ZUOV website that provides comprehensive materials, workshops, and even student-made films. The platform also contains a folder with links specifically designed for high school students.

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Annex 3 – List of Persons Met

National level stakeholders

Type of organisation	Organisation	Function	Gender
UN	UNFPA	Head of Office	Female
		PD Programme Analyst	Female
		SRH and Youth Programme Analyst	Female
		PRO JP Programme Assistant	Male
		Family Friendly Policies Project Assistant	Male
		Project Assistant for Youth Participation, Social Cohesion and Resilience Building	Male
		LNOB/Roma Project Assistant	Female
		Gender and SRHR Project Assistant	Female
		Communication Assistant	Male
		Communication Assistant	Female
		Communication Analyst	Female
		Admin/Finance Associate	Male
		Admin/Finance Assistant	Female
	UNICEF	Representative	Female
	UNDP	Gender Equality Portfolio Manager	Female
		Programme Specialist/Team Leader SDG Integration Centre	Female
		Head of Exploration, UNDP Accelerator Lab	Male
		Head of Solutions Mapping, UNDP Accelerator Lab	Female
	UN Women	Programme Management Specialist and Head of Office	Female
		Project Assistant	Female
	UNOPS	Programme Coordinator PRO	Female
		Director	Female
		Senior Officer for Capacity Building	Female
	WHO	National Programme Officer	Male
	World Bank	Senior Social Protection Specialist	Female
	United Nations	Head of RCO	Female
Government & Public Institutions	Ministry of Health	Advisor to the Minister of Health cabinet	Male
	Ministry for European Integration	Advisor	Female
	Ministry of Finance	Head of the Division for Tender Preparation and Project & Contract Management	Female

Type of organisation	Organisation	Function	Gender
		Head of Section for Works contracts financed by EU Division for Tender Preparation and Project & Contract Management	Male
	Ministry of Labour, Employment, Veteran and Social Affairs	Senior adviser in the Department for Social Policies	Female
	Ministry for Family Welfare and Demography	Advisor	Male
	Ministry of Education	Head of Department for human and minority rights in education	Female
		Finance Department	Male
	Ministry of Tourism and Youth	Advisor in Sector for Youth, Ministry of Tourism and Youth	Female
	Commissioner for the Protection of Equality	Deputy Commissioner for the Protection of Equality	Female
	Institute of Public Health of Serbia	Expert for health education and health promotion	Female
	Institute for Student Healthcare Belgrade	Member of the Institute's expert council	Female
	National Employment Service	Head of International Cooperation	Female
	Statistical Office of the Republic of Serbia	Assistant Director for Population	Female
NGO	Bibija Roma Women Center	Director	Female
		Field Coordinator	Female
	Iz Kruga - Vojvodina	Director	Female
		Program Manager	Female
	Belgrade Centre for Human Rights	Youth Programme Coordinator	Female
	Ana and Vlade Divac Foundation	Development Manager	Female
		Project Manager	Female
	Psychosocial Innovation Network	Senior Psychologist	Female
	Atina	Program Director	Female
		Research Analyst	Male
	Autism Serbia	President	Female
		Secretary	Female
	Mikser Association	Director	Male

Type of organisation	Organisation	Function	Gender
Development Partners	Red Cross of Serbia	Public health and ageing expert	Female
	IDEAS	Director	Male
	Centre for Democracy Foundation	Secretary General	Female
	National Youth Council	Program Coordinator	Female
	Swiss Agency for Development Cooperation	National Programme Officer	Male
	SIDA	National Programme Officer	Female
	European Union Delegation	Health Officer	Female
		Social Protection Officer	Female
	Standing Conference of Towns and Municipalities	Head of Health Department	Female
	Regional Youth Cooperation Office	Local Program Officer	Male
		Head of Local Branch Office, Belgrade	Female
Business	MSD	External Affairs Manager	Male
	Roche	Ecosystem Partner Business Development	Female
	UN Global Compact Serbia	Programme Manager UN Global Compact Serbia	Female
		Chief Business Sustainability Officer Delta Foundation, General Manager	Female
Academia	University of Belgrade's Faculty of Medicine	Professor	Female
	Gynaecology and Obstetrics Section of the Serbia Medical Society	Secretary of the Section	Female
	Faculty of Geography, Department for Demography	Professor	Female
	Institute of Social Sciences	Researcher	Male
	Faculty of Economics	Professor	Male
	Faculty of Philosophy, Sociology Department	Professor	Male
	Faculty of Economics, Finance and Administration / Metropolitan University	Professor	Female

Local level stakeholders

Type of organisation	Organisation	Function	Gender
Government & Public Institutions	City Council of the City of Novi Pazar	Member of the City Council of the City of Novi Pazar	Male
		Member of the City Council for Education Issues	Female
		Member of the Novi Pazar City Council in the Sector for International Cooperation	Female
	Commissioner for the Protection of Equality for Novi Pazar	Commissioner for the Protection of Equality for Novi Pazar	Male
	Youth Office Novi Pazar	Vice President	Female
	City of Niš	Deputy Mayor	Male
		Councillor for Social Protection, Veterans, Health, and Persons with Disabilities	Male
	Primary Health Centre Niš	Deputy Director	Female
		Preventive Department	Female
		PR	Female
		Head Nurse of the Adult Health Care Service	Female
	Regional School Department Niš	Educational Advisor	Female
		Educational Advisor	Female
	Youth Office	Local Youth Office Coordinator	Female
	City of Kruševac	Social Affairs Department	Female
	Day Centre for Persons with Disabilities	Director	Female
		Defectologist	Female
		Defectologist	Female
		Psychologist	Female
	City of Kragujevac	Assistant to the Mayor for human and minority rights	Female
	Youth Office Kragujevac	Local Youth Office Coordinator	Female
NGOs	NGO Osvit	Director	Female
		Assistant Coordinator	Female
	Roma Women Organisation Romani Cikna	Program Coordinator	Female
		Activist	Female
	Centre for Independent Living of Persons with Disabilities	President	Female
	Association of the Deaf and		
		Secretary	Female

	Hard of Hearing of Šumadija District		
	Red Cross Kruševac	Director	Female
		Program Coordinator	Male
		Expert Associate in the Program of Care for the Elderly and Finances	Female
	Red Cross Kragujevac	Secretary	Female
	Serbian Roma Association of Citizens Integrative Global Centre	President	Female
End Beneficiaries	School of Textile and Leather Design	Teacher	Female
	School of Textile and Leather Design	Student	Female
	N/A	Student	Female
	Flow Ninja	Project Manager	Female
	N/A	Student	Female
	Secondary Tourism and Hospitality School	Students	1 Male 9 Female
	Red Cross Corner for Aging with Quality	Manager and Beneficiary	Female
		Beneficiary	Female
		Beneficiary	Female

Annex 4: Data Collection Tools

		Government	Public Institutions	CSOs	Academia	Private Sector	United Nations	Donors/Development Partners	UNFPA
A.1.1	IND1.1.1	1. Which national priorities/priorities of your ministry does UNFPA support with its work? Is UNFPA well aligned with your priorities? Examples?	1. Which national priorities/priorities of your institution does UNFPA support with its work? Is UNFPA well aligned with your priorities? Examples?	1. In your view, which national priorities does UNFPA support with its work? Would you say UNFPA is well aligned with national priorities? Examples?	1. In your view, which national priorities does UNFPA support with its work? Would you say UNFPA is well aligned with national priorities? Examples?		1. In your view, which national priorities does UNFPA support with its work? Would you say UNFPA is well aligned with national priorities? Examples?	1. In your view, which national priorities does UNFPA support with its work? Would you say UNFPA is well aligned with national priorities? Examples?	1. Which national priorities does UNFPA support with its work? Would you say UNFPA is well aligned with national priorities? Examples?
	IND1.1.2								
	IND1.1.3								
		2. Has UNFPA adjusted its interventions to align with new/changing priorities? Is it flexible? <i>Probe:</i> e.g., new governments, COVID-19, emergencies	2. Has UNFPA adjusted its interventions to align with new/changing priorities? Is it flexible? <i>Probe:</i> e.g., new governments, COVID-19, emergencies	2. In your view, is UNFPA flexible? Are you aware that it has adjusted its interventions to align with new/changing priorities? <i>Probe:</i> e.g., new governments, COVID-19, emergencies	2. In your view, is UNFPA flexible? Are you aware that it has adjusted its interventions to align with new/changing priorities? <i>Probe:</i> e.g., new governments, COVID-19, emergencies		2. In your view, is UNFPA flexible? Are you aware that it has adjusted its interventions to align with new/changing priorities? <i>Probe:</i> e.g., new governments, COVID-19, emergencies	2. In your view, is UNFPA flexible? Are you aware that it has adjusted its interventions to align with new/changing priorities? <i>Probe:</i> e.g., new governments, COVID-19, emergencies	2. In your view, is UNFPA flexible? Has it been able to adjust its interventions to align with new/changing priorities? Examples? <i>Probe:</i> e.g., new governments, COVID-19, emergencies
		3. Thinking about EU accession, in which thematic areas is UNFPA's mandate particularly crucial? Which EU accession chapters? <i>Probe:</i> How well aligned is UNFPA's support for Chapter 23 and its focus on gender equality, human rights and LNOB?	3. Thinking about EU accession, in which thematic areas is UNFPA's mandate particularly crucial? Which EU accession chapters? <i>Probe:</i> How well aligned is UNFPA's support for Chapter 23 and its focus on gender equality, human rights and LNOB?	3. Thinking about EU accession, in which thematic areas is UNFPA's mandate particularly crucial? Which EU accession chapters? <i>Probe:</i> How well aligned is UNFPA's support for Chapter 23 and its focus on gender equality, human rights and LNOB?	3. Thinking about EU accession, in which thematic areas is UNFPA's mandate particularly crucial? Which EU accession chapters? <i>Probe:</i> How well aligned is UNFPA's support for Chapter 23 and its focus on gender equality, human rights and LNOB?		3. Thinking about EU accession, in which thematic areas is UNFPA's mandate particularly crucial? Which EU accession chapters? <i>Probe:</i> How well aligned is UNFPA's support for Chapter 23 and its focus on gender equality, human rights and LNOB?	3. Thinking about EU accession, in which thematic areas is UNFPA's mandate particularly crucial? Which EU accession chapters? <i>Probe:</i> How well aligned is UNFPA's support for Chapter 23 and its focus on gender equality, human rights and LNOB?	3. Thinking about EU accession, in which thematic areas is UNFPA's mandate particularly crucial? Which EU accession chapters? <i>Probe:</i> How well aligned is UNFPA's support for Chapter 23 and its focus on gender equality, human rights and LNOB?
		4. Are you aware of any notable difficulties for UNFPA to align its efforts with Serbia's national goals and EU accession requirements?	4. Are you aware of any notable difficulties for UNFPA to align its efforts with Serbia's national goals and EU accession requirements?	4. Are you aware of any notable difficulties for UNFPA to align its efforts with Serbia's national goals and EU accession requirements?	4. Are you aware of any notable difficulties for UNFPA to align its efforts with Serbia's national goals and EU accession requirements?		4. Are you aware of any notable difficulties for UNFPA to align its efforts with Serbia's national goals and EU accession requirements?	4. Are you aware of any notable difficulties for UNFPA to align its efforts with Serbia's national goals and EU accession requirements?	4. Which difficulties does UNFPA face in aligning its efforts with Serbia's national goals and EU accession requirements?

[illegible]

		Government	Public Institutions	CSOs	Academia	Private Sector	United Nations	Donors/Development Partners	UNFPA
		9. UNFPA aims to stop child marriage worldwide by 2030. How important is this goal for Serbia, especially for vulnerable groups? What is the significance of UNFPA's work compared to other organizations helping Serbia with this issue?		9. UNFPA aims to stop child marriage worldwide by 2030. How important is this goal for Serbia, especially for vulnerable groups? What is the significance of UNFPA's work compared to other organizations helping Serbia with this issue?			9. UNFPA aims to stop child marriage worldwide by 2030. How important is this goal for Serbia, especially for vulnerable groups? What is the significance of UNFPA's work compared to other organizations helping Serbia with this issue?		9. UNFPA aims to stop child marriage worldwide by 2030. How important is this goal for Serbia, especially for vulnerable groups? What is the significance of UNFPA's work compared to other organizations helping Serbia with this issue?
		10. In your view, could/should the next UNFPA CP focus more/better on family planning, maternal health, GBV and/or child marriage? Opportunities?	10. In your view, could/should the next UNFPA CP focus more/better on family planning, maternal health, GBV and/or child marriage? Opportunities?	10. In your view, could/should the next UNFPA CP focus more/better on family planning, maternal health, GBV and/or child marriage? Opportunities?	10. In your view, could/should the next UNFPA CP focus more/better on family planning, maternal health, GBV and/or child marriage? Opportunities?		10. In your view, could/should the next UNFPA CP focus more/better on family planning, maternal health, GBV and/or child marriage? Opportunities?	10. In your view, could/should the next UNFPA CP focus more/better on family planning, maternal health, GBV and/or child marriage? Opportunities?	10. In your view, could/should the next UNFPA CP focus more/better on family planning, maternal health, GBV and/or child marriage? Opportunities?
A.2.1	IND2.1.1 IND2.1.2	11. Could you please talk about key achievements (project outputs) between 2021 and today thanks to UNFPA's support/interventions? What is new? <u>Probe:</u> At policy and operational levels? <u>Probe:</u> For the benefit of vulnerable groups?	11. Could you please talk about key achievements (project outputs) between 2021 and today thanks to UNFPA's support/interventions? What is new? <u>Probe:</u> At policy and operational levels? <u>Probe:</u> For the benefit of vulnerable groups?	11. Could you please talk about key achievements (project outputs) between 2021 and today thanks to UNFPA's support/interventions? What is new? <u>Probe:</u> At policy and operational levels? <u>Probe:</u> For the benefit of vulnerable groups?	11. Could you please talk about key achievements (project outputs) between 2021 and today thanks to UNFPA's support/interventions? What is new? <u>Probe:</u> At policy and operational levels? <u>Probe:</u> For the benefit of vulnerable groups?	11. Could you please talk about key achievements (project outputs) between 2021 and today thanks to UNFPA's support/interventions? What is new?	11. Could you please talk about key achievements (project outputs) between 2021 and today thanks to UNFPA's support/interventions? What is new? <u>Probe:</u> At policy and operational levels? <u>Probe:</u> As part of UN joint programmes <u>Probe:</u> For the benefit of vulnerable groups?	11. Could you please talk about key achievements (project outputs) between 2021 and today thanks to UNFPA's support/interventions? What is new? <u>Probe:</u> At policy and operational levels? <u>Probe:</u> For the benefit of vulnerable groups?	11. Could you please talk about key achievements (project outputs) between 2021 and today thanks to UNFPA's support/interventions? What is new? <u>Probe:</u> At policy and operational levels? <u>Probe:</u> As part of UN joint programmes <u>Probe:</u> For the benefit of vulnerable groups?
		12. What helped things go smoothly and made it possible to achieve these results (project outputs)? <u>Probe:</u> E.g., innovation, digitalization, partnerships, assumptions listed in the ToC	12. What helped things go smoothly and made it possible to achieve these results (project outputs)? <u>Probe:</u> E.g., innovation, digitalization, partnerships, assumptions listed in the ToC	12. What helped things go smoothly and made it possible to achieve these results (project outputs)? <u>Probe:</u> E.g., innovation, digitalization, partnerships, assumptions listed in the ToC	12. Do you have any views on what helped things go smoothly and made it possible to achieve these results (project outputs)? <u>Probe:</u> E.g., innovation, digitalization, partnerships, assumptions listed in the ToC	12. Do you have any views on what helped things go smoothly and made it possible to achieve these results (project outputs)? <u>Probe:</u> E.g., innovation, digitalization, partnerships, assumptions listed in the ToC	12. Do you have any views on what helped things go smoothly and made it possible to achieve these results (project outputs)? <u>Probe:</u> E.g., innovation, digitalization, partnerships, assumptions listed in the ToC	12. Do you have any views on what helped things go smoothly and made it possible to achieve these results (project outputs)? <u>Probe:</u> E.g., innovation, digitalization, partnerships, assumptions listed in the ToC	12. What helped things go smoothly and made it possible to achieve these results (project outputs)? <u>Probe:</u> E.g., innovation, digitalization, partnerships, assumptions listed in the ToC

Government	Public Institutions	CSOs	Academia	Private Sector	United Nations	Donors/Development Partners	UNFPA
13. How well have UNFPA-supported interventions applied gender equality, human rights and LNOB principles? Please provide examples.	13. How well have UNFPA-supported interventions applied gender equality, human rights and LNOB principles? Please provide examples.	13. How well have UNFPA-supported interventions applied gender equality, human rights and LNOB principles? Please provide examples.	13. Are you aware of how UNFPA-supported interventions have applied gender equality, human rights and LNOB principles? Please provide examples.		13. Are you aware of how UNFPA-supported interventions have applied gender equality, human rights and LNOB principles? Please provide examples.	13. How well have UNFPA-supported interventions applied gender equality, human rights and LNOB principles? Please provide examples.	13. How well have UNFPA-supported interventions applied gender equality, human rights and LNOB principles? Please provide examples.
14. Are you aware of any planned results (project outputs) that were not achieved? Why not? Which UNFPA-internal or external challenges have influenced delivery and how were they/could they in future be overcome? <u>Probe:</u> e.g., COVID-19, risks listed in the ToC	14. Are you aware of any planned results (project outputs) that were not achieved? Why not? Which UNFPA-internal or external challenges have influenced delivery and how were they/could they in future be overcome?	14. Were any planned results (project outputs) not achieved? Why not? Which UNFPA-internal or external challenges have influenced delivery and how were they/could they in future be overcome?	14. Are you aware of any planned results (project outputs) that have not been achieved? Why not? Which UNFPA-internal or external challenges have influenced delivery and how were they/could they in future be overcome?	14. Were any planned results (project outputs) not achieved? Why not? Which UNFPA-internal or external challenges have influenced delivery and how were they/could they in future be overcome?	14. Are you aware of any planned results (project outputs) that have not been achieved? Why not? Which UNFPA-internal or external challenges have influenced delivery and how were they/could they in future be overcome?	14. Are you aware of any planned results (project outputs) that have not been achieved? Why not? Which UNFPA-internal or external challenges have influenced delivery and how were they/could they in future be overcome?	14. Were any planned results (project outputs) not achieved? Why not? Which UNFPA-internal or external challenges have influenced delivery and how were they/could they in future be overcome?
15. What difference have UNFPA project outputs helped make for Serbian institutions (your ministry) and the population in terms of improving access to health, social and protection services? <u>Probe:</u> Contributions to increasing the modern contraceptive prevalence rate? (CPD outcome indicator) <u>Probe:</u> Contributions to reducing the unmet need for family planning among married women or in union? (CPD outcome indicator) <u>Probe:</u> Benefits for vulnerable and	15. What difference have UNFPA project outputs helped make for Serbian institutions (your institution) and the population in terms of improving access to health, social and protection services? <u>Probe:</u> Contributions to increasing the modern contraceptive prevalence rate? (CPD outcome indicator) <u>Probe:</u> Contributions to reducing the unmet need for family planning among married women or in union? (CPD outcome indicator)	15. What difference have UNFPA project outputs helped make for Serbian institutions (your CSO and the population in terms of improving access to health, social and protection services? <u>Probe:</u> Contributions to increasing the modern contraceptive prevalence rate? (CPD outcome indicator) <u>Probe:</u> Contributions to reducing the unmet need for family planning among married women or in union? (CPD outcome indicator) <u>Probe:</u> Benefits for vulnerable and			15. What difference have UNFPA project outputs helped make for Serbian institutions and the population in terms of improving access to health, social and protection services? <u>Probe:</u> Contributions to increasing the modern contraceptive prevalence rate? (CPD outcome indicator) <u>Probe:</u> Contributions to reducing the unmet need for family planning among married women or in union? (CPD outcome indicator) <u>Probe:</u> Benefits for vulnerable and	15. What difference have UNFPA project outputs helped make for Serbian institutions and the population in terms of improving access to health, social and protection services? <u>Probe:</u> Contributions to increasing the modern contraceptive prevalence rate? (CPD outcome indicator) <u>Probe:</u> Contributions to reducing the unmet need for family planning among married women or in union? (CPD outcome indicator) <u>Probe:</u> Benefits for vulnerable and	15. What difference have UNFPA project outputs helped make for Serbian institutions and the population in terms of improving access to health, social and protection services? <u>Probe:</u> Contributions to increasing the modern contraceptive prevalence rate? (CPD outcome indicator) <u>Probe:</u> Contributions to reducing the unmet need for family planning among married women or in union? (CPD outcome indicator) <u>Probe:</u> Benefits for vulnerable and
16. What difference have UNFPA project outputs helped make for Serbian institutions (your ministry) and A&Y in terms of enhancing young people's skills, education and capabilities? <u>Probe:</u> Ask about contributions to engaging A&Y in the formulation of national SRH policies (CPD outcome indicator) <u>Probe:</u> Ask about contributions to other relevant policies thanks to A&Y engagement <u>Probe:</u> Ask about contributions to reducing the adolescent birth rate (CPD outcome indicator) <u>Probe:</u> Ask about increased youth health literacy and reduced GBV <u>Probe:</u> Ask about marginalized and vulnerable A&Y	16. What difference have UNFPA project outputs helped make for Serbian institutions (your institution and A&Y in terms of enhancing young people's skills, education and capabilities? <u>Probe:</u> Ask about contributions to engaging A&Y in the formulation of national SRH policies (CPD outcome indicator) <u>Probe:</u> Ask about contributions to other relevant policies thanks to A&Y engagement <u>Probe:</u> Ask about contributions to reducing the adolescent birth rate (CPD outcome indicator) <u>Probe:</u> Ask about increased youth health literacy and reduced GBV <u>Probe:</u> Ask about marginalized and vulnerable A&Y	16. What difference have UNFPA project outputs helped make for Serbian institutions (your CSO and A&Y in terms of enhancing young people's skills, education and capabilities? <u>Probe:</u> Ask about contributions to engaging A&Y in the formulation of national SRH policies (CPD outcome indicator) <u>Probe:</u> Ask about contributions to other relevant policies thanks to A&Y engagement <u>Probe:</u> Ask about contributions to reducing the adolescent birth rate (CPD outcome indicator) <u>Probe:</u> Ask about increased youth health literacy and reduced GBV <u>Probe:</u> Ask about marginalized and vulnerable A&Y			16. What difference have UNFPA project outputs helped make for Serbian institutions and A&Y in terms of enhancing young people's skills, education and capabilities? <u>Probe:</u> Ask about contributions to engaging A&Y in the formulation of national SRH policies (CPD outcome indicator) <u>Probe:</u> Ask about contributions to other relevant policies thanks to A&Y engagement <u>Probe:</u> Ask about contributions to reducing the adolescent birth rate (CPD outcome indicator) <u>Probe:</u> Ask about increased youth health literacy and reduced GBV <u>Probe:</u> Ask about marginalized and vulnerable A&Y	16. What difference have UNFPA project outputs helped make for Serbian institutions and A&Y in terms of enhancing young people's skills, education and capabilities? <u>Probe:</u> Ask about contributions to engaging A&Y in the formulation of national SRH policies (CPD outcome indicator) <u>Probe:</u> Ask about contributions to other relevant policies thanks to A&Y engagement <u>Probe:</u> Ask about contributions to reducing the adolescent birth rate (CPD outcome indicator) <u>Probe:</u> Ask about increased youth health literacy and reduced GBV <u>Probe:</u> Ask about marginalized and vulnerable A&Y	16. What difference have UNFPA project outputs helped make for Serbian institutions and A&Y in terms of enhancing young people's skills, education and capabilities? <u>Probe:</u> Ask about contributions to engaging A&Y in the formulation of national SRH policies (CPD outcome indicator) <u>Probe:</u> Ask about contributions to other relevant policies thanks to A&Y engagement <u>Probe:</u> Ask about contributions to reducing the adolescent birth rate (CPD outcome indicator) <u>Probe:</u> Ask about increased youth health literacy and reduced GBV <u>Probe:</u> Ask about marginalized and vulnerable A&Y

		Government	Public Institutions	CSOs	Academia	Private Sector	United Nations	Donors/Development Partners	UNFPA
		17. What difference have UNFPA project outputs helped to make in terms of strengthening capacities of national and local stakeholders (capacities of your ministry) to develop and implement evidence-based policies? <u>Probe:</u> Ask about data generation for SDG indicators (CPD outcome indicator)	17. What difference have UNFPA project outputs helped to make in terms of strengthening capacities of national and local stakeholders (capacities of your institution) to develop and implement evidence-based policies? <u>Probe:</u> Ask about data generation for SDG indicators (CPD outcome indicator)	17. What difference have UNFPA project outputs helped to make in terms of strengthening capacities of national and local stakeholders (capacities of your CSO to develop and implement evidence-based policies? <u>Probe:</u> Ask about data generation for SDG indicators (CPD outcome indicator)			17. What difference have UNFPA project outputs helped to make in terms of strengthening capacities of national and local stakeholders to develop and implement evidence-based policies? <u>Probe:</u> Ask about data generation for SDG indicators (CPD outcome indicator)	17. What difference have UNFPA project outputs helped to make in terms of strengthening capacities of national and local stakeholders to develop and implement evidence-based policies? <u>Probe:</u> Ask about data generation for SDG indicators (CPD outcome indicator)	17. What difference have UNFPA project outputs helped to make in terms of strengthening capacities of national and local stakeholders to develop and implement evidence-based policies? <u>Probe:</u> Ask about data generation for SDG indicators (CPD outcome indicator)
		18. Are you aware of any external/contextual factors that have facilitated or hindered progress towards outcomes/positive change? What could UNFPA do more to manage risks during the next CP?	18. Are you aware of any external/contextual factors that have facilitated or hindered progress towards outcomes/positive change? What could UNFPA do more to manage risks during the next CP?	18. Are you aware of any external/contextual factors that have facilitated or hindered progress towards outcomes/positive change? What could UNFPA do more to manage risks during the next CP?			18. Are you aware of any external/contextual factors that have facilitated or hindered progress towards outcomes/positive change? What could UNFPA do more to manage risks during the next CP?	18. Are you aware of any external/contextual factors that have facilitated or hindered progress towards outcomes/positive change? What could UNFPA do more to manage risks during the next CP?	18. Which external/contextual factors have facilitated or hindered progress towards outcomes/positive change? What could UNFPA do more to manage risks during the next CP?
A.2.2	IND2.2.1 IND2.2.2 IND2.2.3 IND2.2.4	19. Do you see any linkages between UNFPA's work and supporting the Government of Serbia and other stakeholders to better understand, plan for and shape demographic changes? <u>Probe:</u> (i) support for evidence-based governance (science-policy link); (ii) support for developing human capital (while leaving no one behind); (iii) support for adapting systems to demographic realities; (iv) support for a relaxed, solution-oriented, gender-responsive and human-rights based public discourse	19. Do you see any linkages between UNFPA's work and supporting the Government of Serbia and other stakeholders to better understand, plan for and shape demographic changes? <u>Probe:</u> (i) support for evidence-based governance (science-policy link); (ii) support for developing human capital (while leaving no one behind); (iii) support for adapting systems to demographic realities; (iv) support for a relaxed, solution-oriented, gender-responsive and human-rights based public discourse	19. Do you see any linkages between UNFPA's work and supporting the Government of Serbia and other stakeholders to better understand, plan for and shape demographic changes? <u>Probe:</u> (i) support for evidence-based governance (science-policy link); (ii) support for developing human capital (while leaving no one behind); (iii) support for adapting systems to demographic realities; (iv) support for a relaxed, solution-oriented, gender-responsive and human-rights based public discourse	19. Do you see any linkages between UNFPA's work and supporting the Government of Serbia and other stakeholders to better understand, plan for and shape demographic changes? <u>Probe:</u> (i) support for evidence-based governance (science-policy link); (ii) support for developing human capital (while leaving no one behind); (iii) support for adapting systems to demographic realities; (iv) support for a relaxed, solution-oriented, gender-responsive and human-rights based public discourse	19. Do you see any linkages between UNFPA's work and supporting the Government of Serbia and other stakeholders to better understand, plan for and shape demographic changes? <u>Probe:</u> (i) support for evidence-based governance (science-policy link); (ii) support for developing human capital (while leaving no one behind); (iii) support for adapting systems to demographic realities; (iv) support for a relaxed, solution-oriented, gender-responsive and human-rights based public discourse	19. Do you see any linkages between UNFPA's work and supporting the Government of Serbia and other stakeholders to better understand, plan for and shape demographic changes? <u>Probe:</u> (i) support for evidence-based governance (science-policy link); (ii) support for developing human capital (while leaving no one behind); (iii) support for adapting systems to demographic realities; (iv) support for a relaxed, solution-oriented, gender-responsive and human-rights based public discourse	19. Do you see any linkages between UNFPA's work and supporting the Government of Serbia and other stakeholders to better understand, plan for and shape demographic changes? <u>Probe:</u> (i) support for evidence-based governance (science-policy link); (ii) support for developing human capital (while leaving no one behind); (iii) support for adapting systems to demographic realities; (iv) support for a relaxed, solution-oriented, gender-responsive and human-rights based public discourse	19. What are the linkages between UNFPA's work and supporting the Government of Serbia and other stakeholders to better understand, plan for and shape demographic changes? <u>Probe:</u> (i) support for evidence-based governance (science-policy link); (ii) support for developing human capital (while leaving no one behind); (iii) support for adapting systems to demographic realities; (iv) support for a relaxed, solution-oriented, gender-responsive and human-rights based public discourse
A.2.3	IND2.3.1 IND2.3.2 IND2.3.3	20. If so, do you have any views on what makes UNFPA unique/special in terms of helping Serbia to achieve positive demographic outcomes? What is its added value for national and other development partners? <u>Probe:</u> In terms of (i) initiating/covering demographic topics; (ii) tackling demographic challenges faced by different age groups; (iii) addressing local demographic contexts?	20. If so, do you have any views on what makes UNFPA unique/special in terms of helping Serbia to achieve positive demographic outcomes? What is its added value for national and other development partners? <u>Probe:</u> In terms of (i) initiating/covering demographic topics; (ii) tackling demographic challenges faced by different age groups; (iii) addressing local demographic contexts?	20. If so, do you have any views on what makes UNFPA unique/special in terms of helping Serbia to achieve positive demographic outcomes? What is its added value for national and other development partners? <u>Probe:</u> In terms of (i) initiating/covering demographic topics; (ii) tackling demographic challenges faced by different age groups; (iii) addressing local demographic contexts?	20. If so, do you have any views on what makes UNFPA unique/special in terms of helping Serbia to achieve positive demographic outcomes? What is its added value for national and other development partners? <u>Probe:</u> In terms of (i) initiating/covering demographic topics; (ii) tackling demographic challenges faced by different age groups; (iii) addressing local demographic contexts?	20. If so, do you have any views on what makes UNFPA unique/special in terms of helping Serbia to achieve positive demographic outcomes? What is its added value for national and other development partners? <u>Probe:</u> In terms of (i) initiating/covering demographic topics; (ii) tackling demographic challenges faced by different age groups; (iii) addressing local demographic contexts?	20. If so, do you have any views on what makes UNFPA unique/special in terms of helping Serbia to achieve positive demographic outcomes? What is its added value for national and other development partners? <u>Probe:</u> In terms of (i) initiating/covering demographic topics; (ii) tackling demographic challenges faced by different age groups; (iii) addressing local demographic contexts?	20. If so, do you have any views on what makes UNFPA unique/special in terms of helping Serbia to achieve positive demographic outcomes? What is its added value for national and other development partners? <u>Probe:</u> In terms of (i) initiating/covering demographic topics; (ii) tackling demographic challenges faced by different age groups; (iii) addressing local demographic contexts?	20. What makes UNFPA unique/special in terms of helping Serbia to achieve positive demographic outcomes? What is its added value for national and other development partners? <u>Probe:</u> In terms of (i) initiating/covering demographic topics; (ii) tackling demographic challenges faced by different age groups; (iii) addressing local demographic contexts?

		Government	Public Institutions	CSOs	Academia	Private Sector	United Nations	Donors/Development Partners	UNFPA
		21. How could/should UNFPA strengthen linkages/its contributions to DEMRES in the next CP?	21. How could/should UNFPA strengthen linkages/its contributions to DEMRES in the next CP?	21. How could/should UNFPA strengthen linkages/its contributions to DEMRES in the next CP?	21. How could/should UNFPA strengthen linkages/its contributions to DEMRES in the next CP?		21. How could/should UNFPA strengthen linkages/its contributions to DEMRES in the next CP?	21. How could/should UNFPA strengthen linkages/its contributions to DEMRES in the next CP?	21. How could/should UNFPA strengthen linkages/its contributions to DEMRES in the next CP?
A.3.1	IND3.1.1 IND3.1.2	22. In your view, what role has UNFPA played in fostering high-level commitment/addressing opposition to UNFPA-promoted/supported policies at the national and local levels?	22. Do you have any views on the role UNFPA has played in fostering high-level commitment/addressing opposition to UNFPA-promoted/supported policies at the national and local levels?	22. Do you have any views on the role UNFPA has played in fostering high-level commitment/addressing opposition to UNFPA-promoted/supported policies at the national and local levels?	22. Do you have any views on the role UNFPA has played in fostering high-level commitment/addressing opposition to UNFPA-promoted/supported policies at the national and local levels?		22. Do you have any views on the role UNFPA has played in fostering high-level commitment/addressing opposition to UNFPA-promoted/supported policies at the national and local levels?		22. In your view, what role has UNFPA played in fostering high-level commitment/addressing opposition to UNFPA-promoted/supported policies at the national and local levels?
		23. Does Serbia (does your ministry) have the necessary mechanisms and systems in place to carry out the policies supported by UNFPA, regardless of UNFPA's continued involvement? Did UNFPA help set up these systems? <u>Probe:</u> E.g., monitoring and reporting systems, collaboration with CSOs, clarity of roles and responsibilities, allocation of human and financial resources	23. Does Serbia (does your institution) have the necessary mechanisms and systems in place to carry out the policies supported by UNFPA, regardless of UNFPA's continued involvement? Did UNFPA help set up these systems? <u>Probe:</u> E.g., monitoring and reporting systems, collaboration with CSOs, clarity of roles and responsibilities, allocation of human and financial resources	23. Do you have any views on whether the government has the necessary mechanisms and systems in place to carry out the policies supported by UNFPA, regardless of UNFPA's continued involvement? Did UNFPA help set up these systems? <u>Probe:</u> E.g., monitoring and reporting systems, collaboration with CSOs, clarity of roles and responsibilities, allocation of human and financial resources	23. Do you have any views on whether the government has the necessary mechanisms and systems in place to carry out the policies supported by UNFPA, regardless of UNFPA's continued involvement? Did UNFPA help set up these systems? <u>Probe:</u> E.g., monitoring and reporting systems, collaboration with CSOs, clarity of roles and responsibilities, allocation of human and financial resources		23. Do you have any views on whether the government has the necessary mechanisms and systems in place to carry out the policies supported by UNFPA, regardless of UNFPA's continued involvement? Did UNFPA help set up these systems? <u>Probe:</u> E.g., monitoring and reporting systems, collaboration with CSOs, clarity of roles and responsibilities, allocation of human and financial resources		23. Does the government have the necessary mechanisms and systems in place to carry out the policies supported by UNFPA, regardless of UNFPA's continued involvement? Did UNFPA help set up these systems? <u>Probe:</u> E.g., monitoring and reporting systems, collaboration with CSOs, clarity of roles and responsibilities, allocation of human and financial resources
A.3.2	IND3.2.1 IND3.2.2	24. In your view, are UNFPA-supported tools and services etc sufficiently embedded in national and local systems (in your ministry), thus increasing the likelihood of their continued use and provision regardless of UNFPA's future involvement? Did UNFPA support their integration?	24. Do you have any views on whether UNFPA-supported tools and services etc sufficiently embedded in national and local systems (in your institution) thus increasing the likelihood of their continued use and provision regardless of UNFPA's future involvement? Did UNFPA support their integration?	24. Do you have any views on whether UNFPA-supported tools and services etc sufficiently embedded in national and local systems (in your institution) thus increasing the likelihood of their continued use and provision regardless of UNFPA's future involvement? Did UNFPA support their integration?	24. Do you have any views on whether UNFPA-supported tools and services etc sufficiently embedded in national and local systems (in your institution) thus increasing the likelihood of their continued use and provision regardless of UNFPA's future involvement? Did UNFPA support their integration?	24. Do you have any views on whether UNFPA-supported tools and services etc sufficiently embedded in national and local systems (in your company) thus increasing the likelihood of their continued use and provision regardless of UNFPA's future involvement? Did UNFPA support their integration?	24. Do you have any views on whether UNFPA-supported tools and services etc sufficiently embedded in national and local systems thus increasing the likelihood of their continued use and provision regardless of UNFPA's future involvement? Did UNFPA support their integration?	24. Do you have any views on whether UNFPA-supported tools and services etc sufficiently embedded in national and local systems (in your institution) thus increasing the likelihood of their continued use and provision regardless of UNFPA's future involvement? Did UNFPA support their integration?	24. Are UNFPA-supported tools and services etc sufficiently embedded in national and local systems (in your institution) thus increasing the likelihood of their continued use and provision regardless of UNFPA's future involvement? Did UNFPA support their integration?

	Government	Public Institutions	CSOs	Academia	Private Sector	United Nations	Donors/Development Partners	UNFPA
	25. Do national and local institutions (does your ministry) have sufficient capacities to continue using new tools etc and providing new services regardless of UNFPA's continued involvement? Did UNFPA help build those capacities?	25. Do national and local institutions (does your institution) have sufficient capacities to continue using new tools etc and providing new services regardless of UNFPA's continued involvement? Did UNFPA help build those capacities?	25. Do you have any views on whether national and local institutions have sufficient capacities to continue using new tools etc and providing new services regardless of UNFPA's continued involvement? Did UNFPA help build those capacities?	25. Do you have any views on whether national and local institutions have sufficient capacities to continue using new tools etc and providing new services regardless of UNFPA's continued involvement? Did UNFPA help build those capacities?	25. Do you have any views on whether national and local institutions (your company) have sufficient capacities to continue using new tools etc and providing new services regardless of UNFPA's continued involvement? Did UNFPA help build those capacities?	25. Do you have any views on whether national and local institutions have sufficient capacities to continue using new tools etc and providing new services regardless of UNFPA's continued involvement? Did UNFPA help build those capacities?	25. Do you have any views on whether national and local institutions have sufficient capacities to continue using new tools etc and providing new services regardless of UNFPA's continued involvement? Did UNFPA help build those capacities?	25. Do national and local institutions have sufficient capacities to continue using new tools etc and providing new services regardless of UNFPA's continued involvement? Did UNFPA help build those capacities?

Introduce yourself and the CPE team

Explain the objectives and scope of the CPE

Explain why the interviewee was selected as KI

Ensuring Privacy and Voluntary Participation

Before beginning the interview/FGD, emphasize that participation in the interview/FGD is entirely voluntary. Key informants/FGD participants are under no obligation to answer any questions that they do not feel comfortable with.

Additionally, assure key informants/FGD participants that any information they share will be kept strictly confidential. That the evaluation team will take all necessary steps to protect their privacy, including anonymizing any specific details that could identify them or their organisation in the evaluation report and presentation.

Open the floor for key informants/FGD participants to feel free to ask any questions they may have about confidentiality, anonymity, or their participation at any point during the interview/FGD.

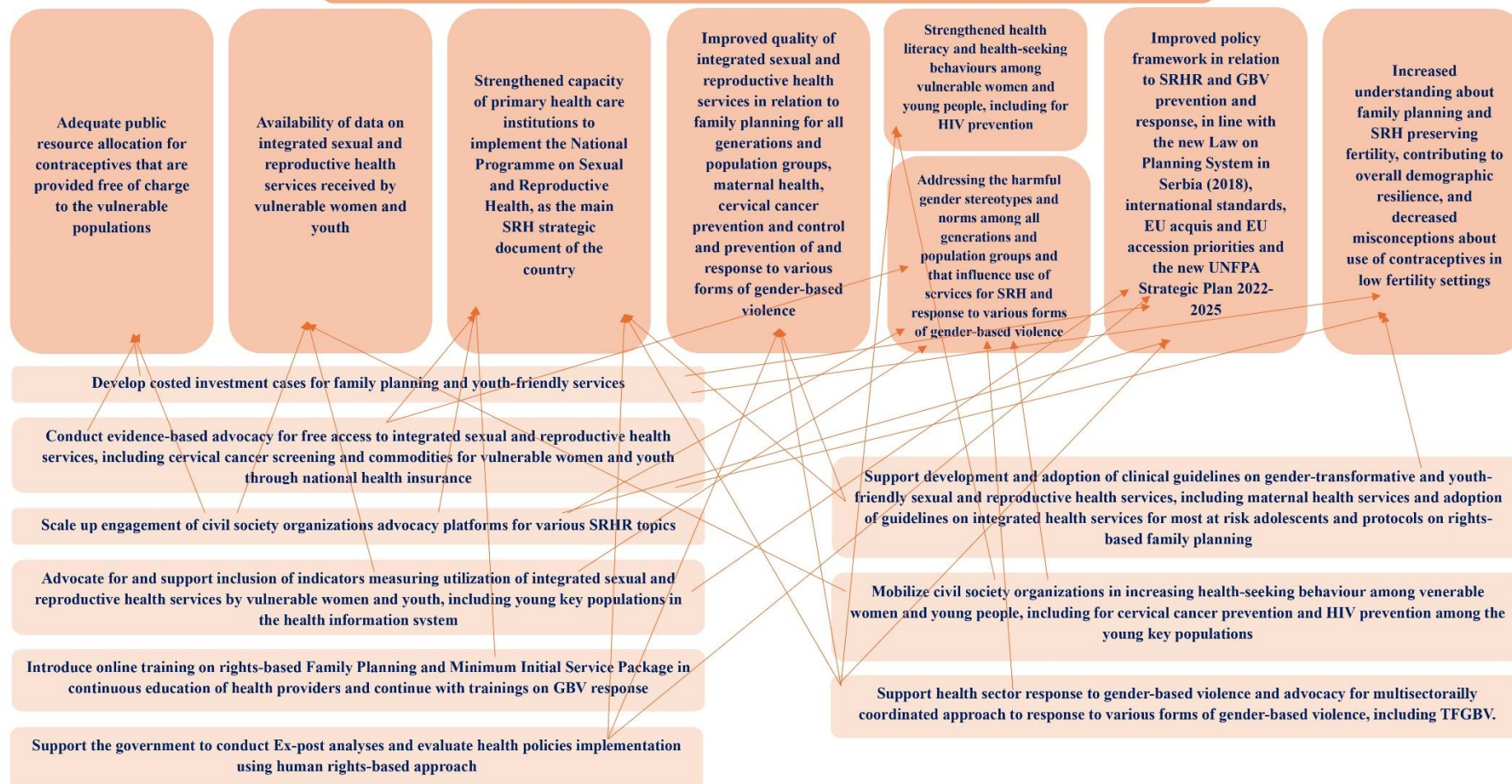
Ask if the KI has any questions about the CPE

Local-level FGDs - Sample Questions

1. How has your collaboration with UNFPA contributed to positive outcomes in the areas of sexual and reproductive health (SRH), youth and adolescents (Y&A), and population dynamics (PD)? Can you provide examples of specific improvements or successes?
2. What strategies or approaches have proven most effective in advancing the work you do in these areas? How can UNFPA help your organization build on these strategies to achieve even greater impact?
3. How has UNFPA's support in your focus areas enhanced your ability to address these issues? What additional support or resources do you believe UNFPA could provide to further improve outcomes in your work?
4. What challenges have you faced when implementing activities related to SRH, Y&A, and PD, and how can these challenges be overcome with the support of UNFPA and other stakeholders?
5. What are the key indicators you use to measure the success of community-based initiatives in SRH, Y&A, and PD? How do these indicators inform your future planning and program development?
6. What are the key gaps in reliable data collection related to SRH, Y&A, and PD in Serbia? How can UNFPA support efforts to address these gaps and improve the quality of data used for decision-making?
7. How do monitoring and evaluation mechanisms contribute to the effectiveness of programs addressing SRH, Y&A, and PD? What recommendations do you have for strengthening these mechanisms?
8. How do local governments and organizations currently support SRH, Y&A, and PD? What gaps exist in their efforts, and how can these gaps be filled to improve service delivery?
9. How can UNFPA better assist local municipalities in integrating SRH, Y&A, and PD-related issues into their local policies and programs? What steps should be taken to ensure local government involvement?
10. What should be UNFPA's primary focus in the next phase of its work in Serbia? How can these priorities be aligned with Serbia's EU integration process, national health agendas, and international commitments?
11. How can NGOs collaborate more effectively with the state to improve outcomes in SRH, Y&A, and PD? What are the most critical actions that both sectors should take to enhance their partnership?
12. Can you provide an example of a project or initiative that successfully addressed the needs of marginalized groups (e.g., Roma, women with disabilities) in the areas of SRH, Y&A, or PD?
13. How do you engage the broader community (including families, local leaders, etc.) in addressing issues related to SRH, Y&A, and PD? What has been the most effective approach to increasing community involvement?
14. What steps should be taken to strengthen collaboration between different sectors (e.g., education, health, social services, law enforcement) to better support SRH, Y&A, and PD? How can these sectors work together more effectively to address support SRH, Y&A, and PD challenges?

Annex 5: Theory of Change Visuals

CPD Output 1: Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with focus on youth and vulnerable women including in humanitarian situations.



Assumptions:

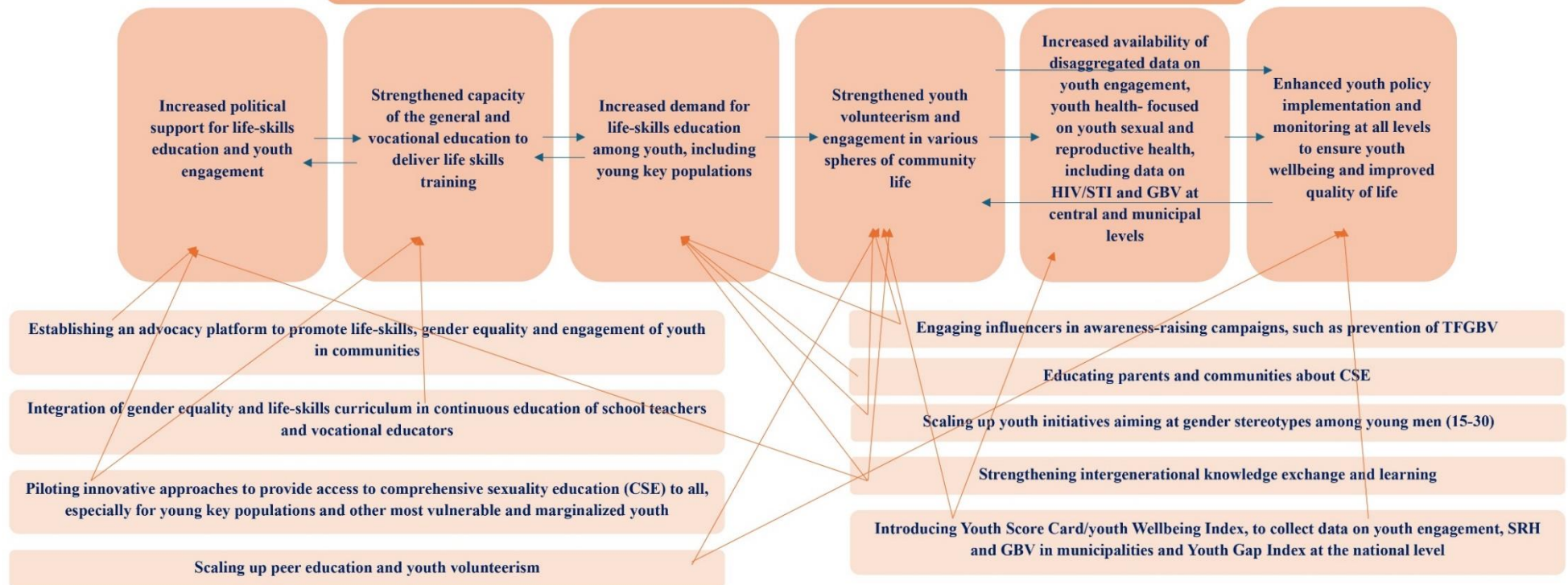
- The Government remains committed to the Nairobi Commitments and achieving the SDGs
- Domestic Financing of the health sector is stable regardless of other priorities
- Sexual and reproductive health is among priorities for funding regardless of changing environment and possible public health threats (Covid 19)
- Other UN organizations are committed to joint programming and resource mobilisation in the area of health
- Increased support of donors including the EU to LNOB in the light of the Decade of Action

Risks:

- Potential political instability, frequent changes in the Government cause long periods of technical government which does not make decisions. Overlapping responsibilities, and limited capacity and commitment to ICPD PoA implementation in the new structures in the ministries, especially Ministry of Health, and Ministry of Family Welfare and Demography, both claiming responsibility for reproductive health.
- Global and local threats such as Covid 19 (global) and school shooting in 2023 (local), economic downturn may influence shift in priorities in health area
- Limited representation of SRH related topics in EU Accession Agenda
- Lack of political will to improve implementation of existing strategic and policy documents can endanger operationalization of the Country programme
- The expansion of ultra-radical organizations and increased pressure of the main religious authorities can influence social norms and acceptability of family planning promoting programs and gender based violence preventive programmes

UNSDCF Outcome 2.2: Quality and inclusive education/skills and capabilities

CPD Output 2: Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making.



Assumptions:

- Government of Serbia remains committed to improving implementation of existing strategic and policy documents related to youth
- Government of Serbia remains committed to improving financing related to youth, increasing the conditions and opportunities for youth to enable fulfillment of their potential
- Stable political and social situation

Risks:

- Potential political instability, shift in government priorities occasioned by changes in governments, economic downturn or crisis/emergency situation such as Covid 19, or other emergencies may influence shift in priorities.
- The expansion of ultra-radical organizations can influence re-traditionalization of social and gender norms.
- Lack of donors funding

UNSDCF Outcome 2.3: Mobility and demographic transition become vectors for positive change and prosperity for all people

CPD Output 3: Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and depopulation through measures that are rights-based, evidence-based and gender sensitive.

Improved understanding among stakeholders about demographic changes implications on social, political and economic development of the country and value of human capital

Increased availability of reliable population data

Increased availability of national and international technical expertise to translate data into the policy response to ageing, low fertility and migration, to ensure demographic resilience

Strengthened human rights-based approach in policy development

Strengthened monitoring of population policies implementation in the framework of SDGs

Building understanding of population trends and their implications on development among the stakeholders at national and local levels in collaboration with academia and national statistical agency

Supporting data collection through specialized surveys research and analyses on demographic changes and deployment of user-friendly data dissemination platforms

Support the statistical agency with dissemination of the 2022 census results and post census analyses

Evidence-based advocacy for rights-based policy mix to address ageing, low fertility, migration and shrinking population at national and municipality sub-national level, to ensure demographic resilience of the country

Brokering national and international expertise to assist the government at all levels in formulating and costing people centred national and subnational development policies and programmes (active ageing, migration management, gender-responsive family policies)

Support monitoring of population policies and programmes implementation (e.g. the Strategy on encouraging births) in the framework of SDGs

Support existing centres for older people to implement best standards of active ageing centres/intergenerational centres

Assumptions:

- Government of Serbia remains committed to improving implementation of existing strategic and policy documents related to population dynamics
- Government of Serbia remains committed to improving financing related to population issues, focusing on youth to enable fulfilment of their potential

Risks:

- Shift in government priorities occasioned by changes in government or external factors (natural or manmade disaster, pandemics of infectious diseases or refugee crisis), and inability by national authorities to effect change and improve development and implementation of strategic and policy documents leading to operationalisation of the Country programme.
- The government's focus on economic incentives to boost fertility lacks an understanding of other determinants affecting fertility rates.
- Overlapping mandates between ministries, such as the Ministry of Labour, Employment, Veteran and Social Affairs (MOLEVSA) and the Ministry of Family Welfare and Demography (MFWD), as well as between the Ministry of Health (MoH) and MFWD, lead to inefficiencies in their activities.
- Limited donor engagement and interest in UNEPA-relevant issues constrain the availability of resources necessary for addressing population dynamics and promoting demographic resilience.

OUTCOME

OUTPUT

DETERMINANTS

INTERVENTIONS

Annex 6: CPD Serbia Monitoring Data

The following Table shows the extent to which CPD output and outcome-level indicators have been achieved (as of August 2024). Source: UNFPA Serbia country office.

Status of Achievement CPD Output 1: SRH

CPD Indicators	Progress	Comment
<i>Outcome level:</i> Contraceptive Prevalence Rate of modern contraception among married women or in union Baseline: 18; Target: 22	21	The main source of data in SRH is the MICS survey. When drafting the CPD 2021-2025, MICS 5, implemented in 2014, showed a CPR of 18. MICS 6 results became available at the end of 2020, showing a CPR of 21.
<i>Outcome level:</i> Unmet need for family planning among married women or in union Baseline: 14.9 %; Target: 7%	8.8%	As above, MICS 6 (2020) showed a decrease in unmet need for family planning from 14.9 to 8.8.
<i>Output level:</i> Number of contraceptives included in the reimbursement list of the national health insurance by 2025 Baseline: 1; Target: 3	2	At the time of the CPE, one additional oral combined contraceptive was included in the list of drugs reimbursed by health insurance. However, it is not 100% covered by HIF, and women still have to pay a share of the price (participation).
<i>Output level:</i> Clinical guidelines on gender-transformative and youth-friendly SRH services adopted Baseline: No, Target: Yes (multiple)	In progress	Work on clinical guidelines and MISP was initiated only in 2024. In April 2024, the Ministry of Health established the working group for developing clinical guidelines on physiological childbirth.
<i>Output level:</i> Number of health providers trained for MISP in emergencies through the new e-learning MISP modules Baseline: 0; Target: 50	In progress	Work on organizing online MISP training was planned for 2024. The target is 30 health providers for 2024 and 50 for 2025.
<i>Output level:</i> Percentage of clients satisfied with the quality of integrated SRH at primary health care in 10 targeted municipalities by 2025 Baseline: n/a; Target: 85%	Excluded from RRF during CPD implementation (and not replaced)	This is one of two indicators that UNFPA, based on discussions with the national counterparts and the Ministry of Health, excluded from the RRF. The new government was not interested in selecting 10 municipalities to work specifically on the quality of SRH services. In 2021, a new Rulebook on quality indicators for healthcare and the review of the quality of professional work was adopted. ³²³ Article 12 of the Rulebook refers specifically to gynaecology and obstetrics. Reports on the implementation of this rulebook are not publicly available. Following a decrease in the COVID-19 epidemic in 2022, UNFPA's cooperation with the

³²³ <https://www.paragraf.rs/propisi/pravilnik-o-pokazateljima-kvaliteta-zdravstvene-zastite-i-o-proveri-kvaliteta-strucnog-rada.html>.

		new MoH has been at the national level with activities primarily related to specific SRH services, i.e. cervical cancer screening, promotion of HPV vaccination, availability of online GBV training, etc.
<i>Output level:</i> Percentage of primary health care facilities in ten targeted municipalities where services are available for vulnerable populations (Roma women, women with disabilities, survivors of GBV, youth, including young key populations) Baseline: n/a; Target: 60% Formulation amended	In progress (6 in 2023); at least 5 in 2024	In 2023, the UNFPA country office, in agreement with some national counterparts, decided to revise the text of the indicator to read as follows: Number of primary care facilities in targeted municipalities in which health professionals have built capacity to increase the availability of SRH services for vulnerable population (Roma women, women with disabilities, GBV survivors, youth, including young key population) Baseline 0 (2020), target 10 (2025)
<i>Output level:</i> Women with disabilities, GBV survivors, Roma women and young people (15-30), including key populations from the targeted communities, know about their rights to quality services and the availability of integrated SRH and GBV services. Baseline: n/a; Target: 85%	In progress	Standardized test for measuring knowledge about rights and availability of integrated SRH and GBV services was not established by the country office in 2021-2023, although it had significant activities with Roma women (SHAI project 2021-2022 and UNFPA core project 2023) and women with disabilities 2021-2023. The current value of indicator is estimated by UNFPA to be 50%. For project funded by MSD 2024-2026 (Roma) and SIDA (Women with disability 2024-2026) CO is developing the Questionnaire to measure progress.
<i>Output level:</i> Percentage of primary health care facilities in ten targeted municipalities that have a written protocol on GBV aligned with the Law on Prevention of Domestic Violence. Baseline: n/a; Target: 80% Formulation amended	In progress 0 in 2023	In 2023, CO in agreement with some national counterparts decided to revise the text of indicator, to reads as follows: Number of primary health care facilities in targeted municipalities that have adopted a written protocol on GBV aligned with the Law on prevention of domestic violence Baseline 0 (2020), target 10 (2025). In 2024, UNFPA Serba has initiated new Joint Project Ending Violence, Empowering change, EVEC, funded by SIDA 2024-2026 and within project at least 10 primary health care facilities will be supported to develop protocol on GBV

Status of Achievement CPD Output 2: A&Y

CPD Indicators	Progress	Comment
<i>Outcome level:</i> Engagement of A&Y, including marginalized, in the formulation of national SRH policies Baseline: No; Target: Yes	Yes	Youth were consulted in the development of Youth Strategy and Action Plan for implementation of Youth Strategy, Strategy against domestic violence and violence against women. Comprehensive SRH policy development is in progress, and working group for draft development already included consultations with representatives of CSOs and the Ministry of Tourism and Youth. In line with the Law of Planning System, the draft Policy will be online and available for public commenting, and public consultations will be organized, thus allowing Youth to engage in policy formulation.
<i>Outcome level:</i> Adolescent birth rate (aged 15-19 years) per 1,000 women Baseline: 22; Target: 18 (general population); Baseline: 157 Target: 120 (Roma)	12 (in general population) 163 (in Roma population)	When drafting the CPD 2021-2025, MICS 5, implemented in 2014, showed an adolescent birth rate of 22 in the general population and 157 in the Roma population. MICS 6 results became available at the end of 2020, showing a decrease in the general population adolescent birth rate to 12 but no decrease in Roma adolescents.
<i>Output level:</i> Number of young women (15-19) that are reached by life skills programmes (school-based or peer education) that build their skills to make informed reproductive choices by 2025 Baseline: n/a; Target: 25,000	In progress, estimation is above 25,000	The indicator has been most likely achieved. In 2021, UNFPA and the Ministry of Education developed the Programme and prepared age-appropriate materials for teachers and education assistants to support students' achieving competence Responsible attitude towards health, including reproductive health. The programme is available online to all teachers and employees in the education system (1,800 schools), and it is estimated that it has reached its target so far.
<i>Output level:</i> Number of municipalities that have launched Youth Score Card reports by 2025 Baseline: 0; Target: 10	16 (in progress)	The Youth ScoreCard was renamed to Youth Wellbeing Index at the beginning of the implementation. The Youth Wellbeing Index (YWI) methodology was developed in 2023-2024, and representatives from 16 municipalities were engaged in training for YWI implementation and calculation. The results of the Index for selected municipalities will be available at the end of 2024. Even if not all 16 municipalities manage to calculate the YWI, the target of 10 will be met by the end of 2024.

<i>Output level:</i> Number of sessions of advocacy forum to promote life-skills education, gender equality and engagement of youth in communities Baseline: 0; Target: 5	>5	More than one advocacy session has been organized every year for youth of various ages and levels of engagement (BIMUN 2021-2023, ECO Infinity Festival 2023, activities and two final Conferences within PBF and Peer mentoring project. In addition, some regional events were organized, such as the Conference on Youth Friendly Cities in Sarajevo (this is a cumulative indicator, and the value is above 5).
<i>Output level:</i> Number of initiatives on intergenerational exchange and learning launched in the targeted municipalities by 2025 Baseline: 0; Target: 5	Yes (6)	Since 2021, the UNFPA CO, in collaboration with partners, has launched initiatives focused on intergenerational exchange and learning, particularly at the local level. These initiatives include (i) creating video tutorials for older persons on using communication and social platforms, (ii) creating video tutorials on using digital government platforms, and (iii) organizing one-on-one digital literacy sessions for older persons in cooperation with the Red Cross branches. Additionally, (iv) the photo exhibition "Beauty of Aging" with the CSO "Strength of Friendship - Amity" and (v) the exhibition "Bridge of Understanding - Intergenerational Solidarity" with the Commissioner for the Protection of Equality have been organised. Furthermore, (vi) a Memorandum of Understanding (MoU) with the mobile provider company A1 and the Ministry of Labor, Employment, Veteran and Social Affairs (MoLEVSA) to improve digital literacy among older persons in nursing homes has been signed.
<i>Output level:</i> Number of young men and boys engaged in activities on GBV prevention implemented in targeted municipalities by 2025 Baseline: n/a; Target: 20,000	25,000 estimation	In 2021-2025, several initiatives have been implemented involving young men and boys through various, mainly joint programmes, SIDA VAW with the IP Atina, PBF project, Peer mentoring project, and a new SIDA-funded project, Ending Violence, Empowering Change.

Status of Achievement CP Output 3: PD

CPD Indicators	Progress	Comment
<i>Outcome level:</i> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target in accordance	58%	According to the most recent available data (Progress Report on the implementation of the SDG by 2030 in Serbia), out of 248 SDG indicators, the

with the Fundamental Principles of Official Statistics. Baseline: 28%; Target: 72%		Statistical Office of Serbia (SORS) monitors 148 (60%), including the TR-related SDG indicators zero preventable maternal mortality (Indicator 3.1.1 maternal mortality ratio); zero unmet need for family planning (Indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods; zero GBV and harmful practices (Indicator 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age; 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence; and 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (https://sdg.indikatori.rs/en-us/).
<i>Output level:</i> Number of national and local development policies explicitly integrate demographic dynamics, including changing age structure and population distribution Baseline: 0; Target: 3	2 adopted 2 in process	A new Youth Strategy (2023-2030) with the Action Plan (2023-2025) and the Strategy for Active and Healthy Ageing (2024-2030) with the Action Plan (2024-2027) have been adopted. The Strategy on the Improvement of the Position of People with Disability (2025-2030) and the Strategy on Reproductive Health are in process. UNFPA has not supported local-level development policies so far.
<i>Output level:</i> Number of sessions of the newly established high-level national coordination body on population and development Baseline: 0; Target: 5	Excluded from RRF as became irrelevant	This is another indicator that the UNFPA CO excluded from the RRF, as it became contextually irrelevant. Since the formation of the Ministry of Family Welfare and Demography, there is no longer a need for a separate coordination body for population and development, as the Ministry now serves as the main institutional mechanism for these issues.
<i>Output level:</i> Strategy/action plan on active/healthy ageing for the period 2021-2030 developed Baseline: No; Target: yes	Yes (2023)	The Strategy for Active and Healthy Ageing (2024-2030) and the accompanying Action Plan (2024-2027) were developed and adopted with the support of the UNFPA CO in 2023.

<p><i>Output level:</i> Annual fora of local communities to discuss challenges and responses to depopulation, including an initiative to develop family-friendly communities Baseline: 0; Target: 5</p>	<p>Yes</p>	<p>Several events have been organized by national counterparts, the UNFPA country office or jointly from 2021 to 2024. These included conferences organized by the Ministry of Family Welfare and Demography, Building Youth-Friendly Cities in a World of 8 Billion People, organized by UNFPA in Sarajevo. Other events included the Social Dialogue organized by the Ministry for Human and Minority Rights and Social Dialogue; the photo exhibition "Beauty of Aging," organized with the CSO "Strength of Friendship - Amity"; the exhibition "Bridge of Understanding - Intergenerational Solidarity," organized with the Commissioner for the Protection of Equality, etc.</p> <p>In 2023, the UNFPA country office, in agreement with relevant national counterparts, decided to revise the indicator's text to read as follows: Functioning platform for local communities to discuss and address demographic challenges and trends, including depopulation issues, and agree on new initiatives. Baseline: No (2020); Target: Yes (2025)</p>
<p><i>Output level:</i> Number of centres for older people upgraded to active ageing centres/intergenerational centres Baseline: 0; Target: 5</p>	<p>Yes (6)</p>	<p>A healthy-ageing programme for older persons was implemented during 2021-2022 in six local self-governments (LSGs) (municipalities) (Sombor, Uzice, Kragujevac, Zajecar, Boljevac, and Subotica) in cooperation with the Red Cross of Serbia. The healthy aging sessions promoted active and healthy aging and intergenerational exchange, alongside regular exercise to improve the physical health of older persons. These sessions simultaneously enhanced social activity of older persons, reduced their social isolation, and lowered the risk of loneliness and its associated adverse psychological and social effects.</p>

Annex 7: List of UNFPA Interventions

Location	CPD Output Area	Activity	Project	Year
Aleksinac	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Apatin	PD	Conducting in-depth assessment of local communities` capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
Arandjelovac	PD	Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
Babušnica	PD	SHAI Awareness, older people in context of Covid 19	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
Bač	PD	Conducting in-depth assessment of local communities` capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
		Dads' Hub on the wheels	UNFPA Innovation Facility Programme	2021
Bajina Bašta	A&Y	PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022--2024
Batulovce	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
Bela Palanka	PD	SHAI Awareness, older people	Social Housing	2021-2022

		in context of Covid 19	and Active Inclusion Programme (SHAI)	
		Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
Belgrade	SRH	SHAI GBV/SRH capacity of Roma women in selected cities	Social Housing and Active Inclusion Programme (EU SHAI)	2021-2022
		Family planning strengthening/Improving Roma women reproductive health	UNFPA core resources	2023
		Increase health literacy and improve health seeking behaviours and access to preventive health services for Roma women and girls in selected cities, with particular focus on sexual and reproductive health services.	Improved health literacy and access to health care services of Roma women and girls in Serbia, project funded by MSD	2024-2026
		Empowering girls as leaders for promoting gender equality and prevention of GBV in selected municipalities	Gender based violence / SIDA funded JP Integrated Response to Violence against Women and Girls in Serbia	2021-2022
	A&Y	Girls Advance Lab, GAL Empowering girls as community leaders to raise awareness and offer solution to address challenges in their communities	Adolescents and Youth (UNFPA core resources)	2021
		Youth Engagement /Belgrade Model UN	Adolescents and Youth (UNFPA core resources)	2021
		YPE Health	Youth core resources	2022
	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding,	2022-2024
Belgrade				

			constructive narrative, respect for diversity, and trust	
		TFGBV, body right campaign at the local level	Youth Empowerment, UNFPA core resources	2023
		Policy advice & analysis	Youth core resources	2022
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
		YPE Health	Youth core resources	2022
	PD	Dads' Hub on the wheels	UNFPA Innovation Facility Programme	2021
		Expand the network of champion companies	Expanding Choices Gender-Responsive Family Policies for the Private Sector in the Western Balkans - Phase 2, funded by ADA	2024-2026
Boljevac	PD	SHAI Active ageing	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
		Reducing digital literacy gap in local communities	PRO - Local governance for people and nature	2023-2024
Bor	PD	Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
Bosilegrad	PD	SHAI Awareness, older people in context of Covid 19	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
Bujanovac	A&Y	TFGBV, bodyright campaign at the local level	Youth Empowerment, UNFPA core	2023

			resources	
Čačak	SRH	Empowerment of women with disabilities to advocate for their SRHR and life free of GBV	Ending violence, empowering change, Joint Project funded by SIDA	2024-2026
	A&Y	Policy advice & analysis	Youth core resources	2022
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
		Support to the local resource centres for intergenerational cooperation	PRO - Local governance for people and nature	2023-2024
	PD	Round table discussions on improvement of older people's position	UNFPA core resources Population Dynamics	2022
Debeljača	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
Despotovac	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nat.	2023-2024
Dimitrovgrad	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Golubac	PD	SHAI Awareness, older people in context of Covid 19	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
Ivanjica	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Jagodina	A&Y	Girls Advance Lab, GAL Empowering girls as community leaders to raise awareness and offer solution to address challenges in their communities	Adolescents and Youth (UNFPA core resources)	2021

	(participants withdrew from the project)			
		PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2023-2024
Knjaževac	A&Y	Policy advice & analysis	Youth core resources	2022
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
	PD	Focus Group Discussions	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022
Kovin	SRH	SRH of Women with Disability	We Decide Fund	2023
Kragujevac	SRH	Empowerment of women with disabilities to advocate for their SRHR and life free of GBV	Ending violence, empowering change, Joint Project funded by SIDA	2024-2026
		Increase health literacy and improve health seeking behaviours and access to preventive health services for Roma women and girls in selected cities, with particular focus on sexual and reproductive health services.	Improved health literacy and access to health care services of Roma women and girls in Serbia, project funded by MSD	2024-2026
	A&Y	Policy advice & analysis	Youth core resources	2022
		Peer Mentoring Program for promotion of human rights, gender equality and increased youth participation in Serbia	Peer Mentoring Programme *ITA Joint Project UNFPA and UN Women	2023
		Young people empowerment-	Youth	2023

Kragujevac		Youth Health Promotion	Empowerment, UNFPA core resources	
		TFGBV, bodyright campaign at the local level	Youth Empowerment, UNFPA core resources	2023
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
	PD	SHAI Active ageing	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
		Round table discussions on improvement of older people's position	UNFPA core resources Population Dynamics	2022
		Policy Advice and Analysis	Population dynamics UNFPA core resources	2023
	PD	Population dynamics-Social welfare system support	Population dynamics UNFPA core resources	2023
		Reducing digital literacy gap in local communities	PRO - Local governance for people and nature	2023-2024
	SRH	SHAI GBV/SRH capacity of Roma women in selected cities	Social Housing and Active Inclusion Programme (EU SHAI)	2021-2022
		SRH of Women with Disability	We Decide Fund	2023
Kruševac	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
		Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
		Reducing digital literacy gap in local communities	PRO - Local governance for people and nature	2023-2024
Kula	PD	Conducting in-depth assessment	PRO - Local	2023-2024

		of local communities` capacities to respond to the needs of the priority target group	governance for people and nature	
Lajkovac	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Lazarevac	A&Y	PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
Lebane	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
	PD	Cash Voucher Assistance (CVA) for materially vulnerable households with older persons in rural and remote areas	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022
Leskovac	SRH	Increase health literacy and improve health seeking behaviors and access to preventive health services for Roma women and girls in selected cities, with particular focus on sexual and reproductive health services.	Improved health literacy and access to health care services of Roma women and girls in Serbia, project funded by MSD	2024-2026
		Policy advice & analysis	Youth core resources	2022
	A&Y	Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing	2023-2024

			Index	
	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Loznica	PD	Conducting in-depth assessment of local communities` capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
Niš	SRH	Gender based violence response strengthening	Gender based violence / SIDA funded JP Integrated Response to Violence against Women and Girls in Serbia	2021-2022
		Maternal healthcare quality improvement	UNFPA Core resources	2023
		Youth Health in time of Covid 19	Adolescents and Youth (UNFPA core resources)	2021
		Empowering girls as leaders for promoting gender equality and prevention of GBV in selected municipalities	Gender based violence / SIDA funded JP Integrated Response to Violence against Women and Girls in Serbia	2021-2022
		Policy advice & analysis	Youth core resources	2022
	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
	PD	Focus Group Discussions	SDG-F, Extending Social Protection to families in	2022

Niš			Serbia with enhanced shock-responsiveness	
		Policy advice and analysis	Population dynamics UNFPA core resources	2023
		Reducing digital literacy gap in local communities	PRO - Local governance for people and nature	2023-2024
		Expand the network of champion companies	Expanding Choices Gender-Responsive Family Policies for the Private Sector in the Western Balkans - Phase 2, funded by ADA	2024-2026
Nova Varoš	PD	Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
Novi Pazar	SRH	Maternal healthcare quality improvement (research among women)	UNFPA Core resources	2023
		Girls Advance Lab, GAL Empowering girls as community leaders to raise awareness and offer solution to address challenges in their communities	Adolescents and Youth (UNFPA core resources)	2021
		Policy advice & analysis	Youth core resources	2022
	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
	A&Y	PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual	2022-2024

			understanding, constructive narrative, respect for diversity, and trust	
Novi Pazar		Peer Mentoring Program for promotion of human rights, gender equality and increased youth participation in Serbia	Peer Mentoring Programme *ITA Joint Project UNFPA and UN Women	2023
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
	PD	Dads' Hub on the wheels	UNFPA Innovation Facility Programme	2021
		Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
		Support to the local resource centres for intergenerational cooperation	PRO - Local governance for people and nature	2023-2024
Novi Sad	A&Y	GBV, bodyright campaign at the local level	Youth Empowerment, UNFPA core resources	2023
	PD	Expand the network of champion companies	Expanding Choices Gender-Responsive Family Policies for the Private Sector in the Western Balkans - Phase 2, funded by ADA	2024-2026
Obrenovac		Policy advice & analysis	Youth core resources	2022
	A&Y	Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
	PD	Conducting in-depth assessment of local communities' capacities	PRO - Local governance for	2023-2024

		to respond to the needs of the priority target group	people and nature	
Odžaci	PD	Conducting in-depth assessment of local communities' capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
Opovo	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
Pančevo	SRH	SRH of Women with Disability	We Decide Fund	2023
Pančevo	SRH	Empowerment of women with disabilities to advocate for their SRHR and life free of GBV	Ending violence, empowering change, Joint Project funded by SIDA	2024-2026
	A&Y	PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
Petrovac na Mlavi	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Piot	SRH	SHAI GBV/SRH capacity of Roma women in selected cities	Social Housing and Active Inclusion Programme (EU SHAI)	2021-2022
		Increase health literacy and improve health seeking behaviours and access to preventive health services for Roma women and girls in	Improved health literacy and access to health care services of Roma women	2024-2026

		selected cities, with particular focus on sexual and reproductive health services.	and girls in Serbia, project funded by MSD	
	A&Y	PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
	PD	Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nat.	2023-2024
Pirot	PD	Support to the local resource centres for intergenerational cooperation	PRO - Local governance for people and nature	2023-2024
Požarevac	PD	Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
Požega	PD	Focus Group Discussions	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022
Priboj		Policy advice & analysis	Youth core resources	2022
	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024

Prijepolje	PD	Conducting in-depth assessment of local communities' capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
Prokuplje	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
Raška	SRH	SRH of women with disability, Capacity building of women with disabilities to advocate for their rights	Sexual and Reproductive Health (core resources of UNFPA)	2022
	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Ruma	SRH	SRH of Women with Disability	We Decide Fund	2023
	A&Y	TFGBV, bodyright campaign at the local level	Youth Empowerment, UNFPA core resources	2023
	PD	Conducting in-depth assessment of local communities' capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
Ruski Krstur	A&Y	PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
Šabac	SRH	SHAI GBV/SRH capacity of Roma women in selected cities Increase health literacy and improve health seeking behaviours and access to	Social Housing and Active Inclusion Programme (EU SHAI) Improved health literacy and access to health	2021-2022

	SRH	preventive health services for Roma women and girls in selected cities, with particular focus on sexual and reproductive health services.	care services of Roma women and girls in Serbia, project funded by MSD	2024-2026
Šabac	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
		Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
Sečanj	A&Y	Policy advice & analysis	Youth core resources	2022
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
Šid	PD	Conducting in-depth assessment of local communities' capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
Smederevsk a Palanka	PD	Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Sombor	SRH	Empowerment of women with disabilities to advocate for their SRHR and life free of GBV	Ending violence, empowering change, Joint Project funded by SIDA	2024-2026
	PD	SHAI Active ageing	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
		Round table discussions on improvement of older people's position	UNFPA core resources Population Dynamics	2022
S. Mitrovica	SRH	SRH of Women with Disability	We Decide Fund	2023
		Policy advice & analysis	Youth core resources	2022
	A&Y	Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
	PD	Conducting in-depth assessment of local communities' capacities	PRO - Local governance for	2023-2024

		to respond to the needs of the priority target group	people and nature	
Sremski Karlovci	A&Y	Peer Mentoring Program for promotion of human rights, gender equality and increased youth participation in Serbia	Peer Mentoring Programme *ITA Joint Project UNFPA and UN Women	2023
Subotica	A Y	Empowering girls as leaders for promoting gender equality and prevention of GBV in selected municipalities	Gender based violence / SIDA funded JP Integrated Response to Violence against Women and Girls in Serbia	2021-2022
		Policy advice & analysis	Youth core resources	2022
		PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for YWB Index	2023-2024
		PD SHAI Active ageing	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
Surdulica	PD	Cash Voucher Assistance (CVA) for materially vulnerable households with older persons in rural and remote areas	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022
		Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Svilajnac	A&Y	Policy advice & analysis	Youth core resources	2022

		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
Svrljig	PD	SHAI Awareness, older people in context of Covid 19	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
Temerin	SRH	SRH of women with disability, Capacity building of women with disabilities to advocate for their rights	Sexual and Reproductive Health (core resources of UNFPA)	2022
Tutin	PD	Cash Voucher Assistance (CVA) for materially vulnerable households with older persons in rural and remote areas	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022
		Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
Ub	PD	Conducting in-depth assessment of local communities' capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
Užice	A&Y	Policy advice & analysis	Youth core resources	2022
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
	PD	SHAI Active ageing	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
		Focus Group Discussions	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022

		Conduct Assessment on LGs capacities for the process of deinstitutionalization	PRO - Local governance for people and nature	2023-2024
Valjevo	SRH	SRH of women with disability, Capacity building of women with disabilities to advocate for their rights	Sexual and Reproductive Health (core resources of UNFPA)	2022
		Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
	PD	Conducting in-depth assessment of local communities' capacities to respond to the needs of the priority target group	PRO - Local governance for people and nature	2023-2024
Velika Plana	PD	Reducing digital literacy gap in local communities	PRO - Local governance for people and nature	2023-2024
Veliko Gradište	A&Y	PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
Vladičin Han	A&Y	PB Dialogue at Local Level	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
		PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for	2022-2024

			diversity, and trust	
	PD	Cash Voucher Assistance (CVA) for materially vulnerable households with older persons in rural and remote areas	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022
Vranje	SRH	SHAI GBV/SRH capacity of Roma women in selected cities	Social Housing and Active Inclusion Programme (EU SHAI)	2021-2022
		SRH of women with disability, Capacity building of women with disabilities to advocate for their rights	Sexual and Reproductive Health (core resources of UNFPA)	2022
	A&Y	Policy advice & analysis	Youth core resources	2022
		TFGBV, bodyright campaign at the local level	Youth Empowerment, UNFPA core resources	2023
		Youth Wellbeing Index (PRO/UNFPA)	PRO - Local governance for people and nature / for Youth Wellbeing Index	2023-2024
Vrmdža	PD	Dads' Hub on the wheels	UNFPA Innovation Facility Programme	2021
Vrnjačka Banja	PD	Strengthening local capacities for reducing age-based discrimination	PRO - Local governance for people and nature	2023-2024
Zaječar	A&Y	PB Education/Cultural Exchange	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024

		SHAI Active ageing	Social Housing and Active Inclusion Programme (SHAI)	2021-2022
Zaječar	PD	Cash Voucher Assistance (CVA) for materially vulnerable households with older persons in rural and remote areas	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022
	PD	Focus Group Discussions	SDG-F, Extending Social Protection to families in Serbia with enhanced shock-responsiveness	2022
		Reducing digital literacy gap in local communities	PRO - Local governance for people and nature	2023-2024

CPD Output Area	National-level Activity	Project	Year
SRH	Cervical Cancer Control	UNFPA core resources	2021-2023
	ISHARE research, response to COVID19 (EECARO level research)	Sexual and reproductive health (UNFPA core resources)	2021
	Data generation on IVF in Serbia	Sexual and reproductive health (UNFPA core resources)	2021
	Family planning strengthening	UNFPA core resources	2021-2022
	Maternal health/Advocacy for OSRS	Sexual and reproductive health (UNFPA core resources)	2021
	Policy Advice /Maternal health/OSRS/Family planing	Sexual and Reproductive Health (core resources of UNFPA)	2022
	Gender based violence response strengthening	Gender based violence / SIDA funded JP Integrated Response to Violence against Women and Girls in Serbia	2021-2022

	Technology Facilitated GBV, TFGBV, Bodyright initiative	Sexual and Reproductive Health (core resources of UNFPA)	2022
	Maternal healthcare quality improvement	UNFPA core resources	2023
	Policy advice and standards development and improvement	UNFPA core resources	2023
A&Y	Youth Health in time of Covid 19	Adolescents and Youth (UNFPA core resources)	2021
	Life skills / CSE UNFPA support to education professionals for students' life skills development	Adolescents and Youth (UNFPA core resources)	2021
	YPE response to COVID19 - Youth Health in post Covid time	Youth core resources	2022
	YTH Engagement /Belgrade model UN	Youth core resources	2022
	Policy advice & analysis	UNFPA core resources	2022-2023
	PB Media Literacy	PBF Strengthening the role of youth in promoting increased mutual understanding, constructive narrative, respect for diversity, and trust	2022-2024
	Youth CSE Promotion	Youth Empowerment, UNFPA core resources	2023
	Youth engagement and participation	Youth Empowerment, UNFPA core resources	2023
	Young people empowerment- Youth Health Promotion	Youth Empowerment, UNFPA core resources	2023
	Capacity building of the Commissioner for the Protection of Equality to ensure their input into policies and systems are more inclusive of PWD	Strengthening Equality & Rights, Bolstering Inclusive Action, Joint Project funded by PRPD	2024-2025
PD	UNFPA support to social dialogue	Population and Development (core resources of UNFPA)	2021
	Depopulation Portfolio and NHDR for Serbia focused on Depopulation	Population and Development (core resources of UNFPA)	2021
	Loneliness and Social Isolation among Older Persons in the EECA Region	Population and Development (core resources of UNFPA)	2021
	Social dialogues on the protection and fulfilment of human rights	UNFPA core resources	2022
	Policy advice and analysis	Population dynamics UNFPA core resources	2023
	Population dynamics-Social welfare system support	Population dynamics UNFPA core resources	2023



TERMS OF REFERENCE

United Nations Population Fund (UNFPA) Serbia 2nd Country Programme (2021-2025)

Country Programme Evaluation

May 2024

Contents

1. Introduction	1
2. Country Context	3
3. UNFPA Country Programme	5
4. Evaluation Purpose, Objectives and Scope	10
4.1. Purpose	10
4.2. Objectives	10
4.3. Scope	11
5. Evaluation Criteria and Preliminary Evaluation Questions	11
5.1. Evaluation Criteria	12
5.2. Preliminary Evaluation Questions	13
6. Approach and Methodology	16
6.1. Evaluation Approach	16
6.2. Methodology	17
7. Evaluation Process	21
8. Expected Deliverables	24
9. Quality Assurance and Assessment	25
10. Indicative Timeframe and Work Plan	27
11. Management of the Evaluation	30
12. Composition of the Evaluation Team	32
12.1. Roles and Responsibilities of the Evaluation Team	33
12.2. Qualifications and Experience of the Evaluation Team	35
13. Budget and Payment Modalities	40
14. Bibliography and Resources	42
15. Annexes	43

Acronym

AIDS	Acquired Immunodeficiency Syndrome
CCA	Common country assessment/analysis
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
MICS	Multiple Indicators Cluster Survey
MMR	Maternal Mortality Ratio
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SORS	Statistical Office of Serbia
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
EECARO	Eastern Europe and Central Asia Regional Office
EU	European Union

1. Introduction

The United Nations Population Fund (UNFPA) Serbia Country Office is planning to conduct an independent evaluation of its Country Programme (2022-2025), in accordance with UNFPA 2024 Evaluation Policy. This evaluation will serve the following purposes: demonstrate accountability to the stakeholders on the contributions of the country programme (CP) to agreed results; generate evidence and lessons to support evidence-based programming in UNFPA and provide necessary evidence to design the next CP. This will be an external exercise conducted by an independent evaluation team in accordance with the UNFPA Evaluation handbook, United Nations Evaluation Group and UNFPA evaluation norms and standards.

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”.³²⁴

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

UNFPA has been operating in the Republic of Serbia since 2006. The support that the UNFPA Serbia Country Office (CO) provides to the Government of the Republic of Serbia under the framework of the 2nd Country Programme (CP) (2021-2025) builds on national development needs and priorities articulated in:

Program of the Government of the Republic of Serbia, derived from the Prime Minister's manifesto, and operationalized through the Action Plans for the Implementation of the Government Program 2020-2022³²⁵ and 2023-2026³²⁶, Economic Reform Programme 2019-2021³²⁷, The National Priorities for Development Assistance (NPDA) 2014-2017, with Projections

³²⁴ [UNFPA Strategic Plan 2022-2025](#)

³²⁵ <https://rsjp.gov.rs/wp-content/uploads/APSPV-2020-2022.pdf>

³²⁶ <https://rsjp.gov.rs/wp-content/uploads/APSPV-2023-2026-1.pdf>

³²⁷ Economic Reform Programme 2019-2021, available at <https://www.mfin.gov.rs/dokumenti2/program-ekonomskih-reformi-erp>

to 2020³²⁸ and a number of sectoral and cross cutting strategies relevant for the mandate of UNFPA, such as: National Programme on Sexual and Reproductive Health, National Youth Strategy, Gender Equality Strategy, Strategy for Birth Promotion, etc.

United Nations Common Country Analysis/Assessment (CCA), developed 2020³²⁹ and regularly updated 2023³³⁰ and United Nations Sustainable Development Cooperation Framework 2021-2025 (UNSDCF)³³¹, formerly known as the United Nations Development Assistance Framework (UNDAF).

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.³³² The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 2nd country programme (2021-2025) in the Republic of Serbia, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook ([LINK](#)). The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.³³³ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Serbia CO; (ii) the Government of Serbia; (iii) implementing partners of the UNFPA Serbia CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) The Eastern Europe and Central Asia Regional Office (EECARO); and (vii) development partners/donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Serbia CO in close consultation with the Government of Serbia, particularly the Ministry of Foreign Affairs, that coordinates the country programme, with guidance and support from the regional monitoring

³²⁸ National Priorities for Development Assistance 2014-2017, available at [http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20\(english\).pdf](http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20(english).pdf)

³²⁹ CCA 2020, available at <https://serbia.un.org/en/105912-common-country-analysis-serbia>

³³⁰ CCA 2023 updated, available at <https://serbia.un.org/en/258806-un-serbia-common-country-analysis-update-2023>

³³¹ UNSDCF 2021-2025 <https://serbia.un.org/sites/default/files/2022-02/un-cooperation-framework-serbia-2021-2025.pdf>

³³² UNFPA Evaluation Policy 2024, p. 22 [<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024>].

³³³ UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

and evaluation (M&E) adviser at the EECARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Country Context

Serbia is a landlocked country with a population of 6,664,449 people, based on the results of the 2022 Census of Population, Households, and Dwellings, and statistics on natural changes and internal migration. Of this population, 51.4% were women (3,423,627) and 48.6% were men (3,240,822).³³⁴

Like many countries in the region, Serbia is facing a long term decrease in total population, which results from rapid aging and relatively low, but stable total fertility rate. In 2022, the natural increase rate in the Republic of Serbia was -7.0%, which represents a decrease of 3.9% compared to the rate in 2021. The total number of live births in 2022 was 62,700 which is slightly below the ten-year average, but still higher than in previous two years. The largest number of births, 19,173 was recorded among women aged 30 to 34. The average age of women at the birth of their child was 30.3 years, while the average age at the birth of their first child was 28.9 years. The total fertility rate, i.e., the number of live births per woman, slightly increased in 2022 to 1.63.³³⁵

Regarding population aging and change in population structure, the data indicates a decreasing share of young people and a continuously increasing share of older persons in the total population. In 2022, the share of persons aged 65 and over was 22.0% (male 19.6%, female 24.5%), while those aged under 15 accounted for 14.4%.³³⁶ The share of older persons has increased from 17.3% (male 15.1%, female 19.6%) measured ten years earlier. Additionally, the population of young people aged 15 to 24 decreased by 6,200 persons in the fourth quarter of 2023 compared to the same quarter of the previous year.³³⁷

The employment gains of the last three years were maintained in 2023, with the lowest unemployment rate in the second quarter of 2022 (8,9%) and the highest in the first quarter of 2021 (12,9%).³³⁸ At the same time, for specialized professions, workforce shortages were among the top concerns, with over 60% of businesses requesting that authorities deploy policies to retain workers³³⁹, which also led the government to take further steps to liberalize the work permit regime.³⁴⁰

An analysis of average net salaries in Serbia between 2021 and 2023 demonstrates a consistent upward trend of approximately 30.56%.³⁴¹ The percentage of people living in poverty is estimated to have slightly decreased from 9.1 percent in 2021 to 8.5 percent in 2022. Projections suggested that poverty reduction may experience a gradual decline in 2023 and the subsequent years. While Serbia's economy is expected to continue to grow, contributing to income growth for households, the impact of inflation is expected to limit purchasing

³³⁴ Statistical Office of the Republic of Serbia 2022. [Estimated population.](#)

³³⁵ Statistical Office of the Republic of Serbia 2022b. [Vital statistics.](#)

³³⁶ Ibidem.

³³⁷ Common Country Analysis Update 2023.

³³⁸ Statistical Office of the Republic of Serbia 2023. [Labour Force Survey.](#)

³³⁹ Regional Cooperation Council 2023. [Balkan Barometer Business Opinion 2023.](#)

³⁴⁰ The Serbian Parliament adopted amendments to [Law on Foreigners](#) and the [Law on the Employment of Foreigners](#) in July 2023 to shorten procedures for entering the job market, by introducing a "Single Permit", which covers both the work and the residence permit.

³⁴¹ Statistical Office of the Republic of Serbia 2024. [Average annual net salaries through years.](#)

power.³⁴² The at-risk-of-poverty or social exclusion rate has slowly been decreasing in the past 6 years, measuring 20.0% in 2022, 1.2% lower than in 2021.³⁴³ The contraction in at-risk-of-poverty rates in 2022 follows the trend of previous years and puts Serbia's at-risk-of-poverty rates in alignment with the region's average. Observed by age, the at-risk-of-poverty rate shows that individuals aged 65 and over were the most exposed to the poverty risk - 22.6%, as well as individuals aged from 55 to 64 - 21.6%. The lowest at-risk-of-poverty rate was recorded for the group of persons aged from 25 to 54 - 17.9%. By the type of household, the highest at-risk-of-poverty rate was recorded for households composed of one adult 65 years or over - 37.5%, while the lowest at-risk-of-poverty rate was recorded for households composed of three or more adults - 15.4%.³⁴⁴ Moreover, it should be noted that the Social Inclusion and Poverty Reduction Unit is no longer functional, meaning continuous monitoring of absolute poverty rates in Serbia has been discontinued. Serbia's human development index (HDI) value for 2022 is 0.805, which puts Serbia in the *Very High* human development category, positioning it at 65 out of 193 countries and territories³⁴⁵, while the Gini coefficient³⁴⁶ is at 35.0 measured in 2020.³⁴⁷ During the last ten years the neonatal mortality has declined progressively, reaching 4.0 per 1,000 live births in 2021, approaching the EU average, while the under-5 mortality rate was 5 per 1,000 newborns. The Maternal Mortality Ratio (MMR) in Serbia was fluctuating in the period from 2010-2022, reaching the value of 22.5/100,000 live births in 2021³⁴⁸, during the COVID-19 pandemic. It has since declined again, but to a level above pre-pandemic trends (11.2/100,000 live births in 2022). Although on a global level Serbia belongs to the category of countries with a low MMR, it has a twice as high MMR compared to the countries of the European Union (EU) 6/100,000 live births³⁴⁹. Exclusive breastfeeding has increased since 2014 (by 13%) but remains low (24%), even if it is broadly on par with EU averages.³⁵⁰ While the adolescent birth rate in the general population showed a decreasing trend, (19/1,000 women aged 15-19 years in 2019³⁵¹ and 15/1,000 women aged 15-19 years³⁵² in 2021), there was no improvement in the adolescent birth rate in the Roma population where the rate was 164/1,000 in 2019. Almost all deliveries, nearly reaching 100 percent, were overseen by skilled personnel. Within the birthing population, 32% of women underwent a C-section procedure.³⁵³ There are certain inequalities in regards to access to childbirth preparation programme as they exist mainly in urban and densely populated areas (21% of pregnant women in densely populated attended the childbirth preparation classes versus 11% in medium and 8% in sparsely populated areas and below 5% of Roma women.³⁵⁴) The National Health Insurance Fund's (NHIF) data³⁵⁵ show that in 2022, 17.07% of pregnant women had received advice on healthy lifestyle, 21% of pregnant women had targeted screening for the prevention of gestational diabetes, and only 8.4% of

³⁴² The World Bank Data 2023. [Serbia MPO](#).

³⁴³ Statistical Office of the Republic of Serbia 2022c. [People at risk of poverty or social exclusion](#).

³⁴⁴ Statistical Office of the Republic of Serbia 2022d. [Poverty and Social Inequality](#).

³⁴⁵ Human Development Report 2024. [Serbia](#).

³⁴⁶ The Gini coefficient/index measures the extent to which the distribution of income or consumption among individuals or households within an economy deviates from a perfectly equal distribution. A Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.

³⁴⁷ The World Bank Data 2020. [Gini index - Serbia](#).

³⁴⁸ The IPH of Serbia. [Health Statistics Yearbook 2022](#)

³⁴⁹ The World Bank Data MMR

³⁵⁰ Common Country Analysis Update 2023.

³⁵¹ Multiple Indicator Cluster Survey 2019. [Serbia](#).

³⁵² The World Bank Data 2021. [Adolescent fertility rate](#).

³⁵³ Multiple Indicator Cluster Survey 2019. [Serbia](#).

³⁵⁴ UNICEF Serbia 2022. [Rural urban disparities in the situation of children and women in Serbia](#).

³⁵⁵ National Health Insurance Fund data, Capitation 2022. Available at: <https://www.rfzo.rs/index.php/davaocizdrusluga/kapitacija-actual-16>

women between 15 and 49 of age had an examination related to pregnancy planning at their gynecologist in PHC level institutions. Recent analysis of the UNFPA Country Office Serbia about the experiences of women in maternity hospitals in Serbia during and after the COVID-19³⁵⁶ pandemic, showed many areas for improvements, in relation to providing reliable and timely information to pregnant women, informed consent, communication with health professionals, participation in decision making about childbirth, availability of pain-free childbirth and support care for mothers and newborns in the first days postpartum.

Regarding sexually transmitted diseases, the untimely and inadequate reporting of laboratory-confirmed cases of STIs and the lack of laboratory reports on the causes of infection, both in the public and private sectors, make it difficult to have complete insight into the epidemiological situation in the country. As a result, it is assumed that the number of registered cases of STIs in Serbia per year is underestimated³⁵⁷.

There was an increase in all registered cases of STIs (syphilis, gonorrhea and chlamydia) in 2022, which could be related to the underreporting of cases in 2020 and 2021 due to the Covid-19 pandemic. The incidence rate of syphilis shows a slight upward trend and in 2022, it was the highest in the last decade (4.42/100,000). Among those infected, there are more men than women (assuming they are men who have sex with men) and younger people (30-39 and 20-29).³⁵⁸ Regarding HIV infection Serbia belongs to a low prevalence country while HIV infection remains concentrated among key populations. According to UNAIDS estimates, there were 3,800 persons living with HIV in Serbia at the end of 2022, of whom 3,300 knew their HIV status (85% of the estimated number of persons living with HIV). As official data shows a total of 2,400 persons who are receiving antiretroviral therapy (which is 63% of the estimated number of persons living with HIV, i.e. 73% of the total number of persons diagnosed with HIV infection)³⁵⁹. Cervical cancer is still a significant public health problem and Serbia remained in the group of countries with highest morbidity and mortality rates in Europe. According to data from the Institute for Public Health of Serbia "Dr. Milan Jovanović Batut", on average, 1,100 newly diagnosed women are registered in Serbia every year, and 447 women lose their lives. During 2021, there were 1085 newly diagnosed cases of cervical cancer (the standardized incidence rate was 24.1 per 100,000 women) while 424 women died from this type of cancer (the standardized mortality rate was 8.5 per 100,000 women). The Government showed the commitment to reducing cervical cancer related morbidity and mortality through primary and secondary prevention. Since June 2023, 9-valent vaccine against Human Papillomavirus (HPV) has been covered by health insurance for boys and girls aged 9-19. In addition, there is ongoing discussion among all relevant actors to improve the coverage and quality of screening for cervical cancer, including by piloting the HPV testing as a method for primary screening.

High-risk sexual behaviors among young people are continuously present, with slight variations. According to the 2019 The European health interview survey (EHIS) survey for Serbia, 26.8% of young people aged 15-19 were sexually active, young men (29.5%) more than young women (24.5%)³⁶⁰. These findings are confirmed by the 2019 MICS survey, which found that 23% of

³⁵⁶ Pantovic Lj, Stankovic B, Ceriman J, Women experience in maternity wards in Serbia during and after Covid 19, UNFPA Serbia 2023, in preparation

³⁵⁷ Rakić V, Šaponjić V, Lončarević G, Simić D, Dimitrijević D, Plavša D, and others Report on communicable diseases in the Republic of Serbia in 2022. Belgrade: Public Health Institute of Serbia "Dr Milan Jovanović Batut"; 2023.

³⁵⁸ Rakić V, Šaponjić V, Lončarević G, Simić D, Dimitrijević D, Plavša D, and others Report on communicable diseases in the Republic of Serbia in 2022. Belgrade: Public Health Institute of Serbia "Dr Milan Jovanović Batut"; 2023.

³⁵⁹ UNAIDS. Country factsheets: Serbia 2022 [Internet]. UNAIDS; 2023 [updated 2023; cited 2023 13.8.]. Available at: <https://www.unaids.org/en/regionscountries/countries/serbia>

³⁶⁰ Milić N, Stanisavjević D, Krstić M, Jovanović V, Brcanski J, Kilibarda B, and others Health survey of

young women aged 15-19 and one in two young women aged 15-24 were sexually active. Sexual activity increases with age—three in four young women aged 20-24 are sexually active (73.7%)³⁶¹. The median age of onset of sexual activity among young people of both genders aged 15-24 is around 18 (17 among young men, 18 among young women), while 2.9% of young people of both genders aged 15-24 have started sexual activity before the age of 15³⁶². However, other research suggests that this proportion of young people who started sexual activity before the age of 15 might be higher, (10.2%)^{363,364}. Sexual intercourse with casual partners is widespread among young people, although the use of condoms is inconsistent. According to the 2019 EHIS survey for Serbia, 55.6% of young people used a condom during intercourse with a casual partner in the last 12 months, young men (61.0%) more than young women (48.2%). Knowledge about preventing the sexual transmission of HIV and rejecting the prevailing misconceptions about HIV transmission in the 15-24 age group is unsatisfactory—only 31.2% of people have sufficient knowledge, and this percentage is significantly lower in the 15-19 age group (data not broken down by gender)³⁶⁵.

The education on sexual and reproductive health is still not a part of an educational system in Serbia.

According to the available surveys, young people learn about reproductive health and rights mainly thanks to their own initiative and curiosity, from the Internet and their peers.³⁶⁶ In 2021, the Ministry of Education, Science and Technological Development, the UNFPA and the Institute for the Improvement of Education developed a training programme to enable educational staff to develop a responsible attitude towards health and to protect the health and safety of students. Other learning materials (presentations, workshops, etc.) have been developed as part of this programme³⁶⁷. However, there is no evaluation mechanism of the impact of this training programme, i.e. whether staff have integrated the acquired knowledge and skills into their regular educational work.

The use of modern contraceptives remains the challenge, as it is traditionally low. According to the most recent MICS round (2019), the use of modern contraceptives in Serbia is 21%, out of which 15% goes to the use of condoms, while use of oral contraceptives and intrauterine devices remains the same, around 3% and 2% respectively. Traditional methods remain the prevailing contraception at around 40%. The percentage of unmet needs for family planning among married women decreased between two rounds of MICS to 8,8%. However, the persisting

the Serbian population 2019. Belgrade: OMNIA BGD; 2021. Available at: <https://publikacije.stat.gov.rs/G2021/pdf/G20216003.pdf>.

³⁶¹ [MICS6 Report](#)

³⁶² Milić N, Stanisavjević D, Krstić M, Jovanović V, Brcanski J, Kilibarda B, and others Health survey of the Serbian population 2019. Belgrade: OMNIA BGD; 2021. Available at: <https://publikacije.stat.gov.rs/G2021/pdf/G20216003.pdf>.

³⁶³ Stojanović B, Ivković A, Kaličanin B. Shadow report on the position and needs of young people in the Republic of Serbia - 2023. Belgrade: Serbian Youth Umbrella Organisation - KOMS; 2023. Available at: <https://koms.rs/wp-content/uploads/2023/08/Alternativni-Izvestaj-2023-Finalna-verzija-Aug7.pdf>.

³⁶⁴ Ministry of Family Welfare and Demography. National Study on Attitudes towards Marriage, Family and Reproductive Health and on Sexual Behaviour and Harassment among High School Students in the Republic of Serbia. Ministry of Family Welfare and Demography; 2023.

³⁶⁵ Milić N, Stanisavjević D, Krstić M, Jovanović V, Brcanski J, Kilibarda B, and others Health survey of the Serbian population 2019. Belgrade: OMNIA BGD; 2021. Available at: <https://publikacije.stat.gov.rs/G2021/pdf/G20216003.pdf>.

³⁶⁶ Korać-Mandić D. [Adolescents' access to sexual and reproductive health information: qualitative research](#). Novi Sad: Novi Sad Humanitarian Centre; UNFPA, 2019. available at

³⁶⁷ Institute for the Improvement of Education. A responsible attitude to health: improving students' extracurricular competences [Internet]. Belgrade: Institute for the Improvement of Education; 2021 [cited 29.8.2023]. Available at: <https://zuov.gov.rs/zdravlje/>

inequalities remain, as in the Roma population, the use of modern methods remains lower (7%) and unmet needs much higher (14%) than in the general population. The absence of disaggregated data constrains further analysis of the demand for family planning among other population groups (young people, women with disabilities, etc). The main causes of the limited use of family planning are various: the cost of contraceptives, (only one oral product is fully and the other partially reimbursed by health insurance), limited choice (injectables and transdermal contraceptive patch are not registered and not available in the country), but also misconceptions about harmful effects of hormonal contraceptives among women and even among some medical professionals. Also, there is widespread misconception that higher contraceptive prevalence rate would further decrease the low fertility rate in the country, even among medical professionals, which makes the promotion of modern methods even more difficult.³⁶⁸

The Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021 - 2025 cites a survey conducted in Serbia in 2018 with a sample of 2023 women, according to which gender-based violence was widespread among women over the age of 15 (62%). Two in five women (42%) have been sexually harassed, one in five women (22%) have survived physical or sexual violence, and one in ten women (11%) have experienced stalking. In intimate relationships, 45% of women survived some form of violence—mostly psychological (44%), followed by physical (17%) and sexual (5%)³⁶⁹. According to the World Health Organisation estimates for 2018, in Serbia, 4% of women aged 15-19 who live/lived in an intimate relationship have survived physical and/or sexual violence by their current/former partner in the last 12 months (in Europe it is 6%), and 17% of women have experienced this at some point in their lives (in Europe it is 21%)³⁷⁰.

The National Programme for Maintaining and Improving the Sexual and Reproductive Health of Citizens of the Republic of Serbia³⁷¹, adopted in December 2017, has the overarching goal of maintaining and improving the sexual and reproductive health of the population, while fully respecting the right to make informed decisions about sexuality and reproduction. Programme has three objectives related to empowerment for informed decision making, ensuring the highest attainable standard of sexual and reproductive healthcare and rights, and guaranteeing that all people have access to sexual and reproductive healthcare services. However, the Programme was adopted without the budgeted Action Plan and was never harmonized with the Law on the Planning System of Serbia(2018), which limited its implementation and relevance. In 2023, The Ministry of Demography and family welfare, with support from UNFPA initiated development of the first Comprehensive ***Reproductive Health Strategy of the Republic of Serbia***, with the Action Plan, which has 5 specific objectives related to maternal and infant health, prevention of reproductive cancers and sexually transmitted diseases, family planning, treatment of infertility, and promotion of reproductive health and rights among sensitive groups. Draft was completed in December 2023 and its adoption is expected in 2024. Development of the first Action Plan is ongoing.

The new Youth Strategy of the Republic of Serbia for the period 2023-2030 was adopted in January 2023, aimed at improving the quality of life of young people. The specific objectives of the Strategy are related to standardization of youth work, youth capacities and employability, dedicated youth spaces, youth safety, health, and wellbeing; and active youth participation. The first Action Plan for the first three years of the Strategy's implementation

³⁶⁸ Multiple Indicator Cluster Survey 2019. [Serbia](#).

³⁶⁹ Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021 - 2025, Official Gazette of the Republic of Serbia No. 47/21.

³⁷⁰ World Health Organization. World health statistics 2023: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2023. Available at: <https://www.who.int/publications/i/item/9789240074323>.

³⁷¹ Available at (in Serbian): http://demo.paragraf.rs/demo/combined/Old/t/t2018_01/t01_0025.htm

was developed with the UNFPA support and adopted by the Government In July 2023.

The Strategy for the Development of Education in the Republic of Serbia by 2030³⁷² emphasizes the importance of all levels of education, from preschool to university, as well as lifelong learning, while insisting on continuity in education. The development of a responsible attitude towards health and a healthy lifestyle is an integral part of education. In relation to pre-university education Strategy includes strengthening the role of educational institutions in the upbringing of young people, and prevention and protection against violence, abuse, neglect and discrimination on the one hand, and promotion of gender equality, mental health, the improvement of reproductive health and the prevention of high-risk behaviours on the other. In this way, reproductive health has been emphasized as an important topic in the field of health education.

The Birth Promotion Strategy³⁷³ adopted in 2018 focuses on the demographic development of Serbia with the aim of increasing the total fertility rate to enable the replacement of the population. It introduced eight objectives: reducing the economic costs of raising children, achieving a balance between work and parenthood, reducing the psychological costs of parenthood, maintaining and improving reproductive health, solving the problem of infertility, paving the way to healthy motherhood, educating the population, and involving local self-governments. Of these eight objectives, the first three focus on birth promotion, the next three on maintaining and improving reproductive health, and the last two on outreach and the involvement of local governments. The Strategy was not aligned with the Law on Planning System and does not have the budgeted Action Plan, which significantly limited its implementation. In 2023, the Ministry of Welfare and Demography, with support from the UNFPA initiated revision of the Strategy on birth promotion aiming at development of two Strategies: Strategy on Reproductive health, and the Strategy on parenting support, that should be adopted in 2024..

The Gender Equality Strategy 2021 - 2030³⁷⁴ focuses on closing the gender gap and achieving gender equality as a prerequisite for the development of our society and the improvement of the daily lives of women and men, girls and boys. Objective 3 of the Strategy focuses on reproductive health and aims to ensure comprehensive and affordable healthcare for all women and men.

The Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021 - 2025³⁷⁵ has the overarching goal of ensuring effective prevention and protection from all forms of gender-based violence against women and girls and domestic violence, and developing a gender-sensitive system of support services for survivors of violence. The Strategy has four objectives which aim to build the capacity of all stakeholders in the prevention of gender-based violence against women and domestic violence, provide adequate protection and support to survivors of violence, legally prohibit violence, ensure harmonisation with international standards for the protection and processing of violence cases, streamline the Strategy's measures through a coordinated cross-sectoral response, and establish a system for collecting and analysing data on violence cases. However, the Action Plan for its implementation was never adopted.

The Strategy for the Improvement of the Position of Persons with Disabilities in the

³⁷² Available at (in Serbian): https://prosveta.gov.rs/wp-content/uploads/2021/11/1-SROVRS-2030_MASTER_0402_V1.pdf

³⁷³ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2018/25/1/reg>

³⁷⁴ Available at (in Serbian): <https://www.minljpdd.gov.rs/doc/konsultacije/090821/Polazne-osnove-za-Predlog-strategije-o-RR.pdf>

³⁷⁵ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2021/47/1/reg>

Republic of Serbia 2020 - 2024³⁷⁶ The overarching goal of the Strategy is to give persons with disabilities equal opportunities to enjoy all civil, political, economic, social and cultural rights while fully respecting their dignity and individual autonomy and ensuring their independence, freedom of choice, and full and effective participation in all aspects of social life, including life in the community. The objectives of the Strategy emphasise the health-related needs of persons with disabilities and the system's response to their needs, including sexual and reproductive health. Process of development of the new Strategy for the Improvement of the Position of Persons with Disabilities 2025-2030 has been initiated with the UNFPA support.

The Strategy for Active and Healthy Aging in the Republic of Serbia for the period 2024-2030³⁷⁷, was adopted in September 2023, and, in December 2023, the Action Plan for the first three years of the Strategy's implementation. The Strategy is based on the concepts of active aging, gender equality, intergenerational solidarity, lifelong learning, digital competence, education on the health, psychological, and social aspects of aging, and the active participation of older persons in all processes of the social community.³⁷⁸

In addition, the important strategic documents for UNFPA's work in Serbia are: **the Strategy for Social Inclusion of Roma in the Republic of Serbia 2022 - 2030**³⁷⁹, **the Strategy for Prevention and Protection from Discrimination 2022 - 2030**³⁸⁰, **the Strategy for Prevention and Control of HIV Infection and AIDS in the Republic of Serbia 2018-2025**³⁸¹, **the Public Health Strategy of the Republic of Serbia**, **the Programme for the Improvement of Cancer Control in the Republic of Serbia 2020 - 2022**³⁸², **the National Cervical Cancer Early Detection Programme (2013)**³⁸³ (which needs revision).

The Statistical Office of Serbia (SORS) is the main producer of official statistics and coordinator of the official statistics system in Serbia. It demonstrated significant capacity enhancement during the preparatory phase of the 2022 Census. Emphasizing inclusivity, SORS focused on refining census methodology. This involved extensive analysis and recommendations aimed at improving population access, particularly addressing marginalized groups such as people with disabilities and ethnic minorities like Roma. Strategies were devised to engage these traditionally hard-to-reach populations, with a special focus on adapting to challenges posed by the COVID-19.

Furthermore, SORS benefited from capacity-building initiatives facilitated by discussions involving representatives from vulnerable groups and national stakeholders. These efforts resulted in heightened awareness and enhanced capabilities among SORS staff, including enumerators and trainers, regarding the implementation of the Census, with a commitment to Leave No One Behind (LNOB) principles.

Comprehensive training materials were developed to empower personnel involved in census

³⁷⁶ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2020/44/1/reg>

³⁷⁷ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2023/84/2>

³⁷⁸ Common Country Analysis Update 2023.

³⁷⁹ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2022/23/1>

³⁸⁰ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2022/12/2>

³⁸¹ Available at (in Serbian): http://demo.paragraf.rs/demo/combined/Old/t/t2018_08/t08_0138.htm

³⁸² Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/drugiakt/2020/105/1>

³⁸³ Available at (in Serbian): https://www.skriningsrbija.rs/files/File/Nacionalni_program_ranog_otkrivanja_karcinoma_grlica_mate_rice.pdf

activities at all levels, ensuring efficient performance and the attainment of high-quality census results. Presently, efforts are underway to bolster SORS capacities in post-census support, particularly in validating and correcting data related to international migration estimation.

The “INFORM” Global Crisis Severity Index” places Serbia in the group of low risk and rather stable countries with an average score of 3 (out of 10). However, Serbia is still prone to various hazards, natural or manmade- (earthquakes, landslides and erosion, floods, extreme weather conditions, lack of drinking water, epidemics and pandemics, plant and animal diseases, fires and explosions, technical and technological accidents, nuclear, radiological and radiation accidents)

National Strategy on safety and rescue in crisis situations expired in 2016. The Government adopted the Law on disaster risk reduction and emergency management³⁸⁴ in 2018, which envisages Estimation of risks³⁸⁵ (developed in 2019) and Protection and Rescue Plans to be developed at national, local and level of individual institutions.

Serbia is part of the Western Balkans route, one of the main migratory paths for migrants heading for the EU, especially from the Middle East, Asia and Africa. After the record number of arrivals in the European Union in 2015, the number of irregular migrants choosing Serbia as a transit hub fell steadily for a few years. Currently, there are a total of 1,056 migrants in transit in Serbia³⁸⁶. Since the start of the Ukrainian crisis a certain number of Ukrainian and high number of Russian people have arrived in Serbia. However, because of the visa liberalization regime in place between Serbia and the Russian Federation, their exact number cannot be calculated. In addition, according to the latest available data provided by the Commissariat for Refugees and Migrations, there are still 25.330 refugees from Croatia and Bosnia and Herzegovina³⁸⁷ and 196.140 IDPs from Kosovo (UNSCR 1244) in Serbia today³⁸⁸. In addition to potential humanitarian crises, recent tragic events in May 2023, after the shooting in one elementary school and in several villages near Belgrade, showed that society is prone to other types of crises, including the mental health crisis. Efficient support has been provided to the Government following the tragedy and consequent crisis in the education sector, by UN agencies, including UNFPA. Furthermore, a Working Group for the mental wellbeing and security of young people was formed with the goal to create a program and coordinate all measures and activities for the support of mental wellbeing and security of children and youth, based on the multisectoral cooperation.

In March 2012, Serbia was granted EU candidate status and in January 2014, started negotiations on EU membership. Out of a total of 35 chapters for negotiations, 22 have been opened so far, and 2 have been temporarily closed. The EU is the biggest donor in Serbia and the country’s number one partner in supporting development and ongoing reforms. Serbia is the largest recipient of EU donations in the Western Balkans and one of the largest in the world, with more than EUR 3 billion in non-refundable aid over the past two decades. Every year, Serbia and the EU sign the IPA financial agreement for projects whose implementation is planned in the coming period. IPA programs for 2021 and 2022 have been financed from the new EU support instrument for the period 2021-2027 - IPA 3. The EU will provide a grant of 14.5 billion euros for the IPA 3 program instrument to the Western Balkans and Turkey by 2027, which will be used to finance projects that contribute to the implementation of political, economic and institutional reforms and progress in the process of European integration.

³⁸⁴ Law available (in Serbian) at <https://www.paragraf.rs/propisi/zakon-o-smanjenju-rizika-od-katastrofa-i-upravljanju-vanrednim-situacijama.html>

³⁸⁵ Estimation in Serbian available at <http://prezentacije.mup.gov.rs/svs/HTML/licence/Procena%20rizika%20od%20katastrofa%20u%20RS.pdf>

³⁸⁶ Available in Serbian at <https://kirs.gov.rs/eng/aktuelno/0>

³⁸⁷ Available at (in Serbian): <https://kirs.gov.rs/lat/izbeglice/>

³⁸⁸ Available at (in Serbian): <https://kirs.gov.rs/lat/interno-raseljena-lica/interno-raseljena-lica>

Since 2021, Serbia has accepted the Europe Union's revised enlargement methodology. Thus, when it comes to emergencies, the government works directly with the EU and activates EU support mechanisms. UN support is requested when all capacities are depleted or when a specific expertise from the UN is required, i.e. during the refugee crisis in 2015-2016.

3. UNFPA Country Programme

UNFPA has been working with the Government of the Republic of Serbia since 2006 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, reducing gender based violence, realizing rights and choices for young people, supporting active aging and participation of older people and strengthening the generation and use of population data for development. UNFPA is currently implementing the 2nd country programme in the Republic of Serbia.

The 2nd country programme(2021-2025) is aligned with the national priorities as listed in the Program of the Government of the Republic of Serbia, derived from the Prime Minister's manifesto, and operationalized through the Action Plans for the Implementation of the Government Program 2020-2022³⁸⁹ and 2023-2026³⁹⁰, Economic Reform Programme 2019-2021³⁹¹, The National Priorities for Development Assistance (NPDA) 2014-2017, with Projections to 2020³⁹² and a number of sectoral and cross cutting strategies and associated action plans, relevant for the mandate of UNFPA, such as: National Programme on Sexual and Reproductive Health, National Youth Strategy for 2015-2025, Gender Equality Strategy, Strategy for Birth Promotion, and Strategy for Social Inclusion of Roma men and women in the Republic of Serbia, 2016-2025, as well as the United Nations Sustainable Development Cooperation Framework 2021-2025, Common Country Analysis 2020, and the UNFPA Strategic Plans 2018-2021 and 2022-2025.

It was developed in consultation with the Government, independent bodies, civil society, bilateral and multilateral development partners, including United Nations organizations and academia.

The UNFPA Serbia CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, and (iv) partnerships and coordination. The **overall goal/vision** of the UNFPA Serbia 2nd country programme (2021-2025) is that by 2030, Serbian society benefits from inclusion, equality of opportunity as well as capability of all members, especially youth, vulnerable women and older people, to make informed healthy choices, fulfil their potential, participate in decision-making and contribute to development. The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plans 2018-2021 and 2022-2025.

Country programme contributes to the national priority 1. to preserve and promote sexual and reproductive health of the population of the Republic of Serbia, with respect to the right to make informed decisions related to sexuality and reproduction, independently of an individual's personal characteristics, such as sex, gender, age, disability, socio-economic status, cultural identity, sexual orientation, exposure to social deprivation, HIV infection or other personal

³⁸⁹ <https://rsjp.gov.rs/wp-content/uploads/APSPV-2020-2022.pdf>

³⁹⁰ <https://rsjp.gov.rs/wp-content/uploads/APSPV-2023-2026-1.pdf>

³⁹¹ Economic Reform Programme 2019-2021, available at <https://www.mfin.gov.rs/dokumenti2/program-ekonomskih-reformi-erp>

³⁹² National Priorities for Development Assistance 2014-2017 [http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20\(english\).pdf](http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20(english).pdf)

characteristics, and contributing also to the UNSDCF outcome: (a) Universal and inclusive access to quality health, social and protection services is improved; and UNFPA Strategic Plan 2018-2021 outcome: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Country programme also contributes to the national priority 2. Young people are active and equal participants in all spheres of social life, they fully develop their potential and contribute to personal and social development and well-being and to the following outcome of the UNSDCF b) Skills, education and capabilities are enhanced to ensure equitable outcomes for all, and to UNFPA Strategic Plan 2018-2021 outcome: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Country programme contributes to the national priority 3. Stationary population as the goal of sustainable demographic development of the Republic of Serbia in the long term, i.e. population in which the future generations will be the same size as the existing, contributing also to the UNSDCF outcome (c) mobility and demographic transition become vectors for positive change and prosperity for all people and UNFPA Strategic Plan 2018-2021 outcome: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

Country programme document contributes to achievement of three interlinked transformative results of the UNFPA that comprise the Strategic Plan 2022-2025 outcomes: (a) by 2025, the reduction in the unmet need for family planning has accelerated; (b) by 2025, the reduction of preventable maternal deaths has accelerated; (c) by 2025, the reduction in gender based violence and harmful practices has accelerated.

The UNFPA Serbia 2nd country programme (2021-2025) has three thematic areas of programming with three interconnected **outputs**: (i) Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with a focus on youth and vulnerable women, including in humanitarian situations; (ii) Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making; (iii) Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights-based, evidence-based and gender sensitive. All outputs contribute to the achievement of the outcomes of the Strategic Plans 2018-2021 and 2022-2025, UNSDCF outcomes and national priorities; they have a multidimensional, ‘many-to-many’ relationship with these outcomes.

Output 1: Sexual and reproductive health and rights

Increased capacity of the health system to provide high-quality integrated and gender transformative services on sexual and reproductive health and family planning to all, with a focus on youth and vulnerable women, including in humanitarian situations.

This output directly contributes to the UNSDCF outcome on improved universal health, inclusive social and protection services by improving access to integrated sexual and reproductive health services for all, especially vulnerable women and youth. It was planned that programme contributes to the following: (a) adequate resource allocation for contraceptives provided free of charge to vulnerable populations; (b) availability of data on integrated sexual and reproductive health services received by vulnerable women and youth-disaggregated by sex; (c) strengthened capacity of primary health care institutions to implement the National Programme on Sexual and Reproductive Health; (d) improved quality of integrated sexual and reproductive health services and availability in a potential public health crisis; and (e) strengthened health-seeking behavior among vulnerable women and youth (young women and

men), including for HIV prevention among the young key populations. To address the identified determinants, it was planned that UNFPA (a) develop investment cases for family planning and youth-friendly services; (b) conduct evidence-based advocacy for free access to integrated sexual and reproductive health services and commodities for vulnerable women and youth through the national health insurance; (c) scale up engagement of civil society organizations advocacy platforms; (d) advocate for and support inclusion of indicators measuring utilization of integrated sexual and reproductive health services by vulnerable women and youth in the health information system; (e) introduce online training on rights-based family planning and the Minimum Initial Service Package for health providers; (f) support the Government to evaluate health policies implementation using a human rights-based approach; (g) support revision of methodology to assess the quality of services and engage vulnerable people and young women and men in assessing the quality of integrated sexual and reproductive health services; (h) support development and adoption of clinical guidelines on gender-transformative and youth-friendly sexual and reproductive health services acceptable for boys and girls equally and adoption of guidelines on integrated health services for most-at-risk adolescents and youth and protocols on rights-based family planning; (i) mobilize civil society organizations in increasing health-seeking behaviour among vulnerable women and youth, including for HIV prevention, among the young key populations; and (j) support the health sector response to gender-based violence and advocacy for a multisectoral coordinated approach to gender-based violence, including in a potential public health crisis.

In previous period CO cooperated with various stakeholders to implement initiatives to address identified determinants, although many of them were adversely affected by Covid 19 pandemic, especially those directly related to healthcare providers during 2021-2022. Regarding the planned activities, while many are still ongoing, such as clinical guidelines development, others will be initiated by the end of this year (development of investment cases online MISP training). In addition, UNFPA significantly contributed to the situation analysis, advocacy and recommendations for service quality improvements in relation to the two components of integrated SRH services: cervical cancer prevention and control (in line with the activities of Regional Alliance on cervical screening in EECA Region), and maternal health improvement, which in addition to family planning, emerged as priorities during the Programme implementation. In 2022, in addition to the activities for strengthening capacity of health sector to respond to GBV, UNFPA localized global UNFPA bodyright campaign „Own your body online”, to raise awareness about technology facilitated gender-based violence (TFGBV) and its consequences among general population and prepared the Glossary of TFGBV in Serbian language to enable effective communication about TFGBV phenomena. During 2023, focus of the bodyright campaign was mainly shifted to high school students to support them to recognize, name, report and/or respond to TFGBV.

Output 2: Adolescents and Youth

Output 2. Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and engage in policy and decision-making.

The output directly contributes to the UNSDCF outcome on quality and inclusive education/skills and capabilities by supporting youth to build their non-cognitive skills and capacities through formal and informal education and ensuring gender parity and focus on gender equality. To achieve this, it was planned that programme contributes to addressing the following determinants: (a) increased political support for life-skills education and youth engagement; (b) strengthened capacity of the general and vocational education to deliver life-skills training and increase employability competences; (c) increased demand for life-skills education among young people, including young key populations; (d) strengthened youth volunteerism and engagement, including in emergency settings and risk management; and (e) increased availability of disaggregated data on youth engagement, youth sexual and

reproductive health and gender-based violence at central and municipal levels.

It was planned that UNFPA (a) facilitate establishment of an advocacy platform to promote life-skills, gender equality and engagement of youth in communities; (b) advocate for and support the integration of gender equality and life-skills curricula in continuous education of school teachers and vocational educators; (c) pilot innovative approaches to provide access to comprehensive sexuality education, including for HIV prevention; (d) scale up peer education and youth volunteerism, including in emergency settings and risk management; (e) scale up the 'boys on the move' initiative; (f) engage influencers in awareness-raising campaigns; (g) support educating parents and communities about comprehensive sexuality education; (h) scale up youth initiatives aimed at addressing gender stereotypes among young men (aged 15-30 years); (i) strengthen intergenerational knowledge exchange and learning; (j) introduce a 'youth scorecard'- (named as Youth Wellbeing Index) in 10 selected municipalities to collect data on youth engagement, sexual and reproductive health and gender-based violence and the Youth Gap Index at the national level.

In cooperation with the Ministry responsible for Youth and the Ministry of Education, a number of CSO working with and for youth, and young people UNFPA CO has been implementing the majority of planned activities, as planned in CPD. In addition, 2022/2023 UNFPA contributed to the development of the new Youth Policy Framework, and to the response to the consequences of tragic events related to shootings in one elementary school in Belgrade and in several villages near Belgrade in May 2023, perpetrated by young persons. Also, as the continuation of activities contributing to youth engagement and peer education, since 2022 UNFPA has been implementing the Regional Peace building project - Youth for inclusion, equality and trust, in which the UNFPA expanded the network of young people empowered to act as young leaders and to engage in their communities on the youth related issues, and especially in relation to constructive narratives, counterfeiting fake news and increasing understanding among the diverse identity groups. In 2021-2022 UNFPA CO initiated research to understand phenomena of technology facilitated gender-based violence (TFGBV) and its consequences among youth and in 2023 intensified local activities within bodyright campaign „Own your body online”, to increase capacity of secondary school students to recognize, name, report and/or respond to TFGBV,

Output 3: Population dynamics

Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights- and evidence-based and gender sensitive.

This output supports the UNSDCF outcome, mobility and demographic transition become vectors for positive change and prosperity for all people, by contributing to building capacity of the Government at all levels to adequately address demographic transition in national and local policies. To achieve this, it was planned that programme contributes to addressing the following determinants: (a) strengthened national coordination mechanism on population issues; (b) improved understanding among stakeholders of the implications of demographic changes on social, political and economic development; (c) increased availability of reliable population data; (d) increased availability of national and international technical expertise to translate data into the policy response to ageing, low fertility and migration; (e) strengthened human rights-based approach in policy development; and (f) strengthened monitoring of population policies implementation within the SDG framework.

It was planned that UNFPA (a) advocate for establishment of a high-level national coordination body on population and development; (b) improve understanding of population trends and their implications on development among stakeholders at national and local levels, in collaboration with academia and the national statistical agency; (c) support data collection through

specialized surveys on demographic changes and deployment of user-friendly data dissemination platforms; (d) support the statistical agency with dissemination of the 2021 census results; (e) advocate for a rights-based policy mix to address ageing, low fertility, migration and shrinking population at national and subnational levels; (f) facilitate national and international expertise to assist the Government in formulating and costing of people-and youth-centered national and subnational policies and programmes; (g) support monitoring of population policies and programmes within the SDG framework; and (h) support centers for older people to implement standards of active ageing or create intergenerational centers. While many of listed activities have been completed or ongoing, several others have been initiated, including the NTA analyses, Depopulation Portfolio, Demographic Resilience Programme at the regional level, etc.

To support Serbia in understanding and addressing demographic changes, particularly aging, the Statistical Office of Serbia (SORS) was assisted in preparing two National Transfer Accounts (NTA) analyses in 2021 and 2023, based on the 2018 and 2019 data. The NTA analysis aims to deepen understanding of how population size and changing age structures impact economic growth, gender dynamics, public finances, and the macroeconomy. Findings from the NTA analysis reveal that both children and older individuals consume more resources than they produce through labor, while working-age adults contribute more than they consume. For instance, children's consumption is predominantly funded by private transfers, primarily from adult family members (parents), accounting for 67.2% of total support. On the other hand, public transfers emerge as the primary source of assistance for older persons, constituting 59.4%, notably through channels such as the health system and pension and disability insurance. Following the first NTA analysis, the policy recommendations in the social sector were formulated in 2022, utilizing the insights from the NTA data. This document serves as a valuable resource for the Government, offering data-driven policy recommendations aimed at either developing new policies or reforming existing ones. Among its recommendations, the document advocates for enhancements in areas such as pre-school education, long-term care for older persons, extension of working lifespans, and overall improvements in human capital and the pension system. Based on the second NTA analysis, the policy recommendations focusing on the field of education in Serbia was initiated in 2023. The document will cover very important areas in the field of education, such as building human capital, LNOB groups including disadvantaged women and girls, etc. The results of the policy recommendations will be available in mid 2024. In 2019, UNFPA CO Serbia together with UNDP Serbia launched a Depopulation Portfolio to propose a dynamic set of measures with the aim of bringing the Government of the Republic of Serbia and a large number of partners to work together on the depopulation phenomenon. Depopulation Portfolio consists of a comprehensive narrative and consolidated visual, and focuses on maximizing human potential and adjusting public policies to new demographic realities. The approach moves from the depressing perspective of long term imbalance between birth rates and mortality rates or more people leaving Serbia, to a rather constructive, people-centered perspective of building human capital and developing a more human and more productive society in which every individual can achieve their potential and contribute to development. The focus is on people who live in Serbia, on improving their quality of life and supporting them as individuals and families to utilize all their potential. UNFPA and UNDP support is provided in the context of the UN Cooperation Framework 2021-2025 and respective Agencies Country Programme Documents 2021-2025. As part of the Depopulation Portfolio, one of the primary initiatives undertaken was the Depopulation Data Challenge. This exercise, organized to combine traditional and alternative data sets, aimed to enhance understanding of population dynamics in Serbia. Four winning solutions, selected in September 2020, offered valuable insights into various aspects of population trends, including in-country migrations, economic migrations, out-migration, and spatial dimensions of population issues. These insights will inform the development of new proposals for demographic policies. Additionally, another initiative within the Depopulation Portfolio was the development of the National Human

Development Report (NHDR) titled "Human Development in Response to Demographic Change"³⁹³. This strategic document provides a new perspective on the challenges of a shrinking and aging population in Serbia, pointing to possible innovative approaches to population policy. The NDHR was developed with the support of the Prime Minister of the Republic of Serbia, following an initiative by the President of the Republic of Serbia to create a broader and long-term response to the challenges posed by demographic change. The document was launched with the high-level Government participation in 2022 at the National Assembly of the Republic of Serbia.

In 2020-2021 the UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECA) launched the Demographic Resilience Programme with the goal of reshaping narratives surrounding inevitable demographic transitions and guiding country offices on the ways to do it. This initiative aims to empower countries in the region by enhancing their capacity to understand and anticipate population dynamics while equipping them with the necessary skills, tools, political will, and public support to effectively manage these changes. The programme focuses on developing evidence-based and human rights-centered policy responses aimed at fostering prosperity and well-being for all segments of society. By doing so, countries can mitigate potential negative impacts on individuals, societies, economies, and the environment, while also leveraging opportunities arising from demographic shifts. The Programme defines 4 pillars that can be considered as four outputs: 1: Science-policy link: Government capacity to consider demographic change in policy-making processes strengthened; 2: Human capital: Government capacity to include women, youth, older persons and marginalized populations in the economy and society strengthened; 3: Demography-proofing: Government capacity to adapt social policy systems, service delivery, and infrastructures to demographic change strengthened; 4: Public discourse: Government capacities to hold a constructive, public discourse on demographic change and policy responses strengthened.

The UNFPA Serbia CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Serbia 2nd country programme (2021-2025) is based on the following results framework presented below:

³⁹³ Available at: <https://serbia.un.org/sites/default/files/2022-07/National-Human-Development-Report-Serbia-2022.pdf>

Republic of Serbia /UNFPA 2nd Country Programme (2021-2025) Results Framework

<p>CPD Goal/vision: By 2030, Serbian society benefits from inclusion, equality of opportunity as well as capability of all members, especially youth, vulnerable women and older people, to make informed healthy choices, fulfil their potential, participate in decision-making and contribute to development. Vulnerable women and youth in Serbia are empowered to make free reproductive choices and live a life free of violence to fulfil their goals, including high-quality education and decent employment. Investing in human development, including health, education and skills, creates opportunities, allows individuals to fulfil their potential, stimulates the economy, and drives development more broadly</p>		
<p>National Priority (s): To preserve and promote sexual and reproductive health of the population of the Republic of Serbia, with respect to the right to make informed decisions related to sexuality and reproduction, independently of an individual's personal characteristics, such as sex, gender, age, disability, socio-economic status, cultural identity, sexual orientation, exposure to social deprivation, HIV infection or other personal characteristics.</p>	<p>National Priority (s): Young people are active and equal participants in all spheres of social life, they fully develop their potential and contribute to personal and social development and well-being.</p>	<p>National Priority (s): Stationary population as the goal of sustainable demographic development of the Republic of Serbia in the long term, i.e. population in which the future generations will be the same size as the existing.</p>
<p>UNSDCF Outcome: Universal and inclusive access to quality health, social and protection services is improved.</p>	<p>UNSDCF Outcome (s): Skills, education and capabilities are enhanced to ensure equitable outcomes for all. and to UNFPA.</p>	<p>UNSDCF Outcome (s): Mobility and demographic transition become vectors for positive change and prosperity for all people.</p>
<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s): Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</p>	<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s): Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</p>	<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s): Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</p>
<p>Related UNFPA Strategic Plan 2022-2025 Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated.</p>	<p>Related UNFPA Strategic Plan 2022-2025 Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated.</p>	<p>Related UNFPA Strategic Plan 2022-2025 Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>
<p>UNFPA Serbia 2nd Country Programme Output: Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with a focus on youth and vulnerable women, including in humanitarian situations.</p>	<p>UNFPA Serbia 2nd Country Programme Output: Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making.</p>	<p>UNFPA Serbia 2nd Country Programme Output: Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights-based, evidence-based and gender sensitive.</p>

<p>UNFPA Serbia 2nd Country Programme Intervention Areas: <i>(a) investment cases for family planning and youth-friendly services; (b) advocacy for free access to integrated sexual and reproductive health services and commodities for vulnerable women and youth; (c) engagement of civil society organizations advocacy platforms; (d) indicators measuring utilization of integrated sexual and reproductive health services in the health information system; (e) online training on family planning and the Minimum Initial Service Package for health providers; (f) support the Government to evaluate health policies implementation using a human rights-based approach; (g) support revision of methodology to assess the quality of services and engage vulnerable people and young women and men in assessing the quality of integrated sexual and reproductive health services; (h) support development and adoption of clinical guidelines (gender-transformative and youth-friendly guidelines on integrated health services for most-at-risk adolescents and youth and protocols on rights-based family planning; (i) mobilize civil society organizations in increasing health-seeking behaviour among vulnerable women and youth, including for HIV prevention, among the young key populations; and (j) support the health sector response to gender-based violence and advocacy for a multisectoral coordinated approach.</i></p> <p>Situation analysis, advocacy and recommendations for service quality improvements in relation to the component of integrated SRH services: cervical cancer prevention and control (in line with the activities of Regional Alliance on cervical screening in EECA Region),</p> <p>Research on women's perception, analysis and recommendations for maternal health improvement.</p> <p>UNFPA bodyright campaign „Own your body online”, to raise awareness about technology facilitated gender-based violence (TFGBV) and its consequences among general population.</p>	<p>UNFPA Serbia 2nd Country Programme Intervention Areas: (a) establishment of an advocacy platform to promote life-skills, gender equality and engagement of youth in communities; (b) advocate for and support the integration of gender equality and life-skills curricula in continuous education of school teachers and vocational educators; (c) pilot innovative approaches to provide access to comprehensive sexuality education, including for HIV prevention; (d) scale up peer education and youth volunteerism, including in emergency settings and risk management; (e) scale up the ‘boys on the move’ initiative; (f) engage influencers in awareness-raising campaigns; (g) support educating parents and communities about comprehensive sexuality education; (h) scale up youth initiatives aimed at addressing gender stereotypes among young men (aged 15-30 years); (i) strengthen intergenerational knowledge exchange and learning; (j) introduce a ‘youth score card’- (renamed as Youth Wellbeing Index) in 10 selected municipalities to collect data on youth engagement, sexual and reproductive health and gender-based violence and the Youth Gap Index (Youth wellbeing Index) at the national level.</p> <p>UNFPA contribution to the development of the new Youth Policy Framework (Action plan 2023-2025)</p> <p>UNFPA contribution to the response to the consequences of tragic events related to shootings in one elementary school in Belgrade and in several villages near Belgrade in May 2023, perpetrated by young persons. The Regional Peace building project - Youth for inclusion, equality and trust.</p> <p>Research to understand phenomena of technology facilitated gender-based violence (TFGBV) and its consequences among youth and local activities within bodyright campaign „Own your body online”, among youth.</p>	<p>UNFPA Serbia 2nd Country Programme Intervention Areas: <i>(a) advocate for establishment of a high-level national coordination body on population and development; (b) improve understanding of population trends and their implications on development among stakeholders at national and local levels, in collaboration with academia and the national statistical agency; (c) support data collection through specialized surveys on demographic changes and deployment of user-friendly data dissemination platforms; (d) support the statistical agency with dissemination of the 2021 census results; (e) advocate for a rights-based policy mix to address ageing, low fertility, migration and shrinking population at national and subnational levels; (f) facilitate national and international expertise to assist the Government in formulating and costing of people-and youth-centered national and subnational policies and programmes; (g) support monitoring of population policies and programmes within the SDG framework; and (h) support centers for older people to implement standards of active aging or create intergenerational centers.</i></p> <p>Two National Transfer Accounts (NTA) analyzes in 2021 and 2023 and policy recommendations in the social sector and education,</p> <p>Continuation of several UNFPA/UNDP joint activities: Depopulation Portfolio, initiated in 2019, to propose a dynamic set of measures to support the Government and partners to work together on the depopulation, the Depopulation Data Challenge to find alternative data on population issues and the National Human Development Report (NHDR) titled "Human Development in Response to Demographic Change". launched in 2022.</p> <p>Demographic Resilience Programme, launched by EECARO in 2020, to empower countries in the region by enhancing their capacity to understand and anticipate population dynamics while equipping them with the necessary skills, tools, political will, and public support to effectively manage these changes.</p>
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Nota Bene: “Country Programme Intervention Areas” boxes: **In bold:** Activities that were not initially planned yet were implemented; *in italics:* Activities that were initially planned but were not implemented by the time of data collection.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Serbia CO, national stakeholders and rights-holders, the UNFPA EECARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Serbia 2 nd country programme (2021-2025).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, and efficiency of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA Serbia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover national level and selected municipalities where UNFPA implemented interventions.

Thematic Scope

The evaluation will assess to what extent was the 2nd CPD adapted to remain relevant to frequently changing government political, policy and institutional set up and priorities and to what extent the introduction of the new lens of demographic resilience contributed to the achievements of the 2nd CPD outcomes, namely in the area of: (i) Sexual and Reproductive Health ; (ii) Adolescents and Youth; (iii) Population Dynamics. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion, and transversal functions, such as coordination; innovation; resource mobilization; strategic partnerships, etc.

Temporal Scope

The evaluation will cover interventions planned and/or implemented by the current programme , within the time period of the current CP, 2021-2025, namely starting from January 2021 up

to the period of the evaluation data collection.

The current evaluation is being conducted in parallel with the country programme evaluations by UNDP and UNICEF, as well as evaluation of the UNSDCF 2021-2025. The UNSDCF evaluation is conducted by the UN Resident Coordinator Office. It was agreed that each agency shares the draft reports of their respective evaluations with the UNSDCF evaluation consultant for consideration and integration into the UNSDCF evaluation report. It is expected that the agency-specific programme evaluations collaborate closely for comprehensive coordination and complementarity, where possible, as it is assumed that the agency-specific programme evaluation, with its achieved results, contributes to attaining the overall UNSDCF results.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook [\[Link\]](#), the evaluation will examine the following three OECD/DAC evaluation criteria: relevance, effectiveness and efficiency.³⁹⁴

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see Handbook [LINK](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Serbia CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

³⁹⁴ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

Preliminary Evaluation Questions

Relevance:

1. To what extent the UNFPA support in the field of reproductive health and rights, youth and population dynamics has been relevant and well-adapted to the national priorities and country EU accession requirements, and adequately reflect the outcomes of the UNFPA Strategic Plan.

Effectiveness:

2. To what extent UNFPA contributed to building demographic resilience in Serbia across all of its outputs to respond to rapid demographic changes and national priorities addressing them

Sustainability:

3. To what extent have the partnerships established with ministries, civil society including local NGOs, international development partners including other UN agencies, academia and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Serbia CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Serbia 2nd country programme (2021-2025) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to- assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Serbia CO been during the period of the 2nd country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Serbia 2nd country programme (2021-2025) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Serbia CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include: government representatives, civil society organizations, representatives of the independent institutions, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Serbia CO has established an ERG comprised of key stakeholders of the country programme, including governmental partners, institutions, independent bodies, civil society and academia: representatives of the Ministry of Foreign Affairs, Ministry of Tourism and Youth, Ministry of Health, Ministry of Labour, Employment, Veterans and Social Affairs, Ministry of Education, Institute of Public Health of Serbia, Commissioner for the protection of Equality, Statistical Office of Serbia. Ana and Vlade Divac Foundation, Bibija Roma Women Centre, Red Cross of Serbia, academia, the regional M&E adviser in UNFPA EECARO . The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook [LINK]. This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Serbia CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes the Evaluation Handbook [LINK] and the evaluation quality assurance and assessment principles and their application.

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*,³⁹⁵ *Ethical Guidelines for Evaluation*,³⁹⁶ *Code of Conduct for Evaluation in the UN System*³⁹⁷, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.³⁹⁸ When contracted by the UNFPA Serbia CO, the evaluators will be requested to sign the *UNEG Code of Conduct*³⁹⁹ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Serbia. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a

³⁹⁵ Document available at: <http://www.unevaluation.org/document/detail/1914>.

³⁹⁶ Document available at: <http://www.unevaluation.org/document/detail/102>.

³⁹⁷ Document available at: <http://www.unevaluation.org/document/detail/100>.

³⁹⁸ Document available at: <http://www.unevaluation.org/document/detail/980>.

³⁹⁹ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Serbia CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Serbia CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Serbia CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 5-6 weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey

questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the consultant must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Serbia CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE) [optional]
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase (*Handbook, Chapter 2*)

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2

- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA EECARO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (*Handbook, Chapter 3*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 5 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (*Handbook, Chapter 4*)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions

- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Serbia CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase (*Handbook, Chapter 5*)

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA Evaluation Office](#) to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Serbia CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Serbia CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar

to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid⁴⁰⁰ before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).

⁴⁰⁰ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Serbia CO, (iii) the regional M&E adviser in UNFPA EECARO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE⁴⁰¹

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		5 weeks (10 June- 14 July 2024)
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	Stakeholder map	
Developing the field work	Evaluation team, CPE	Field work agenda	

⁴⁰¹ For full information on all tasks and responsible entities, see the relevant chapters of the Handbook [\[LINK\]](#)

agenda	Manager		
Developing the initial communications plan	CPE Manager and CO communications officer	Communication plan (see Evaluation Handbook, Chapter 5)	
Drafting the design report version 1	Evaluation team	Design report- version 1	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	PowerPoint presentation on design report version 1	
Drafting the design report version 2	Evaluation team	Design report - version 2	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	Final design report (see Evaluation Handbook, section 2.4.4)	
Field phase			5 weeks (15 July -18 August 2024)
Preparing all logistical and practical arrangements for data collection	CPE Manager		
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	Photos (see Evaluation Handbook, Section 3.2.5)	
Filling in the evaluation matrix	Evaluation team	Evaluation matrix	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	PowerPoint presentation	
Reporting phase			Approximately 11 weeks (August-October 2024)
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	
Drafting CPE report version 1	Evaluation team	Evaluation report - version 1	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, CPE manager, ERG members	Recommendations worksheet	
Drafting CPE version 2	Evaluation team	Evaluation report - version 2	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	Final CPE report (see Evaluation Handbook,	

		section 4.5) with powerpoint presentation and audit trail	
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Nota Bene: Column “Deliverables”: *In italics:* The deliverables are the responsibility of the CO/CPE Manager; **in bold:** The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Serbia CO, in close consultation with the Ministry of Foreign Affairs that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Serbia CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Serbia CO, EECA, representatives of the national Government of the Republic of Serbia, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA EECARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality

assurance and assessment (EQAA). This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 2nd UNFPA country programme in the Republic of Serbia.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. They will be responsible for the production and timely submission of all expected deliverables in line with the ToR. They will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. They will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond their responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

Evaluation team member: EU Reform Social Policy Expert

EU Reform Social Policy Expert will provide specific expertise relating to the EU reform process, particularly the part relating to social policy. They will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. They will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Serbia CO staff and the ERG. They will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will require a multidisciplinary skillset and a deep

understanding of various factors influencing population trends. They will provide expertise on population change relating issues, such as ageing, low fertility, migration, demographic resilience and national statistical systems. They will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. They will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Serbia CO staff and the ERG. They will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator.

The young and emerging evaluator (YEE) will contribute to all phases of the CPE. They will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, they will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA Serbia CO staff and the ERG.

The modalities for the participation of the evaluation team members (incl. the young and emerging evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation, eg. SRHR, adolescents and youth and population dynamics.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Serbia.
- Fluent in written and spoken English.

EU Reform and Social Policy Expert

The competencies, skills and experience of the EU Reform Social Policy Expert should include:

- Master's degree in political science, social sciences, public health, health economics and financing, epidemiology, biostatistics or a related field.
- 5-7 years of experience in development of analytical reports relating to social policies or EU reform agenda.
- Substantive knowledge of EU accession process, EU reform, EU requirements, Serbia national priorities in EU accession, particularly in social policies, etc.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Serbia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken Serbian and English.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in the field of population studies, demography, or a related area, including in development of analytical reports using population dynamics data.
- A thorough understanding of core demographic concepts such as fertility, mortality, migration, population growth, age structure, and demographic transition;

- Knowledge of various population policies and programs (e.g., family planning, reproductive health, migration policies) and their impact on population dynamics is important.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Serbia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Serbian.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to improve as a professionally competent evaluator within the framework of the national evaluation capacity of the country.
- Fluent in written and spoken English and Serbian.

13. Budget and Payment Modalities

The evaluators, (incl. the young and emerging evaluator) will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
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Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	EU Reform and Social Policy Expert	PD expert	Young and emerging evaluator
Design phase	15	8	5	5
Field phase	5	12	10	7
Reporting phase	18	13	8	5
Dissemination and facilitation of use phase	4	2	2	5
TOTAL (days)	42	35	25	22

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. UNFPA Evaluation Policy (2024)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024>
4. UNFPA Evaluation Handbook
[[LINK](#)]
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:
 - *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022*
 - *Formative evaluation of UNFPA support to adolescents and youth*
 - *etc.*

The evaluation reports are available at: <https://www.unfpa.org/evaluation>

The Republic of Serbia national strategies, policies and action plans

6. Program of the Government of the Republic of Serbia, derived from the Prime Minister's manifesto, and operationalized through the Action Plans for the Implementation of the Government Program 2020-2022, available at <https://rsjp.gov.rs/wp-content/uploads/APSPV-2020-2022.pdf>, and 2023-2026, available at <https://rsjp.gov.rs/wp-content/uploads/APSPV-2023-2026-1.pdf>
7. Economic Reform Programme 2019-2021, available at <https://www.mfin.gov.rs/dokumenti2/program-ekonomskih-reformi-erp>
8. The National Priorities for Development Assistance (NPDA) 2014-2017, with Projections to 2020, [http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20\(english\).pdf](http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20(english).pdf)
9. The National Programme for Maintaining and Improving the Sexual and Reproductive Health of Citizens of the Republic of Serbia, Available at (in Serbian): http://demo.paragraf.rs/demo/combined/Old/t/t2018_01/t01_0025.htm
10. Nation Youth Strategy for period 2015-2025, available at (in Serbian) <https://pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2015/22/1/reg> ,
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UNFPA Serbia CO programming documents

17. Government of Serbia/UNFPA 2nd Country Programme Document (2021-2025)
18. United Nations Common Country Analysis/Assessment (CCA)
19. Situation analysis for the Government of Serbia/UNFPA 2nd Country Programme (2021-2025)
20. CO annual work plans
21. Joint programme documents
22. Mid-term reviews of interventions/programmes in different thematic areas of the CP
23. Reports on core and non-core resources
24. CO resource mobilization strategy

UNFPA Serbia CO M&E documents

25. Government of Serbia/UNFPA 2nd Country Programme M&E Plan (2021-2025)
26. CO annual results plans and reports (SIS/MyResults)
27. CO quarterly monitoring reports (SIS/MyResults)
28. Previous evaluation of the Government of Serbia/UNFPA 1th Country Programme (2016-2020), available at:
<https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

29. Implementing partner annual work plans and quarterly progress reports
30. Implementing partner assessments
31. Audit reports and spot check reports
32. Meeting agendas and minutes of joint United Nations working groups
33. Donor reports of projects of the UNFPA Serbia CO
34. Evaluations conducted by other UN agencies

15. Annexes

A	Theory of change
B	Stakeholder map (will be provided to the contracted consultants)
C	Excel sheet on analysis of UNFPA interventions (will be provided to the contracted consultants)
D	Tentative evaluation work plan

Annex A:

Theory of change

Overview

UNFPA Serbia developed this theory change following the guidance of the new United Nations Sustainable Development Framework (Cooperation Framework) development. UNFPA and implementing partners decided to go for option B of the country programme development proposed in the Cooperation Framework document.

“Option B: UN development system entities develop an entity-specific country development programme document with Cooperation Framework outcomes copied verbatim.”

The new UNFPA CO Serbia Country programme will directly contribute to the three out of nine Cooperation Framework outcomes.

1. UNSDCF Outcome 2.1: Improved universal health, inclusive social and protection services
2. UNSDCF Outcome 2.2: Quality and inclusive education/skills and capabilities
3. UNSDCF Outcome 2.3: Mobility and Demographic Transition become vectors for positive change

CPD follows the UNFPA strategic goal to “achieve universal access to sexual and reproductive health, realise reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development (ICPD) agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality”.

The country programme contributes to the achievement of following UNFPA Strategic plan 2018-2021 outcomes;

1. Every woman, adolescent and youth everywhere, especially those left further behind, has utilised integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.
2. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts
3. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

and to the interconnected outcomes of the UNFPA Strategic Plan 2022-2025:

1. By 2025, the reduction in the unmet need for family planning has accelerated.
2. By 2025, the reduction of preventable maternal deaths has accelerated;
3. By 2025, the reduction in gender-based violence and harmful practices has accelerated

In its efforts to achieve the outcomes mentioned above, UNFPA will apply four principles.

1. Promoting and protecting human rights
2. Prioritising leaving no one behind.
3. Accountability, transparency and efficiency
4. Gender mainstreaming

This Country Programme is a stepping stone towards the transformational results “3 zeros” and accelerating the achievement of the nationalised SDGs by 2030 with a main focus on the rights and needs of those left behind – youth (15 -30 years old, according to national definition), poor urban and rural women, women with disabilities, LGBTI and key populations, people living with HIV, Roma, and older people (over 65 years old). The Country Programme is built on the successes and lessons learned from the first country programme (2016-2020)

The Country Programme ensures integration of the national commitments to the ICPD agenda made in Nairobi. The prioritised commitments include (1) zero preventable maternal mortality by 2030; (2) reduced unmet need for family planning; (3) improved provision of SRH services for vulnerable population; (4) improved access for young people to comprehensive and age-appropriate sexuality education and youth-friendly services; (5) improved coordination of multisectoral approach to implement the Law on prevention of domestic violence; (6) increased active civic participation of young people and ensured equal role of men and women in parenting.

The proposed programme envisions that by 2030 all vulnerable women and young people in Serbia are empowered to make a free reproductive choice and live a life free of violence to fulfil their goals including quality education and decent employment. The CPD is directly linked with the three UNSDCF outcomes mentioned before.

UNFPA will invest its resources in the enabling conditions necessary to achieve the outcomes. These enabling conditions constitute the country programme outputs, which reflect the interventions that UNFPA intends to implement.

To support these interventions, UNFPA, in the country will apply the following modes of engagement:

- (a) advocacy and policy dialogue;
- (b) capacity development for enabling environment
- (c) partnership and coordination
- (d) knowledge management

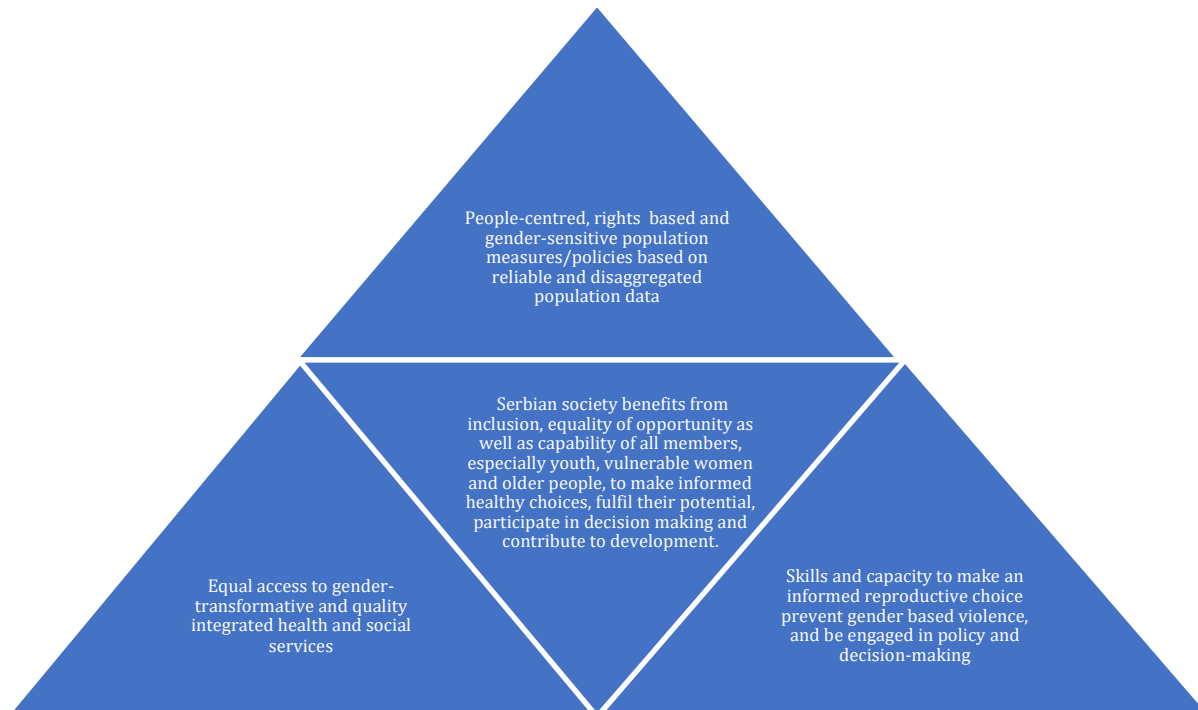
I. Overall change model

Serbia faces demographically unfavourable trends, such as high outmigration of reproductive age people and low fertility, leading to rapid ageing that impacts social, economic and sustainable development of the country. The challenges have been recognised by the Government, and a call for action was placed to address them.

The UNFPA 2nd country programme will support a transformational change in the lives of youth, women and girls by ensuring that gender equality, principles of human rights and disaggregated population data and analysis are centrally positioned and used in policy development and implementation at all levels; and that vulnerable women and youth have equal access to high quality sexual and reproductive health services, as well as enabled to exercise their informed reproductive choice, prevent gender based violence, fulfil their potential and contribute to overall development.

Serbian society benefits from inclusion, equality of opportunity as well as capability of all members, especially youth, vulnerable women and older people, to make informed healthy choices, fulfil their potential, participate in decision making and contribute to development.

Figure 1. Overall change model in brief



II. CPD Output 1 change model

UNSDCF Strategic Area 2: Well-being, social equity and the Human potential are at the heart of systems, policies and practices. *Everyone has equal opportunities, throughout their life, to achieve their full potential*

UNSDCF Outcome 2.1: Improved universal health, inclusive social and protection services

CPD Output 1: Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with focus on youth and vulnerable women including in humanitarian situations.

The output will support the Government to deliver on the national Nairobi commitments focused on reducing unmet need for family planning, preventing maternal deaths, and ensuring access to SRH services for vulnerable population and youth-friendly health services.

To achieve this output the following causal determinants should be addressed:

1. adequate public resource allocation for contraceptives that are provided free of charge to the vulnerable populations;
2. availability of data on integrated sexual and reproductive health services received by vulnerable women and youth
3. strengthened capacity of primary health care institutions to implement the National Programme on Sexual and Reproductive Health
4. improved quality of integrated sexual and reproductive health services
5. strengthened health-seeking behaviours among vulnerable women and young people, including for HIV prevention among the young key populations.

UNFPA will focus on addressing all causal factors in partnerships with other partners such as WHO (factors related to quality of the health care), UNICEF (related to adolescents and youth) and UNDP and UNWOMEN related to gender based violence. All four UN organization work on Joint Project *Integrative response to violence against women and girls*, while UNFPA has advantage of being the leader in supporting the health sector to prevent and respond to GBV.

UNFPA will lead in advocating for and providing technical support for (1) the adequate resource allocation for SRH commodities and services to be provided for free to the vulnerable populations; (2) improving monitoring and health data to ensure that vulnerable women and young people receive SRH services, (3,4) building institutional capacity of the Ministry of Health to improve sectoral policies, and clinical guidance for service providers to deliver gender-transformative and youth-friendly services and rights-based FP, and GBV response, and (5) supporting vulnerable communities in strengthening health-seeking behaviours.

The following UNFPA programme interventions will contribute to addressing the causal determinants and achieving the output.

1. develop costed investment cases for family planning and youth-friendly services;
2. conduct evidence-based advocacy for free access to integrated sexual and reproductive health services and commodities for vulnerable women and youth through national health insurance;
3. scale up engagement of civil society organizations advocacy platforms;
4. advocate for and support inclusion of indicators measuring utilization of integrated sexual and reproductive health services by vulnerable women and youth, including young key populations in the health information system;
5. introduce online training on rights-based Family Planning and Minimum Initial Service Package in continuous education of health providers and continue with trainings on GBV response ;
6. support the government to evaluate health policies implementation using human rights-based approach;
7. support revision of methodology to assess quality of services and engage vulnerable people and youth in assessing quality of integrated sexual and reproductive health services in collaboration with the public health institutes ;
8. support development and adoption of clinical guidelines on gender-transformative and youth-friendly sexual and reproductive health services, adoption of guidelines on integrated health services for most at risk adolescents and protocols on rights-based family planning;
9. mobilize civil society organizations in increasing health-seeking behaviour among venerable women and young people, including for HIV prevention among the young key populations;
10. support health sector response to gender-based violence and advocacy for multisectorailly coordinated approach to it.

Partnership: UNFPA will implement the programme interventions in a multisectoral manner, including Government, UN and other partners on both national and sub-national levels. Government partners will include the Ministry of Health, Institute of Public Health of Serbia and Network of Districts Institutes of Public Health, Parliament, Medical Faculties, academia, UN organisations: World Health Organization, United Nations Children’s Fund, UNWomen, UNDP, Civil Society, National Roma Council, media, private sector.

Assumptions:

The Government remains committed to the Nairobi Commitments and achieving the SDGs.

Domestic Financing of the health sector is stable.

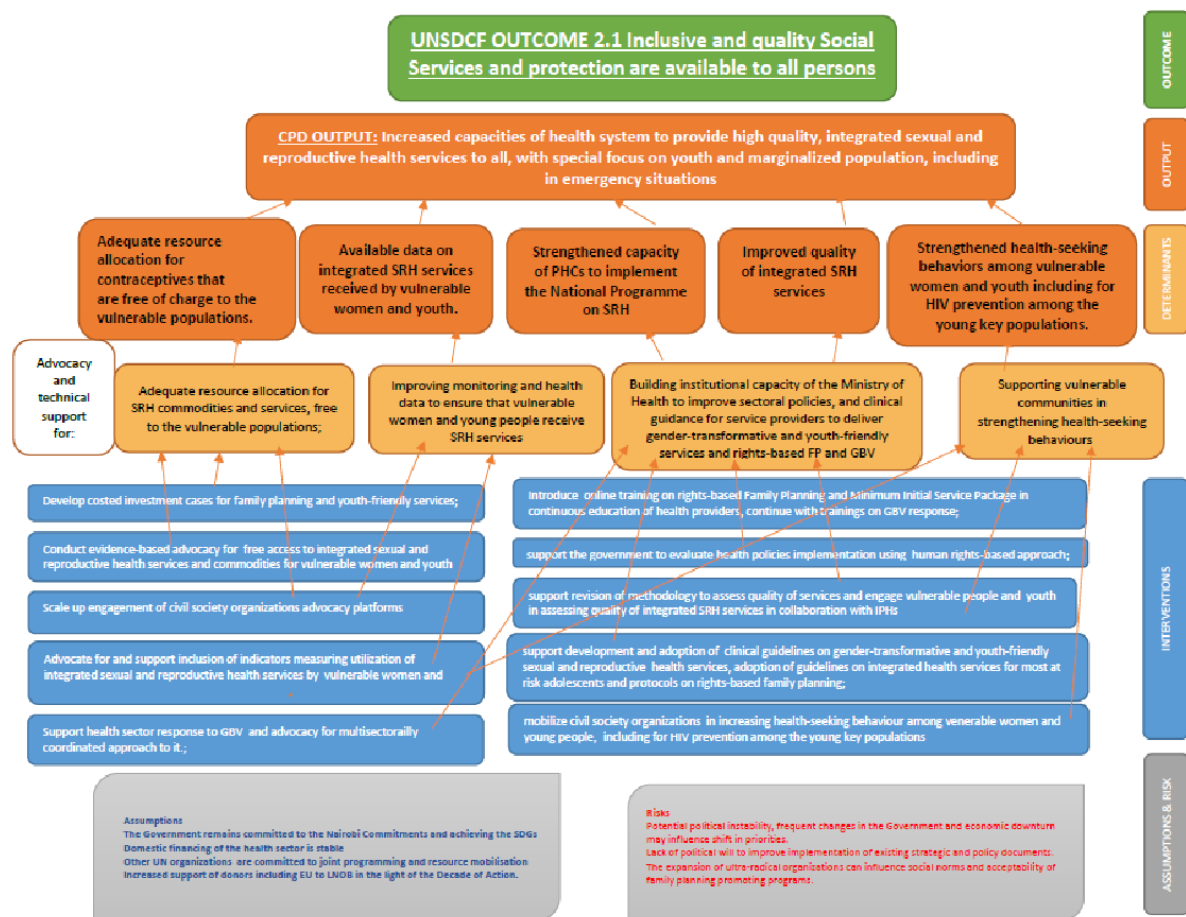
Other UN organizations are committed to joint programming and resource mobilization.

Increased support of donors including the EU to LNOB in the light of the Decade of Action.

Risks and Mitigation measures: Potential political instability, frequent changes in the Government and economic downturn may influence shift in priorities. Lack of political will to improve implementation of existing strategic and policy documents can endanger operationalization of the Country programme. The expansion of ultra-radical organizations can influence social norms and acceptability of family planning promoting programs.

To mitigate the risks, UNFPA will employ a two-fold advocacy strategy of providing and engaging the relevant government authorities with evidence-based advocacy and at the same time raising demand and support at a local level through engagement of local public authorities, community influencers, and civil society.

Figure 2: Output 1 change model in brief



III. CPD Output 2 change model

To address the identified challenges faced by young people, the UNFPA country programme will contribute to the UNSDCF Strategic Area 2: Well-being, social equity and the Human potential are at the heart of systems, policies and practices. Everyone has equal opportunities, throughout their life, to achieve their full potential

UNSDCF Outcome 2.2: Quality and inclusive education/skills and capabilities

CPD Output 2: *Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making*

The output will support implementation of the following Nairobi commitments: (1) improve access for adolescents and youth to comprehensive and age-appropriate information, education, including peer education and youth-friendly services, (2) improve active participation of young women and men in the society by creating conditions for capacity building and synergy in the work of Youth policy subjects and inclusion of a large number of youth organisations

To achieve this output the following causal determinants should be addressed:

1. Increased political support for life-skills education and youth engagement;
2. Strengthened capacity of the general and vocational education to deliver life skills training;

3. Increased demand for life-skills education among youth, including young key populations;
4. Strengthened youth volunteerism and engagement;
5. Increased availability of disaggregated data on youth engagement, youth sexual and reproductive health, including data on HIV/STI and GBV at central and municipal levels.

UNFPA will contribute to all these five determinants to achieve the output by implementing the following programme interventions:

- 2.1 Establishing an advocacy platform to promote life-skills, gender equality and engagement of youth in communities
- 2.2 integration of gender equality and life-skills curriculum in continuous education of school teachers and vocational educators,
- 2.3 Piloting innovative approaches to provide access to comprehensive sexuality education (CSE) to all, especially for young key populations and other most vulnerable and marginalized youth
- 2.4 Scaling up peer education and youth volunteerism,
- 2.5 Scaling up initiative “boys on the move”
- 2.6 Engaging influencers in awareness-raising campaigns;
- 2.7 Educating parents and communities about CSE;
- 2.8 Scaling up youth initiatives aiming at gender stereotypes among young men (15-30);
- 2.9 Strengthening intergenerational knowledge exchange and learning,
- 2.10 Introducing Youth Score Card to collect data on youth engagement, SRH and GBV in municipalities and Youth Gap Index at the national level

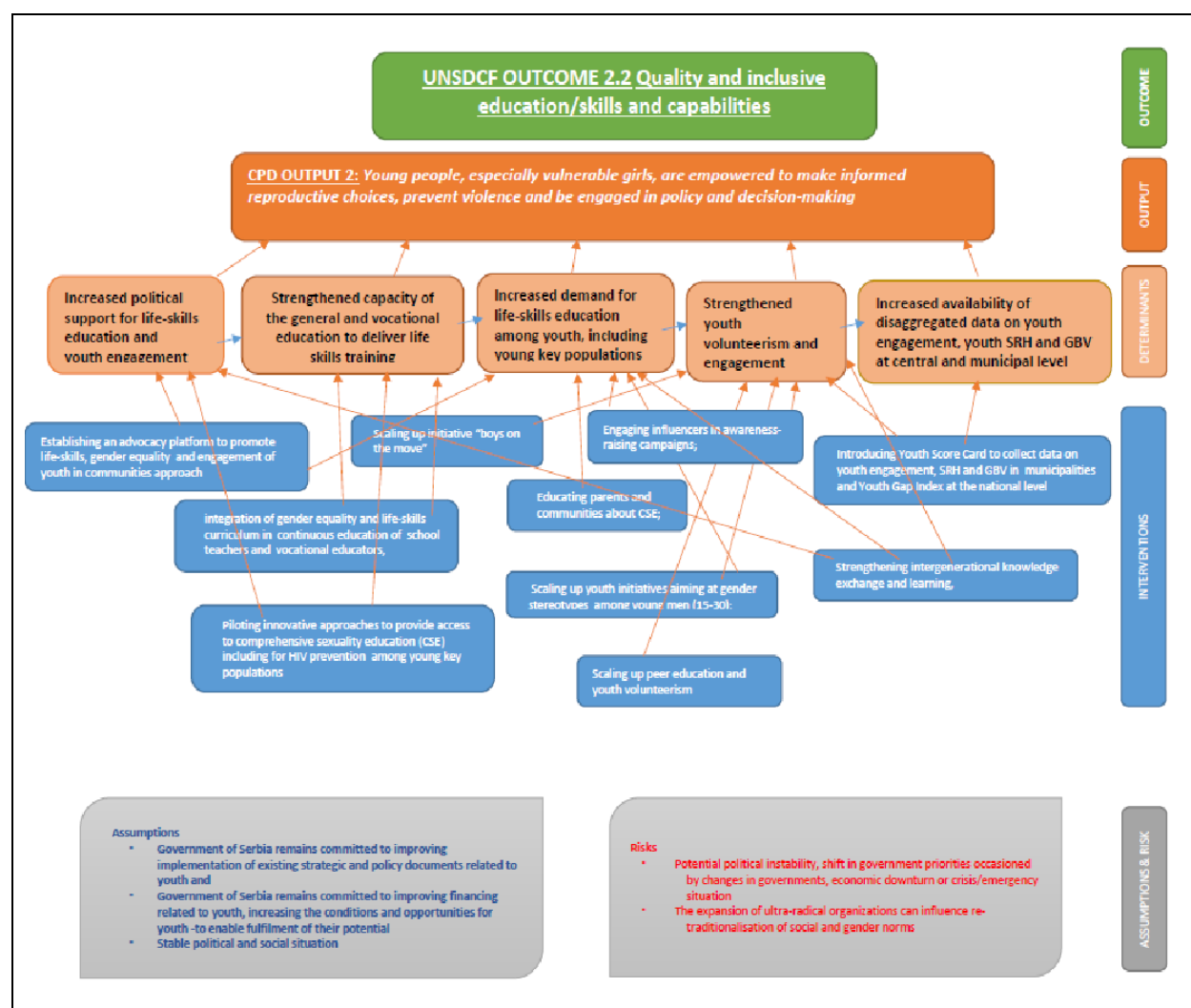
Partnership: UNFPA will implement the programme interventions in a multisectoral manner together with national partners, CSOs and local governments. Government partners include the Ministry of Youth and Sports and Ministry of Education, Cabinet of Minister without portfolio responsible for demography and population policy, Ministry of Health and Local self-governments. Other partners include local Youth offices, as well as the civil society, media and private sector.

In addressing causal determinants, UNFPA will cooperate with other UN agencies who are investing in adolescent and youth development, WHO (factors related to CSE, health behaviour), UNICEF (related to education, life skills, gender transformative programmes) and UNDP and UN Women related to youth participation volunteerism, and gender equality promotion and GBV prevention..

Risks and Mitigation measures: Potential political instability, shift in government priorities occasioned by changes in governments, economic downturn or crisis/emergency situation may influence shift in priorities. The expansion of ultra-radical organizations can influence re-traditionalisation of social and gender norms

To address the risks UNFPA will develop an advocacy strategy for the second Country Programme. UNFPA will strengthen its work at municipal level and leverage partnerships with CSOs as well as maintain intensive information exchange and professional relations with the Governmental actors and other partners.

Figure 3. Output 2 change model in brief



IV. CPD Output 3 change model

UNSDCF Strategic Area 2: Well-being, social equity and the Human potential are at the heart of systems, policies and practices. Everyone has equal opportunities, throughout their life, to achieve their full potential

UNSDCF Outcome 2.3.: Mobility and demographic transition become vectors for positive change and prosperity for all people

CPD Output3: Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and depopulation through measures that are rights-based, evidence-based and gender sensitive.

The output will support achievement of the Nairobi commitment focused on family friendly policies and empowerment of women.

To achieve this output the following causal determinants should be addressed:

1. Strengthened national coordination mechanism on population issues;
2. Improved understanding among stakeholders of demographic changes implications on social, political and economic development of the country and value of human capital

3. Increased availability of reliable population data,
4. Increased availability of national and international technical expertise to translate data into the policy response to ageing, low fertility and migration,
5. Strengthened human rights based approach in policy development
6. Strengthened monitoring of population policies implementation in the framework of SDGs

UNFPA will implement the following interventions to address the causal determinants:

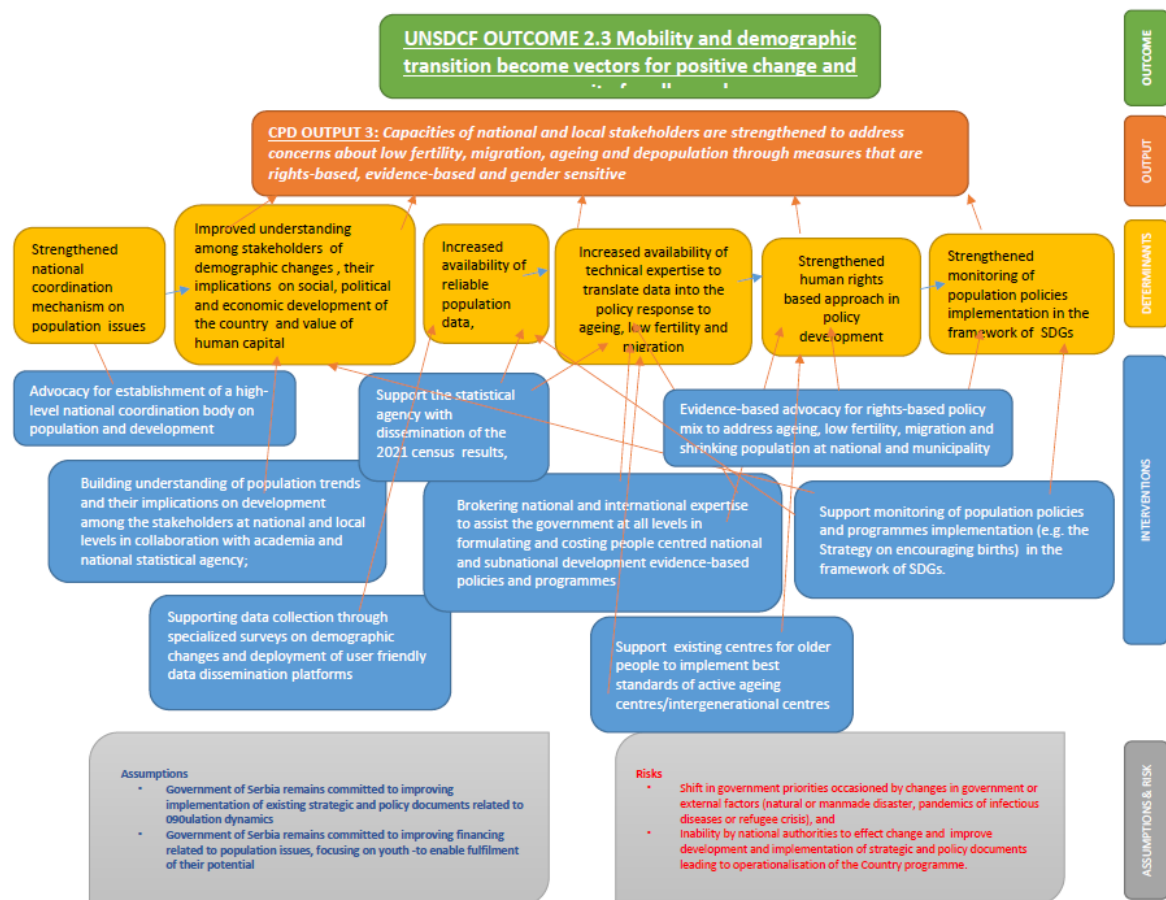
- 3.1. Advocacy for establishment of a high-level national coordination body on population and development
- 3.2 Building understanding of population trends and their implications on development among the stakeholders at national and local levels in collaboration with academia and national statistical agency;
- 3.3 Supporting data collection through specialized surveys on demographic changes and deployment of user friendly data dissemination platforms,
- 3.4 Support the statistical agency with dissemination of the 2021 census results,
- 3.5 Evidence-based advocacy for rights-based policy mix to address ageing, low fertility, migration and shrinking population at national and municipality sub-national level,
- 3.6 Brokering national and international expertise to assist the government at all levels in formulating and costing people centred national and subnational development policies and programmes (active ageing, migration management, gender-responsive family policies),
- 3.7 Support monitoring of population policies and programmes implementation (e.g. the Strategy on encouraging births) in the framework of SDGs.
- 3.8 Support existing centres for older people to implement best standards of active ageing centres/intergenerational centres

Partnership: UNFPA will implement the programme interventions in a multisectoral manner, including the Cabinet of Minister on demography and population policy, Parliament, Ministry of Labour, Employment, Veterans and Social Policy, Ministry of Youth and Sports, Statistical Office, Research institutions, National Roma Council, Academia, Standing Committee of Towns and Municipalities, local self-governments, Local Youth offices, UN Agencies, Red Cross of Serbia, mass media and private sector.

UNFPA will leverage increasing Governmental interest in population dynamics and partner with UNDP to support the Government with evidence based, right based and gender sensitive population policies. UNFPA will work in synergy with UNICEF, UN Women, WHO and ILO to collect reliable data on population issues, and to build capacities of stakeholders at all levels to understand population dynamics.

Risks and Mitigation measures: Shift in government priorities occasioned by changes in government or external factors (natural or manmade disaster, pandemics of infectious diseases or refugee crisis), and inability by national authorities to effect change and improve development and implementation of strategic and policy documents leading to operationalisation of the Country programme. To address this risk the UNFPA will play a proactive role in joint UN advocacy strategy and advocate to promote data transparency and evidence about population trends and their effects at high government level. UNFPA will strengthen its work at municipal level and leverage partnerships with local self-governments and CSOs, while maintaining intensive information exchange with the Governmental actors and other partners.

Figure 4. Output 3 change model in brief



Annex D: Tentative time frame and workplan

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