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United Nations Population Fund

Country programme document for The Republic of North Macedonia

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| Proposed indicative UNFPA assistance: | \$7.4 million: \$3.1 million from regular resources and \$4.3 million through co-financing modalities or other resources |
| Programme period: | Five years (2026-2030) |
| Cycle of assistance: | Third |
| Category: | Tier III |
| Alignment with the UNSDCF Cycle | United Nations Sustainable Development Cooperation Framework, 2026–2030 |

I. Programme rationale

1. The Republic of North Macedonia is an upper-middle-income country undergoing significant demographic changes, with a shrinking and aging population due to fertility decline rates and outward migration. The country has made notable geopolitical advances, including membership in the North Atlantic Treaty Organization (NATO) in 2020 and the launch of European Union accession negotiations, facilitated by the Growth Plan of the European Union for the Western Balkans. Domestically, the National Development Strategy, 2024–2044, prioritizes inclusive development, human capital investment, and demographic revitalization. These priorities offer a strong foundation for UNFPA to support evidence-based policymaking, sexual reproductive health (SRH) and reproductive rights, and gender equality, in alignment with the International Conference on Population and Development (ICPD) Programme of Action and the Sustainable Development Goals (SDGs).
2. In 2023, gross domestic product (GDP) per capita stood at \$8,624, with a growth rate that declined to 1 per cent. The poverty rate decreased to 21.8 per cent. The GINI coefficient was 0.30. The unemployment rate fell to 13 per cent, while the average inactivity rate remained high at 47 per cent – 60.9 per cent among women.
3. Between 2002 and 2021 censuses, the population decreased by 9.1 per cent due to emigration and declining fertility (from 2.1 in 1994 to 1.5 in 2023). Population projections (2024) suggest a decline of 23.5 per cent by 2044, including a 31.1 per cent drop in the working-age population. The number of young people decreased by 32 per cent, while that of people aged 60 years and older increased by 45 per cent. Migration to urban areas, driven by better quality of life, impacts economic and human capital development and may threaten women's rights. In response, the Government established a dedicated ministry and prioritized demography in the National Development Strategy. Family planning efforts aim to bridge the gap between desired and actual fertility.
4. North Macedonia has progressed in implementing the ICPD Programme of Action, adopting the National Nairobi Commitments in 2019 and the Generation Equality Forum commitments in 2021. The country ratified the Istanbul Convention in 2017 and has engaged with other international human rights mechanisms. In 2024, it became a member of the United Nations Human Rights Council and completed the fourth universal periodic review.
5. Health expenditures account for 8 per cent of GDP, and legislation guarantees free health protection and care for all. However, universal health coverage remains unmet due to barriers such as limited accessibility, inadequate capacity, unclear referral systems, low public awareness, high out-of-pocket costs, inconsistent care quality, and the rural-urban divide. Corruption and mistrust in public institutions often push women to private healthcare, worsening poverty and inequality.
6. Maternal mortality is underreported, with data available only for 2020 (5.1 per 100,000 live births) and 2021 (10.7 per 100,000 live births). According to the common country analysis (CCA), only 2.3 per cent of women of reproductive age used family planning services. The modern contraceptive prevalence rate was 14 per cent in 2018, with a 10.3 per cent unmet need – higher among Roma. While official statistics indicate a declining abortion rate, it remains relatively high compared to some countries.
7. Cervical cancer is the fifth most common cancer among women and third among women of reproductive age. The European Union Country Report 2024 highlights insufficient screening rates and calls for quality improvements. Although the nine-valent HPV vaccine is free, it has the lowest uptake.
8. The 2022 human development index was 0.765, ranking North Macedonia 83rd globally – the lowest in the Western Balkans. Youth disparities persist, although the proportion of young people not in education, employment, or training fell to 24.2 per cent in 2021.
9. Gender-based violence (GBV), including technology-facilitated forms, is widespread and underreported, despite systemic changes. In 2018, 54 per cent of women reporting experiencing violence after the age of 15 years. Key causes include unequal gender power relations, patriarchal

norms, impunity, weak law enforcement, lack of funding, and limited services, especially for vulnerable groups. While the legal marriage age is 18, 8 per cent of women aged 20-24 years were married before 18, rising to 45 per cent among Roma women.

10. Women's labour force participation remains low, with an employment rate of 42.6 per cent in 2023. The gender equality index rose from 62 in 2019 to 64.5 in 2022. The CCA shows that women's underrepresentation in the labour market is driven by gender stereotypes, work attitudes, cultural norms around childcare and domestic work, and limited family planning and social support services. Older women are twice as likely to live alone than men.

11. North Macedonia ranks in the fourth quintile of the global statistical performance index but continues to face challenges to data quality and disaggregation. SRH and GBV data rely on externally funded, expensive surveys. While 5.5 per cent of the population has a disability, there is limited data disaggregated by age, gender and place of residence.

12. Preparedness for emergencies and the integration of climate change and health considerations into national policies remain incomplete.

13. The country programme is informed by the evaluation of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025, and relevant project evaluations, including "Youth for Inclusion, Equality and Trust" and "From Knowledge and Engagement to Empowerment and Participation." Key achievements include: (a) integrating mobile gynaecological services into the national health system and budget; (b) improving GBV response through SOS helplines and multi-sectoral response; (c) using census data and 2023 population projections to inform national strategies; (d) strengthening service provider capacities for SRH and GBV for persons with disabilities; and (e) adopting the National Youth Strategy, 2023-2027.

14. The United Nations country team recognizes the leading role of UNFPA in demography, data, SRH and reproductive rights, GBV and youth.

II. Programme priorities and partnerships

15. Guided by the National Development Strategy, 2024-2044, the UNSDCF 2026-2030, the UNFPA Strategic Plan, 2022-2025, the ICPD Programme of Action, the Pact for the Future and the European Union Growth Plan, the new country programme will accelerate progress in addressing underlying structural and systemic causes of GBV, preventable maternal deaths, and unmet need for family planning, in light of the country's demographic shifts. The programme was developed through a participatory process of consultations with the Government and its bodies, the Parliament, civil society organizations and independent experts, United Nations organizations and other development partners, and beneficiaries, including representatives of those left furthest behind. Dedicated consultations were also held with persons with disabilities.

16. The vision of the new country programme is to build a demographically resilient and socially inclusive society that enables everyone to reach their full potential, by closing inequality gaps and empowering all individuals through a human capital lens.

17. The programme theme is "Harnessing demographic potential through life cycle investments and accelerating gender equality and inclusion." Tailored interventions for different age groups (up to ages 19, 20-49, and 50 and above) will promote healthy outcomes across the life cycle. The programme will contribute to the Strategic Plan transformative results by reducing GBV and child marriage; advancing the integration of SRH and reproductive rights into universal health coverage – especially in the areas of maternal health and reproductive cancers; and building demographic resilience through human capital development and gender-responsive family policies.

18. Target populations include women, youth, older persons, residents of rural areas, Roma, GBV survivors and persons with disabilities, with full recognition of intersectional discrimination and vulnerability. The programme will apply human-rights-based and gender-transformative approaches, data-driven policy development, and leverage digitalization and artificial intelligence (AI) to ensure no one is left behind. Cross-cutting efforts will address gender and social norms, intergenerational support, emergency preparedness, climate change and mitigation, SRH and reproductive rights and GBV risks, and the use of innovative solutions.

19. The programme responds to the priorities set out in national strategies on health, youth, demography, disability inclusion, gender equality and GBV.

20. It is directly aligned to the UNSDCF, 2026-2030, contributing to the following priority areas: (a) inclusive social and human development; (b) sustainable economy and decent work; (c) resilient and green society and ecosystems; and (d) the rule of law and good governance. The programme will integrate the relevant commitments of the universal periodic review, the Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of all Forms of Discrimination against Women, the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention) and other human rights instruments, as well as the European Union Commission Progress Report. It supports national efforts to achieve the ICPD Programme of Action, including commitments of the Generation Equality Forum (2021) and the Nairobi Summit (2019). The programme will also support reporting on regional and global progress reviews, such as the ICPD Programme of Action and the Madrid International Plan of Action on Ageing (MIPAA). An integrated, multidimensional approach will drive progress in the Decade of Action toward achieving the SDGs, primarily SDGs 3 and 5, and additionally 8, 10, 13, 16 and 17.

21. UNFPA will foster partnerships with all three branches of government, while also pursuing regional and global collaborations. Under the UNSDCF, UNFPA will lead advocacy and resource mobilization efforts related to its mandate. It will explore partnerships with the private sector and other non-traditional actors, while maximizing funding opportunities from national sources and the European Union Growth Plan. UNFPA will partner with United Nations entities for an integrated approach – for example, with the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the International Organization for Migration (IOM) on women’s economic empowerment; with the World Health Organization (WHO) on SRH and universal health coverage; with UNICEF and IOM on child marriages and child trafficking; with IOM, WHO and UNICEF on demographic resilience; and with UN-Women on GBV.

22. The programme will prioritize upstream work, with possible selected strategic downstream interventions to provide proof of concepts and/or test models for scale-up.

A. Output 1. The health sector has improved capacities, policies and optimized structures for the delivery of inclusive, high-quality and gender-responsive services, and for the promotion of healthy behaviours.

23. This output supports the three transformative results of the Strategic Plan and UNSDCF outcome 1: By 2030, all people in North Macedonia, particularly groups in vulnerable situations, women and girls, benefit from equitable, accessible, and high-quality health and education services, and preventative and responsive social protection and protection services. The output will support national partners in improving universal access to SRH and reproductive rights and high quality of care through strengthened policies, primary healthcare systems, SRH data, and services – particularly for vulnerable populations and during emergencies. It will leverage data and digitalization to introduce innovative approaches to access, monitoring and decision-making. The programme will promote healthy lifestyles and bodily autonomy for adolescents, and support women’s health across the life cycle, including maternal health, cancer prevention, and menopause care.

24. The output will be achieved with targeted interventions addressing root causes, through technical assistance, advocacy, policy dialogue and capacity development, to: (a) strengthen healthcare policies, monitoring frameworks and data systems to ensure the inclusion of a high-quality comprehensive package of SRH services for all, as part of universal healthcare and within the health insurance benefits package; (b) enhance primary healthcare capacities to ensure regulated referrals, high-quality care, and coverage of services, including family planning to support desired fertility, safe maternal health, prevention and early detection of cancers of the reproductive system, menopause care and safe abortion – both in regular routine and emergency settings – with particular attention to vulnerable women and girls; (c) increase the use of data, AI and digitalization to advance health promotion, morbidity and mortality monitoring, and enable

evidence-based decision-making in SRH and reproductive rights; (d) raise public awareness of preventable deaths, diseases and conditions related to SRH and reproductive rights, in partnership with health authorities, academia, civil society organizations (CSOs) and the private sector; (e) strengthen the capacity of healthcare providers to deliver high-quality SRH care across the life cycle, in both routine and emergency settings, through pre- and in-service training; and (f) promote healthy lifestyles and bodily autonomy among adolescents and youth through accessible reproductive and sexuality education – both in and out of school – and by encouraging uptake of the human papillomavirus (HPV) vaccination, in joint efforts with health professionals, schools, students and parents.

B. Output 2. National and subnational institutions, civil society and other relevant stakeholders have improved capacities, resources and frameworks to deliver and create demand for effective multisectoral gender-based violence prevention, protection and response services and initiatives.

25. This output supports the three transformative results of the Strategic Plan and UNSDCF outcome 1: By 2030, all people in North Macedonia, particularly vulnerable groups, women and girls, benefit from equitable, accessible and high-quality health and education services, and preventative and responsive social protection and protection services. The output will support the Government to strengthen policies and frameworks for accessible, inclusive GBV prevention and response, including technology-facilitated GBV. It will advocate with the Government for sustainable capacity development for comprehensive GBV services, including those by CSOs, and enhance communications on GBV and gender norms. Innovative approaches will engage men and boys and reach populations in vulnerable situations to ensure universal access and standardized services in all settings. The programme will also address child marriage and through tailored outreach to communities with higher prevalence, such as Roma communities.

26. The output will be achieved through interventions that address root causes, using technical assistance, advocacy, policy dialogue and capacity development to: (a) improve policy and monitoring mechanisms to ensure sustainable, accessible and survivor-centred multisectoral prevention and protection systems for GBV survivors at all levels, in collaboration with governmental and non-governmental partners; (b) strengthen the capacities of government and CSOs to provide effective, efficient survivor-centred, multisectoral responses of all parties involved, with a focus on sustainability and inclusiveness; (c) strengthen the capacities of public institutions for strategic communications on GBV; (d) create and disseminate best practices for reaching those furthest behind, utilizing and adapting existing technology and AI; (e) engage men and boys as active promoters of gender equality and women’s empowerment, using them as positive role models and increasing their visibility through leading by example (“walking the talk”); (f) increase public awareness and improve reporting mechanisms for GBV and domestic violence; and (g) strengthen institutions and communities to prevent and respond to child marriage, with tailored outreach to high-prevalence communities, including Roma communities.

C. Output 3. Public institutions, the private sector and civil society are enabled to support and promote women’s participation in all aspects of economic life, in rural and urban areas.

27. This output supports the three transformative results of the Strategic Plan and aligns with UNSDCF outcome 2: By 2030, all people in North Macedonia, particularly vulnerable groups, women and girls, benefit from a sustainable economy and decent work opportunities. The output will support the Government in designing and implementing gender-responsive family policies (GRFP) to increase women’s labour market participation and address demographic shifts. It will strengthen the capacities of ministries, trade unions, employers and the private sector on GRFP implementation, and empower inactive women and older persons to access upskilling programmes through awareness-raising and by tackling gender norms. The output will be achieved through interventions that address root causes via technical assistance, advocacy, policy dialogue and capacity development for: (a) updated policies, laws, programmes and monitoring frameworks to support effective and inclusive GRFP aimed at increasing participation of women

of all ages and advancing their careers; (b) enhanced capacities of ministries, trade unions, employer organizations, and the Labour Inspectorate to implement GRFP; (c) strengthened vocational and educational training (VET) institutions to adapt curricula and develop new programmes targeting inactive women and older persons, including incentive mechanisms such as additional benefits for transport and family care to encourage participation; (d) increased private sector awareness and capacity to implement and benefit from GRFP, including exchange of best practices; and (e) empowered inactive women and older persons to access strengthened upskilling and reskilling programmes and GRFP opportunities in the labour market, enabling them to fulfil their potential by tackling gender norms and raising awareness.

D. Output 4. Enhanced institutional capacities, data systems and decision-making mechanisms are available through inclusive, evidence-based and human rights-based approaches that consider population development needs, social cohesion, emergencies, demographic change and other megatrends, such as ageing, digitalization and climate change.

28. This output supports the three transformative results of the Strategic Plan and UNSDCF outcome 1: By 2030, all people in North Macedonia, particularly vulnerable groups, , women and girls, benefit from equitable, accessible, and high-quality health and education services, and preventative and responsive social protection and protection services; outcome 3: By 2030, all people, particularly vulnerable groups, and ecosystems in North Macedonia benefit from climate action, humanitarian and disaster risks reduction, and a healthy, clean, and sustainable environment; and outcome 4: By 2030, all people in North Macedonia, particularly vulnerable groups, benefit from and contribute towards effective, accountable and inclusive governance and rule of law across all levels. The output will support implementation of the National Development Strategy and tailor interventions for demographic shifts. It will help national partners improve data systems, analyse the 2021 census, and integrate evidence-based innovations and digitalization into services, with a focus on human rights.

29. The output will be achieved with interventions that address root causes, through technical assistance, advocacy, policy dialogue and capacity development, focused on: (a) strengthening the capacity of public institutions to generate high-quality disaggregated data, including on maternal mortality data/registers/systems, effects of climate change on women, older persons and youth, while strengthening policies grounded in demographic projections and sustainable implementation; (b) introducing policies that stimulate and regulate the use of remittances from the diaspora to fund public services; (c) enhancing the ability of public institutions to implement policies and services in response to emergencies, demographic changes and megatrends such as aging, digitalization and climate change; (d) promoting positive narratives around healthy and active ageing by aligning with MIPAA priorities, fighting ageism and violence against older persons, including technology-facilitated GBV, and addressing menopause and reproductive cancers; (e) creating effective institutional mechanisms to engage young people in planning and decision-making, particularly in areas such as violence prevention and climate action; (f) empowering adolescents and youth through comprehensive and accessible education on sexual and reproductive health, civic participation, violence and hate speech prevention, and peacebuilding; (g) promoting extracurricular activities and shared spaces to foster interaction among adolescents and youth, emphasizing inclusivity and accessibility of activities for all; (h) ensuring that national policies and budgets include actions for the implementation of the nationally determined contributions.

III. Programme and risk management

30. The new country programme will be implemented in partnership with the Government, relevant ministries and bodies, the State Statistical Office, regional and local authorities, academia, CSOs, religious leaders and the private sector. The programme will promote positive social norms and ensure rights-based and culturally sensitive programming.

31. The programme will be delivered by a core team of staff and experts, focusing on upstream support to the Government and national partners. It will strengthen leadership in SRH and

reproductive rights, GBV, communications, and resource mobilization, while enhancing skills in migration, AI, climate change, digitalization, labour and monitoring and evaluation. Accessibility for people with disabilities will be prioritized. The programme will draw on regional and international expertise through Western Balkan cluster cooperation, as well as country-to-country and triangular partnerships. Collaboration with CSOs will ensure outreach and expand partnerships to respond to evolving government priorities.

32. UNFPA will continue to implement the harmonized approach to cash transfers, following risk and capacity assessments of implementing partners, and leveraging inter-agency cooperation to mitigate risks and achieve cost efficiencies. National execution will be the preferred implementation modality.

33. UNFPA will strengthen existing partnerships and engage new ones, including with the private sector, academia, foundations and faith-based organizations. Efforts will focus on diversifying funding sources, increasing government financing, and advocating for support under the European Union Reform Agenda. The programme will also promote private sector involvement and local government contributions. UNFPA will work with United Nations organizations and development partners to strengthen advocacy for sustainable funding commitments from governments and donors.

34. Several programme risks have been identified, including insufficient or unpredictable funding; shifts in government priorities or leadership; cultural norms and social stigmas that hinder programme implementation; unreliable demographic and health data; weakened accountability frameworks; limited interest in family-friendly policies; growing resistance to gender equality programming in some sectors; and misalignment with national priorities or poor coordination with local stakeholders. Contextual risks include early elections, frequent government changes, public health emergencies, reduced development assistance, and the increasing impact of climate change. Key mitigation strategies will include: creating community demand; referring to human rights mechanisms and national commitments; encouraging government funding; engaging technical-level government staff regularly; working with parliament and its bodies; improving the efficiency of existing dedicated programmes; strengthening partnerships with development partners and mobilizing support and resources; pursuing alternative financing and funding options; exploring and enhancing low-cost, innovative implementation of programme activities aimed at reaching vulnerable populations; and conducting regular monitoring and revision of the UNSDCF and country programme results matrices to reflect changes in national priorities.

35. UNFPA will monitor global developments related to shifts in official development assistance and sensitivities around the ICPD Programme of Action. It will support the Government and partners in assessing critical information related to public health emergencies and evaluating the capacities of health systems to manage potential health crises.

36. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

37. UNFPA, in partnership with the Ministry of Foreign Affairs, will manage and monitor the country programme in line with UNFPA policies, results-based management principles, and accountability frameworks. Monitoring mechanisms established with stakeholders will track progress and enable timely adjustments to improve the effectiveness and relevance of the programme.

38. UNFPA will actively engage in national United Nations coordination platforms, taking leadership and proactive roles within UNSDCF structures – such as the United Nations country team, the Programme Management Team, the results groups, the Communications Group, the Monitoring, Evaluation and Learning Group. UNFPA will lead and contribute to the development

of joint workplans, and mid-term and mid-year reviews and reporting. The country office will participate in the implementation of the United Nations business operations strategy and the harmonized approach to cash transfers, where relevant.

39. UNFPA will conduct annual review of the programme in collaboration with stakeholders, and support implementing partners in conducting regular field monitoring. Partner performance will be monitored and implementing arrangements periodically adjusted, as needed, to ensure programme efficiency and effectiveness.

40. The country programme milestones and results will be tracked using UNFPA reporting mechanisms and by incorporating country programme measures into UN-Info.

41. UNFPA will conduct an evaluation of the third programme cycle, 2026-2030, drawing on evidence from project-level evaluations. It will participate in the final evaluation of the UNSDCF, 2026-2030, to foster integration and alignment.

42. UNFPA will strengthen the capacity of institutions to produce disaggregated population data, collaborate with academia on data analysis and reporting, and ensure effective monitoring of SDG progress, focusing on those furthest behind. Data results and gaps will be shared through reporting mechanisms such as the universal periodic review, the United Nations treaty bodies, and the voluntary national review. UNFPA will support the Government in establishing systems to monitor progress on key commitments.

RESULTS AND RESOURCES FRAMEWORK FOR NORTH MACEDONIA (2026-2030)

| NATIONAL PRIORITY: <i>National Development Strategy (2024-2044): 5.3: Demographic revitalization and social and cultural development; 5.4: Rule of law and good governance.</i> | | | | |
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| UNSDCF OUTCOME: 1: By 2030, all people in North Macedonia, particularly vulnerable groups, women and girls, benefit from equitable, accessible, and high-quality health and education services, and preventative and responsive social protection and protection services. | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 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. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Modern contraceptive prevalence rate. (SDG indicators 5.6.1) <i>Baseline: 14% (2019); Target: 20% (2027)</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Maternal mortality ratio (per 100,000 live births) (SDG 3.1.1) <i>Baseline: 10.7 (2021); Target: 9 (2030)</i> | <u>Output 1.</u> The health sector has improved capacities, policies and optimized structures for the delivery of inclusive, high-quality and gender-responsive services, and for the promotion of healthy behaviours. | <ul style="list-style-type: none"> Proportion of universities with curricula for medical students and obstetrics/gynaecology specialists updated to incorporate SRH and reproductive rights and GBV among persons with disabilities and older persons <i>Baseline: 0 (2025); Target: 75% (2030)</i> Number of policies and monitoring frameworks for delivery of evidence-based high-quality SRH services developed <i>Baseline: 0 (2025); Target: 8 (2030)</i> Primary, secondary and vocational education and training (VET) school curricula updated to incorporate reproductive and sexuality education <i>Baseline: No (2025); Target: Yes (2030)</i> Number of national partners with strengthened capacity to contribute to interventions to expand SRH service access for vulnerable groups <i>Baseline: 0 (2025); Target: At least 5 (ministries, associations, CSOs, academia E-Health Directorate) (2030)</i> HPV immunization rates <i>Baseline: 54% (20245); Target: 70% (2030)</i> Proportion of universal periodic review fourth cycle recommendations on SRH translated into action <i>Baseline: 0 (2025); Target: 60% (2030)</i> | Ministries of: Health; Social Policy, Demography and Youth; Environment and Physical Planning; Digital Transformation; Economy and Labour; Education and Science; Foreign Affairs; State Statistical Office; E-health Directorate; universities for lifelong learning; Parliament; local self-government; academia; civil society organizations; employer associations; Human Rights Ombudsman Office; institutes of social work, medical professional associations; academia; the private sector. | \$2.1 million (\$1.1 million from regular resources and \$1.0 million from other resources) |
| NATIONAL PRIORITY: <i>National Development Strategy (2024-2044): 5.3: Demographic revitalization and social and cultural development; 5.4: Rule of law and good governance.</i> | | | | |
| UNSDCF OUTCOME: 1: By 2030, all people in North Macedonia, particularly vulnerable groups, women and girls, benefit from equitable, accessible, and high-quality health and education services, and preventative and responsive social protection and protection services. | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 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. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of ever-partnered women and | <u>Output 2.</u> National and subnational institutions, civil | <ul style="list-style-type: none"> Number of sectors with sustainable capacity development mechanisms in place for GBV, incorporating human rights-based curricula, the | Ministries of: Health; Social Policy, Demography and Youth; Environment and | \$1.8 million (\$0.5 million from regular |

| <p>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 age and place of occurrence (SDG 5.2.1) <i>Baseline: 18 (2018); Target: 10 (2030)</i></p> | <p>society, and other relevant stakeholders have improved capacities, resources and frameworks to deliver and create demand for effective multisectoral gender-based violence prevention, protection and response services and initiatives.</p> | <p>multisector response protocol, national trainers, and dedicated funding to deliver continuous education of professionals <i>Baseline: 5 (2024); Target: 8 (2030)</i></p> <ul style="list-style-type: none"> • Number of national partners with improved capacity to coordinate, sustain, and finance quality GBV services <i>Baseline: 0 (2025); Target: At least 10 (Ministries, government entities, CSOs) (2030)</i> • Monitoring Framework of the Ministry of Social Policy, Demography and Youth track implementation of the GBV strategy developed and utilized <i>Baseline: No (2025); Target: Yes (2030)</i> • Number of people reached through awareness-raising efforts on GBV and gender equality, initiated by national partners <i>Baseline: 0 (2025); Target: At least 500,000 people reached (2030)</i> | <p>Physical Planning; Digital Transformation; Economy and Labour; Education and Science; Foreign Affairs; State Statistical Office; E-health Directorate, universities for lifelong learning; Parliament; local self-government; academia; civil society organizations; employer associations; Human Rights Ombudsman Office; institutes of social work, medical professional associations; academia; the private sector.</p> | <p>resources and \$1.3 million from other resources)</p> |
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| <p>NATIONAL PRIORITY: <i>National Development Strategy (2024-2044), 5.1: Sustainable, innovative and competitive economy; 5.3: Demographic revitalization and social and cultural development; 5.4: Rule of law and good governance.</i></p> | | | | |
| <p>UNSDCF OUTCOME: 2: By 2030, all people in North Macedonia, particularly vulnerable groups, women and girls, benefit from a sustainable economy and decent work opportunities.</p> | | | | |
| <p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 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.</p> | | | | |
| <p>UNSDCF outcome indicators, baselines, targets</p> | <p>Country programme outputs</p> | <p>Output indicators, baselines and targets</p> | <p>Partner contributions</p> | <p>Indicative resources</p> |
| <p><u>UNSDCF outcome indicator(s)</u></p> <ul style="list-style-type: none"> • Employment rate: (a) 15-64 years and (b) 15-29 years. (SDG indicator 8.5.2) <i>Baseline: (a) Total: 57.8% (Female: 49.5%; Male 66%); (b) Total: 35.5% (Female: 30%; Male: 40.7%) (2024)</i> <i>Target: (a) Total: 64%; (Female: 57%; Male: 71%); (b) Total: 40% (Female: 36%; Male: 44%) (2030)</i> • Activity rate: (a) 15-64 years and (b) 15-29 years <i>Baseline: (a) Total: 66% (Female: 55.7%; Male: 76.2%); (b) Total: 46.3% (Female: 38.8%; Male: 53.5%) (2024)</i> <i>Target: (a) Total: 71%; (Female: 63.2%; Male: 78.7%); (b) Total: 51.2% (Female: 46.3%; Male: 56%) (2030)</i> | <p><u>Output 3.</u> Public institutions, private sector and civil society are enabled to support and promote women’s participation in all aspects of economic life in rural and urban areas.</p> | <ul style="list-style-type: none"> • Number of policies that are revised/developed to support implementation of gender-responsive family policies (GRFP) <i>Baseline: 0 (2025); Target: 3 (2030)</i> • Number of champion companies capacitated to apply family friendly policies <i>Baseline: 0 (2024); Target: 10 (2030)</i> • Number of newly developed or adapted curricula targeting inactive older persons and women in vocational education and training (VET) institutions offering upskilling and requalification programmes <i>Baseline: 0 (2025); Target: 2 (2030).</i> • Labour Inspectors are introduced with tools to track implementation of GRFP <i>Baseline: No (2025); Target: Yes (2030)</i> | <p>Ministries of: Health; Social Policy, Demography and Youth; Environment and Physical Planning; Digital Transformation; Economy and Labour; Education and Science; Foreign Affairs; State Statistical Office; E-health Directorate; Parliament; universities for lifelong learning; local self-government; academia; civil society organizations; employer associations; Human Rights Ombudsman Office; institutes of social work, medical professional associations; academia; the private sector.</p> | <p>\$1.0 million (\$0.5 million from regular resources and \$0.5 million from other resources)</p> |

| NATIONAL PRIORITY: <i>National Development Strategy (2024-2044)</i> , 5.3: Demographic revitalization and social and cultural development; 5.4: Rule of law and good governance; 5.5: Secure, safe and resilient society; 5.6: Green transformation. | | | | |
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| UNSDCF OUTCOME: 1: By 2030, all people in North Macedonia, particularly vulnerable groups, women and girls, benefit from equitable, accessible, and high-quality health and education services, and preventative and responsive social protection and protection services. 3: By 2030, all people, particularly vulnerable groups and ecosystems in North Macedonia benefit from climate action, humanitarian and disaster risks reduction, and a healthy, clean and sustainable environment. 4: By 2030, all people in North Macedonia, particularly vulnerable groups, benefit from and contribute towards effective, accountable and inclusive governance and rule of law across all levels. | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 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. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Number of intergroup dialogues promoting cross-cultural, interfaith or interethnic understanding <i>Baseline: 2 (2025); Target: 6 (2030)</i> National statistical performance indicator score (Proxy for SDG indicators 17.18.2 and 17.18.3) <i>Baseline: Total 85.3 (2023) (a) Data Use: 100; (b) Data services: 88; (c) Data products: 81; (d) Data Sources: 78; (e) Data infrastructure: 80; Target: Total 87 (2030); (a) Data Use: 100; (b) Data services: 89; (c) Data products: 84; (d) Data Sources: 80; (e) Data infrastructure: 82</i> Civil society participation index score (Proxy for SDG indicator 16.7.2) <i>Baseline: 0.66 (2023); Target: 0.68 (2030)</i> | <p><u>Output 4. Enhanced institutional capacities, data systems and decision-making mechanisms are available through inclusive, evidence-based and human rights-based approaches that consider population development needs, social cohesion, emergencies, demographic change and other megatrends, such as ageing, digitalization and climate change.</u></p> | <ul style="list-style-type: none"> Number of youths engaged through youth-led campaigns or initiatives focused on social cohesion <i>Baseline: 0 (2025); Target: At least 200,000 (please define) youth engaged/reached (2030)</i> Number of municipalities whose schools benefited from the developed manual for extracurricular activities on peacebuilding and conflict transformation <i>Baseline: 0 (2024); Target: 15 (2030)</i> National programme with funding for a strategy and action plan on demography developed <i>Baseline: No (2024); Target: Yes (2030)</i> Number of institutions with enhanced capacities, data systems, and decision-making mechanisms, in response to population development needs, social cohesion, demographic changes, and megatrends (ageing, digitalization and climate change) <i>Baseline: 2 (2025); Target: 8 (2030)</i> | <p>Ministries of: Health; Social Policy, Demography and Youth; Environment and Physical Planning; Digital Transformation; Education and Science; Interior; Foreign Affairs; State Statistical Office; E-health Directorate, universities for lifelong learning; Parliament; local self-government; academia; civil society organizations.</p> | <p>\$2.1 million (\$0.6 million from regular resources and \$1.5 million from other resources)</p> |
| Programme coordination and assistance | | | | \$0.4 million from regular resources. |