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UNFPA Country Programme Evaluation Report

Period covered by the evaluation (2013-2018)

The Republic of Serbia

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Disclaimer: This is a product of the independent evaluation team and the content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or Member States.

Country map

List of abbreviations

AoR	Area of Responsibility
AWP	Annual Work Plan
BTN	Beyond the Numbers
CDP	Common Development Plan
CEDAW	Committee on the Elimination of Discrimination against Women
CIA	Central Intelligence Agency
CO	Country Office
CP	Country Program
CPD	Country Program Document
CPE	Country Program Evaluation
COAR	Country Office Annual Report
CSE	Comprehensive Sexuality Education
EC	European Commission
EM	Evaluation Manager
EPC	Effective Perinatal Care
EU	European Union
FSI	Fragile States Index
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women's Empowerment
GFCF	Gross Fixed Capital Formation
GII	Gender Inequality Index
GNI	Gross National Income
GPI	Gender Parity Index
HBSC	Health Behaviour in School-aged Children
HDI	Human Development Index
HFA	Health For All (Family of Databases)
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome
IAEA	International Atomic Energy Agency
ICPD	International Conference on Population and Development
IDPs	Internally-Displaced Persons
IOM	International Organisation for Migrations
LFS	Labour Force Survey
MDGs	Millennium Development Goals
MISP	Minimum Initial Service Package
MNCRH	Maternal, Neonatal, Child and Reproductive Health
MICS	Multiple Indicator Cluster Survey
MP	Member of Parliament
M&E	Monitoring and Evaluation
NATO	North-Atlantic Treaty Organisation
NCD	Non-Communicable Diseases
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
PCA	Programme Coordination and Assistance
PD	Population Dynamics/Development
PPP	Purchasing Power Parity
PwD	Persons with Disabilities
SRHR	Sexual and Reproductive Health and Rights
SAK/KAS	Statistical Agency of Kosovo (UNSCR 1244)
SAQ	Self-Administered Questionnaire
SDGs	Sustainable Development Goals
SFR	SFR of Yugoslavia
SMEs	Small and Medium Enterprises
SRH	Sexual and Reproductive Health
STDs/STIs	Sexually Transmitted Diseases/Sexually Transmitted Infections

TFR Total Fertility Rate
ToR Terms of Reference
ToT Training of Trainers
UNAIDS The Joint United Nations Programme on HIV/AIDS
UNCT United Nations Country Team
UNDAF United Nations Development Assistance Framework
UNDPF United Nations Development Partnership Framework
UNDP United Nations Development Programme
UNEG United Nations Evaluation Group
UNESCO United Nations Educational, Scientific and Cultural Organisation
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations International Children's Emergency Fund
UNODC United Nations Office on Drugs and Crime
UNOPS United Nations Office for Project Services
UNKT United Nations Kosovo Team
UN SC United Nations Security Council
UNSCR United Nations Security Council Resolution 1244
UNSD United Nations Statistics Division
UNV United Nations Volunteers
UN-Women The United Nations Entity for Gender Equality and the Empowerment of Women
WB The World Bank
WHO World Health Organisation

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EXECUTIVE SUMMARY

Overview The overall purpose of this Country Programme Evaluation is to demonstrate accountability to stakeholders on the performance of the UNFPA Serbia programme in achieving development results with invested resources; support evidence-based decision-making, and contribute important lessons learned to the existing knowledge base on how to accelerate the implementation of the International Conference on Population and Development (ICPD) Programme of Action.

Objectives and scope The overall objectives of this Country Programme Evaluation are to achieve an enhanced accountability of UNFPA and its country office for the relevance and performance of its programmes, and a broadened evidence-base for the design of the next programming cycle. This evaluation covers all activities planned and/or implemented in The Republic of Serbia during the period 2013-2018, within each programme component: sexual and reproductive health and rights, adolescents and youth, and population dynamics. The cross-cutting themes are gender equality, humanitarian response, partnerships, resource mobilization, and communication. This evaluation analyses the achievements of UNFPA Serbia against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018-2021, the UN Development Framework, and national development priorities and needs.

Description of the Country Programme Since 2007, UNFPA Serbia has implemented stand-alone projects, within the United Nations Development Assistance Framework (UNDAF). The first UNFPA five year Country Program Document (CPD) 2016-2020 was developed in 2015, in line with the United Nations Development Partnership Framework (UNDPF) 2016-2020 and the UNFPA Strategic Plan (SP) 2014-2017. The Country Program 2016 - 2020 has three outcomes that cover the following focus areas of the UNFPA mandate: *Reproductive Health and Rights, Youth Health* and *Population and Development*. *Gender Equality and Empowerment of Women* is not presented as a separate outcome, but rather as a cross-cutting theme, being in line with the UNFPA commitment to advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**.** The UNFPA Serbia Country Programme (2016-2020) approved by Executive Board foresaw a total of $2.5 million out of which $1.5 million were from regular resources and $1 million through co-financing modalities and/or other responses.

Evaluation Approach This evaluation is designed to review the UNFPA Country Office (CO) programmes using two separate evaluation components. Component 1 concerns the Analysis of the UNFPA CO programme Outcomes, Outputs and activities by the three main focus areas (and gender equality as a cross cutting theme) as aligned to the global UNFPA SP 2014-2017 (RHR, Youth, GE and PD), to the UNFPA SP 2018-2021. For this component, the evaluation criteria include Relevance, Effectiveness, Efficiency and Sustainability. Component 2 concerns the Analysis of the UNFPA CO's coordination within the United Nations Country Team (UNCT) and among national partners as well as the CO's added value. The evaluation has followed the principles of the UN Evaluation Group's norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and the UN ethics guidelines for evaluators in accordance with the UNEG's Ethical Guidelines for Evaluation.

Methodology The collection of evaluation data was carried out through a variety of techniques, ranging from direct observation to informal and semi-structured interviews where feasible. The analysis was built on triangulating information obtained from various stakeholders' views as well as with secondary data and documentation reviewed by the team. The evaluation was based on five key activities: (1) Desk review of documents and financial and other pertinent program data, (2) Site visits to UNFPA targeted areas, (3) Interviews with stakeholders (including national counterparts, IPs and development partners), (4) Interviews with UNFPA Country program clients/beneficiaries for all four focus areas, and (5) Training follow-up interviews with trainees in UNFPA supported training events.

Key Findings Overview Sexual and Reproductive Health and Rights (SRHR) focus area: Relevance. The current SRH program, implemented according to the Country Program Document (CPD) 2016-2020, has been consistent with UNFPA policies and strategies, as well as global priorities, including ICPD Program of Action. There is clear evidence that the program is established upon a situational analysis of population needs, based on recently conducted surveys and official statistics. Stakeholders pointed out that UNFPA Serbia Country Office was very capable of providing relevant support to country in emergency situations (such as natural disasters - catastrophic floods that happened in Serbia in May 2014) and the humanitarian crisis (during the recent migrant crisis and their movement through the country, within so called "Balkan route"). When **effectiveness** is concerned, the CPD 2016-2020 for Outcome 1 defined one output, and five output indicators. These indicators are related to the number of guidelines, protocols and

standards, and they have been achieved in every year according to the planned annual activities. The recent adoption of the First national program for preservation and protection of sexual and reproductive health presents a milestone in this field, and UNFPA CO had a significant role in that process. Two of the other output indicators have been already achieved: the Minimum Initial Service Package (MISP) for reproductive health in crisis situations was integrated into the draft of the state emergency-preparedness plans, and the integration of gender-based violence (GBV) prevention and protection measures and response was included into national sexual and reproductive health programs. The other two output indicators have not been achieved yet but there is evidence of activities conducted that will make these achievements possible by the end of program period. When **efficiency** is concerned, there is evidence that the UNFPA CO has made a very good use of its resources. Stakeholders were consistently supportive about UNFPA's efficiency, emphasizing maximized use of limited human (two to five employees) and financial resources for SRH programs with a high utilization rate. The program activities for SRH were designed to be **sustainable** in at least a three-year perspective, as they presented an institutionalized response related to improvement of SRH (established guidelines, protocols, standards, mechanisms). The partnerships that UNFPA established with all relevant actors are completely characterized by the promotion of national ownership.

Adolescents and Youth focus area: The current UNFPA Youth and Adolescence program is highly **relevant**, being implemented according to the CPD 2016-2020, it is completely aligned with UNFPA policies and strategies, as well as global priorities, including the ICPD Program of Action. The program is established upon a valid situational analysis of youth and adolescent population needs, based on recently conducted surveys and official statistics. Regarding **effectiveness**, the CPD 2016-2020 for Outcome 2 defined one output, and five output indicators, and they have been achieved according to the planned annual program activities. The planned number of quantified indicators per year was achieved, such as a number of policies or programs that address or include marginalized adolescents and youth needs. An example for this output achievement is the localization of SDGs, which was initiated in cooperation with the Ministry of Youth and Sports of the Republic of Serbia. An output indicator related to number of civil society initiatives involving young men and boys in addressing GBV has been also achieved, through creating local "Be a man" clubs and trainings, and BOYS on the MOVE life skills programs. An output indicator "Percentage of secondary schools that introduce comprehensive sexuality education aligned with international standards" has not been achieved yet. When **efficiency** is concerned, based on a review of financial documents, stakeholder interviews, Annual Work Plans, and Standard Progress Reports, the Youth and Adolescence Program Area has made a very good use of its resources. Financial resources for SRH programs were implemented with a high utilization rate. Interviewed stakeholders, trainees and beneficiaries of programs indicated high level of satisfaction with organized and implemented activities, which are considered to be a very good value for invested money. Results of the programs related to SRH of adolescents and youth have been assessed as **sustainable** in a long term, greater than three years, especially those which are related to trainings aimed to young men, where attitudes and values toward gender equality and GBV were discussed ("Be Men" trainings). The other types of program are expected to be sustainable in a shorter term, up to three years. There was a clear evidence that partnerships that UNFPA established in order to achieve all five output indicators for this focus area are characterized by the national ownership, striving for achieving a high level of sustainability.

Gender Equality and Women Empowerment focus area: The activities related to gender equality (GE) and gender-based violence (GBV) have been implemented as a cross cutting theme, according to the CPD 2016-2020. These activities are clearly **relevant,** and consistent with UNFPA policies and strategies, as well as global priorities, including the ICPD Program of Action. When **effectiveness** is concerned, program outputs in this area have been achieved as planned. They are related to providing institutionalized support and advocacy for a strengthened health sector response to GBV, in both regular situations and emergencies and humanitarian crisis. UNFPA Serbia integrated GBV prevention and protection measures and a response into national sexual and reproductive health programs. A resource package for GBV was adapted for the Republic of Serbia and is available for future use. ToT trainings for GBV were conducted with an aim to strengthen health professionals' capacities to deal with GBV. In addition to this work, Standard Operating Procedures (SOPs) have been developed that are modelled against Minimum Standards for Prevention (MISP) and Response to GBV in Emergencies. When **efficiency** is concerned, the GE and GBV Program Area has made excellent use of its resources (their budgets and expenditures are presented mainly within the SRH focus area of Outcome 1 of CPD 2016-20). Stakeholders were consistently supportive, stating that UNFPA CO maximized the use of limited human (two to five employees) and financial resources. **Sustainability** of interventions in this field have achieved a level where some of them have been institutionalized, and as such, they are expected to be sustainable for the long-term (greater than 3 years), although further support is important. UNFPA established partnerships absolutely promoted national ownership of supported interventions, programs and policies.

Population Dynamics focus area: The current PD program's **relevance** is demonstrated by the fact that it is being implemented according to the CPD 2016-2020 and is aligned with UNFPA policies and strategies and national UNDAF documents, as well as global priorities, including the ICPD Program of Action. There is clear evidence that the program is established upon a very accurate situational analysis. The UNFPA CO, in collaboration with the Minister without portfolio in charge of demography and population policies, has responded well to identified gaps in evidence, and has completed a number of studies that are informative for decision making in this field. When **effectiveness** is concerned, the output related to the Population and Development area is formulated as "Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing, gender equality and migration) and their links to sustainable development". Within this output, a number of surveys were conducted, in order to inform policy makers about the current status and needs related to the demographic situation, population dynamics and harmonizing employment and parenthood, and to enable the mapping of inequalities at the sub-national level. Analysis of **efficiency** indicated that the PD Program Area has made very good use of its resources. Stakeholders were consistently affirmative about UNFPA's efficiency, stating that UNFPA CO maximized use of their limited human and financial resources for this program, with a high utilization rate. Results of the program implemented in this focus area are difficult to assess in terms of their **sustainability**, since they were mainly oriented toward gathering evidence for informed policy making in field of population development. The impact of UNFPA SRB CO PD program support has clearly been at least short-term in its impact (3 or less years) for various studies conducted. It is likely that some of UNFPA PD program support has had more long-term impact, such as UNFPA support for the MICS in 2019. National ownership of UNFPA supported study results are indisputable.

United Nations Country Team Coordination and Cooperation: UNFPA SRB CO has significantly and consistently contributed to the UNCT planning and coordination functions, through different mechanisms, such as participating in number of working groups and joint UNCT programs. UNFPA SRB CO was actively involved in ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners. UNFPA SRB CO is known for their high level of efficiency, for a dynamic and excellently coordinated team that is very responsive and reliable, which makes them outstanding collaborators. The UNDAF/UNDPF reflects the interests, priorities and mandate of UNFPA very well; the UNDPF outcomes are clearly recognized and associated with the outcomes of the UNFPA SRB CO CPD 2016-20, and the UNFPA SP 2017-21.

Added Value: The UNFPA SRB CO is perceived as a very reliable, responsive and highly professional UN agency, with competent and collaborative staff who value good relationships with their partners, focused on issues that are not covered by other agencies, such as sexual and reproductive health and rights. They are also known for their ability to rapidly assess and respond to emergency situations, including the prevention and protection of gender-based violence, and gender equality with programs that strengthen young boys' perspectives. Dealing with population issues and aging are also an important niche and an area of added value that UNFPA SRB CO provides in the country context.

Conclusions: 1) The UNFPA SRB CO is a credible, reliable and responsive partner that closely collaborates with a number of national institutions such as MoH, MoLEVSA, MoYS, Ministry without portfolio in charge of demography and population policy, and many others, as well as a number of implementing partners, in planning and implementation of activities of importance for achieving results, i.e. output indicators. Stakeholders and implementing partners expressed very high levels of satisfaction with UNFPA country office, which is characterized by the transparent and respectful communication that is results-oriented. It has been considered as a key factor of program success. 2) The recently adopted first National Program for Preservation and Protection of Sexual and Reproductive Health represents a milestone of continuous UNFPA advocacy efforts and national commitment for improving population health. Key activities related to supporting the implementation of the above mentioned National Program for Sexual and Reproductive Health, such as costing of activities, remain to be conducted. 3) Developing societal momentum for advancing the status of different vulnerable population groups in Serbia seems to be the right approach, since the country is in the process of joining the European Union. This has been recognized as an exceptional opportunity to implement necessary reforms in different areas of society, including strengthened public health functions and education. 4) The dynamics of program realization depends on the governmental structure and changes in decision makers and personnel. Established priorities have changed over time, which sometimes impedes the realization of planned outputs.

5) Assessment of achieving Outcome 1 requires relevant data for family planning and use of contraception, and these data will be available after conducting Multi Indicator Cluster Survey (MICS) at the national level, which will be partly supported by UNFPA SRB CO. 6) UNFPA SRB CO recognized the role of men in achieving gender equality and zero tolerance to gender-based violence is very important, and successfully and uniquely supported civil society initiatives that involved young men and boys in addressing gender-based violence in Serbia. It has made a positive impact on changes in attitudes related to gender roles. 7) Youth in Serbia have limited knowledge about reproductive health issues and many of them do not use contraception. Raising awareness about SRHR among youth could be achieved through development and use of applications for mobile devices that are freely available, and UNFPA program in Serbia has some experience in this field. Participatory platforms for advocating for increased investments in marginalized adolescents and youth within development and health policies have not been established yet. 8) Given the overall global and national momentum related to building a society which is more gender equitable and with zero tolerance to GBV, UNFPA and UNCT provided significant contributions at the national level, through well-coordinated actions that are based on recent favorable changes in the national legislation and adopted strategies that provide a framework for action. Health professionals' capacities and competencies to deal with GBV have been significantly improved due to the trainings they attended, as a part of the UNFPA supported program. 9) Serbia still does not have an overreaching population policy that takes into account current and projected demographic trends, despite the fact that the country is experiencing a process of demographic aging, high migration and longer life expectancy. Recently conducted studies supported by UNFPA CO might be very informative for evidence-based policy making. 10) Despite a small number of employees in the UNFPA CO, two to five persons, they have demonstrated a high level of technical efficiency in the realization of program outputs; they excellently use a combination of different formats and tools in achieving their results. 11) There is a clear evidence that program activities relate to system development and buiding capacities ot institutions have long term effect. For example, development of SRHR guidelines and standards by involving national partnerts, including government. A good progress has been made in the area of GEWE, where supported by UNFPA initiatives were adopted by government and spread to the whole country, for example, a number of national programs and strategies were developed and adopted (SOPs and MISP related to GBV into the Draft National Health Sector Emergency response Plan). However, to ensure long sustainability (more than 3 years) for most of the UNFPA activities the enabling environment should be guaranteed, ex. further improve legislation related to protection of violence victims, support monitoring system of policy implementation in the country, etc. Therefore strong advocacy, with the support of national partners and government, should be emphasized to support the sustainability of UNFPA activity.

Recommendations: 1) Advocate for and allocate core and other resources and innovative means to attain the UNFPA transformational goals relative to their distance to achievement in Serbia and in view of the goals of the government of Serbia. For the remainder of the 2nd and planning for the next Country Programme, UNFPA Serbia should consider the need to allocate resources proportionately and relative to the medium distance to end the unmet need for contraception and family planning and in consideration of those who are left furthest behind. The UNFPA CO should continue to work toward the successful realization of its mission as a leading UN agency with a unique mandate to deal with sexual and reproductive health of the population, through preserving good relationships and efficient communication with various governmental stakeholders and implementing partners in the community. 2) Having in mind an affirmative legislative framework and national orientation toward joining EU, the UNFPA CO should continue their activities in emphasizing their complementarities and providing added value in terms of collaboration and advocacy efforts related to the needs of population groups that are within the UNFPA mandate. 3) There is a high need for UNFPA to advocate for evidence-based policy making at all levels that takes into account population trends at the national level. The UNFPA CO should remain involved in the process of the design and implementation of the MICS study and be able to use the MICS results for further evidence-based advocacy efforts related to family planning. 4) In order to fully implement the recently adopted National Program for Sexual and Reproductive Health, the UNFPA CO should continue to support activities related to it, which are essential for its full implementation, such as development of the Action Plan and budgeting i.e. costing of the program. 5) There is a need for UNFPA Serbia to develop a platform for advocating for increased investments in marginalized adolescents and youth in the upcoming period. The momentum for this activity will need to be increased if it is to be achieved, along with the national efforts

and commitments related to achieving the SDGs. 6) Strengthening youth initiatives related to implementation of programs that aim to deal with gender stereotypes and GBV among young men should be a priority in the upcoming period. These programs should be scaled up in order to increase coverage and societal impact. 7) Since youth reproductive health is a sensitive issue, it requires a youth-friendly approach, and continuous work with youth. Some kind of institutionalized incentives should be considered, for tailoring and implementation of youth-friendly education programs. They should be school-based, but also should rely on modern communication methods and creating content in different formats that could be distributed through various communication channels, such as social media and social networks. Given the omnipresence and use of modern communication devices (smart phones), further development of applications for mobile devices and their promotion could be an efficient strategy to achieve planned outcomes. 8) The UNFPA Serbia and UNCT Serbia should remain active in the field of GE and GBV and continue supporting capacity building of health professionals throughout the country, since their impact clearly makes a difference in the first-line health professionals' response to the needs of GBV survivors. The availability of a high-quality resource package for healthcare professionals related to responding to GBV that allows its further dissemination within every healthcare center is needed. This could be implemented through further trainings and seminars that could be delivered by in-house trainers under the supervision, and with the involvement of the regional institutes of public health. It would contribute to a high potential for achieving a long-term sustainability of an improved health sector response to GBV, under the assumption that national priorities would not have changed. 9) Thanks to UNFPA for maintaining a high level of programme efficiency, however, UNFPA should continue to explore innovative strategies to achieve results with fewer resources, and mobilize resources to increase programme coverage.

Key Facts Table for The Republic of Serbia

Land	
Geographic location	Serbia is a landlocked country situated 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, The former Yugoslav Republic of Macedonia, Montenegro, Romania and Albania through the disputed territory of Kosovo(UNSCR 1244).
Land area	87,460 km^2
Terrain	Serbia's terrain ranges from rich, fertile plains of the northern Vojvodina region, limestone ranges and basins in the east, and in the southeast ancient mountains and hills. The north is dominated by the Danube River. A tributary, the Morava River flows through the more mountainous southern regions. In central parts of Serbia, the terrain consists chiefly of hills, low and medium-high mountains, interspersed with numerous rivers and creeks. The main communication and development line stretches southeast of Belgrade, along the valley of Great and South Morava river. Most major cities are located on or around that line, as well as the main railroad and highway. On the East of it, the terrain quickly rises to limestone ranges of Stara Planina and Serbian Carpathians, relatively sparsely populated. On the West, height of mountains slowly rises towards southwest, but they do not form real ridges. The highest mountains of that area are Zlatibor and Kopaonik.
People	
Population in thousand (est. in 2018)	7.020.858 [1]
Urban population (% of total)	55.94 [2]
Population Growth Rate in 2017	-0.51% [3]
Government	
Government	Republic
% of seats held by women in parliament	37.6% [4]
Economy	
GDP per capita PPP US$ in 2017 (est.)	$15.090,027 [5]
GDP Real Growth rate in 2018 (est.)	1.867% [6]
Main industries	Automotive, mining, non-ferrous metals
Social indicators	
Distribution of Family Income - Gini Index 2014 (est.)	38.7; Rank 75 out of 157 nations [1]
Human Development Index Rank in 2017	Index 0.787 ; Rank 67 [7]
Unemployment rate 2018	14.10% [8]
Life expectancy at birth in 2018 (est.)	75.3 [7]
Under-5 mortality (per 1000 live births) in 2015	14 [9]
Maternal mortality (deaths of women per 100,000 live births) in 2014	12.04 [10]
Health expenditure (% of GDP) in 2015	9.9 [11]
% of births attended by skilled health personnel	98.4 [9]
Adolescent fertility rate (births per 1000 women aged 15-19) in 2014	22 [9]
Contraceptive prevalence rate, women aged 15-49, any method in 2019	58% [15]
Contraceptive prevalence rate, women aged 15-49, modern method in 2019	28 % [15]
Unmet need for family planning, women aged 15-49 (2019)	13% [15]
% of people living with HIV, 15-49 years old in 2014	0.10 [12]
Literacy (% aged 15 and above) in 2016	98.84% [13]
Gross enrolment ratio, primary, gender parity index (GPI) in 2017	100.31 [13]

[1] Excluding Kosovo (UNSCR 1244) according to UN SC Resolution 1244/99, source: Statistical Office of Serbia (2018) Statistical Yearbook, Belgrade: 25. Available at: http://publikacije.stat.gov.rs/G2018/Pdf/G20182051.pdf (Accessed on November 7, 2018)
[2] The World Bank Data. Urban population (% of total) Available at: https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=RS (Accessed on November 7, 2018)

[1] (CIA, World Factbook https://www.cia.gov/library/publications/the-world-factbook/geos/mk.html.2018)

[3] The World Bank Data. Population growth (annual %) Available at: https://data.worldbank.org/indicator/SP.POP.GROW?locations=PK (Accessed on November 7, 2018)
[4] National Assembly of Republic of Serbia. Available at: http://www.parlament.gov.rs/national-assembly/national-assembly-in-numbers/gender-structure.1745.html (Accessed on November 7, 2018)
[5] The World Bank Data. GDP per capita, PPP (current international $. Available at: https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD) (Accessed on November 7, 2018)]
[6] The World Bank Data. GDP Growth Rate. Available at: https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=RS (Accessed on November 7, 2018)
[7] Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update. Serbia. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SRB.pdf (Accessed on November 7, 2018)
[8] The World Bank Data. Unemployment, total (% of total labor force). Available at: https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS (Accessed on November 7, 2018)
[9] Statistical Office of the Republic of Serbia and UNICEF (2014). 2014 Serbia Multiple Indicator Cluster Survey and 2014 Serbia Roma Settlements Multiple Indicator Cluster Survey, Key Findings. Belgrade, Serbia
[10] European health for all database (WHO-DB) WHO/Europe July 2016. Available at: http://data.euro.who.int/hfadb/ (Accessed on November 7, 2018)
[11] The World Bank Data. Current health expenditure (% of GDP.) Available at: https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS(Accessed on November 7, 2018)
[12] UNESCO. Socio-economic indicators. Available at: http://uis.unesco.org/country/RS (Accessed on November 7, 2018)
[13] UNESCO. Education and literacy. Available at: http://uis.unesco.org/country/RS (Accessed on November 7, 2018)
[14] UNFPA Strategic Plan 2018-21
[15] UNFPA State of World Population 2019, Avaliable at: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf

CHAPTER 1: Introduction

1.1 Purpose and objectives of the UNFPA Country Programme Evaluation

Bosnia and Herzegovina, The Northern Macedonia, the Republic of Serbia and Kosovo (UNSCR 1244), are UNFPA country offices that form one of the administrative clusters of the Eastern Europe and Central Asia region. The programmes of these offices have a harmonized programme cycle ending in 2020, and therefore the Cluster Programme Evaluation of all four programmes is planned as part of the UNFPA quadrennial evaluation plan (DP/FPA/2018/1) approved by the Executive Board. This important aspect of the Cluster Programme Evaluation, the combination of multiple programs together (in this case four UNFPA offices that form one administrative cluster), will permit the identification of common higher-level findings that can inform future UNFPA activities.

The overall purpose of the Country Programme Evaluation is to: a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources, b) support evidence-based decision-making, and c) contribute important lessons learned to the existing knowledge base on how to accelerate the implementation of the International Conference on Population and Development (ICPD) Programme of Action.

The overall objectives of this Country Programme Evaluation are to achieve: (i) an enhanced accountability of UNFPA and its country offices for the relevance and performance of their programmes and (ii) a broadened evidence-base for the design of the next programming cycle. The specific objectives of this evaluation are:

- To provide an independent assessment of the progress of each programme towards the expected outputs and outcomes set forth in the results framework of the respective country programmes;
- To provide an assessment of each country offices positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the development results.
- To draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented strategic recommendations for the next programming cycle.

1.2 Scope of the evaluation

This evaluation covers all activities planned and/or implemented in The Republic of Serbia during the period 2013-2018, within each programme component: sexual and reproductive health and rights, adolescent and youth, and population dynamics, gender equality[2] and humanitarian response, and cross-cutting areas: partnership, resource mobilization, and communication. The scope of the evaluation was extended beyond the current programme periods in order to assess achievement/non-achievement of higher level development results. Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects. The Evaluation analyzes the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans

[2] Gender equality is not an independent outcome of the program outcome (it used to be but only in 2015). It is a cross cutting theme, as well as gender-based violence. However, these are very important subsections and for the sake of comparability of this evaluation report with the other reports, gender equality and gender-based violence will be presented separately.

for 2014-2017 and 2018-2021, the UN Development Framework, and national development priorities and needs.

The evaluation reconstructs the programme intervention logic and assesses the extent to which the ongoing programmes have chosen the best possible modalities for achieving the planned results in the current development context. The evaluation examines the programmes for such critical features as relevance, effectiveness, efficiency, sustainability, UN coordination, and added value. The evaluation applies appropriate methodologies, including the UNEG Handbook for Conducting Evaluations of Normative Work in the UN System for assessing the equity and vulnerability, gender equality, human rights in development and humanitarian programmes.

1.3 Methodology and process

This evaluation is designed to review the UNFPA SRB CO programmes using two separate evaluation components:

- **Component 1:** Analysis of the UNFPA SRB CO programme Outcomes, Outputs and activities by the three main focus areas and gender equality as a cross cutting theme that reflect alignment to the global UNFPA SP 2014-2017 (RHR, Youth, GE and PD), to the UNFPA SP 2018-2021, and
- **Component 2:** Analysis of the UNFPA COs coordination within the UNCT and among national partners as well as the COs added value.

For the Component 1, there is clearly defined set of evaluation criteria: Relevance, Effectiveness, Efficiency and Sustainability.

Criteria	**Evaluation questions drawn from ToR**	
Relevance	**COMPONENT 1: ANALYSIS BY FOCUS AREA**	Q#
All 4 Focus Areas (FAs)	EQ 1.A. To what extent is the UNFPA programme (i) adapted to the needs of women, adolescents and youth, people at risk of HIV infections, disabled and older persons, (ii) and in line with the priorities set by the international and national policy frameworks, iii. aligned with the UNFPA policies and strategies and the UNDAF (or equivalent document) as well as with interventions of other development partners? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?	1
	EQ 1.B. To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in the country?	2
Effectiveness		
All 4 FAs	EQ 2.A. To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of these planned outcomes: i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies; and what was the degree of achievement of these outcomes?	3
All 4 FAs	EQ 2.B. To what extent has UNFPA contributed to an improved emergency preparedness in BiH, The former Yugoslav Republic of Macedonia, the Republic of Serbia, and Kosovo (UNSCR 1244), and in the area of maternal health / sexual and reproductive health including MISP?	4

All 4 FAs	EQ 2. C. To what extent has each office been able to respond to emergency situations in its Area of Responsibility (AoR), if one was declared? What was the quality and timeliness of the responses?	5
Efficiency		
All 4 FAs	EQ 3.To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents?	6
Sustainability		
All 4 FAs	EQ 4.A. Are programme results sustainable in short and long-term perspectives?	7
All 4 FAs	EQ 4.B. To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?	8

As outlined in the evaluation ToR (Annex 1), a set of questions have been recommended for each of the above evaluation criteria within each of the two evaluation components. These evaluation questions are central to the conduct of the evaluation (Table 1.3.1.). As required by the evaluation CPE handbook, a detailed evaluation matrix has been prepared which explains which data sources and methods were used to address these questions (Annex 4).

Table 1.3.1.Evaluation questions drawn from ToR

COMPONENT 2: ANALYSIS OF UN COUNTRY TEAM COORDINATION AND ADDED VALUE		
UNCT Coordination		**#**
	EQ5.A. To what extent did UNFPA contribute to coordination mechanisms in the UN system at country level?	9
	EQ5.B. To what extent does the UN Development Framework reflect the interests, priorities and mandate of UNFPA?	10
	EQ5.C To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in countries?	11
Added Value		
	EQ6.D What is the main UNFPA added value in the area context as perceived by UNCT, government and civil society organizations?	12

Methods overview: The collection of evaluation data was carried out through a variety of techniques that ranged from direct observation to informal and semi-structured interviews and focus/reference groups, where feasible. The analysis was built on triangulating information obtained from various stakeholders' views as well as with secondary data and documentation reviewed by the team.

The evaluation followed the principles of the UN Evaluation Group's norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and was guided by the UN ethics guidelines for evaluators in accordance with the UNEG's Ethical Guidelines for Evaluation, at http://www.unevaluation.org/document/guidance-documents.[3]Before undertaking evaluation work, each evaluator had to complete a declaration of interest form that documents their independence of the program being assessed. Evaluators were expected to demonstrate that independence of judgement is maintained, and that evaluation findings and recommendations were independently presented. They were expected to operate in an impartial and unbiased manner, giving balanced interpretations of the strengths and weaknesses of programs. They had to respect and protect the rights and welfare of human subjects and

[3]UNEG Ethical Guidelines for Evaluation. UNEG, March 2008.

communities, respect differences in culture, local customs, religious beliefs and practices, personal interaction, gender roles, disability, age and ethnicity, while using evaluation instruments appropriate to diverse cultural settings. Evaluators had to ensure that all participants were treated as autonomous and free to choose whether to participate in the evaluation. The evaluators had to be aware of and comply with legal codes (international or national) governing sensitive respondents, such as children and young people (UNEG Code of Conduct for Evaluation in the UN System. UNEG, March 2008.)

The evaluation was based on five key activities to be implemented:

1. Desk review of documents and financial and other pertinent program data.
2. Site visits to UNFPA targeted areas.
3. Interviews with stakeholders (including national counterparts, IPs and development partners)
4. Interviews with UNFPA Country program Clients/beneficiaries for all four focus areas.
5. Training follow-up interviews with trainees in UNFPA supported training events.

Stakeholder Involvement: Meetings were held with key stakeholders, in particular, an Evaluation Reference Group (ERG). This ERG was established by the UNFPA Country Office comprising key programme stakeholders (national governmental and non-governmental counterparts, Evaluation Manager from the UNFPA Country Office). The ERG reviewed and provided inputs to the country case study, provided feedback to the evaluation design report, facilitated access of evaluators to information sources, and provided comments on the main deliverables of the evaluation, in particular the country case studies at the draft stage. The ERG was, among other things,

- Provided the Evaluation Team with relevant information and documentation on the programme in their field of expertise;
- Facilitated the access of the National Evaluators to key informants during the field phase;
- Discussed the reports produced by the Evaluation Team, including the design report and draft and final evaluation reports with Case Studies;
- Advised on the quality of the work done by the Evaluation Team.

Site visit Schedule: Visits were made to implementation agencies at the National and regional level, selecting sites chosen on the basis of consultation with stakeholders with attention to achieving a balanced review of project activity and client/beneficiaries in major regions of the country. See the stakeholder listings in Annex 2.

Desk Review and synthesis by the Three Outcomes per Outcome/output Matrices: The Desk review addressed each of the above mentioned CP Outcomes with an assessment of the respective outputs and activities within each Outcome. The desk review was based on the above mentioned Evaluation TOR criteria for the two evaluation components: 1) the analysis by focus areas (Relevance, Effectiveness, Efficiency, Sustainability) and 2) the analysis of the CPD's positioning (Coordination with the UNCT and Added value). In addition, the evaluation criteria for the analysis of focus areas were employed to assess the three plans implemented in each of the four programmes: 1. Resource mobilization plan; 2. Partnership Plan; and 3. Communications/advocacy plan.

Semi-structured interviews with stakeholders based on the Evaluation TOR criteria: These interviews were conducted with a consistent set of precautions for informed consent and confidentiality. As needed, all interviews were done in local language, except the interview with the Resident Coordinator. A distribution of stakeholder interviews is presented in Table 1.3.2.

Table 1.3.2.Number of Stakeholder Interviews by Focus Area

Type of stakeholder	Number of stakeholders (n)		
	Male	**Female**	**Total**
SRH Implementers	0	6	6
Youth Implementers	1	5	5
GE Implementers	2	11	13
PD Implementers	0	7	7
Donor Agency staff	0	4	4
UN Agency staff	3	4	7
UNFPA Staff	2	3	5
Total	**8**	**39**	**47**

Training Follow-up Assessment: Participants from specific UNFPA-supported trainings were asked to gather in homogeneous groups (one group for each training) in suitable meeting locations within country. To save time, these participants in UNFPA supported trainings were interviewed in small groups using a standardized anonymous self-administered questionnaire (SAQ). After all participants have completed the SAQ, there were a debriefing that follows a standard discussion guide. This debriefing discussion guide probed for gaps in training, preferred training approaches and recommendations for future UNFPA supported. With assistance of the UNFPA Country Programme, a data base was developed for all training events sponsored by the CP in the last four years. A purposive sample of training activities was selected from this database to achieve balance on trainings conducted within focus areas SRHR, Youth, and GE in major training category areas. There were no trainings in the PD focus area during the past four years. The minimum target sample size was twenty completed interviews with a reasonable balance across the four focus areas (See Table 1.3.3).

The SAQ was developed with a consistent set of precautions for informed consent and confidentiality with questions to assess the extent to which trainees are still working in their respective focus area, and still are using the skills they learned. Research team members administered the interviews and were available to answer questions if participants needed clarification on questions. The SAQs was translated into local language.

Table 1.3.3. Training Follow-up Interviews by Focus Area

Focus area of trainee	Belgrade(n)	Nis (n)	Kragujevac (n)	Male(n)	Female (n)	Total (n)
SRH	5	4	3	2	10	12
Youth and Adolescent Health	2	1	2	-	5	5
GE and GBV[4]	-	5	5	5	5	10
PD	-	-	-	-	-	-
Total	**7**	**10**	**10**	**7**	**20**	**27**

[4] Trainings in area of GE and GBV were not conducted independently, but as a cross-cutting theme

Client/Beneficiary Interviews Using a qualitative semi-structured interview questionnaire, interviews were conducted with client/beneficiaries on activities conducted within each of the four focus areas. These interviews assessed client satisfaction with the services they have received from implementing agencies working within each of the four focus areas (Table 1.3.4).

Table 1.3.4. Client/Beneficiary Interviews by Region and Focus Area

Focus area of trainee	Belgrade (n)	Nis(n)	Kragujevac (n)	Male	Female (n)	Total (n)
SRH	5	5	5	-	15	15
Youth and Adolescent Health	5	-	-	-	5	5
GE and GBV[5]	4	0	-	-	4	4
PD	-	-	-	-	-	
Total	**14**	**5**	**5**	**-**	**24**	**24**

The evaluation process was divided in four phases:

Phase 1: Desk review – The evaluation teams have collaborated with the CO to identify and collect a wide range of relevant documents and data (primary and/or secondary) required for this evaluation. These materials have been placed in a password-protected cloud-based Google drive for ready access by the team members and are the basis for a systematic desk review using a matrix that accommodates all of the required criteria for each of the two main evaluation components: the assessment of 1) outcomes and outputs for each of the four focus areas, 2) UNFPA Country team coordination with the UNCT and value added as well as the assessment of the three plans implemented by UNFPA Serbia: 1. Resource mobilization plan. 2. Partnership Plan. 3. Communications/advocacy plan.

Stakeholder mapping – The evaluation team developed a sampling framework that covers all of the pertinent implementing agencies, stakeholders and client/beneficiaries associated with outcomes, outputs and activities relevant to the revised UNFPA Development Framework. The mapping exercise included state and civil-society stakeholders and goes beyond the partners of UNFPA to national, regional/district stakeholders and includes a range of client beneficiaries for UNFPA supported interventions in all four focus areas. This work provided the basis of selecting a sample of stakeholders outlined in the draft evaluation planning schedule and stakeholder listing.

Phase 2: Data collection phase (in country) - An intensive evaluation mission was scheduled in each of the four programme areas to collect data for this evaluation. The main components of this mission were an in-briefing with UNFPA and Evaluation Reference Group, stakeholder interviews, training follow-up interviews, and client/beneficiary interviews, followed by data synthesis. The main output for Phase 2 was a presentation of preliminary findings, conclusions and recommendations at an out-briefing for UNFPA and the ERG.

[5] Ibid.s

Phase 3: Synthesis and Drafting the Evaluation Report: The collected information was analyzed and the draft evaluation report was prepared by the evaluation team within 2 weeks after the team completed the data collection. This draft report will undergo a quality assurance review followed by a formal review by the Evaluation Reference Group. The team leader is responsible to address all comments before finalizing the report.

Phase 4: The final phase will include the development of a management response to the evaluation recommendations, dissemination of the report and follow-up.

CHAPTER 2: Country context

2.1 Development challenges and national strategies in The Republic of Serbia

The Republic of Serbia is located in South-East Europe, in the Western Balkan region. It is one of the republics that formed former Yugoslavia, which disintegrated in 1990s, and today is an independent country. The Republic of Serbia was granted status of the EU candidate country in 2012, and current reforms and all national policies are marked with the efforts to fulfill conditions for EU accession. Territory of Serbia is divided into regions which do not have any administrative power, but are functional territorial units for the purposes of regional planning and policy implementation. Within these regions Serbia is further divided into districts including the City of Belgrade as one district, and within districts into municipalities and cities which are the administrative units of local self-government. According to official estimation there were 7,020,858 inhabitants in 2018[6]. Serbia has been facing unfavorable demographic trends: a low natality rate, a negative natural growth rate, a slow increase in life expectancy, ageing (average age is 43.0) and an increase in the share of population aged 65 years and over, but also a high level of internal migration from rural to to urban areas and emigration, resulting in an overall negative migration balance.

The main challenges in sexual and reproductive health are low use of modern contraception, underreported, but still high number of induced abortions, insufficient knowledge of youth about sexual and reproductive health (SRH) and related risks, and a higher incidence and mortality from preventable cervical and breast cancers compared to the EU. Gender inequalities are still underlined and there are persistent deep-rooted stereotypes and traditional roles of women and men in the family and society. Since 2015, the country has experienced a strong inflow of migrants, refugees and asylum-seekers taking the Balkan route to Western Europe.

The socioeconomic context is shaped by past legacies, being a post-socialist country whose transformation toward market-oriented economy was delayed till the 2000s, when intensive structural reforms took place, along with accelerated privatization and foreign investments. These trends brought a relative improvement in the economic growth in the society. However, a few years later, it was negatively affected by the global recession crisis in 2008, where GDP was negative or only slightly positive in value. However, in recent years Serbia has succeeded in achieving a positive economic growth in GDP, as shown in percentages of annual GDP (0.76% in 2015, 2.80% in 2016, and 1.87% in 2017), according to the World Bank national accounts data, and the Organization for Economic Co-operation and Development (OECD) National Accounts data files[7]. According to the World Bank classification, Serbia belongs to the group of middle-income countries. Some of the basic indicators on present socio-economic situation in Serbia are presented in the following table (Table 2.1.1).

Table 2.1.1. Selected indicators on demographic and socio-economic situation in Serbia

Demography	**Year**	
Estimated total population[8]	2018	7.020.858

[6]According to Statistical Yearbook 2018, population of the Republic of Serbia is estimated to 7020858. Available at: http://publikacije.stat.gov.rs/G2018/Pdf/G20182051.pdf, see table 1.3.1

[7]World Bank data. Available at: https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?end=2017&locations=RS&start=1996&view=chart (Oct. 24, 2018)

[8]Excluding Kosovo* according to UN SC Resolution 1244/99, source: Statistical Office of Serbia (2018) Statistical Yearbook, Belgrade: 25. Available at: http://publikacije.stat.gov.rs/G2018/Pdf/G20182051.pdf (Accessed October 25, 2018)

Total fertility rate[9]	2017	1.48
Natural growth rate (per 1000 inhabitants)[10]	2017	-5.3
Average age[11]	2017	Female: 44.4 Male: 41.6
Ageing index[12]	2017	Female:163.4 Male: 120.9
Life expectancy at birth[13]	2017	Males: 73.0 Females: 77.9
Literacy rate (population 10+)[14]	2011	Males: 98.93 Females: 95.03
Governance		
Constitutional system		Republic
Government – executive branch[15]	2018	PM + 21 ministers
Parliament[16]	2018	250 MPs (37.6% female)
Corruption Perception Index Rank[17]	2017	77/180
Corruption Perception Index Score [18]	2017	41/100
Economy		
GDP per capita[19]	2017	$5,900.04
GDP Growth rate[20]	2017	1.867%
Unemployment rate (working age 15-64)[21]	2017	14.10
Youth unemployment rate[22]	2017	32.82

The Human Development Index (HDI) value in Serbia in 2017 was 0.787, which positions the country at 67 out of 189 countries and territories, or in the category of countries with high human development category. Between 1990 and 2017, Serbia's HDI value increased by 9.6% (from 0.718 to 0.787). Table 2.1.2 reviews Serbia's progress in each of the indicators that forms the HDI. Between 1990 and 2017, Serbia's life expectancy at birth increased by 3.8 years; mean years of schooling increased by 3.1 years and expected years of schooling increased by 2.2 years. Serbia's Gross National Income (GNI) per capita decreased by about 18.4 percent between 1990 and 2017[23].

[9]Statistical Office of Serbia (2018) Statistical Yearbook, Belgrade:25. Available at: http://publikacije.stat.gov.rs/G2018/PdfE/G20182051.pdf (Accessed October 25, 2018)
[10]Statistical Office of Serbia (2018) Statistical Yearbook, Belgrade: 25. Available at: http://publikacije.stat.gov.rs/G2018/PdfE/G20182051.pdf (Accessed October 25, 2018)
[11]Statistical Office of Serbia (2018) Statistical Yearbook, Belgrade: 25. Available at: http://publikacije.stat.gov.rs/G2018/PdfE/G20182051.pdf (Accessed October 25, 2018)
[12] Ration of aged (60 years and over) and young (0-19 years) population. Source: Statistical Office of Serbia (2018) Statistical Yearbook, Belgrade: 53. Available at: http://publikacije.stat.gov.rs/G2018/PdfE/G20182051.pdf (Accessed October 25, 2018)
[13]Statistical Office of Serbia (2018) Statistical Yearbook, Belgrade: 37. Available at: http://publikacije.stat.gov.rs/G2018/PdfE/G20182051.pdf (Accessed October 25, 2018)
[14]Statistical Office of Serbia (2018) Statistical Yearbook, Belgrade: 43. Available at : http://publikacije.stat.gov.rs/G2018/PdfE/G20182051.pdf (Accessed October 25, 2018)
[15]SerbianGovernment. Available at : http://www.srbija.gov.rs/vlada/sastav.php(AccessedOctober 25, 2018)
[16] National Assembly of Republic of Serbia. Available at: http://www.parlament.gov.rs/national-assembly/national-assembly-in-numbers/gender-structure.1745.html (Oct. 26, 2018)
[17]Transparency International (2018) Availableat:https://www.transparency.org/news/feature/corruption_perceptions_index_2016 (AccessedOctober 25, 2018)
[18]Transparency International (2018) Availableat:https://www.transparency.org/news/feature/corruption_perceptions_index_2016 (AccessedOctober 25, 2018)
[19]The World Bank Data.GDP per capita (current US$).Available at: https://data.worldbank.org/indicator/NY.GDP.PCAP.CD(Accessed October 25, 2018)
[20] The World Bank Data. GDP Growth Rate. Availabeat:https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=RS (Accessed October 25,2018)
[21]The World Bank Data. Unemployment, total (% of total labor force). Available at: https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS(Accessed October 25, 2018)
[22]The World Bank Data. Unemployment, youth total (% of total labor force ages 15-24). Available at: https://data.worldbank.org/indicator/SL.UEM.1524.ZS (Accessed October 25, 2018)
[23] Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update. Serbia. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SRB.pdf (Accessed October 25, 2018)

Table 2.1.2. Serbia's HDI trends based on consistent time series data and new goalposts[24]

	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (2011 PPP$)	HDI value
1990	71.5	12.4	8.0	15,950,	0.719
1995	71.8	12.8	8.8	7,355	0.695
2000	72.1	13.1	9.4	7,987	0.711
2005	72.8	13.4	10.2	10,772	0.742
2010	74.0	13.5	10.4	12,405	0.759
2015	75.1	14.4	11.0	12,601	0.780
2016	75.2	14.6	11.1	12,877	0.785
2017	75.3	14.6	11.1	13,019	0.787

Sexual and Reproductive Health

Some of the basic indicators related to sexual and reproductive health, that are also a targets of the Sustainable Development Goals (SDGs) and the UN Development agenda 2030, are the maternal mortality rate (target 3.1), infant mortality (target 3.2) and access to sexual and reproductive health care services, including family planning (target 3.7).

Where the **maternal mortality** rate is concerned, according to the data from WHO/Europe: European HFA Database (updated July 2016), the maternal mortality rate per 100,000 live births in Serbia was 12.04 (in 2014), whereas in EU it was 4.72, with a constant decreasing trend[25]. This UN target has been already met at the national level, and focus should be on maintaining this level and further reduction, along with the strengthening prenatal care. According to the *Rulebook on the indicators of the quality of health care in gynaecology and obstetrics*[26], mother and child injuries that are acquired during delivery are monitored and regularly reported. In the period of 2011 – 2015, in general hospitals, the percentage of mothers that were injured during delivery was between 11.6 and 7.2% (last available year: 8.2%), and child injuries between 3.6 and 2.5% (2.9% last available year), which showed slight increase in the previous years[27]. The proportion of pregnancies that are ended by Caesarean section is increasing, reaching 34% in 2015.[28] The proportion of births attended by skilled health personnel is 98.4.[29]

Appropriate **family planning** and access by all couples to **reproductive health care services** is of crucial importance for women's and children's health, and the well-being of the whole family, i.e. unions. The aim of family planning practice is to prevent pregnancies that are too early, too closely spaced, too late or too many (UNFPA, 2013)[30]. The current situation shows a higher abortion rate in Serbia than in the EU countries, or European region (257 vs. 203 and 202 abortions per 1000 live births), with a constant decreasing trend[31]. According to the Serbia Multiple Indicator Cluster Survey (MICS), conducted in 2014,

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[24]Ibid.
25 European health for all database (WHO-DB) WHO/Europe July 2016. Available at: http://data.euro.who.int/hfadb/ (Accessed October 25, 2018)
26Rulebook on the indicators of the quality in health care. Official Gazette Republic of Serbia 49/2010, article 22. Available at: http://www.batut.org.rs/download/uputstva/Pravilnik%20o%20pokazateljima%20kvaliteta%20zdravstvene%20zastite.pdf (Accessed October 25, 2018)
27 Report on the Quality Improvement in Healthcare Institutions in Republic of Serbia. Belgrade, 2016: Republic Institute of public health "Dr Milan Jovanovic Batut", p. 152. Available at: http://www.batut.org.rs/download/publikacije/Izvestaj%20kvalitet%20rada%202017.pdf
28 Report on the Quality Improvement in Healthcare Institutions in Republic of Serbia. Belgrade, 2016: Republic Institute of public health "Dr Milan Jovanovic Batut", p. 152. Available at: http://www.batut.org.rs/download/publikacije/Izvestaj%20kvalitet%20rada%202017.pdf (Accessed October 25, 2018)
29Ibid.
30UNFPA Annual Report 2013.Realizing the potential. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20AR%202013_LR_FINAL.pdf (accessed October 30, 2018)
31 WHO Health for All Database. Available at: https://gateway.euro.who.int/en/indicators/hfa_586-7010-abortions-per-1000-

the current use of modern contraceptive methods is only 18.4 percent[32]. The most popular modern method is still the male condom, which accounts for 12.4 percent, while only 2-3% of women 15-49 years old used the intrauterine device (IUD) and the pill (Table 2.1.3).

Table 2.1.3. Prevalence of use of contraception measures (an assessment) among women 15-49 years old who have a partner[33]

	Any contraception method (%)	Combined pill (%)	Intrauterine device (%)	Condom (%)	Other modern contraceptio n method (%)	Coitus interruptus (%)	Other traditional contraceptio n measures (%)
Serbia	57,5	4,0	2,6	14,9	0,6	31,0	4,4

Unmet need for contraception is defined as the percentage of women of reproductive age (15-49) who are currently married or in union, who are fecund and want to space their child births, or limit the number of children they have,but who are not currently using contraception. In the Republic of Serbia it is 23%, with very little reduction since 2010 (Table 2.1.4).

Table2.1.4. Unmet need among women in Serbia (15-19 years) in 2005, 2010 and 2014

2005			**2010**			**2014**		
Unmet need %			Unmet need %			Unmet need %		
Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting	Total
1,5	36,9	38,4	3,9	19,9	23,7	3,8	19,2	23,0

The adolescent birth rate (an age-specific fertility rate for women age 15-19 years), expressed per 1,000 women is 22[34], while in Roma settlements it is 7 times higher (157 per 1,000 women). The latest value of this indicator (2016) for the EU countries is 10.5.[35]

Sexual and reproductive health is considered an important issue in the Republic of Serbia and legislative frameworks for action are regulated by a number of national documents related to healthcare of women and children, and access to sexual and reproductive health care services. One of them is *The Law of Enacting Rights to Health Care of Children, Pregnant Women and Women After Delivery*[36] which regulates the right to health care and other rights according to the Law, which is particularly relevant for underprivileged vulnerable population groups of women, such as Roma women, but also unemployed women. Another one is the *Decree on the National Program for the Health Care of Women, Children and Youth*[37] that regulates activities on health protection and promotion, according to the national program, and professional methodological guidelines.[38] This Decree is well structured and defined.

live-births/ (Accessed October 25, 2018)

32Statistical Office of the Republic of Serbia and UNICEF (2014). 2014 Serbia Multiple Indicator Cluster Survey and 2014 Serbia Roma Settlements Multiple Indicator Cluster Survey, Key Findings. Belgrade, Serbia

[33]United Nations, Department of Economic and Social Affairs, Population Division. Trends in Contraceptive Use Worldwide 2015. New York: United Nations; 2015

[34] MICS4 Multiple Indicator Cluster Study 2014 http://www.stat.gov.rs/media/3480/mics5-2014-key-findings_serbiaplusserbia-roma-settlements.pdf

[35] Health For All http://www.who.int/gho/maternal_health/reproductive_health/adolescent_fertility/en/ (Accessed October 25, 2018)

[36]Official Gazette RS 104/2013. Available at: http://www.paragraf.rs/propisi/zakon_o_ostvarivanju_prava_na_zdravstvenu_zastitu_dece_trudnica_i_porodilja.html

[37] Official Gazette RS 28/2009. Available at: https://www.pravni-skener.org/pdf/sr/baza_propisa/69.pdf

[38]Stručno metodološko iskustvo za sprovođenje uredbe o nacionalnom programu zdravstvene zaštite žena, dece i omladine.

At the end of the 2017, *National Program for the Preservation and Promotion of Sexual and Reproductive Health of the Citizens of the Republic of Serbia* (Official Gazette of RS No. 120/17) has been adopted. According to the aims of the Program, the role in education on sexual and reproductive issues will involve a number of stakeholders, Ministry of Health, health sector, educational institutions, and higher education sector and academia.

Population and Development

Serbia, as well as a majority of European countries, has been facing unfavorable demographic trends. Natality is low but has been relatively stable for years: the crude birth rate is between 9.1 and 9.2 per 1000 population[39]. However, it is insufficient to provide for the basic replacement of the population, whose crude death rate in the last three years of available data has been similar: 14.3 per 1000 population (2014), 14.6 (2015) and 14.3 (2016) per 1000 population[40]. Natural growth for the last year of available data (2016) is -5.1.

Life expectancy shows a mild, but steady trend of increase within the last thirty years, the last available data for 2018 indicate it is 75.3[41]. The share of population that is 65 years old or more is 17.37%[42], and by all means it can be concluded that Serbian population is getting older. There is also a tendency to migrate toward bigger towns and the capital, Belgrade that have a better economy and higher chances for employment, so depopulation of rural areas is a very common trend in Republic of Serbia[43]. The average age of the general population based on the 2011 census was 40.2 years[44], while in Roma population, which accounts for just 2.05% of the general population, the average age was 27[45].

When the literacy rate is concerned, in a youth population, 15-24 years old, it has been estimated to be 99.72%, which places Serbia among the top of the world.[46] However, this fact should be carefully interpreted, relative to the other information, including that the net enrollment rate of children in primary education is 95.18%[47]. The percentage of youth who are attending secondary education is sub-optimal 89%[31], and is much more serious among youth in Roma communities (22%).[48]

Institut za majku i dete Dr Vukan Čupić, Beograd (2010) Available at: http://www.imd.org.rs/files/strucno-metodolosko-uputstvo.pdf (Accessed on October 26, 2018)

[39]World Bank data. Available at: https://data.worldbank.org/indicator/SP.DYN.CBRT.IN (Accessed October 24, 2018)

[40]World Bank data. Available at: https://data.worldbank.org/indicator/SP.DYN.CDRT.IN?locations=RS (Accessed October 24, 2018)

[41] Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update. Serbia. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SRB.pdf (Accessed October 25, 2018)

[42]World Bank data. Available at: https://data.worldbank.org/indicator/SP.DYN.CBRT.IN (Accessed October 25, 2018)

[43]Statistical Office of Serbia (2017) *Demographic Yearbook 2016,* Belgrade. Available at: http://www.stat.gov.rs/WebSite/public/PublicationView.aspx?pKey=41&pLevel=1&pubType=2&pubKey=4225

[44]Republika Srbija. Republički zavod za statistiku. Srbija 2011 Popis domaćinstava, stanovništva i stanova u Republici Srbiji (engl. Republic of Serbia.Statistical Office of the Republic of Serbia.Serbia Census 2011).Available at: http://popis2011.stat.rs/.

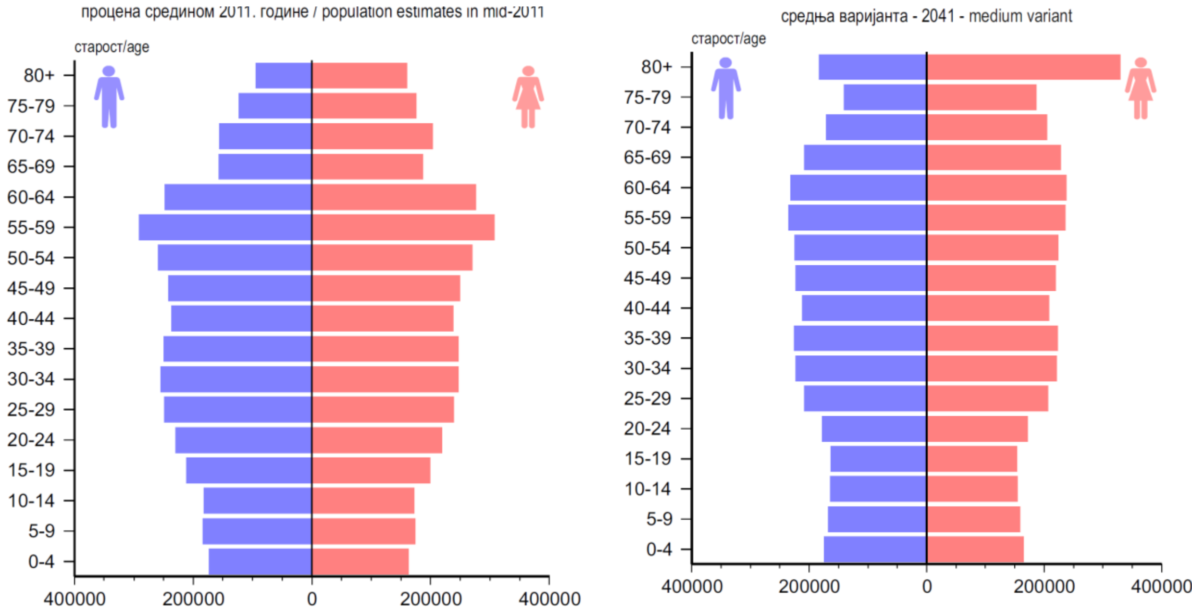
[45]Vukmirović D, Djordjević Lj, Lakčević S (2010) Romi u popisu:probni popis stanovništva, domaćinstava i stanova 1-15. novembra 2009 (*engl. Roma in Census: pilot census of population, households and apartments 1-15 November 2009). Belgrade: Statistical Office of the Republic of Serbia*). Available at: http://media.popis2011.stat.rs/2011/07/Romi-u-popisu.pdf(Accessed on October 26, 2018).

[46] UNESCO, UIS data. Availableat:http://uis.unesco.org/country/RS (Accessed on October 26, 2018)

[47]UNESCO, UIS data. Availableat:http://uis.unesco.org/country/RS (Accessed on October 26, 2018)

[48]MICS4 Multiple Indicator Cluster Study 2014 http://www.stat.gov.rs/media/3480/mics5-2014-key-findings_serbiaplusserbia-roma-settlements.pdf

Figure 2.1.1. Population projection 2011-2041, made by Statistical Office of Serbia, based on Census data 2011[49]



The first *Strategy for Encouraging Childbirth* was launched in 2008. However, it has not been sufficiently implemented in practice, and there has been a need for its revision. Ten years afterwards, a new Strategy for Encouraging Childbirth has been adopted in order to stop Serbia's depopulation[50]. The specific goals of the Strategy included: alleviating the economic cost of raising a child; coordination of professional roles and parenting; lowering the psychological cost of parenting; preserving and improving reproductive health; troubleshooting infertility; enabling healthy motherhood; conducting population education and the empowerment the role of local self-governments in this process.

Serbia has just adopted the *Regulation on the National Program for Support of Breastfeeding, Family and Development Neonates of the Newborn* (OG RS No. 53/18). This program aims to enable the best start in life for each child and to protect its psychophysical health.

The Republic of Serbia has been fully engaged in facilitating the integration of ex-Yugoslavia refugees, including through the Regional Housing Programme. Out of 201,000 internally displaced persons (IDPs) from Kosovo (UNSCR 1244), about 88,000 remain vulnerable and with displacement-related needs, including many Roma.[51] In addition, Serbia received a new wave of migrants, refugees and asylum-seekers, of which 4,300 remained present in the country, as of December 2017, requiring support to realize their legal status, and access to essential services.

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[49]Available at http://publikacije.stat.gov.rs/G2014/Pdf/G20144003.pdf

[50]Strategy for Encouraging Childbirth. Official Gazette Republic of Serbia 25/2018. Available at: http://www.mdpp.gov.rs/doc/strategije/Strategija-podsticanja-radjanja-2018.pdf (Accessed on October 30, 2018)

[51] UNHCR Available at : https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20514&LangID=E (Accessed on October 26, 2018)

Gender equality

The Gender Inequality Index (GII) reflects gender-based inequalities in three dimensions: reproductive health[52], empowerment[53] and economic activity[54]. For every 100,000 live births in Serbia, 17 women die from pregnancy related causes; and the adolescent birth rate is 18.9 births per 1,000 women of ages 15-19.[55] In Serbia, 34.4 percent of parliamentary seats are held by women, and 84.6 percent of adult women have reached at least a secondary level of education compared to 93.0 percent of their male counterparts. Female participation in the labor market is 45.9 percent compared to 61.7 for men[56] (Table 2.1.5).

Table 2.1.5. Serbia's GII for 2017 relative to selected countries and groups[57]

	GII value	GII Rank	Maternal mortality ratio	Adolesce. birth rate	Female seats in parliament	Population with at least some secondary education (%)		Labour force participation rate (%)	
						Female	Male	Female	Male
Serbia	0.181	40	17	18.9	34.4	84.6	93.0	45.9	61.7
Croatia	0.124	29	8	8.9	18.5	94.5	96.9	45.5	57.7
Belarus	0.130	31	4	17.2	33.1	87.0	92.2	58.4	70.7
Europe &Central Asia	0.270		24	25.5	20.7	78.4	85.9	45.5	70.3

The concluding observations of the CEDAW Committee for Serbia (of July 2013) stated that: "The Committee remains concerned for (a) *The persistence of deep-rooted stereotypes and the recent trend of re-establishing traditional roles and responsibilities of women and men in the family and society, which undermine women's social status, participation in public life and professional careers*; and (b) *The predominantly negative attitude, including, in certain cases, hate crimes, towards minority women, Roma women, women with disabilities, women living with HIV and lesbian women, affecting the enjoyment of many of their rights*."

In 2014, Government of Serbia established the Coordination Body for Gender Equality with the Deputy Prime Minister as president, with a mandate to address the issues and to coordinate the work of public administration in regard to gender equality in Serbia.

[52]Reproductive health is measured by maternal mortality and adolescent birth rates. Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update. Serbia. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SRB.pdf (Accessed October 25, 2018)
[53] Empowerment is measured by the share of parliamentary seats held by women and attainment in secondary and higher education by each gender. Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update. Serbia. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SRB.pdf (Accessed October 25, 2018)
[54] Economic activity is measured by the labour market participation rate for women and men. Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update. Serbia. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SRB.pdf (Accessed October 25, 2018)
*United Nations Security Council resolution 1244/99
[55] Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update. Serbia. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SRB.pdf (Accessed October 25, 2018)
[56]Ibid.
[57]Ibid.

In 2016, the Government of Serbia adopted the National Strategy for Gender Equality for the period 2016-2020, with an Action Plan for the next two years. Studies indicate that gender-based violence is highly prevalent in Serbia (See the section below). Within this national strategy, there is Objective 2.7 *Improved Women's Health and Equal Access to Healthcare Services,* which is also related to the SDGs.

Gender-based violence

In the Republic of Serbia, girls and women are still often exposed to serious forms of violence such as violence in the family and partner relationships, sexual harassment, rape and persecution[58]. In 2010, as much as 54.2% of women have experienced violence in family and partner relationships since the age of 15 years.[59]

The data show that almost half of women in the Republic of Serbia have experienced some form of physical violence (46.1%), and every third women reports a physical attack from a family member (30.6%)[60]. The most common perpetrators of the economic (50.6%), psychological (58%) and physical (71.7%) violence are their either current or former intimate partners. The most serious cases of physical violence against women were made by men (96%). In 2013, men (1,451) accounted for 95% of all convicted adults for the criminal offense of domestic violence[61]. The institutional framework for prevention and protection of women from violence in Republic of Serbia has been improving due to the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence ('Istanbul Convention')[62], and the passage of a new Law for Prevention of Domestic Violence in 2016[63].

Adolescent and Youth Health

In the Republic of Serbia, the Ministry of Youth and Sport launched a National Youth Strategy for the period 2015-2025[64]. In this document, the current situation related to youth is well described based on evidence, and it has served as a foundation for defining a number of strategic goals that are to be achieved in the envisioned period.

According to the 2011 Census, 2% of the population aged over 10 is illiterate (five times more women than men); 11% of the population aged over 15 has incomplete primary education; 20.8% has only primary and 48.9% has secondary education[65]. The availability of education is significantly reduced for young people from vulnerable social groups. As regards people with disabilities, 53.3% of those aged older than 15 have completed primary education or incomplete primary education, while only 6.6% of them have completed junior college or university education[66]. When it comes to the Roma community, 87% of them have primary or lower education, and less than 1% of them have completed college or university education[67]. By

[58] National Strategy for Gender Equity 2016-2020. Available at: http://www.mgsi.gov.rs/lat/dokumenti/nacionalna-strategija-za-rodnu-ravnopravnost-za-period-od-2016-do-2020-godine-sa-akcionim (Accessed on October 26, 2018)
[59] Babovic, M, Ginic, K, Vukovic, O. (2010) Mapiranje porodicnog nasilja prema zenama u Centralnoj Srbiji, SZRN,UNDP, Belgrade. Available at: http://www.rs.undp.org/content/serbia/sr/home/library/womens_empowerment/mapiranje-porodicnog-nasilja-nad-zenama.html (Accessed on October 26, 2018)
[60] Ibid.
[61] National Strategy for Gender Equity 2016-2020. Available at: http://www.mgsi.gov.rs/lat/dokumenti/nacionalna-strategija-za-rodnu-ravnopravnost-za-period-od-2016-do-2020-godine-sa-akcionim (Accessed on October 26, 2018)
[62] Council of Europe. Istanbul Convention. Available at: https://www.coe.int/en/web/istanbul-convention/home (Accessed on October 26, 2018)
[63] Official Gazette of the Republic of Serbia, No. 94/2016.
[64] Ministry of Youth and Sports. National Youth Strategy 2015-2025. Available at: http://mos.gov.rs/public/ck/uploads/files/Dokumenta/Omladina/zakoni-i-strateska-dokumenta/Nacionalna%20strategija%20za%20mlade%20-%20ENG.pdf (Accessed on October 26, 2018)
[65] Ibid.
[66] Ibid.
[67] Ibid.

examining gender-disaggregated data, it can be observed that women make up the majority of the total number of people without schooling (81%), but also the majority of graduates (53% in the school year 2012/2013)[68].

When youth health is concerned, there are a number of threats that are identified in recently conducted surveys, and the figures are adjusted for the youth population group. More than one in ten persons who are 13-15 years old smoke cigarettes (13%), and girls are as likely to be smoking as boys are (13.3% vs. 12,7%)[69]. The use of illegal drugs, at least once during their lifetime, was recorded in 12.8% of the younger adult population (18-34 years)[70]. The most commonly used illegal drug in this population is cannabis (marijuana and hashish), which was used by 12.8%% of the respondents aged between 18 and 34 at least once during their lifetime[71].

According to the 2013 National Health Survey[72], 33.1% of the young people in Serbia aged 15–19 engaged in sexual activities, significantly more boys than girls (39.9% against 25.7%). Compared to 2006, there was an increase of 4.1% of young people aged 15–19 who engaged in sexual activities[73].

The median value of engaging in the first sexual intercourse among young people aged 15–24 has not changed compared to 2006; it is 17 years[74]. Girls start their sexual activity somewhat later than boys (18 against 17 years). Nevertheless, if considered separately, age groups 15–19 and 20–24, it can be noted that the age limit for engaging in the first sexual intercourse is going down (from 18 to 16). According to the results of a 2013 survey, some 2% of young people start their sexual activity before they turn 15.[75]

In the general population, the percentage of women aged 20-24 who have given birth to a child before the age of 18 is 1.4%, while in Roma settlements, the percentage of women aged 20-24 who gave birth to a child before turning 18 is 38.3%[76]

Almost two thirds of female respondents in Gender Barometer Survey 2012[77] have not had an abortion. However, 18% had one abortion, while 10% had more than one. Among women with university education, 73% have not had an abortion, compared to 51% of those with the lowest levels of education who have not had one[78]. One in four women with low education levels had more than one abortion[79].

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[68]Ibid.
[69] Ibid.
[70]Nacionalno istraživanje o stilovima života stanovništva Srbije 2014. godine. Korišćenje psihoaktivnih supstanci i igre na sreću. (engl. *National Survey on lifestyles and use of psychoactive substances and gambling in Serbia 2014*). Institute of Public Health of Serbia "Dr Milan Jovanovic Batut". Belgrade, 2014. Available at: http://www.batut.org.rs/download/publikacije/Izvestaj%20srpski%20web.pdf . (Accessed on October 30, 2018)
[71]Ibid.
[72]Results of the National Health Survey of the Republic of Serbia 2013. Ministry of Health Republic o f Serbia, Institute of Public Health of Serbia "Dr Milan Jovanovic Batut". Belgrade: 2014 , pg. 55 Available at: http://www.batut.org.rs/download/publikacije/2013SerbiaHealthSurvey.pdf (Accessed on October 30, 2018.(
[73]Ibid.
[74]Ibid.
[75]Ibid.
[76]MICS4 Multiple Indicator Cluster Study 2014. Available at: http://www.stat.gov.rs/media/3480/mics5-2014-key-findings_serbiaplusserbia-roma-settlements.pdf
[77]The 2012 Gender Barometer Survey. Available at: http://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/country/serbia/gender%20barometer%20in%20serbia.pdf?la=en&vs=5518 (Accessed October 30, 2018) pg. 257
[78]Ibid.
[79]Ibid.

Around 34% of EU citizens state that they have never engaged in physical exercise, while in Serbia as much as 56% percent of the population has never engaged in physical exercise. When the EUROBAR and CESID research data are compared, it can be seen that the main reason for low participation in sports activities is the lack of time[80]. This is the main reason cited by the EU, while the findings in Serbia show that this reason applies to smaller part of population - about 40%. There is no information about the participation of women and girls in professional, recreational and school sports, but the data on investment in women's and men's sports at the local level show a disproportionately small budget funds allocated for female athletes, while in some local communities there are no sporting activities suitablefor girls and young women[81]. The Gender Barometer Survey for 2012 has shown that only 11% of women are engaged in recreation and they do it significantly less frequently than men[82].

2.2 The role of external assistance

The role of external assistance to the four programmes varies considerably but has some common characteristics over time. As shown below in **Table 2.2.1,** the overall disbursements for the four countries/entities have declined since 2008 when they were at their highest levels, (over $500 million for Serbia) to more constant lower levels in 2016 ($175.44 million for Serbia). Importantly, when taking into account the size of the populations, which is about 7 million for Serbia, the annual per capita size of the disbursements for 2016 is $25 for Serbia.

Table 2.2.1.Total Official Development Assistance Disbursements to Serbia, 2008 to 2016, in US Dollar (millions)

	2008	2009	2010	2011	2012	2013	2014	2015	2016
Serbia	506.51	269.2	299.31	225.97	149.4	129.8	136.83	146.78	175.44
North Macedonia	134.84	127.38	89.23	67.62	73.09	96.87	79.54	45.40	51.88
Bosnia and Herzegovina	258.82	265.62	231.24	245.94	195.24	168.68	189.54	147.23	164.62
Kosovo	..	438.81	180.95	177.22	281.26	254.89	241.54	185.70	177.26

Source: Dataset: Aid (ODA) disbursements to countries and regions [DAC2a] Definition: *Destination of Official Development Assistance Disbursements (ODA Disbursements). Geographical breakdown by donor, recipient and for some types of aid (e.g. grant, loan, technical co-operation) on a disbursement basis (i.e. actual expenditures). The data cover flows from all bilateral and multilateral donors except for Tables DAC 1, DAC 4, DAC 5 and DAC 7b which focus on flows from DAC member countries and the EU Institutions.*

As shown in Table 2.2.2., the total annual UNFPA contributions to the Serbia UNFPA programme from 2008 through 2017 varied from a low of 0.11 million in 2009, just after the economic crisis, to 0.65 million USD in 2010 and 2011. Since 2013, there is a constant trend in rising UNFPA development assistance to Serbia (this is excluding funds from other sources for UNFPA related activities). Overall, for the past ten years, UNFPA has maintained an ongoing commitment of more than one million dollars per year to the four country programmes, with the exception of 2013 when it dropped to just 0.97 million (Table 2.2.2).

[80]Ibid.
[81]Ibid.
[82]The 2012 Gender Barometer Survey. Available at: http://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/country/serbia/gender%20barometer%20in%20serbia.pdf?la=en&vs=5518 (Accessed October 30, 2018)

Table 2.2.2.Total UNFPA contributions to four country programmes from 2008 through 2017 (excludes funds from other sources for UNFPA activities) in US Dollar (millions)

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Serbia	0.60	0.11	0.65	0.65	0.44	0.13	0.27	0.35	0.36	0.63
North Macedonia	0.15	0.24	0.23	0.19	0.20	0.23	0.28	0.41	0.29	0.30
Bosnia and Herzegovina	0.43	0.41	0.53	0.42	0.37	0.37	0.59	0.52	0.42	0.40
Kosovo	..	0.45	..	..	..	0.24	0.23	0.25	0.30	0.29
Total	1.18	1.21	1.41	1.26	1.01	0.97	1.37	1.53	1.37	1.62

CHAPTER 3: UNFPA strategic response and programme in the Republic of Serbia

3.1 UN Strategic response

The following section summarizes the UN Strategic Response from the view point of the Republic of Serbia.The Government of the Republic of Serbia, in the close collaboration and partnership with the United Nations Country Team in Serbia (UNCT), developed a strategic document, the *United Nations Development Partnership Framework* (UN DPF) for the period 2016-2020. The UN DPF is aligned with the SDGs, the European integration priorities of EU candidate countries, and national development priorities. It consists of five priority pillars with respective outcomes:

1) **Governance and Rule of Law:**

   Outcome 1: By 2020, people in Serbia, especially vulnerable groups, have their human rights protected and have improved access to justice and security

   Outcome 2: By 2020, governance institutions at all levels have enhanced accountability and representation to provide better quality services to people and the economy

   Outcome 3: By 2020, state institutions and other relevant actors enhanced gender equality and enable women and girls, especially those from vulnerable groups, to live lives free from discrimination and violence

2) **Social and Human Resources Development:**

   Outcome 4: By 2020, high quality, inclusive, equitable, gender sensitive, and age appropriate health services that protect patient rights are available and utilized by all

   Outcome 5: By 2020, an efficient education system is established that enables relevant, quality, inclusive and equitable education to all, particularly the most vulnerable, and increases learning and social outcomes

   Outcome 6: By 2020, the social welfare system is strengthened to provide timely, holistic and continued support to individuals and families at risk and enable them to live in a safe, secure, supportive family and community environment

3) **Economic Development, Growth, and Employment:**

   Outcome 7: By 2020, there is an effective enabling environment that promotes sustainable livelihoods, economic development, focused on an inclusive labour market and decent job creation

4) **Environment, Climate Change and Resilient Communities:**

   Outcome 8: By 2020, there are improved capacities to combat climate change and manage natural resources and communities are more resilient to the effects of natural and man-made disasters

5) **Culture and Development:**

   Outcome 9: By 2020, Serbia has inclusive policies ensuring an enhanced cultural industries sector, promoting cultural diversity and managing cultural and natural heritage as a vehicle for sustainable development

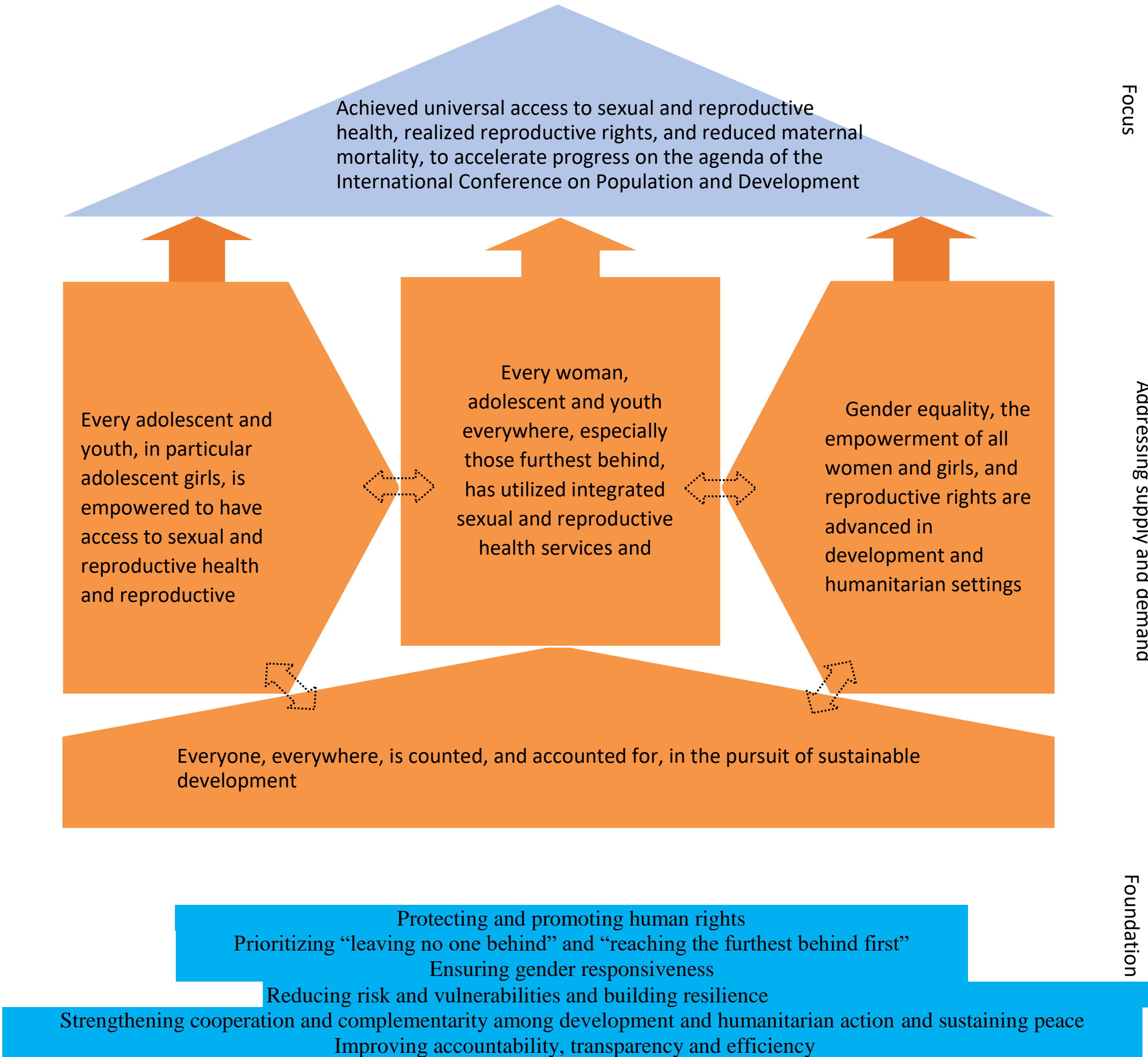
The UN DPF is implemented by promoting the following cross-cutting programming principles: a. Promote fundamental human rights; b. Ensure gender equality; c. Promote environmental sustainability; d. Strengthen entrepreneurship and competitiveness; e. Advance independence and engagement of civil society and media; and f. Improve the quality and availability of data.

The theory of change underlying the UNFPA strategic plan 2018-2021 presents a focus on achieving universal access to sexual and reproductive health, realization of reproductive rights and reduction of maternal mortality to accelerate progress on the ICPD agenda which depends on attaining four conditions, which are identified as outcomes of the strategic plan, addressing supply and demand elements (Figure 3.1.1):

a) Every women, adolescents and youth everywhere, especially those further behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free is coercion, discrimination and violence.
b) Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.
c) Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

The foundation of the overall change model is the condition that "everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development". The basic principles of the program include protecting and promoting human rights, prioritizing "leaving no one behind" and "reaching the furthest behind first", ensuring gender responsiveness, reducing risk and vulnerabilities and building resilience, strengthening cooperation and complementarity among development, humanitarian action and sustaining peace and, above all, being efficient, accountable and transparent to all stakeholders.

Figure 3.1.1. Summary of the UNFPA strategic plan 2018-2021 theory of change



3.2 UNFPA response through the country programme

This part of the Report provides a brief description of UNPA's previous cycle strategy, goals and achievements, as well as the current country programme and its logic model, and the financial structure of the programme in Republic of Serbia.

3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements

The work of UNFPA in Serbia started in 2006, guided by UNDAF framework. Since 2007, UNFPA has implemented stand-alone projects, within the United Nations Development Assistance Framework (UNDAF). The UNDAF evaluation and the evaluative evidence[83] highlighted the following for Serbia: (a) sustainable development and social inclusion are still highly relevant; (b) increased focus on the older people due to demographic ageing is needed; (c) investment in core areas of UNFPA work, including achieving positive changes in reproductive health, women's empowerment and population trends, remains relevant; (d) UNFPA should continue to support the realization of international standards by supporting civil society organizations and networks towards universal access to sexual and reproductive health, the realization of reproductive rights, family planning, ageing and empowerment of young people; and (f) UNFPA should continue its efforts in better positioning the office in relation to national counterparts and within the region.

3.2.2 Current UNFPA country programme

The first UNFPA five year Country Program Document (CPD) 2016-2020 was developed in 2015, in line with UNDPF (2016-2020) and the UNFPA Strategic Plan 2014-2017. The Country Program 2016 - 2020 had three outcomes that covered the following areas of the UNFPA mandate:

- *Reproductive Health and Rights:* UNFPA is committed to increase availability and use of integrated sexual and reproductive health services that are gender responsive and meet human rights standards for quality of care and equity in access.
- *Youth Health:* UNFPA is committed to increase priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.
- *Population and Development:* UNFPA aims to strengthen national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Gender Equality and Empowerment of Women is not presented as a separate outcome, but rather as a cross-cutting theme, being in line with the UNFPA commitment to advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**.**

The first five-year Country Program (2016-2020) is being implemented in close partnership with the Government of the Republic of Serbia. This includes collaboration with the Ministry of Health Republic of Serbia; Ministry of Youth and Sport; Minister without portfolio responsible for demography and population

[83] "Evaluative Evidence" Using Light Methodology of the UNFPA Programme Framework of Assistance to the Government of the Republic of Serbia (2011-2015), March 2015

policy, and Ministry of Labour, Employment, Veterans and Social Affairs, and members of parliament (MPs).

The financial assistance of the Country Programme (2016-2020) approved by Executive Board foresaw a total of $2.5 million out of which $1.5 million from regular resources and $1 million through co-financing modalities and/or other responses.

Logic Model: As shown below in Figure 3.2.2a, a simplified logic model illustrates how planned activities in three focus areas and gender equality are to achieve outputs that, in turn, will accomplish three major UNFPA Country Programme Outcomes in Republic of Serbia. These three major outcomes are to contribute to the above mentioned three UNDPF pillars and the overall UNFPA goal: *"To improve the lives of women, adolescents and youth, through achieved universal access to sexual and reproductive health, realized reproductive rights, reduced maternal mortality to accelerate progress on the ICPD agenda; enabled by population dynamics, human rights and gender equality"* (Figure 3.2.2a). The three focus areas[84], with corresponding outcomes and outputs are as follows:

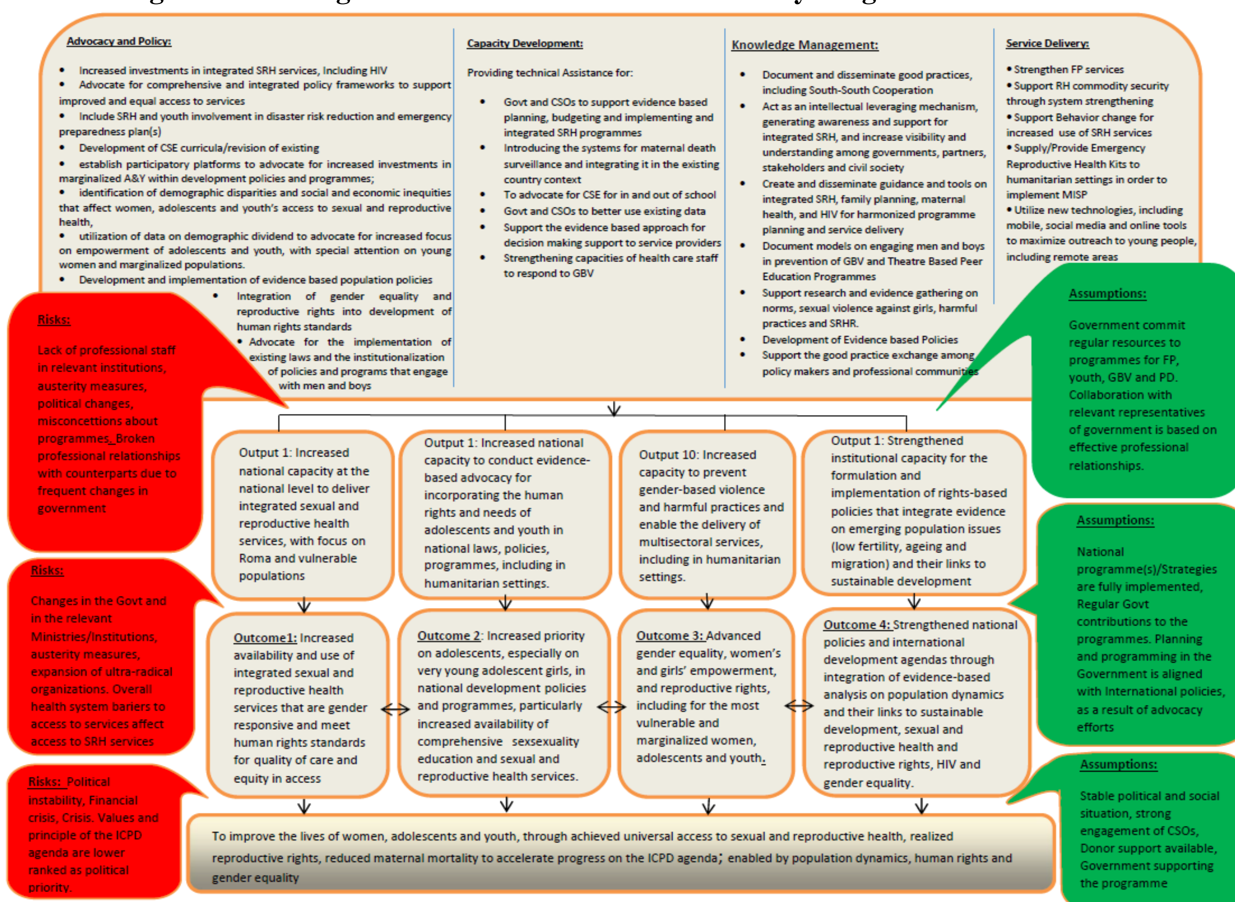
- *Reproductive Health and Rights* Outcome 1, which is "Increased availability and use of integrated sexual and reproductive health services that are gender responsive and meet human rights standards for quality of care and equity in access" is to be achieved through the output, "Increased national capacity at the national level to deliver integrated sexual and reproductive health services, with focus on Roma and vulnerable populations."

- *Youth Health* Outcome 2, Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services is to be achieved through the output, "Increased national capacity to conduct evidence- based advocacy for incorporating the human rights and needs of adolescents and youth in national laws, policies, programmes, including in humanitarian settings."

- *Population and Development* Outcome 4, Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality is to be achieved through the output, "Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing and migration) and their links to sustainable development."

[84] Gender equality and empowerment of women are not independent outcomes but rather cross-cutting theme, related to the advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth, which are to be achieved through the output "*Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings*."

Figure 3.2.2a. Logic model for UNFPA Serbia Country Programme 2016-2020



3.2.3 The financial structure of the programme

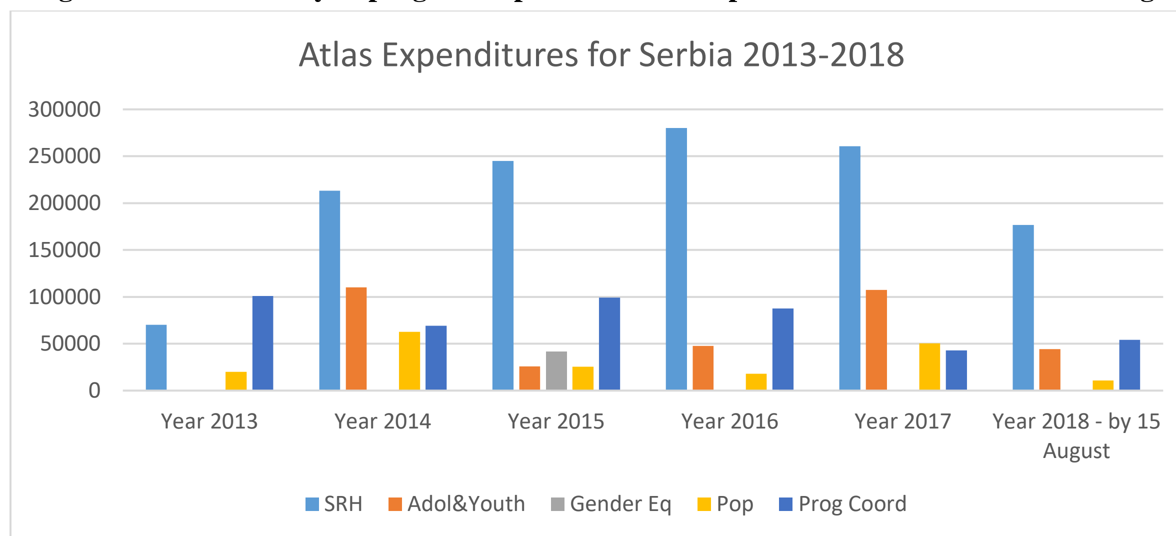
For the implementation of the UNFPA country program in a five years period (2016-2020), total of USD 2.5 million is planned: $ 1.5 million from regular resources and $1 million through co-financing modalities and/or other resources, including regular resources (Table 3.2.3a). The structure of the budget per focus areas (Sexual and reproductive health, adolescents and youth, population dynamics, programme coordination and assistance) is also given in Table 3.2.3a, and it can be observed that equal amounts are planned for second and third focus area (Outcome 2 and 4), $ 0.75 million, and slightly more for the first focus area ($ 0.80 million, for Outcome 1). Gender equality and gender based violence are cross cutting themes, and therefore, the budget for program activities related to them are not presented separately, except for the year 2015.

On the Figure 3.2.3b, the structure of the expanses for the period 2013- 2018 has been presented, per each focus area. The highest expenditures were recorded in 2016, mainly for sexual and reproductive health.

Table 3.2.3a. Summary of four five-year country programme for the Republic of Serbia financial outlines for 2016 through 2020

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.40	0.40	0.80
Outcome 2	Adolescents and youth	0.45	0.30	0.75
Outcome 4	Population dynamics	0.45	0.30	0.75
Programme coordination and assistance		0.20	–	0.20
Total		**1.50**	**1.00**	**2.50**

Figure3.2.3b. Summary of program expenses for the Republic of Serbia from 2013 through 2018



CHAPTER 4: Findings: answers to the evaluation questions by program focus area

4.1Sexual and Reproductive Health (Relevance, Effectiveness, Efficiency, Sustainability)

4.1.1. Relevance

EQ1. To what extent is the UNFPA programme (i) adapted to the needs of women, adolescents and youth, people at risk of HIV infections, disabled and older persons, and Roma, (ii) and in line with the priorities set by the international and national policy frameworks, (iii) aligned with the UNFPA policies and strategies and the UNDAF (or equivalent document) as well as with interventions of other development partners? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan? **EQ2.** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in countries?

Summary Findings - Relevance of SRH Program Area Based on stakeholders' interviews, site visits and review of pertinent program documents, the current SRH program that is being implemented according to the Country Program Document (CPD) 2016-2020 has been consistent with UNFPA policies and strategies, as well as global priorities, including ICPD Program of Action. There are clear evidences that program is established upon a situational analysis of population needs, based on recently conducted surveys and official statistics. Changes in the national context, such as changes in the decision making governmental structure after elections, impeded the implementation of the program, but not in a way that jeopardizes its overall realization. Stakeholders pointed out that UNFPA CO was very capable of providing relevant support to country in emergency situations (such as natural disasters - catastrophic floods that happened in Serbia in May 2014) and humanitarian crisis (during the recent migrant crisis and their movement through the country, within so called "Balkan route", which is still active although officially closed).

Results from the interviews conducted with stakeholders relevant for the SRH focus area and a review of program documents (CPD 2016-2020, COAR 2013 to 2017, SPRs, UN Common Country Assessment for the Republic of Serbia in 2015, UNFPA SP 2018-21 and 2013-17) consistently indicated that UNFPA programs are to great extent adapted to the needs of women, adolescents and youth, people at the risk of HIV infection, disabled, older persons and Roma. The evolving needs of women, adolescents and youth related to the sexual and reproductive health and reproductive rights were taken into account in the programme design, especially in CPD 2016-2020. In this document, the needs of these vulnerable population groups are identified based on recently conducted surveys and routinely collected data, such as MICS survey 2014and National Health Survey 2013. These needs are clearly elaborated in the Situation analysis of a CPD 2016-20, where it is indicated that, for example, unmet need for contraception is 14.9 per cent in the general population and 13.9 per cent in Roma women (according to data from 2015). Cervical cancer is the second leading cause for dying of cancer for women of reproductive age, at 6.4 per cent per 100,000 populations. Also, it is stated that "the capacity of health providers to deliver high-quality sexual and reproductive health services needs strengthening; there is no coherent sexual and reproductive health strategy, and standards for quality of care for sexual and reproductive health services are lacking". The UN Common Country Assessment (2015) also provides a good situational analysis in the field of reproductive health (pg. 53), based on the same primary resources.

There are many examples that these needs have been taken into account in program design and implementation of activities. Early examples of UNFPA CO programs back in 2013 and 2014 were related to capacity development of national counterparts (MoH and institutions, including Roma health mediators) on family planning, through attending international and national trainings, and conducting comprehensive situation analysis regarding reproductive health in Serbia which was needed for the initiation of the development of the National Programme on Family Planning in Serbia. More recent response to identified needs includes examples such as development of The National Clinical Guidance for Modern Contraceptive Provision, in relation to family planning and contraception, as a part of sexual and reproductive health in Serbia for 2016/17. UNFPA Serbia CO also organized a round table related to the needs of women of reproductive age and maternal mortality, called "Beyond the numbers" (BTN), with the experts from key national institutions (MoH, Institute of Public Health, Institute for Mother and Child). This round table was held on November 27, 2017, and was part of a sub-regional UNFPA initiative. National health institutions in Serbia were introduced with the BTN and tools adopted by the World Health Organization Making Pregnancy Safer initiative.

All interviewed stakeholders believed that UNFPA programs in the SRH focus area have been completely in line with the priorities set by the relevant international frameworks, primarily UNFPA SP 2013-2017 and 2018-2021, and national policy frameworks, such as the UNDAF 2016-2020 (UN Development Partnership Framework). This was confirmed in the document's review. For example, in the UN Development Partnership Framework, Outcome 4 (within Pillar II) is associated with the recognized need to strengthen institutional systems that would support underprivileged individuals and families; explicitly stating that "by 2020, high quality, inclusive, equitable, gender-sensitive and age appropriate health services that protect patient rights are available and utilized by all". This outcome is linked to the UNFPA programs related to providing integrated sexual and reproductive health services, and UNFPA is recognized and expected to contribute in achieving this outcome through its complementary activities.

UNFPA's program priorities are in line with the following national documents: the National Programme for health protection of women, children and adolescents, the National Youth Strategy, the National Strategy for Roma inclusion, the National Strategy on Gender Equality, as well as the National HIV/AIDS Strategy, and the National Strategy on Ageing. In addition, interviews with stakeholders revealed that UNFPA SRB CO is showing great flexibility in program design and defining priorities for action, which are being conducted in collaboration with relevant governmental bodies and current priorities at the national level. The UNFPA office is able to make *ad hoc* adjustments of priorities for the program's implementation, according to the actual national situation, and with the respect to newly identified needs (such as an emergency situation related to floods in May 2014 or migrant crisis that started in 2015).

National UNFPA programs are completely aligned with the UNFPA Strategic Plan (UNFPA SP). There is ample evidence for this. For example, within Outcome 1 of UNFPA SP 2014-17, and Output 1, there is an Indicator 1.1. "Number of countries that have guidelines, protocols and standards for healthcare workers for the delivery of quality sexual and reproductive health services for adolescents and youth". This indicator corresponds with the Indicator 1 (Outcome 1, Output 1) of national CPD 2016-20, which is "Number of guidelines, protocols and standards for health professionals developed for delivery of integrated quality SRH services (including for adolescents and youth)". The achievement of this indicator was reported in COAR 2017 (1 targeted, 1 achieved), and it is related to the development of the National Clinical Guidance for Modern Contraceptive Provision. This guidance is developed according to the Action Plan for Sexual and Reproductive Health: Towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, and in line with international standards, as a part of sexual and reproductive health for Serbia for 2016/17.

ICPD goals are incorporated and fully reflected in UNFPA CO Serbia CPD, which sets out a number of objectives related to development of national capacities, such as (a) developing evidence-based policy and

administrative frameworks setting up standards of care for all; (b) providing pre- and in-service training to strengthen the capacity of health providers to deliver high-quality sexual and reproductive health and reproductive rights services; (c) improving population knowledge and skills for safe behavior and increasing demand for relevant information and equitable services; (d) strengthening reproductive health commodity security; (e) advancing policy work on cervical cancer screening programmes; (f) generating evidence on sexual and reproductive health needs and the health sector response; (g) integrating the Minimum Initial Service Package for reproductive health in crisis situations in emergency preparedness plans; and (h) strengthening the capacity of the health sector to address gender-based violence. A human rights-based approach was applied in all interventions, as noted in UNFPA CPD 2016-20.This approach is guided by four key priorities: (a) access to affordable, integrated sexual and reproductive health services that are of high quality and meet human rights standards; (b) strengthened accountability in order to eliminate all forms of discrimination; (c) empowerment of marginalized groups; and (d) development of human rights-based population policies.

The Republic of Serbia is considered as a pink country, according to the nation's level of development within UNFPA's framework. UNFPA program strategies include advocacy, policy dialogue and advice, but also capacity building and knowledge management.

As mentioned earlier, the objectives and strategies of CPD CO Serbia and corresponding Annual Working Plans in field of SRHR are in line with the goals and priorities set in the both UNFPA Strategic Plan 2013-17 and its Annex 1 related to Integrated results framework. The theory of change that was developed by the UNFPA CO Serbia is completely in line with the outcome theories of change presented in Annex 2 of the UNFPA Strategic Plan 2013-17. According to the documents review and interviews with stakeholders, HIV issues have not been directly addressed by the UNFPA programs, since in the previous period, Global Fund projects were active at the national level and provided support related to prevention and response to HIV/AIDS. According to the results from the interviews with stakeholders, and review of the documents, it can be concluded that UNFPA SRB CO is able to adjust timing of their program activities according to the changes that happen at the national level, either due to the changes in the governmental structure and key contact persons after elections, or due to the emergency situations (catastrophic floods that happened in May 2014 or migrant crisis since 2015). Based on the interview' findings, all of the program activities the CO is planning are in a close partnership with governmental institutions i.e. relevant ministries, making sure that all support is provided according to current national priorities.

UNFPA CO has mechanisms in place that are facilitating these changes, which is reflected in the UNFPA CPD 2016-20, where it is stated that the program will advocate and provide technical support to the respective institutions for integrating the Minimal Initial Service Package (MISP) for reproductive health in crisis situations in emergency preparedness plans (within the Output 1 which is related to achieving Outcome 1 or Sexual and Reproductive health). Another example that demonstrates UNFPA SRB CO ability to respond to changes is the existence of the Resource Mobilization Strategy, where different co-funding options are considered, from different partners, such as the Government, United Nations partner agencies and other development partners on identified priorities and funding gaps (UNFPA CPD 2016-20, article 15).

UNFPA CO received compliments for their ability to quickly recognize and react to the needs that arose in an aggravated humanitarian situation, such as migrant crisis. Their response was assessed as immediate, being one of the first UN agencies to respond, without administrative barriers that would prevent them from reacting early, and targeting the needs that could have been easily overlooked. In the list of Atlas programs, the example of the UNFPA CP emergency humanitarian response was identified as being timely, appropriate and sufficient in the provision of dignity items and information for vulnerable refugees, asylum seekers and migrants in Serbia (in 2015). In addition to this effort, UNFPA SRB CO was able to mobilize non-core funds in 2016 and to provide mobile gynecological clinics with minimum human resources, including a female interpreter, to provide culturally sensitive and appropriate SRH and GBV services to refugee/migrant girls and women, at two most affected cities / centers (Sid and Vranje).

The current UNFPA CPD reflects and is effectively aligned with these key policy/strategy areas: the UNFPA Strategic Plan and strategies, the goals of ICPD PoA, and the SDGs. In the document (UNFPA CPD), in article 11, it is explicitly stated that "The country programme is aligned with national priorities, the United Nations Development Assistance Framework (2016-2020), the UNFPA Strategic Plan, 2014-2017 and the country's aspiration for European integration". Moreover, the agenda for the ICPD Beyond 2014 plan was taken into account, as well as the post 2015 Global Development Agenda. The UNFPA CO Serbia planned their activities according to these agendas, such as participation of Serbian delegations in high level technical and political events at regional and international level support to the activities related to their promotion[85]. The UNFPA CO Serbia also mapped governmental positions in key ICPD issues, along with a justification of certain positions[86], which is very helpful in assessing future needs and courses of action in national UNFPA programs.

According to the interviews and review of key documents, UNFPA CP has explicitly attempted to attain consistency with the most relevant UN documents (UNFPA policies, ICPD PoA, and MDGs and SDGs), although SDGs and agenda 2030 was not adopted at the time of CPD approval in 2015.

4.1.2. Effectiveness

EQ3. To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of these planned outcomes:(i). increased utilization of integrated SRH Services by those furthest behind, (ii). increased the access of young people to quality SRH services and sexuality education, (iii). mainstreaming of provisions to advance gender equality, and (iv). developing of evidence-based national population policies; and what was the degree of achievement of the outcomes? **EQ4** To what extent has UNFPA contributed to an improved emergency preparedness in the Republic of Serbia in the area of maternal health / sexual and reproductive health including MISP? **EQ5**To what extent has each office been able to respond to emergency situations in its Area of Responsibility (AoR), if one was declared? What was the quality and timeliness of the response?

Summary Finding - Effectiveness of SRH Programs The Country Program Document 2016-2020 for Outcome 1 defined one output, and five output indicators. These indicators are related to the number of guidelines, protocols and standards, and they have been achieved in every year according to the planned annual activities. The recent adoption of the First national program for sexual and reproductive health presents a milestone in this field, and UNFPA SRB CO had a significant role in that process. The other output indicators are measured in a dichotomous manner (yes/no), and two of them have been already achieved: the Minimum Initial Service Package for reproductive health in crisis situations was integrated into the draft of the state emergency-preparedness plans (yes), and the integration of gender-based violence prevention and protection measures and response was included into national sexual and reproductive health programs (yes). The other two output indicators have not been achieved yet (establishing a mechanism for maternal mortality surveillance and response, and development of a costed integrated national sexual and reproductive health action plan), but there is evidence of activities conducted that will make these achievements possible by the end of program period. HIV issues have not been directly addressed by the UNFPA CO programs.

[85]Found in the document UNFPA SERBIA 2015 Communication and Advocacy Plan, External communications plan
[86]Found in the document UNFPA SERBIA 2015 Communication and Advocacy Plan, Annex 2
[87]According to the Standard Progress Report for 2016 and 2017, and COAR 2016 and 2017.

protocols and standards for healthcare workers developed for delivery of integrated quality SRH services (including for adolescents and youth); the Minimum Initial Service Package for reproductive health in crisis situations integrated into Health Sector Emergency Response Plan (the document is prepared by MoH but has not been officially adopted yet), and the program for gender-based violence prevention, protection and response has been integrated into National Programme for Preservation and Promotion of Sexual and Reproductive health of the citizens of Serbia.

Within the Outcome 1 of the CPD 2016-20, program activities related to GE and GBV are also presented, while in the year prior to implementation of this CPD (in 2015), when the program was conducted according to the UNDAF 2011-15, GE and GBV activities were presented as an independent outcome. However, for this report GE and GBV activities are presented separately, although the budget and expenses for GE and GBV activities are incorporated into the overall SRH budget and expenses.

An important output that represents a milestone is the completion of the **First National Program for Preservation and Promotion of Sexual and Reproductive Health of the citizens of Serbia** that was drafted in 2017 by the working group endorsed by MoH, and adopted in December 28, 2017, and enforced since January 7, 2018. This document defines SHRH goals, expected results and corresponding activities, while its action plan for implementation and budgeting (costing) remain to be developed.

Two output indicators remain to be achieved in the upcoming years of program implementation: "Established mechanism for maternal death surveillance and response system established at national level", and "Costed integrated national sexual and reproductive health action plan".

When it comes to achieving the outcome indicator related to sexual and reproductive health and reproductive rights (Prevalence of modern contraceptive methods among women aged 15-49 who are married or in union, in Roma and general population), key informants were consistent in their response that it is too early to assess it, especially having on mind that the First National Program for Preservation and Promotion of Sexual and Reproductive Health of the citizens of Serbia has just been officially launched last year. Data for this indicator will be provided by Multiple Indicator Cluster Survey (MICS) study was planned to be conducted during this year, with the partial support by UNFPA CO, and its results will be informative for achievement of this outcome.

Interviewed stakeholders lauded UNFPA programs for their realistic planning and defining feasible outcomes and outputs. The majority of progress related to achieving Outcome 1 could be attributed to UNFPA activities, since to our best knowledge and results from the interviews, none of the other agencies or institutions have a mandate and focus on supporting national institutions to increase their capacities to deliver integrated reproductive and sexual healthcare services. However, there are some activities in the Roma population that are being implemented by Roma mediators (under the auspices of MoH) which might contribute to the achievement of this outcome.

UNFPA SRB CO reported that the mminimum preparedness for humanitarian disasters has been established by country office, which conducted emergency preparedness processes and activities to help mitigate risk in the event of an onset of crisis (COAR 2017). It was also stated that a media list was compiled (in cooperation with the RC office), and the list of potential donors and partners in the country with existing capacities relevant for the UNFPA emergency mandate was identified.

As a part of emergency preparedness and disaster risk reduction in the country, UNFPA achieved the key result, which was delivering a workshop for 20 representatives of policy makers and public health professionals, with an aim to raise awareness among them on the Minimal Initial Service Package (MISP) for SRH (COAR 2015). Minimum preparedness actions (MPAs) relevant for CO were included in the AWP for 2017, and MPAs were achieved through MISP training for partners. Milestones in this field comprised: (1) completed Business Continuity Plan; (2) completed Voluntary Self-Assessment of Minimum Operating Security Standards (MOSS) to achieve individual office compliance level above 91%; (3) all activities and projects funds for direct security costs are allocated, and (4)

inputs from UNFPA Regional Security Advisors (RSAs) are sought and incorporated in security documents, prior to approval by the Security Management Team (SMT) e.g.: draft Security Risk Management (SRM), Locally Cost Shared security Budgets (LCSSB) and Minimum Operating Security Standards (MOSS) (as stated in 2017 COAR).

Interviewed stakeholders consistently emphasized very important and significant role that UNFPA had in the emergency preparedness process, and in the COARS 2016 and 2017 it is stated that following results are achieved: (1) Minimum preparedness actions relevant for CO are included in AWP in 2017, and (2) All 12 Minimum preparedness actions (MPAs) are achieved through MISP trainings for partners.

Emergency situations on Republic of Serbia have not been officially declared, but in 2014 Serbia faced extreme floods that caused significant humanitarian emergency. According to the interviews, UNFPA CO was one of the first agencies who reacted and provided help and support within their mandate. According to the SPR 2014, UNFPA CO SRB was able to mobilize non-core resources from UN Human Security Trust Fund, in the amount of 65,126 USD, and 114,913 from CERF. For that purpose, emergency RH kits were purchased and delivered, in the amount of 103,051 USD (data from ATLAS for 2014).

Besides floods, UNFPA SRB CO was able to rapidly respond to migrant crisis as well, by purchasing and delivering dignity hygienic kits to women and girls (including distribution of condoms as well), and mobile clinics for gynaecological exams. From 2015, two donated mobile clinics provided 1,243 examinations, and out of the total number, 595 were pregnancy examinations (*Source:* UNFPA SRB CO staff). Effective emergency response to migrant crisis include delivery of hygienic kits and condoms at eleven locations, and it is important to emphasize that there were no other actors in the field distributing the same type and kind of items (COAR 2016). In total, 2,416 refugee/migrant women and young girls were assisted with 29,105 dignity kits (COAR 2016). Since 2015, total of 60,000 dignity kits were provided for 8,130 women (*Source:* UNFPA SRB CO staff). In addition to this effort, a MISP and PEP on HIV workshop was attended by 115 health and non-healthcare workers in migrant centers in Sid, Subotica and Presevo. This workshop raised awareness and sensitized participants to the needs of this population group, including knowledge about the emergency contraceptive methods, sexually transmitted diseases and prevention of HIV. Mobilization of non-core funds and additional funding for these purposes was challenging after March 8, 2016, since at that date the so called “Balkan Route” for migrants was closed.

Results from the interviews indicated that the UNFPA response in the 2016 humanitarian migrant crisis was very good, timely, reliable, providing relevant and valid support, and easily accessible without a lot administrative issues.

Constraints for the achievement of planned Outcome 1“Increased national capacity to deliver integrated sexual and reproductive health services with focus on marginalized populations, including in humanitarian settings” are related to misconceptions about family planning and modern contraceptives, which requires continuous and dedicated work with target population, but also decision makers, in order to change these misconceptions (as mentioned in COAR 2017). In the COAR 2017 it was stated that current capacity building efforts are not sufficient, as FP and SRH are not priorities and everything depends on the personal will of key staff in MoH.

A key facilitating factor is that the governmental institutions, primarily the MoH, have the will and motivation to work on objectives related to health (COAR 2017). Another facilitating factor is that the Republic of Serbia is in the process of joining the European Union and this has been recognized as an exceptional opportunity to implement the necessary reforms in various areas of society, from judiciary, health to education, in order to enable citizens a better life. The Serbia government is expressing interest to provide further social and economic development in accordance with the basic values of the EU (COAR 2017).

4.1.3. Efficiency

EQ6. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents?

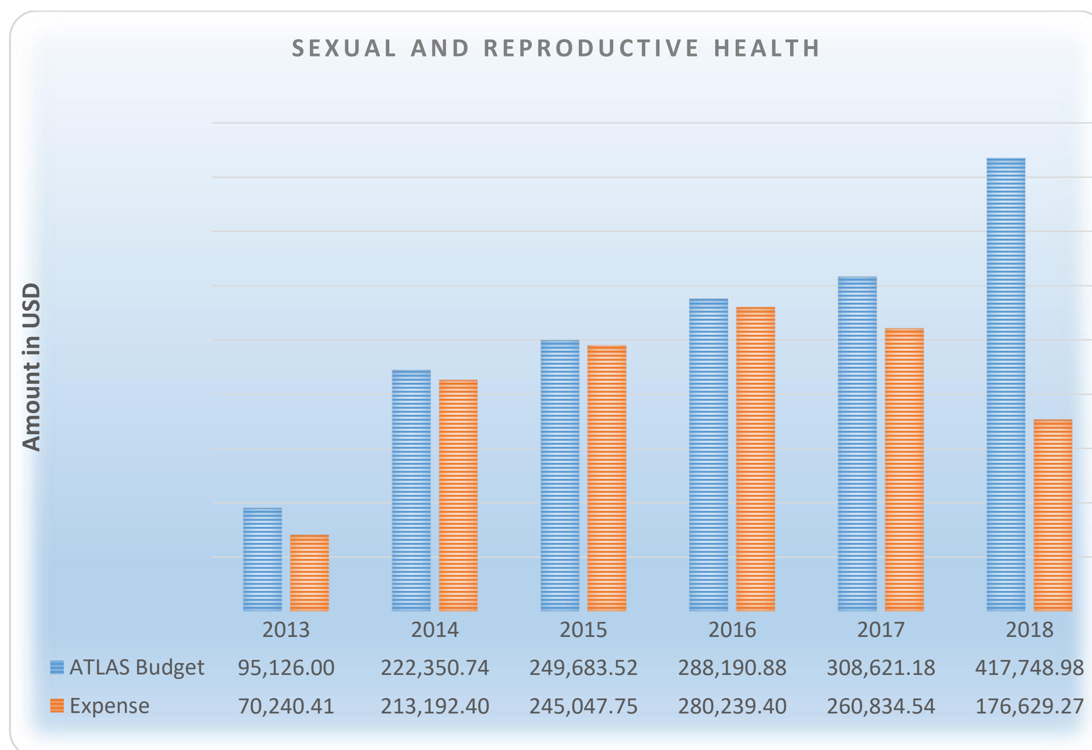
Summary Finding - Efficiency of SRH Programs Based on a review of financial documents, stakeholder interviews, review of Annual Work Plans, and Standard Progress Reports, the SRH Program Area has made a very good use of its resources. Stakeholders were consistently supportive about UNFPA's efficiency, stating that UNFPA SRB CO maximized use of limited human (two to five employees) and financial resources for SRH programs (in a range of USD 95,126 to 417,789 in the previous five years), with a high utilization rate. In order to achieve program outputs they use a combination of different funding sources, to deliver different approaches and formats, such as consultative meetings, round tables with stakeholders, workshops and trainings for professionals in the field, as well as direct support to provision of services in emergency crisis.

Upon an analysis of key financial documents (mainly data from ATLAS and AWPs) related to the implementation of activities within Output 1 of Outcome 1 related to improved Sexual and Reproductive health and Reproductive Rights, and also, upon interviews conducted with key stakeholders, it can be firmly concluded that UNFPA CO Serbia has made a good use of its human, financial and technical resources to pursue the achievement of results, as defined in UNDAF Outcome 3 and 4, UNFPA SP Outcome 1 and 3, and CPD 2016-20 Output 1 (for the last three years, since 2016). This UNFPA office is quite small, and it functions with just three staff members: Assistant Representative position, a SRH/Youth Analyst position was formed and approved just last year (2018), and Administrative Finance Associate since 2013.

The amount of resources i.e. budget used to achieve planned output/outcome in the field of SRH (including GE and GBV) have been multiplied more than four times since 2013, starting from approximately USD 95,000 (in 2013) to almost USD 418,000 (Graph 4.1.3). The implementation rate, as a ratio between planned budget and overall amount of expenses, has been above 95% for years 2014, 2015 and 2016, and a little bit lower for the year 2017 (84.5%) (data for expenses at 2018 are presented by August 15, and they will be certainly higher at the end of the year). Along with the gradually expanded budget, the structure, amount and quality of conducted activities have been significantly enlarged as well.

As mentioned above, in the section on Effectiveness, in the last three years (2016-2018), these resources included a budget for Gender equality and Gender-based violence, within which significant capacity building of healthcare sector and integrated response to GBV was achieved at several levels. There was a strengthening of healthcare professionals to respond to GBV through a number of specially designed ToT trainings that were replicated four times and held throughout the country. This achieved 101 educated professionals who become trainers in 2016 and 2017 (SPR 2017 and 2018). There was also an updating of a protocol for the healthcare sector to deal with Violence against Women (VAW).

Graph 4.1.3. Budget and expenses in USD for Sexual and reproductive health (including GE and GBV)[88]



Besides the activities mentioned above, these resources were used for producing a number of guidelines, protocols and standards for healthcare workers for delivery of integrated quality SRH services; preparing MISP for reproductive health in crisis situations that is integrated into the draft of Health sector emergency preparedness plan and preparing Standard operating procedures for GBV in crisis.

These resources were also used for providing ad hoc support and services to the most vulnerable population groups, such as migrant women in several migrant centres in Serbia. They received gynecological exams, and also different types of needed support and services related to the GBV they experienced, through the collaboration with the implementing partner (the NGO Atina*)*. Interviewed beneficiaries of these services emphasized that availability of this care means a lot to them, expressing very high level of satisfaction.

According to the findings from the interviews with stakeholders and trainees, these investments provided an excellent value for money, since for many of them this was the first time they attended this type of training; they become familiar with what an appropriate response to GBV consists of in their working environment and within their professional responsibility.

The resources were received in a timely manner and the UNFPA CO Serbia was able to provide additional funds for financing these activities, mainly through the SIDA donor agency for JP integrated response to GBV, but

[88] List of Atlas projects by Strategic Plan Outcome and CPD Output

also funding from the Swiss Confederation that was received by the State Secretariat for Migration (SEM), in the amount of little less than USD 50,000 (USD 48,175.18).

Average costs per participant for different type of trainings in SRH area are quite variable. They depend on several factors, such as duration of the training (i.e. number of days); place of training, and the distance of the place of training and health institutions in a particular region (they influence the travel costs), and the number of participants who need hotel accommodation. For example, a ToT for the Basic Course on Family Planning that was held in Belgrade (9-12 December 2015) and lasted 4 days, involved 27 participants, 4 national lecturers and 2 international experts, has average costs of $277.82 per participants, and $1,340 per trainer[89]. These amounts seem to be high, but having on mind that this training is organized as ToT and it is expected that trainers will further promote what was learned, indirect benefits of these investments which help justify the spending for this activity.

4.1.4. Sustainability

The questions: For all 4 areas – EQ7. Are programme results sustainable in short (3 or less years) and long-term (greater than three years) perspectives? **EQ8.** To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

Summary Findings – Sustainability of SRH Program. There was clear evidence that all five program output indicators for SRH were designed to be sustainable in at least a three-years perspective, as they presented an institutionalized response related to improvement of SRH (established guidelines, protocols, standards, mechanisms), although further support into their implementation would be needed to achieve impact. The partnerships that UNFPA established with all relevant actors are completely characterized by the promotion of national ownership.

Interviews with stakeholders relevant for SRH area revealed that they strongly believe that the results that are achieved in SRH focus area are sustainable in at least three years period, but also longer, since they present an institutionalized response to identified needs. They also emphasized that in order to fully implement officially accepted documents, more external support is needed. This is specially the case with the recently adopted first National Program on Sexual and Reproductive Health (on December 28, 2017), that was greatly supported by UNFPA CO; but further activities remain to be conducted, such as development of an Action Plan and the need for Costing of the programme.

When it comes to trainings that are strengthening capacities of professionals to deal with certain challenges in this area (such as "*Beyond the numbers*" workshops for healthcare professionals related to better understanding and making evidences related to maternal mortality), they are also assessed as sustainable investments in human resources, but this impact is probably less than three years.

Another milestone is advocacy and capacity building efforts to involve MISP in the draft of National Health Sector Emergency Response Plan. This presents a long-lasting and sustainable empowerment of national preparedness for emergency situations, especially in relation to the reproductive health needs which could be easily forgotten, missed or undermined in situations of crisis. This effort is both short term and long-term in nature.

[89]Similar amounts were calculated for the ToT on modern contraception that was held also in Belgrade (25-26 November 2016) and lasted two days. This event gathered 19 participants and 2 national experts, with an average costs of $202.92 per participants, and $1,225 per trainer.

Certain parts of the UNFPA program activities have been related to providing support to the provision of reproductive and sexual health services in emergencies, according to the needs of most vulnerable population groups, such as migrant women. This type of support was possible by mobilizing emergency UNFPA funds, and has been assessed by trainees and beneficiaries as very important, sometimes life saving for women, although the nature of that help is short term, and cannot be associated with the sustainability in the long run.

Partnerships that UNFPA established with all relevant governmental and institutional for the SRH focus area, as well as for the other focus areas, are absolutely characterized by the promotion of national ownership, as confirmed at all conducted interviews.

4.2 Youth and Adolescence (Relevance, Effectiveness, Efficiency, Sustainability)

4.2.1. Relevance

The questions: For all 4 areas - EQ1. To what extent is the UNFPA programme (i) adapted to the needs of women, adolescents and youth, people at risk of HIV infections, disabled and older persons, and Roma, (ii) and in line with the priorities set by the international and national policy frameworks, (iii) aligned with the UNFPA policies and strategies and the UNDAF (or equivalent document) as well as with interventions of other development partners? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan? **EQ2.** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in countries?

Summary Findings - Relevance of Youth and Adolescence Program Area Based on stakeholder interviews, site visits and review of pertinent program documents, the current UNFPA Youth and Adolescence country program is being implemented according to the Country Program Document (CPD) 2016-2020, which is completely aligned with UNFPA policies and strategies, as well as global priorities, including ICPD Program of Action. There is clear evidence that the program is established upon a valid situational analysis of youth and adolescent population needs, based on recently conducted surveys and official statistics.

Results from the interviews conducted with stakeholders relevant for Youth and Adolescence focus area and a review of pertinent program documents[90] consistently indicated that UNFPA programs are to a great extent adapted to the needs of adolescents and youth. The UNFPA CO Serbia programs for youth and adolescents are grounded in the needs identified in the situational analysis of Country Program Document (CPD) Serbia 2016-2020. One of the biggest health-related challenges for youth in Serbia is low access to quality healthcare services, which are often fragmented, and the low use of modern contraception methods, including condoms (84% of adolescent girls in the general population and 40% of Roma girls, in sexual relationships with non-regular partners). The education system does not include comprehensive life-skills education (including sexuality education), with the exception of a pilot project for youth (aged 15 years) in 66 high schools in the Vojvodina region. This was a temporary activity that was not continued after project completion.

When gender roles among adolescent boys and girls are concerned, there is also a notable need to improve gender equality, as gender-biased prejudices and stereotypes are widespread among young men and boys to the extent that many consider violence against women and gender inequalities justifiable. The document *UN Common Country Assessment* (2015) also provides a good situational analysis on youth (pg. 58), mainly stating that governmental

[90]CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UN Common Country Assessment 2015, UNFPA SP 2018-21 and 2013-17

institutions that are in charge of dealing with youth issues (The Ministry of Youth and Sports), and providing recent milestones in this focus area[91].

The UNFPA SRB CO responded well to the identified needs of youth and adolescents, according to the COAR 2016 and 2017. For example, in order to have a better foundation for evidence-based policies and programs related to the gender-transformative programs, the UNFPA CO Serbia, in partnership with Ministry of Youth and Sports, initiated the work on the national Men and Gender Equality Survey (IMAGES), the most comprehensive survey carried out to date on men's attitudes and practices on a wide variety of topics related to gender equality as well as women's opinions and reports of their own experiences. Results of the IMAGES study were disseminated in 2018.

Another example of how the UNFPA SRB CO programs are relevant and committed to developing evidence-based programs for youth is the assessment of challenges and needs in adolescent population, which was undertaken as a response to identified high-risks situation to which youth unaccompanied migrant boys have been exposed, as reported by many local and international actors present in Serbia in 2017[92]. Till then, most of the attention was dedicated to the women and girls, and very little attention was paid to the needs and daily life activities of adolescent men.

All interviewed stakeholders believed that UNFPA programs in Youth and Adolescence focus area have been completely in line with the priorities set by the relevant international frameworks, primarily UNFPA SP 2013-2017 and 2018-2021, and the national policy framework, such as UNDPF 2016-2020. This was indeed confirmed in the review of documents. For example, within Outcome 2 of UNFPA SP 2014-17, and Output 6, there is an Indicator 6.1."Number of countries with participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programs", and this indicator completely corresponds with the Outcome 2 Output 1 Indicator 5 of the national CPD 2016-20, which is "Participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programs exist".

The ICPD goals are incorporated and fully reflected in UNFPA CO Serbia CPD, which sets out a number of objectives related to increasing national capacities to develop and implement policies and programmes that incorporate the rights and needs of adolescents and youth and promote age-appropriate, gender-sensitive comprehensive sexuality education, including in humanitarian settings (Outcome 2, Output 1). In the CPD, it is explicitly stated that the program will focus on advocacy, policy advice and technical support for (a) development and implementation of gender-sensitive and rights-related policies and strategies on youth, with a focus on marginalized groups, including the Roma, migrants and other key populations at risk of HIV; (b) establishment of participatory advocacy platforms for increased investment in marginalized adolescents and youth; (c) strengthening youth peer-education programming, including gender-transformative programming; (d) development and revision of teaching content on life-skills sexuality education; (e) generation of evidence on the sexual and reproductive health needs of youth; (g) addressing early marriage and teen pregnancies, with a focus on Roma girls and boys; and (h) introducing gender-transformative approaches to youth programmes to engage young men and boys in promoting gender equality and preventing gender-based violence.

The objectives and strategies of the CPD CO Serbia and corresponding Annual Working Plans in the field of youth and adolescence are in line with the goals and priorities set in the both UNFPA Strategic Plan 2013-17 and its

[91] Milestones presented in this document include the number of established Youth Offices (136 that actively work) in local governances (municipalities), and the near completion of the process of drafting the National Youth Strategy at that time (2015) for the period 2015-2025).
[92] SGBV WG Meeting Minutes, 26 September 2017, Belgrade

Annex 1 related to Integrated results framework. For example, in the list of ATLAS projects by Strategic Plan output and CPD outcome, in year 2016, we identified an activity that is described as "*Advocacy to support comprehensive sexuality education and to promote peer education programs"*. It clearly corresponds with the 2014-17 UNFPA SP Outcome 2 and CPD 2015-17 Output 6.

According to the results of the interviews with the key stakeholders and a review of relevant program documents, the UNFPA SRB CO responded very well to an aggravated humanitarian situation (migrant crisis) in the Youth and Adolescents focus area. The UNFPA SRB CO was among the first to recognize that migrant men and boys might be at an increased risked violence, which was also confirmed in the previously cited Minutes of the WG for the protection of refugees and migrants from SGBV[93],[94]. This led to the extension of the Standard Operating Procedures for Prevention and Response to gender based violence among refugees and migrants[95].

4.1.2. Effectiveness

The questions: For all 4 Focus areas -EQ3. To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of these planned outcomes:(i) increased utilization of integrated SRH Services by those furthest behind, (ii) increased the access of young people to quality SRH services and sexuality education, (iii) mainstreaming of provisions to advance gender equality, and (iv) developing of evidence-based national population policies; and what was the degree of achievement of the outcomes? **EQ 4** To what extent has UNFPA contributed to an improved emergency preparedness in the Republic of Serbia in the area of maternal health / sexual and reproductive health including MISP? **EQ5**To what extent has each office been able to respond to emergency situations in its Area of Responsibility (AoR), if one was declared? What was the quality and timeliness of the response?

Summary Finding - Effectiveness of Youth and Adolescence Programs The Country Program Document 2016-2020 for Outcome 2 defined one output, and five output indicators, and they have been achieved according to the planned annual program activities. The planned number of quantified indicators per year was achieved, such as a number of policies or programs that address or include marginalized adolescents and youth needs. An example for this output achievement is the localization of SDGs, which was initiated in cooperation with the Ministry of Youth and Sports of the Republic of Serbia. An output indicator related to number of civil society initiatives involving young men and boys in addressing gender-based violence has been also achieved, through creating local "Be a man" clubs and trainings, and BOYS on the MOVE life skills programs. An output indicator "Percentage of secondary schools that introduce comprehensive sexuality education aligned with international standards" has not been achieved yet, although review of the current situation and status of sexuality education in secondary schools in Serbia was conducted in 2016, based on UNESCO's SERAT tools. Two output indicators remain to be achieved: "Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth", and "Number of country-wide civil society initiatives addressing adolescent girls at risk of child marriage".

[93] SGBV WG Meeting Minutes, 26 September 2017, Belgrade

[94] BOYS on the MOVE. Assessing the situation and needs of unaccompanied (specifically male) adolescent migrants and refugees in Serbia, October 2017. Robert Thomas for UNFPA Serbia

[95]Standard Operating Procedures of the Republic of Serbia for the Prevention of and Protection from Gender Based Violence against People Involved in Mixed Migration. UNFPA and MoLEVSA, 2017

Based on an in-depth review of program documents and interviews with stakeholders, it was found that the program outputs related to the adolescents and youth focus area (Outcome 2 of CPD 2016-20) are achieved to great extent in the first two years of the implementation of the program[96]. The country program output in this focus area (Outcome 2) is defined as "Increased national capacity to conduct evidence-based advocacy for incorporating the human rights and needs of adolescents and youth in national laws, policies and programmes, including in humanitarian settings." This is followed by the five output indicators, with a defined number or percentage at baseline, and target number. Within first two years of program implementation (2016 and 2017), the planned number of quantified indicators per year were achieved, such as a number of policies or programs that address or include marginalized adolescents and youth needs. An example for this output achievement is the localization of SDGs. With a goal to continue work on advocating for youth, but also SDG localization in Serbia, the UNFPA CO Serbia supported the Ministry of Youth and Sports and jointly organized a conference called "Where is Youth in 2030 Agenda?". The goal was to explore the Agenda 2030 and the Sustainable Development Goals from the perspective of the youth and identify how the Development Agenda enables the improvement of the position of the youth and the best use of their potential for the development of society. The conference focused on the areas of health (Goal 3), education (Goal 4), gender equality (Goal 5), employment (Goal 8), inequality reduction and social inclusion (Goal 10) and youth activism (Goal 16). The conference was attended by around two hundred representatives of youth associations and local youth offices from all over Serbia, as well as representatives of government authorities and international institutions.

A Report on models for realization of Sustainable Development Goals by means of youth policy and monitoring of youth umbrella organisations working in the Republic of Serbia has consolidated present and planned activities of the Republic of Serbia institutions.[97] The relationship between youth and SDGs was also discussed at the conference "Where is Youth in the 2030 Agenda" which gathered key national and international actors[98]. The UN agencies and civil society organisations, including UNFPA, have been working on the realisation of the goals defined by the National Youth Strategy of the Republic of Serbia.

Another achieved output was the Number of civil society initiatives involving young men and boys in addressing gender-based violence. An example for this output achievement is the creation of local "Be a man" clubs through the Joint Program (JP) for an Integrated Response to Violence Against Women and Girls(VAWG), supported by SIDA, and conducted in a partnership with the Ministry of Youth and Sports, and IP, NGO Center E8. Within this activity, a total of 16 public actions were organized by "Be a man" clubs and Local Youth Offices, which gathered around 1900 people. Each public action had a different focus and promoted the goals and values of the clubs, with messages of gender equality and prevention of all forms of violence and discrimination. Some of the clubs have been empowered, while others are brand new. Interviews with boys who were peer educators and attended a **ToT "Be a man"** trainings revealed that they found them very interesting and useful. They learned how to freely express their opinions, to think critically, accept diversities, advocate for the concept of human rights, fight against violence, communicate in youth groups and resolve conflicts, transfer knowledge and skills to their peers and to organize various activities.

Interviews with young men who attended the trainings organized and delivered by their peers revealed that after the training they realized and started to think critically about the power of gender-role stereotypes in their

[96]Standard Progress Report for 2016 and 2017, COAR 2016 and 2017

[97]The Report on models of Sustainable Development Goals realization by the means of youth policy and monitoring the work of youth umbrella organisations working in the Republic of Serbia. UNFPA and Ministry of Youth and Sport Republic of Serbia, 2016.

[98] Report on main conclusions and recommendations. Conference "Where is Youth in 2030 Agenda". Belgrade, 21 February 2017, Palace of Serbia

environment, and gender-based violence. They also adopted partner communication skills and even "changed their views on society in general, and the role of the media and Internet".

The UNFPA CO Serbia has also provided assistance to adolescent men and boys who are very much exposed to different kind of violence; this includes support for the **BOYS on the MOVE life skills program**, as developed in Greece based on non-formal educational methods to be delivered in youth-centred settings[99]. The UNFPA supported program delivered two intensive trainings, adapted to Serbian content and reality, to 36 participants, representatives of governmental institutions and civil societies, national and international. It was successfully presented and the evaluation by the participants was highly favourable[100]. Training concepts included GBV vulnerability criteria, minimum standards of delivery for SRHR and GBV related services including clinical management of juvenile male rape, participatory learning and youth-friendly health services, based on international standards. In a follow up collaboration with UNFPA CO Serbia, the civil society participants intend to strengthen their skills on delivering adolescent male harm reduction, sexual and reproductive health and rights education, and gender-based violence avoidance using the life skills programme and its methodology.

The achievement of the indicator 5 of Outcome 2 was reported in COAR 2016 (1 targeted, and 1 actual), and it was related to development of a youth friendly platform on SRH for mobile/tablets, which allows young people to get easier access to SRH and FP information. This development was made by UNFPA's IP Center E8. It is interesting that in COAR 2017 the same indicator was not achieved, although targeted, followed by a comment that the need for such a platform in the coming period will be even more important, since peace building and health are getting more attention within Agenda 2030.

An output indicator "Percentage of secondary schools that introduce comprehensive sexuality education aligned with international standards" has not been achieved yet, although a review of the current situation and status of sexuality education in secondary schools in Serbia was conducted in 2016, based on UNESCO's SERAT tools[101]. There are no evidences of further advocacy efforts in 2017. In the upcoming years of program implementation two output indicators remain to be achieved: "Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth", and "Number of country-wide civil society initiatives addressing adolescent girls at risk of child marriage".

Interviewed stakeholders and youth trainees were consistent in their assessment that the Outcome 2 of CPD 2016-20 related to the Adolescents and Youth focus area "Increased national capacity to conduct evidence-based advocacy for incorporating the human rights and needs of adolescents and youth in national laws, policies and programmes, including in humanitarian settings" has been achieved at great extent. The UNFPA Country Program 2016-20 implemented the **IMAGES study** for the first time (data were collected during 2017 and launched in 2018). This work may present a baseline for the indicators related to youth and adolescents, at least when their attitudes related to gender equality are concerned. It remains to be observed how these attitudes will be changed in the upcoming years. As interviewed stakeholders stated, it is too early to measure the impact of activities.

CPD 2016-20 defined an outcome indicator in the field of Adolescents and Youth as a "number of policies and programs addressing sexual and reproductive health needs of youth and adolescents, including marginalized youth", and for a given time period it was set at three (target is 3). Again, this outcome has been already partially achieved, due to the adoption of the First National Program for Sexual and Reproductive Health and Rights.

[99] UNFPA MISSION REPORT. Reported by: Robert Thompson and (Youth Policy and Comprehensive Sexuality Education international consultant) and Alexios Geogralis (Educational Methodology international consultant). 11 December 2017.
[100] Ibid.
[101] UNFPA Serbia. Status of sexuality education in Serbian schools. Review based on SERAT tool. Tanja Azanjac Janjatovic, 12/15/2016.

The majority of progress related to achieving this outcome could be attributed to UNFPA activities, since to our best knowledge, none of the other agencies or institutions have a mandate and focus on giving an increased priority to adolescents in national development policies and programs, particularly to work on increased availability of comprehensive sexuality education and sexual and reproductive health. However, there are some isolated initiatives by other institutions that might work toward achieving this goal, such as work of UNFPA's IP Center E8[102], an NGO which is oriented toward building society that is more gender equitable, by designing and delivering programs whose content is creative and attractive to youth. Center E8 is realizing their mission with the support of some other donors as well, besides UNFPA.

The main constraining factors related to Youth and Adolescence focus area, as stated in COAR 2017, are a limited knowledge about reproductive health issues in general, and a high tolerance towards violence, including GBV (as indicated by research supported by UNFPA and an IP)[103]. In the same report it is stated that these topics are very sensitive, and require a youth friendly approach, continuous work on changing gender stereotypes among both girls and boys, and recognizing and not accepting GBV. There is also a need to further support youth friendly education programmes on RH through social media, and the development of apps etc.

4.1.3. Efficiency

The questions: For all 4 areas – EQ6. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents?

Summary Finding - Efficiency of Youth and Adolescence Programs Based on a review of financial documents, stakeholder interviews, review of Annual Work Plans, and Standard Progress Reports, the Youth and Adolescence Program Area has made a very good use of its resources. Stakeholders were consistently supportive about their efficiency, stating that UNFPA SRB CO maximized use of limited human (two to five employees) and financial resources for SRH programs (in a range of almost USD 26,000 in 2015 to 127,000 in 2017) with a high utilization rate. Interviewed stakeholders, trainees and beneficiaries of programs indicated high level of satisfaction with organized and implemented activities, which are considered to be a very good value for invested money.

Based on an analysis of key financial documents (mainly data from ATLAS and AWPs) related to the implementation of activities in the field of Youth and Adolescence, and upon interviews conducted with key stakeholders, it can be firmly concluded that UNFPA CO Serbia has made a good use of its human, financial and technical resources to pursue the achievement of results, as defined in UNDAF Outcome 4, UNFPA SP Outcome 2 (and Output 6), and CPD 2016-20 Output 2.

The amount of resources i.e. budget used to achieve planned outputs/outcomes in the field of Youth and Adolescence has been variable within last five years: the highest budget was planned for year 2017 (app. USD 127,000), and slightly less in 2014 (app. USD 112,000) and 2018 (app. USD 104,000), whereas in 2015 and 2016 it was significantly lower (app. USD 26,000 and app USD 50,000, respectively) (Graph 4.1.3). Implementation rates have been higher than 95% in all years but 2017, when total expenses were 84.4% of planned budget.

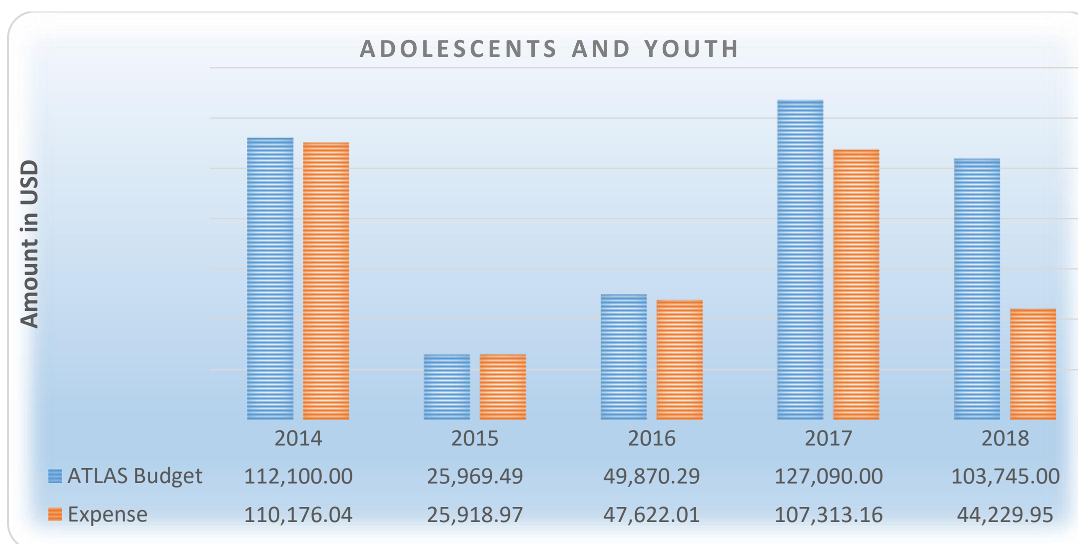
[102]Center E8, official web presentation. Available at: http://e8.org.rs/ko-smo-mi/
[103] Preliminary results from IMAGES study, 2017

In the last three years (2016-2018), these resources included budgets for supporting activities, initiatives and campaigns related to gender-transformative programming among boys and young men, including promoting gender equality and preventing gender-based violence, advocacy to support comprehensive sexuality education and peer education programs, and building participatory platforms for advocating for most marginalized adolescents and youth.

Interviewed stakeholders, trainees and beneficiaries of programs indicated high level of satisfaction with organized and implemented activities, which are considered to be a very good value for invested money.

The resources were received in a timely manner and the UNFPA CO Serbia was capable of providing additional, non-core funds for financing activities aimed to achieve outcomes defined above. SIDA funds donated almost USD 123,000 in a two year period (August 2016 to July 2018), in order to support the Joint Project Integrated Response to VAW and Girls in Serbia (this project is realized through a partnership with UNICEF, UN Women, UNFPA and UNDP, led by the Coordination Body for Gender Equality). The SIDA donation makes up a significant proportion of the overall budget for this program area, and it was used for supporting "Be a man" clubs and Local Youth Offices that gathered around 1900 people (SPR 2017), and national IMAGE survey (International Men and Gender Equality Survey 2018).

Graph 4.2.3. Budget and expenses in USD for Youth and Adolescence program area[104]



When trainings related to the Youth and Adolescence focus area are concerned, they were delivered by the implementing partner center E8.According to the calculations provided by them, the average costs per participants were $50 per day, for three days training, including all costs such as travel, accommodation, food, workshop material, honorarium etc.. The gross amount of costs per trainer was estimated as $115 per trainer. These figures seem to be quite reasonable, much lower than expenditures for activities in other focus areas.

4.1.4. Sustainability

The questions: For all 4 areas – EQ7. Are programme results sustainable in short (three years or less) and long-term (greater than three years) perspectives? **EQ8.** To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

Summary Findings – Sustainability of Adolescents and Youth Program. Results of the programs related to SRH of adolescents and youth have been assessed as sustainable in a long term, especially those which are related to trainings aimed to young men, where attitudes and values toward gender equality and GBV were discussed ("Be Men" trainings). An opportunity for a long term sustainability are also UNFPA CO activities related to recognizing youth as an important population group for achieving Agenda 2030. The other types of program are expected to be sustainable in a shorter term, up to three years. There was a clear evidence that partnerships that UNFPA established in order to achieve all five output indicators for this focus area are characterized by the national ownership, striving for achieving a high level of sustainability.

When sustainability of achieved results is concerned, there is evidence (from interviews with trained trainers, and beneficiaries of trainings in this program area) that youth friendly trainings and education have a significant impact on young men who attended them, and hopefully that kind of formative experience will last a lifetime. However, in order to achieve a bigger audience and even higher impact, they need to be continuously replicated and extended to many more places. There is a clear need to continue working with youth, with both young women and men on changing gender stereotypes and recognizing GBV. An opportunity for long-term sustainability UNFPA CO activities is related to recognizing youth as an important population group for achieving Agenda 2030.

In this program area, as well as in the others, as previously mentioned, UNFPA absolutely promoted national ownership of supported interventions that were realized in collaboration with the relevant ministry (Ministry of Youth and Sport) and strengthened civil society organizations initiatives.

4.3 Gender Equality and Gender based violence (Relevance, Effectiveness, Efficiency, Sustainability)

4.3.1. Relevance

The questions: For all 4 areas -EQ1. To what extent is the UNFPA programme (i) adapted to the needs of women, adolescents and youth, people at risk of HIV infections, disabled and older persons, and Roma, (ii) and in line with the priorities set by the international and national policy frameworks, (iii) aligned with the UNFPA policies and strategies and the UNDAF (or equivalent document) as well as with interventions of other development partners? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan? **EQ2.** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in countries?

Summary Findings - Relevance of GE and GBV Program Area Based on stakeholders interviews, site visits and review of pertinent program documents, the current program on GE and GBV do not present an independent outcome but it has been implemented as a cross cutting theme, according to the Country Program Document (CPD) 2016-2020 and consistently with UNFPA policies and strategies, as well as global priorities, including ICPD Program of Action.

Results from the interviews conducted with stakeholders relevant for the Gender Equality and Gender-based violence focus area, and a review of program documents (CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UN Common Country Assessment 2015, UNFPA SP 2018-21 and 2013-17) consistently indicated that UNFPA programs

are to a great extent adapted to the needs of women and the challenges they meet when facing gender inequality and gender based violence. These challenges are outline in the situational analysis of CPD 2016-20, based on recently conducted needs assessments, which was reported in the COAR 2015, and a survey that mapped frequency of GBV experience at the national level[105]. Despite progress in guaranteeing the rights of women and gender equality, gender roles are traditionally set and inequalities persist. Sexual and gender-based violence is widespread and underreported, with almost half of the surveyed women experiencing at least one form of violence. A large number of healthcare professionals (82%) did not receive any education on gender-based violence; there are no integrated multisectoral services for the victims, and there is no effective system to monitor sexual and reproductive health rights, including gender-based violence[106]. Gender-biased prejudices and stereotypes are widespread among young men and boys to the extent that many consider violence against women and gender inequalities justifiable[107]. The document *UN Common Country Assessment* (2015) also provides a good situational analysis and identification of needs in the field of gender equality (pg. 23-29), and gender-based violence (on pg. 27)[108].

Results from the interviews conducted with stakeholders relevant for the gender equality and gender based violence focus area and a review of program documents[109] consistently indicated that UNFPA programs to great extent incorporated gender mainstreaming provisions, including prevention and response to gender-based violence, since gender equality presented a cross-cutting theme. As mentioned in the previous section related to the SRH focus area, activities in GE and GBV were mainly presented within the Outcome 1 of CPD 2016-20, which is related to SRH. However, in the year prior to implementation of this CPD (in 2015), when the program was conducted according to the UNDAF 2011-15, GE and GBV activities were presented as an independent outcome.

The UNFPA CO Serbia to a great extent adapted their programs according to the needs of most marginalized and vulnerable women and girls who have survived GBV. This is an area where crucial elements of their recovery and empowerment were related to raising their awareness about GBV and their concrete experiences.

All interviewed stakeholders believed that UNFPA programs in gender equality and gender based violence focus area have been completely in line with the priorities set by the relevant international frameworks, primarily UNFPA SP 2013-2017 and 2018-2021, and the national policy framework, such as UNDAF 2016-2020. This was confirmed in the review of documents. For example, within Outcome 3 of UNFPA SP 2014-17, and Output 10, there is an Indicator 10.1. "Number of countries with gender-based violence prevention, protection and response integrated into national SRH programmes", and this indicator completely corresponds with the Output 1 Indicator 5of CPD 2016-20, which is "Gender-based violence prevention, protection and response integrated into national SRH programmes".

The country's priorities regarding violence against women are outlined in the National Strategy for Prevention and Elimination of Violence against Women in the Family and in Intimate Partner Relationships (2011-2015).The National Strategy is aligned with international standards and gives specific attention to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention[110]). Also, the UNDAF document 2016-2020 (UN Development Partnership Framework) envisaged the need to work in a number of areas that are grouped within five pillars and a number of outcomes. Outcome 3 within Pillar I (pg.18) is explicitly related to gender equality and gender-based violence, stating that "by 2020, state institutions and other relevant actors enhance gender equality and enable women and girls, especially those from

[105]Mapping Family Violence against Women in Central Serbia. Belgrade: SeConS, 2010.

[106]Assessment and Situational Analysis of GBV in Serbia with regards to Health Sector Response (2015). Report prepared by Dr Stanislava Otašević

[107] Preliminary results of IMAGES study, 2017

[108] United Nations Common Country Assessment for the Republic of Serbia. June 2015

[109]CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UNCT common country assessment 2015, UNFPA SP 2018-21 and 2013-17.

[110]The Istanbul Convention was ratified in October 2013 and it came into force in August 2014. The implementation of the Convention in the legal system requires new administrative capacities and human resources as well as financial means.

vulnerable groups, to live lives free from discrimination and violence. The UNFPA SRB CO is expected to contribute to achievement of this SP outcome, and the content of its program for the last and previous cycle periods is created to support achieving of this outcome. For example, prevention and response to GBV has been integrated into the first National program for protection and preservation of sexual and reproductive health in Serbia.

The objectives and strategies of CPD CO Serbia and corresponding Annual Working Plans in the field of GE and GBV are in line with the goals and priorities set in UNFPA SPs for 2013-17 and 2018-21, and the corresponding Outcome 3. For example, in the list of ATLAS projects by Strategic Plan output and CPD outcome, in year 2015, we identified an activity that is described as "Development of evidence-based medical guidelines on GBV and the revision of ToT curricula for Healthcare providers on GBV".

The UNFPA SRB CO was able to quickly respond to the migrant crisis and instances of GBV that were experienced by women in migrant centres through several mechanisms presented below, at both the institutional level and in direct contact and work with survivors of GBV. According to the results of the interviews with the key stakeholders and a review of relevant program documents, the UNFPA SRB CO responded very well to an aggravated humanitarian situation (migrant crisis) in the GE and GBV focus area. At the institutional level, UNFPA SRB CO supported MoLEVSA[111] to develop Standard Operating Procedures (SOP) of the Republic of Serbia for Prevention and Protection of Refugees and Migrants from Gender-Based Violence in Emergencies, and The IASC[112]Guidelines for Integrating GBV Interventions in Humanitarian Actions.

4.3.2. Effectiveness

The questions: For all 4 Focus areas -EQ3. To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of these planned outcomes:(i). increased utilization of integrated SRH Services by those furthest behind, (ii). increased the access of young people to quality SRH services and sexuality education, (iii). mainstreaming of provisions to advance gender equality, and (iv). developing of evidence-based national population policies;and what was the degree of achievement of the outcomes? **EQ 4** To what extent has UNFPA contributed to an improved emergency preparedness in the Republic of Serbia in the area of maternal health / sexual and reproductive health including MISP? **EQ5**To what extent has each office been able to respond to emergency situations in its Area of Responsibility (AoR), if one was declared? What was the quality and timeliness of the response?

Summary Finding - Effectiveness of GE and GBV Programs Program outputs in this program area have been achieved according to the plans, and they are related to providing institutionalized support and advocacy for a strengthened health sector response to GBV, in both regular situations and emergencies and humanitarian crisis. Integration of GBV prevention and protection measures and a response into national sexual and reproductive health programs was implemented by UNFPA. A resource package for GBV was adapted for the Republic of Serbia and is available for future use. ToT trainings for GBV were conducted by an IP to strengthen health professionals' capacities to deal with GBV. In addition to this work, SOPs have been developed that are modelled against Minimum Standards for Prevention and Response to GBV in Emergencies. The MISP also incorporated measures related to GBV. Direct psychosocial and medical support to GBV survivors in migrant crisis was provided by an IP and women were highly satisfied with the services they received.

[111] The Ministry of Labour, Employment, Veteran and Social Affairs (MoLEVSA)
[112] Inter-Agency Standing Committee (IASC)

In the CPD 2016-2020, activities related to gender equality and gender-based violence are not placed as a separate outcome, but within the Outcome 1,the Sexual and Reproductive Health and Rights focus area. Within this Outcome there is an activity named (g) "*strengthening the capacity of the health sector to address gender-based violence*". It corresponds to the fifth output indicator of CPD (Outcome 1 Output 1), which is "Gender-based violence prevention, protection and response integrated into national sexual and reproductive health program". As already mentioned, this outcome has been already achieved, as the First National Program for Preservation and Promotion of Sexual and Reproductive Healthof the citizens of Serbia, has been integrated partly for prevention, protection and response to GBV.

In addition, a number of other relevant activities aimed to strengthen national capacities to prevent and deal with GBV were conducted. All relevant interviewed stakeholders who were involved and knowledgeable about this activity were consistent in confirming that all planned activities and outputs have been fully achieved. These outputs are related to a number of trainings for health professionals that were aimed to build their capacities and to strengthen their response to GBV. It was realized by applying ToTs based on a **GBV Resource Package** that was adapted for Serbia and delivered all around the country by a UNFPA CO Serbia implementing partner, the Centre for Women's Health Promotion. In 2017 and 2018, the 4 ToTs were delivered in three regions, with participants from Nis, Bor, Zajecar, Sumadija, Toplica and Belgrade, gathering 95 participants from public health and primary health care institutions who received the most comprehensive and practical knowledge related to identification and response to GBV, in an allocated time of three days. The trainings were provided by six skilled trainers/experts, and participants were social medicine specialists, general practitioners, urgent medicine specialists, nurses, midwives, social workers, and lawyers who will further organize GBV trainings in their communities.

Follow up interviews with trainees revealed a high level of satisfaction with the received content of the training. The predominant opinion among the physicians who attended the training about violence against women and the response of health care services is that the training enabled them to recognize violence, encouraged victims to report it, provided them with the necessary professional support, to keep records about violence and collaborate with other relevant institutions. The knowledge and skills they gained enabled them to work in this sensitive field and strengthened their confidence. The materials they received allows further application of GBV related activities in healthcare settings, which helps them deal with this issue in their everyday practice.

As a part of humanitarian response in GBV, the UNFPA CO in Serbia supported the development of Standard Operation Procedures (SOPs) of the Republic of Serbia for Prevention and Protection of Refugees and Migrants from GBV. These SOPs are modelled after the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and SOPs developed in FYRoM (which is a good example of South-South cooperation). The development process included wide consultations with line Ministries and other government bodies, IOs and CSOs which are providing assistance in the field (2016 and 2017 COARs). The SOPs were officially adopted by the government (lead by the Ministry of Labour, Employment, Veteran and Social Affairs, MoLEVSA) and were to be put in force as of 2018.

The UNFPA SRB CO provided institutionalized support to recognized needs for gender mainstreaming provision by supporting MoLEVSA in leading a Sexual and Gender Based Violence Sub-cluster Working Group (SGBV Sub-cluster WG) in the Republic of Serbia. This WG aims to consolidate and coordinate the activities of all relevant stakeholders to improve prevention and response to SGBV among refugees and migrants. Two WG meetings took place in the reporting period and gathered over 100 representatives of national institutions, international organizations and CSOs.

As a part of capacity building for the prevention and response to GBV during a refugee crisis, UNFPA CO organized two trainings in November 2017, as a joint activity within the project ''Empowering national/local institutions and strengthening gender sensitive inter-sectoral response to refugee crisis and protection of the most

vulnerable refugees/migrants and asylum seekers." This activity was supported by State Secretariat for Migration (SEM), acting through the Swiss Cooperation Office (SCO) Belgrade. Training targeted all relevant actors who are involved in providing protection and similar services in the context of migration crisis in the Republic of Serbia. The aim of the training was to ensure adequate protection to GBV survivors and those at risk of violence. Participants were introduced with the causes of GBV, prevention, current practice and work methods, as well as the minimum required knowledge and skills, while understanding the situation and responsibilities of different actors. The training also aimed to ensure equal access to information by all participants and to introduce present participants with Standard Operating Procedures for GBV, so that everyone is aware of the risks survivors of GBV are exposed to in emergency settings and to ensure that survivors receive support when necessary and in accordance with their will. The total of 56 participants, representatives of governmental and civil societies, attended the training. Apart from the training, as a joint activity supported by the Swiss Government, the UNFPA CO Serbia, with the support of international consultant, conducted an assessment on challenges that service providers are faced when dealing with gender based violence[113] .

At the local level (in targeted municipalities), protocols on cooperation in the protection of victims of GBV among refugees population were developed by training facilitators and experts in the area of GBV and local stakeholders. The UNFPA SRB CO also supported direct work with the survivors of GBV, through supporting mobile teams and cultural mediators in 21 locations, and also in the form of educational and empowerment workshops delivered by the IP NGO Atina (COAR 2016). In addition to individual support, outreach/community sessions for migrants/refugees women and girls have been created with the aim of helping them acquire work habits and learning new skills, as well as strengthening their self-confidence. During the 2016 reporting period, with the support of UNFPA, the NGO Atina conducted 71 outreach/community sessions for 605 beneficiaries (COAR 2016). During 2017, they provided urgent interventions to 50 women, 20 girls, and 11 boys and 2 men who survived physical, psychological, sexual violence, and forced marriage. During the project implementation in 2018, a total of 102 workshops were held, with 863 participants, in asylum centers in Krnjaca, Bogovadja, and Atina's Reintegration Center (Source: UNFPA SRB CO staff).

Interviews with migrant women who received support from the UNFPA's IP NGO Atina related to GBV they experienced, revealed that this kind of direct help was precious to them, very much needed and appreciated. They were grateful for the availability of services and for receiving the necessary psychosocial support, medical check-ups and health interventions, which were well organized and delivered in a way to minimize re-trauma. This care for their well-being by the NGO Atina made an extremely positive impact on the migrants and their ability to function every day, within an adverse life situation.

As it was recognized that while responding to the needs and challenges, it is not enough to simply respond to the consequences of violence, it is also necessary to work to be one step ahead, so that the violence can be prevented, especially given that there is evidently no continuous care present through a support network in the transit countries.

Progress related to achieving the outcome related to gender equality and GBV could be attributed not just to the UNFPA as a single UN agency, but rather to the group of UN agencies that are involved in Joint Program Integrated Response to GBV. These agencies include UN Women, UNDP and UNICEF. UNFPA's implementing partners in this field, such as NGO Atina[114] and NGO Women's Health Promotion Center[115] have a mission that is similar to this outcome, and besides UNFPA, they receive support and collaborate with other donor partners as well.

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[113]Sancar Annemarie. Assessment of the situation and challenges faced by the service providers in asylum transit reception centers in the Republic of Serbia. UNFPA CO Serbia, Bern and Belgrade, December 2017

[114]Available at: http://www.atina.org.rs/en/about-us (Accessed on February 25, 2019)

[115] Available at:http://www.centarzdravljezena.org.rs/index.php/home/o-nama/2-o-nama(Accessed on February 25, 2019)

As stated in the COAR for 2017, there is still need to engage health professionals in a systematic training programme on GBV so as to increase their competencies to respond to it. In the same document it is stated that the role of health professionals is especially emphasized since the new Law on Domestic Violence (DV) entered into the force in June 2017.Although it is focused on a police and justice sector, the health sector is usually the first professional service where survivors of GBV seek assistance. It has been recognized that there are big variations at local level in the response to GBV; it always requires a multisectoral approach with the collaboration of many sectors.

4.3.3. Efficiency

The questions: For all 4 areas – EQ6. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents?

Summary Finding - Efficiency of GE and GBV Programs Based on a review of financial documents, stakeholder interviews, review of Annual Work Plans, and Standard Progress Reports, the GE and GBV Program Area has made a very good use of its resources, although their budgets and expenditures are presented jointly with the SRH focus area of Outcome 1 of CPD 2016-20. Stakeholders were consistently supportive about the efficiency of GE and GBV programs, stating that UNFPA SRB CO maximized the use of limited human (two to five employees) and financial resources. In order to achieve program outputs they use a combination of different funding sources, to deliver different approaches and formats, such as consultative meetings, round tables with stakeholders, workshops and trainings for professionals in the field, as well as direct support to provision of services in emergency crisis.

In the UNFPA CPD for 2016-2020, gender equality and gender-based violence program area is integrated within SRH area, and the GE and GBV budget and expenses are presented together with SRH activities, as already elaborated above.

However, data from ATLAS for 2015 separately presented a budget for GE and GBV, in the amount of USD 42,000, whose usage i.e. implementation rate was very high (98.9%) (Graph 4.3.3). These funds were mainly used to roll-out activities in this field, such as an assessment of the training needs for GBV in Serbia[116], revision of a ToT curricula for healthcare providers, in cooperation with implementing partner CSO Center for Women's Health Promotion, and adapting UNFPA/WAVE[117] Resource Package on Health Sector Response to GBV to the local context in Serbia[118] (COAR 2015).

Average costs per participant for ToTs on GBV were variable, although they were all designed as 3-days trainings, with five very experienced and educated national trainers, one coordinator and one UNFPA staff. Average cost per trainer included also travel costs (DSA/TE, tickets), if travel was required. Differences occur due to the location of training and its proximity to the participants, and the number of participants who need hotel accommodation. For example, ToT held in Kragujevac (11-13 May 2017) had 25 participants and an average costs per participants of $122.28 per day, and $500 per trainer on average. A little bit less expensive training was held in

[116] Assessment and Situational Analysis of GBV in Serbia with regards to Health Sector Response (2015). Report prepared by Dr Stanislava Otašević

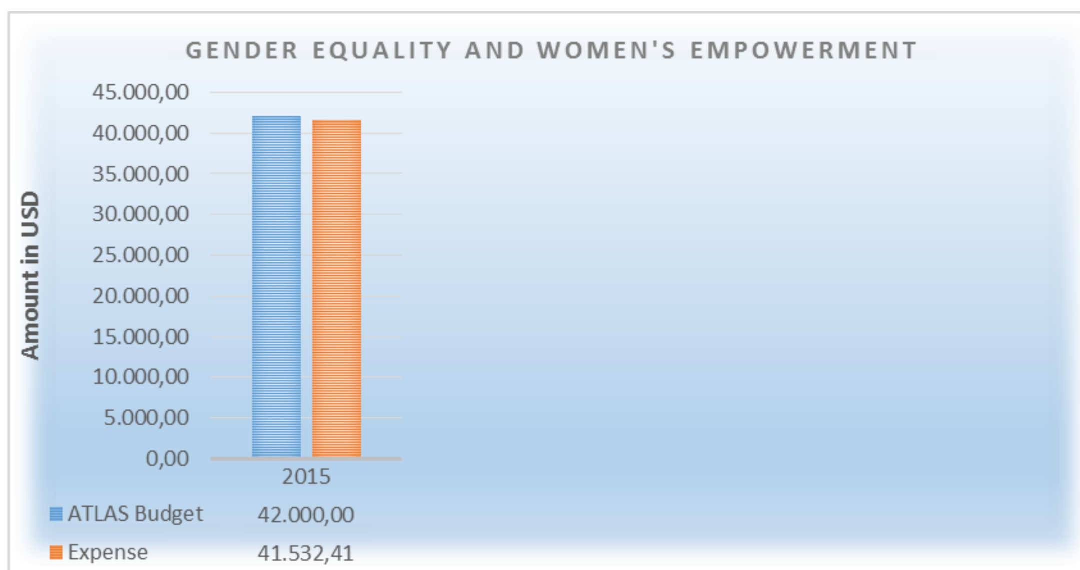
[117]WAVE stands for organization Women Against Violence Europe, an European network of NGOs working in combating violence against women and children

[118]Odgovor zdravstvenog sektora na rodno zasnovano nasilje. Vodič za zdravstvene radnike/ce. UNFPA i Centar za promociju zdravlja žena, Beograd, 2015

Niš (22-24 November 2017), south part of Serbia, which gathered 28 participants with average costs of $92.37 per day, and $470 per trainer/coordinator.

Trainings in the field of gender-based violence are sophisticated and oriented toward building delicate skills needed for dealing with GBV in everyday practice. These trainings make an overall difference in the approach of care for survivors of GBV and the investments in three-day trainings seem to be reasonable and are likely to pay-off in the long run.

Graph 4.3.3. Budget and expenses in USD for GE and GBV program area[119]



4.3.4. Sustainability

The questions: For all 4 areas – EQ7. Are programme results sustainable in short (3 years or less) and long-term (greater than 3 years) perspectives? **EQ8.** To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

Summary Findings – Sustainability of GE and GBV Program. Sustainability of interventions in the field of gender equality and gender-based violence eventually achieved a level where some of them have been institutionalized, and as such, they are expected to be sustainable for the long-term (greater than 3 years), although further support is important. UNFPA established partnerships absolutely promoted national ownership of supported interventions, programs and policies.

Based on interviews with trainees and stakeholders, sustainability of interventions in the field of gender equality and gender-based violence eventually achieved a level where some interventions have been institutionalized. A number of national programs and strategies were developed and adopted (SOPs and MISP related to GBV into the Draft National Health Sector Emergency response Plan), as well as sector-specific protocols (for health sector, by MoH), and protocols for cooperation of different institutions at the local level in case of GBV (for migrant populations

[119] List of Atlas projects by Strategic Plan Outcome and CPD Output

as well). As found in the interviews with stakeholders, another achievement toward better sustainability of program activities is incorporating the form for documenting physical consequences of GBV (a body map) in the electronic health records, as well as defining a unique code for providing healthcare service to survivors of GBV. This was done in collaboration between Republic Institute of Public Health and Republic Health Insurance Fund, which is a process that will last for several years, typically 5-6 years. Although these milestones cannot be solely attributed to the UNFPA supported programs, there is no doubt that UNFPA support has had a very important role in strengthening the health sector response to GBV, as results from the interviews have consistently shown.

The long-term sustainability of these changes for more than three years will need to be assured by the other complementary measures in society, such as improved legislation related to protection of violence victims (Law on the Prevention of Domestic Violence was adopted in 2016). Since GBV is a sensitive issue to deal with, which implies working with values and attitudes, findings from interviews indicated that further trainings of healthcare professionals would be certainly needed, in order to acquire the delicate competences needed to deal with GBV.

4.4 Population and Development (Relevance, Effectiveness, Efficiency, Sustainability)

4.4.1. Relevance

The questions: For all 4 areas -EQ1. To what extent is the UNFPA programme (i) adapted to the needs of women, adolescents and youth, people at risk of HIV infections, disabled and older persons, and Roma, (ii) and in line with the priorities set by the international and national policy frameworks, (iii) aligned with the UNFPA policies and strategies and the UNDAF (or equivalent document) as well as with interventions of other development partners? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan? **EQ2.** To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in countries?

Summary Findings - Relevance of PD Program Area Based on stakeholders interviews and review of pertinent program documents, the current PD program that is being implemented according to the Country Program Document (CPD) 2016-2020 is aligned with UNFPA policies and strategies and national UNDAF documents, as well as global priorities, including ICPD Program of Action. There is clear evidence that the program is established upon a very accurate situational analysis. The UNFPA SRB CO Serbia, in collaboration with the Minister without portfolio in charge of demography and population policies, has responded well to identified gaps in evidences, and has completed a number of research activities that are informative for decision making in this field.

Results from interviews conducted with stakeholders relevant to the Population and Development focus area and a review of program documents (CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UN Common Country Assessment 2015, UNFPA SP 2018-21 and 2013-17) consistently indicated that UNFPA programs are very relevant for this focus area. The UNFPA PD programs are appropriate for the needs of a population that is getting older, and the parenthood challenges of the Serbian population of reproductive age. As indicated in the situational analysis for the CPD 2016-20, the population of Republic of Serbia is characterized by a low total fertility rate that is insufficient to replace the mortality rate. The share of the population over age 65 has doubled within the last 50 years, reaching

19.6 percent[120]. It is projected to reach about 30 percent by 2050, posing a significant challenge of ageing in the country. This same document has identified a lack of in-depth demographic and health research to document the fertility patterns and preferences or gender and intergenerational relations to inform evidence-based population policies.

The UNFPA SRB CO Serbia, in collaboration with the Minister without portfolio in charge of demography and population policies, has responded well to identify gaps in evidence, and completed a number of research activities that are related to effectiveness of UNFPA supported interventions in this program area.

All interviewed stakeholders believed that UNFPA programs in the field of population and development have been completely in line with the priorities set by the relevant international frameworks, primarily UNFPA SP 2013-2017 and 2018-2021, as well as national policy frameworks, such as the UNDPF 2016-2020.This was confirmed in the review of documents. For example, within Outcome 4 of UNFPA SP 2014-17, and Output 13, there is an Indicator 13.1."Proportion of reports (…) that are supported by UNFPA and address population dynamics by accounting for population trends and projections in setting development targets", and this indicator corresponds with the Output 13 reported in COAR 2017 (pg. 19-20) which is "MTR Indicator Country has the capacity to generate, map and use sub-national estimates of population, health and social data, to advance policies and programs to address sub national inequalities". This indicator was achieved by having at least one mapping with sub national inequalities completed during the year, with maps that could be accessible for policy makers.

There were four studies in 2017 that generated evidence, and country has a substantial demographic analysis capacity, although there is a need to further strengthen the National Statistics office to analyze disaggregated data[121,122,123,124].

The UNDAF document (UN Development Partnership Framework) presents Outcome 6, which is related to population development, recognizing the needs of an aging population, within Pillar II, which is related to Social and Human Resources Development. This outcome is stated as "by 2020, the social welfare system is strengthened to provide timely, holistic and continued support to individuals and families at risk and enable them to live in a safe, secure, supportive family and community environment." Clearly, the UNFPACO Serbia is expected to contribute to achievement of this outcome, and the content of its program for the last and previous cycle periods has been created to support achieving of this outcome. The UNFPA CPD within the Population Dynamics (outcome 4) defined Output 1 as "Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on sexual and reproductive health, HIV, population dynamics, and emerging population issues with a sustainable development agenda". This output is operationalized through advocacy, policy advice and technical support to (a) strengthen national capacities for population data collection, analysis, dissemination and use for informed policy development in the framework of a sustainable development agenda; (b) strengthen partnerships for the development of comprehensive rights- and evidence-based population policies, including for interventions on gender-based violence; and (c) policy advice for the Government and civil society to formulate comprehensive programmes in youth, gender and ageing, and to promote intergenerational solidarity (UNFPA CPD 2016-2020).

[120] Statistical Office of the Republic of Serbia, 2018

[121] Survey on Balancing Work and Parenting. UNFPA, Office of the Minister without Portfolio in Charge of Demographics and Population Policy, Republic Statistical Office. Belgrade, 2017

[122] The Dim Lights of the City. The Study on status and needs of the elderly households in Novi Beograd. Authored by Nadezda Sataric and Natalija Perisic. NGO Amity, Belgrade, 2017

[123] Aging in Cities. The status of older people in urban areas in Serbia. Authored by Natasa Todorovic. UNFPA, Commissioner for the Protection of Equality, Red Cross Serbia. Belgrade, 2017

[124] Demographic situation in selected municipalities in Serbia: Zvezdara, Sid, Trstenik and Gadzin Han. UNFPA and Office of the Minister without Portfolio in Charge of Demographics and Population Policy. Authored by Mirjana Rasevic. Belgrade, 2017

The objectives and strategies of the CPD CO Serbia and corresponding Annual Working Plans in the field of PD are in line with the goals and priorities set in UNFPA SP 2013-17, and the corresponding Outcome 7 (for the year 2013), and Outcome 4 (for period 2014-16). For example, in the list of ATLAS projects by Strategic Plan output and CPD outcome, in both years 2015 and 2016, we identified an activity that is described as "Research, publication of findings, media launch of the publication and panel discussion on elder abuse and human rights of older people".

According to the interviews with stakeholders in the field of Population and Development, the UNFPA SRB CO has been able to respond to changes in the national development context in this focus area by funding necessary research to help to define the policy response to demographic challenges when this was included as one of the Government's priorities.

4.4.2. Effectiveness

The questions: For all 4 Focus areas -EQ3. To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of these planned outcomes: (i). increased utilization of integrated SRH Services by those furthest behind, (ii). increased the access of young people to quality SRH services and sexuality education, (iii). mainstreaming of provisions to advance gender

Summary Finding - Effectiveness of PD Programs The output related to the Population and Development area is formulated as "Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing, gender equality and migration) and their links to sustainable development". Within this output, a number of surveys were conducted, in order to inform policy makers about the current status and needs related to the demographic situation, population dynamics and harmonizing employment and parenthood, and to enable the mapping of inequalities at the sub-national level. These surveys are: Study on status and needs of the elderly households in Novi Beograd; a research study on the Harmonization of Employment and Parenthood in Serbia; Research on the demographic situation in selected municipalities in Serbia, and Research on status of the older people in rural areas. These studies were conducted in collaboration with Minister without portfolio in charge of demography and population policies, the Commissioner for the protection of Equality, the Red Cross, and IP NGO Amity. The results of these surveys are intended to provide decision makers with sufficient information about challenges older people are facing, and to provide adequate recommendations for a policy response that would enable people to age actively and in good health, and to receive the support when they need it.

In the CPD 2016-2020, the output related to the Population and Development area is stated as "Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing, gender equality and migration) and their links to sustainable development". Within this output, a number of surveys were conducted, in order to inform policy makers about the current status and needs related to the country's demographic situation, population dynamics and harmonizing employment and parenthood, and to enable mapping of inequalities at the sub-national level (COAR 2016 and 2017).

The UNFPA supported Research on the Harmonization of Employment and Parenthood in Serbia creates a solid starting point for understanding problems and attitudes of employed parents and their employers and provides recommendations for a system of family support. This study provided valuable information on the problems encountered on a daily basis by working parents attempting to balance their work and family obligations, as well as information on the views of employers and their willingness to provide support to working parents with small children.

UNFPA also initiated research on the demographic situation in selected municipalities in Serbia jointly with Minister without portfolio in charge of demography and population policies. This research explored the demographic

situation in selected geographic areas in Serbia, municipalities Zvezdara, Gadzin Han, Trstenik and Sid, and how demographic situation in these selected areas affects health, gender equality, social protection and other issues at the local level. This research provides solid evidence for integrating issues related to population dynamics in the review of current population policies, other national policies and programmes and elaborating targeted strategies and interventions to address the challenges identified.

As a follow up to the research on the status of older people in rural areas, UNFPA conducted research study with the Commissioner for the Protection of Equality and the Red Cross of Serbia that explores the status of older people in urban areas in Serbia. The goal of this research was to providing decision makers with sufficient information about challenges older people are facing and adequate recommendations for a policy response.

A UNFPA supported study on the status and needs of the elderly households in Novi Beograd was conducted in cooperation with the implementing partner NGO, Amity. This was the first study that put a focus to elderly households, i.e. older persons living alone or all members of the household are older than 65 who live in urban areas. This study called for action in creating policy, services and an environment which would enable those people to age actively and in good health and to receive support when they need it.

In CPD 2016-2020 for the Outcome 4 Output 1, an output indicator is defined as "Number of policies developed at national level using secondary analysis of census data." This indicator has been already achieved by the adoption of the First National program for sexual and reproductive health and rights.

It is too early to assess whether the intended program outcome for the field of Population and Development has been achieved. An outcome indicator has been defined as the "Percentage of social development policies that are evidence-based (and respond to demographic trends)". The target value for this indicator is 100%, or that all social development policies are evidence-based. The previously described demographic surveys that were conducted in Serbia are very informative for decision makers and they have certainly provided a good basis for achieving this indicator.

Progress related to achieving this outcome, in terms of generating evidence (through surveys) that have been used for an evidence-based advocacy for better societal status of elderly population, can be attributed to collaborations established by UNFPA SRB CO, but also their implementing partners, such as the Red Cross. Agencies like the Red Cross are independent of UNFPA, conducting a number of activities in the same field, with the same or similar goal. One of these goals was the implementation of a survey within the project, "Initiative for social inclusion of elderly persons". In addition to this survey, in the Red Cross document Work Plan for 2016 and 2017, there is a section called Program for elderly care, where a great number of service-oriented activities was envisaged for the upcoming year[125].

As stated in the COAR 2017, Serbia still does not have an overreaching population policy that takes into account current and projected demographic trends, despite the fact that country is experiencing a process of demographic ageing, high migration and longer life expectancy. There is a need to advocate for evidence-based policy making at all levels, that takes into account the population trends in Serbia. The main population challenges implied in this development are not so much the decline in overall numbers, but more the changing age composition of the population.

4.4.3. Efficiency

The questions: For all 4 areas – EQ6. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents?

[125]Available at:https://www.redcross.org.rs/documents/izve%C5%A1taji-i-planovi/planovi/pg. 34-37, Work Plan for 2016: pg. 15-18

Summary Finding - Efficiency of PD Programs Based on a review of financial documents, stakeholder interviews, a review of Annual Work Plans, and Standard Progress Reports, the PD Program Area has made very good use of its resources. Stakeholders were consistently supportive about UNFPA's efficiency, stating that UNFPA SRB CO maximized use of limited human (two to five employees) and financial resources for its PD programs (in a range of almost USD 18,000 to USD 63,000 in the previous five years), with a high utilization rate. In order to achieve program outputs UNFPA used a combination of different funding sources, to conduct surveys whose results will be informative for evidence-based decision making related to population measures and activities.

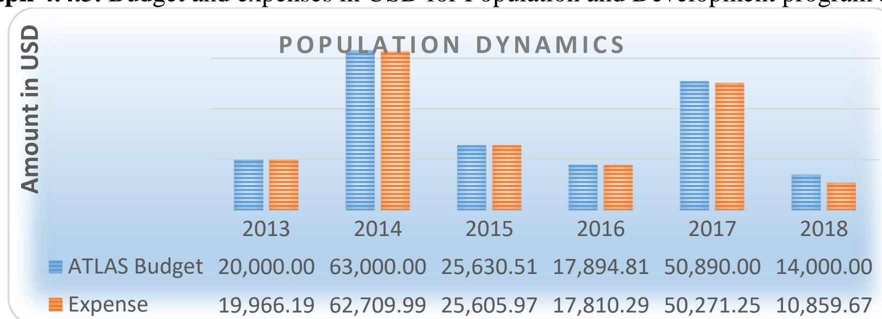
Based on an analysis of key financial documents (mainly data from ATLAS and AWPs) related to the implementation of activities in the field of Population and Development, which aimed to conduct Data Analysis and Population Projections and Aging, and also based on interviews conducted with key stakeholders, it can be firmly concluded that UNFPA CO Serbia has made good use of its human, financial and technical resources to pursue the achievement of results in this area, as defined in UNDAF Outcome 6 and 4, UNFPA SP Outcome 4 (and Output 14), and CPD 2016-20 Output 1.

The amount of resources (i.e. the budget used to achieve planned outputs/outcomes) in the field of Population and Development has been the smallest proportion of the overall UNFPA budget for programmatic activities. The absolute amounts have been variable within last five years: the highest budget was allocated in the year 2014 (USD 63,000), and in 2017 (almost USD 51,000), while in 2013, 2015 and 2016 they were significantly lower, ranging from almost 18,000 in 2016to 25,000 USD in 2015 (Graph 4.4.3). However, implementation rates have been very high, in a range of 98.8% (in 2017) to 99.9% in 2015.

When the year 2014 is concerned and corresponding budget of $63,000, it was identified that two thirds of this budget ($41,668) was allocated on Technical Assistance for the assessment of progress in implementation of the National Strategy on Ageing; MIPAA (Madrid International Plan of Action for Aging) training and assessment, and Population Situation Analysis (COAR 2014, ATLAS data). This investment provided a solid basis for activities that were planned and implemented in subsequent years.

In 2017 the supported PD activities required a large budget, and they were related to the building a solid evidence-based foundation for making appropriate policies related to identified trends within population development. A number of research activities were initiated, and they were all successfully completed. This research informed about: the status of older people in rural and urban areas, their needs and the nature of their households; research on the demographic situation in selected municipalities, and the research on the Harmonization of Employment and Parenthood in Serbia. In the focus area Population and Development there were no trainings conducted, so it is not applicable to calculate costs per participants and trainers.

Graph 4.4.3. Budget and expenses in USD for Population and Development program area[126]



4.4.4. Sustainability

The questions: For all 4 areas – EQ7. Are programme results sustainable in short and long-term perspectives? EQ8. To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

Summary Findings – Sustainability of PD Program. Results of the program implemented in this focus area are difficult to assess in terms of their sustainability, since they were mainly oriented toward gathering evidence for informed policy making in field of population development. The impact of UNFPA PD program support has clearly been at least short-term in its impact (3 or less years) for various studies conducted. It is likely that some of UNFPA PD program support has had more long-term impact, such as UNFPA support for the MICS in 2014. National ownership of UNFPA supported study results are indisputable.

as a baseline measurement, besides their role as an argument in decision making in future, related to improving the status of population research. As such, the impact of these activities might be sustainable in the long-term, rather than in the short-term.

In this program area, as well as in the other, previously mentioned, UNFPA absolutely promoted national ownership of supported interventions, as all decisions were made in collaboration with the relevant ministry, in this case the minister without portfolio in charge for demographic policy. In 2018, the UNFPA CO supported the implementation of the MICS study that is planned for realization in 2019, in an amount of $ 80,000 from core funds. The impact of this UNFPA financial support to the implementation of MICS study will be sustainable in a long-term, since their findings will be very informative for future planning of UNPFA activities, along with the information related to achieving Sustainable Development Goals and Agenda 2030. Previous realization of the MICS study, in 2014, was not financially supported by UNFPA.

4.5 UN Country Team Coordination and Added Value

4.5.1.UN country team coordination

The questions: For all 4 areas – EQ9 To what extent did UNFPA contribute to coordination mechanisms in the UN system at country level?

Summary Findings – UN Country team coordination UNFPA SRB CO significantly and consistently contributed to the UNCT planning and coordination functions, through different mechanisms, such as attending a number of working groups and participating in joint UNCT programs.

[126] List of Atlas projects by Strategic Plan Outcome and CPD Output

The United Nations Country Team (UNCT) in Serbia is represented by the UN Resident Coordinator and is comprised of 13 agencies with in-country presence (OHCHR, UNDSS, UNDP, UNHCR, UNICEF, WHO, FAO, ILO, IOM, UNFPA, UNODC, UNOPS, UN WOMEN), 9 non-resident agencies (IAEA, OCHA, UNCTAD, UNECE, UNESCO, UNEP, UN HABITAT, UNIDO, UNWTO), observers to the UNCT with in-country-presence (ICTY, UNOB) and 4 international financial institutions (EBRD, IFC, IMF, WB)[127].UNFPA SRB CO mostly collaborates with four UN agencies: the UNDP, UN Women, UNICEF and WHO.

Within UNCT, UNFPA is chairing the UNCT working group for gender based violence (as a part of Pillar I, Outcome 1 of UNDAF 2016-2020), together with MoLEVSA (Ministry of Labour, Employment, Veteran and Social Affairs). The working group was formed initially as *Subcluster Working group for GBV, as* a part of the protection cluster led by UNHCR, in a response to migrant crisis and GBV. On the request of the RC (Resident Coordinator) in October 2018, WG was extended to deal with GBV in both development and humanitarian context since the nature of the migration crisis has changed. Therefore, as of the November 2018, the title of the group has changed to UNCT GBV group.

According to the interviews conducted with key stakeholders from some of these agencies, UNFPA SRB CO significantly and consistently contributed to the UNCT planning and coordination functions, through different mechanisms. One mechanism has been attending a number of working groups and participating in joint programs, such as Joint Project Integrated Response Violence against Women and Girls in Serbia II, which is being implemented by four UN agencies in country (besides UNFPA, there are also UN Women, UNDP, and UNICEF) during the last few years[128], and Joint Project **Autonomy, Voice and Participation of Persons with Disabilities in Serbia, within the United Nations Partnership on the Rights of Persons with Disabilities** (UNPRPD) (2018) that was implemented in 2018.

Another example was the participation of the UNFPA SRB CO in the United Nations Mainstreaming, Acceleration and Policy Support (MAPS) Mission, that arrived in Serbia in September 2018, for a week-long visit to support the ongoing efforts of the Government of the Republic of Serbia in contextualizing and adapting the Sustainable Development Goals (SDGs) to national needs in line with the ongoing EU accession and related reform processes[129].

Another example of joint activities within UNCT in Serbia where UNFPA has participated was the initiation of a new round of *Post-2015 National Consultations* on culture and development, together with UNESCO and the Office of the UN Resident Coordinator in Serbia. It was conducted in June 2014, under the project named *Serbia We Want*[130]. In each case these processes were led by working groups established by governmental institutions (Commissioner for Protection of Equality; Ministry of Foreign Affairs) or the Government of the Republic of Serbia itself (in case of MAPS mission), which objectively confirms a very high level of national ownership in every UNFPA SRB CO activity. Statements made by all interviewed stakeholders observed that the UNFPA CO really follows nationally established priorities in their advocacy, policy and capacity building activities.

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[127]Available at:http://rs.one.un.org/content/unct/serbia/en/home/un-agencies.html(accessed on February 21, 2019)
[128]Women and Men in Serbia: At A Glance. Gender brief for Serbia, 8th issue, 1 December 2017 - 1 June 2018. Prepared by UN Gender Theme Group in Serbia. Available at: http://rs.one.un.org/content/dam/unct/serbia/docs/Publications/GB_08_03.pdf(accessed on February 21, 2019)
[129]Available at: http://rs.one.un.org/content/unct/serbia/en/home/presscenter/--_from-accession-to-acceleration--un-mainstreaming--acceleratio.html(accessed on February 21, 2019)
[130]Available at: http://rs.one.un.org/content/unct/serbia/en/home/mdgs-sdgs/post-2015-national-consultations.html (accessed on February 21, 2019)

4.5.2. UNCT cooperation

The questions: For all 4 areas –EQ10 To what extent does the UNDAF/UN Partnership Framework; reflect the interests, priorities and mandate of UNFPA?

Summary Findings – UN cooperation The UNDAF/UN Partnership Framework reflects the interests, priorities and mandate of UNFPA very well; the UNDAF outcomes are clearly recognized and associated with the outcomes of UNFPA SRB CO CPD 2016-20, as well as UNFPA SP 2017-21.

The global mandate of UNFPA and its Strategic Plan 2013-17 and 2018-21 have been effectively implemented within both UNDAF documents that were developed and applied since 2011 in Republic of Serbia (UNDAF 2011-2015 and UN DPF 2016-2020 in Serbia), in all program areas. For example, the sexual and reproductive health and rights program area of UNFPA SP (Outcome 1) is covered by the second pillar of **UNDPF 2016-2020** that addresses Social and Human Resources Development, and concretely Outcome 4, that is related to providing high quality, inclusive, equitable, gender-sensitive and age appropriate health services that protect patient rights are available and utilized by all, by 2020. Gender equality and gender based violence are also addressed by the UN DPF 2016-20, first pillar, that is related to Governance and Rule of Law, and concretely Outcome 3, that addresses gender equality, and the role of state institutions in creating an environment that would enable women and girls, especially those from vulnerable groups, to live lives free from violence and discrimination. Youth and Adolescence, and Population Development are the second and third outcomes of UNFPA SP 2018-21, and in the UN DPF 2016-20 they are addressed by second pillar as well (Social and Human Resources Development), and particularly Outcome 4, that is related to providing health services that are appropriate for age, available and utilized by all, and that protects patients' rights.

When the **UNDAF 2011-2015** is considered, UNFPA program activities were mainly matched with the UNDAF strategic areas of priority, which is related to enhanced sustainable development and social inclusion (Outcome 2). Within this outcome, a number of country program outcomes and outputs were defined where UNFPA contribution was recognized, such as an increased access and provision of basic social services including health services, especially for vulnerable and marginalized populations (outcome 2.1) which corresponds with the UNFPA activities in the field of Sexual and Reproductive health and rights. The provision of peer education and non-formal education for young women and men (output 2.1.3) corresponds with the activities in the field of Youth and Adolescence. The high level of tolerance, safety and protection of human rights (outcome 2.2) which has a clearly defined output related to gender mainstreamed procedures and improved capacities to protect victims of violence, completely corresponds to UNFPA's activities in the field of gender equality and gender-based violence (UNFPA SP Outcome 3).

4.5.3. UNCT coordination

The questions: For all 4 areas - EQ11 To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in countries?

Summary Findings – UN coordination UNFPA SRB CO contributed significantly to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in countries. UNFPA CO is known for their high level of efficiency, for a dynamic and excellently coordinated team, that very responsive and reliable, which makes them outstanding collaborators.

In all phases of UNFPA SRB CO activities, starting from the program design, choices of interventions, through implementation and evaluation, a significant and overarching attention was given to established partnerships and collaboration with governmental institutions at the national level, organizations of civil society that are credible and prominent in the areas which are under the UNFPA mandate, as well as other UN and developmental agencies that are functioning at the national level. According to the interviews with stakeholders, as well as insights into the relevant program documents, it is clear that UNFPA activities have been focused on assuring complementarity and synergies between programs, making sure that overlapping and duplication of activities are avoided.

An illustrative example of how UNFPA SRB CO takes care about possible duplication of activities between different UN agencies and developmental partners is the case of preparation for a Demographic and Health Survey, for which a position paper was prepared in 2015.Eventually, the UNFPA abandoned further implementation of this activity since the new wave of MICS study was announced and planned for 2019, to be led by UNICEF and a number of other national partners.

According to the interviews conducted with stakeholders from UN agencies and UN Country representative herself, core mandated activities, outputs and outcomes within country's UNDAF are well recognized and acknowledged by UNCT. The UNFPA CO is known for their high level of efficiency, a dynamic and excellently coordinated team who is very responsive and reliable, which makes them outstanding collaborators.

4.5.4. Added value

The questions: For all 4 areas – EQ12 What is the main UNFPA added value in the country context as perceived by national stakeholders?

Summary Findings – Added value The UNFPA SRB CO is perceived as a very reliable, responsive and highly professional UN agency, with very competent and collaborative staff who highly value good relationships with their partners, focused on issues that are not covered by other agencies, such as sexual and reproductive health and rights. They are also known for their ability to rapidly assess and respond to emergency situations, including activities on prevention and protection of gender-based violence, and gender equality with programs that strengthen youth boys' perspective of it. Dealing with population issues and aging are also an important niche and added value that UNFPA SRB CO provides in the country context.

According to the interviews with stakeholders, UNFPA is perceived as a very reliable and professional UN agency that consistently built its credibility over time, since the establishment of the office in Serbia in 2007, with a very small budget, but commitment to work in the field of reproductive health. Sexual and reproductive health and population development are not covered by the other UN or developmental agencies, and therefore, UNFPA presence and activities in these fields are very important and provide a unique added value. The office managed to put reproductive health and family planning issues on the agenda of ministries, thanking to the good advocacy and proper capacity building efforts (COAR 2016).

Another great advantage as perceived by the stakeholders is related to their proven ability to do a rapid assessment and response in emergency situations, such as the floods in 2014 and migrant humanitarian crisis, since 2015. Mobilization of resources needed in such an emergency situation was very prompt, and highly valued by the other partners at the national level. Governmental institutions were especially appreciative about this timely reaction of UNFPA SRB CO with high quality.

A strong partnership with the Ministry of Health which finally resulted in the adoption of the National Programme for preservation and promotion for Sexual and Reproductive Health was noted as one of the UNFPA's strongest added value as perceived by stakeholders. The document, Standard Operating Procedures of the Republic of Serbia for the Prevention of and Protection From Gender-Based Violence Against People Involved In Mixed Migration, developed and adopted in cooperation with Ministry of labour, employment, veteran and social affairs, significantly empowered GBV systems and was seen as a significant UNFPA SRB added value.

UNFPA SRB CO has been constantly adding value to the work of other organizations within UN system, in a way that early recognizes and indicates risks related to reproductive health, violence and unwanted pregnancies, which typically affect more women than men. UNFPA also is recognized for its ability to recognize that male youth might be in a particular risk of being imposed in crisis situations (as identified in COARs). UNFPA SRB CO activities went far beyond identification and assessment of these needs; they were capable of providing specific programs that would strengthen individual capacities to deal with these challenges, as well as concrete healthcare and psychosocial support when needed.

Added value is also related to the unique activities related to GBV and men's role in it. Through the trainings "Be Man" UNFPA aimed to raise awareness among young men on gender stereotypes, gender inequality and gender-based violence. Young men were empowered to make changes or adjustments in their attitudes and behaviour, while still being a man.

One of the great advantages of UNFPA's mandate in Serbia is recognising the ageing of the population as one of the crucial challenges in the country, identifying the main needs of the elderly population in urban and rural areas in Serbia and making efforts to ensure better conditions for this population.

UNFPA SRB CO is particularly valued for its transparent, collaborative, effective and flexible work style, which make them a very pleasant partner to work with.

4.6 Assessment of UNFPA CP plans: 1. Resource Mobilization, 2. Partnership, 3. Communications/advocacy

4.6.1. Resource mobilization plan

UNFPA country program for the period 2016-20 has a clear and comprehensive plan for mobilization of additional resources that might be used as additional funding, besides core UNFPA funds. The resource mobilization plan has mapped a wide range of potential donors related to achieving all three outcomes of the country program. Potential identified donors are foreign embassies or developmental agencies of developed countries that are functioning in Serbia, such as Swedish Embassy / SIDA, Japanese Embassy, Norwegian Embassy, Ministry of Foreign Affairs of Denmark, Republic of Turkey Belgrade Program Coordination, The Delegation of the European Union to the Republic of Serbia and European Commission (EUD/EC), Swiss Agency for Development and Cooperation (SDC), USAID, ECHO (European Civil Protection and Humanitarian Aid Operations), UNFPA HQ, and UN Department of Economic and Social Affairs (UNDESA).

Envisaged actions related to mobilization of resources include setting up the meetings to discuss the possibilities of funding or joint project proposals for themes that are relevant for UNFPA mandate and UNFPA CPD 2016-2020 outcomes, such as SRHR; gender, gender equality, and gender-based violence, youth and youth issues; Roma, activities in emergencies including response to refugee crisis, intergenerational dialogue and healthy aging, marginalized groups and key populations, and health issues in general. Also, joint proposals that were already submitted are planned to be followed up.

The resource mobilization plan identifies staff members that are responsible for these activities, and a time frame for its initiation, which were mostly within the first three months of the realization of the CPD 2016-20 (January - March 2016); some of them were planned for July or April of same year.

The effectiveness of the resource mobilization plan was evaluated and achievements of planned activities are presented in COARs 2016 and 2017. In a review of these documents, it was identified that all planned activities were successfully realized. For example, there is evidence (COAR 2016) of smooth implementation of emergency funds in 2016, since UNFPA mobilized funds from Norwegian Ministry of Foreign Affairs in the amount of USD 83,544, out of which 96.62% was spent. These funds were followed by the approval for the access to UNFPA HQ Emergency Funds in the amount of 70, 000 USD, out of which 93.32% were spent by the time when the report was created. It seems that efficiency i.e. utilization rate is high. These additional funds are mobilized based on emergency, and aimed to migrant population, for meeting their immediate needs and also strengthening institutional responses in case of GBV. As such, a number of procedures and protocols have been developed and defined, as well as trainings for health professionals. This combination of different tools and formats seem to be sustainable in a both short and long term, i.e. as long as migrant crisis exists.

In 2017, the percentage of mobilized non-core resources was 0.91, which is significant improvement in comparison to baseline (0.50) (the accompanying comment was that additional funding was received from **SDC** (Swiss Agency for Development and Cooperation), in order to respond to refugee crisis, and that the cost extension was approved by SIDA for the VAWG project, which will end December 2019).

4.6.2. Partnership plan

UNFPA country program for the period 2016-20 has a clear and comprehensive plan for partnership with various organizations and institutions that constitute important partners in achieving outcomes of the CPD and UNFPA SP, which is relevant for their mandate and planned outcomes. The most important categories of mapped partners are UN agencies (WHO, UNICEF, UN WOMEN, UNDP), Government (Ministry of Health, Ministry of Youth and Sports, Ministry of Labor, Employment, veteran and Social Policy, MPs), national institutions (Commissioner for Protection of Equality, Protector of Citizens Ombudsman for Serbia, Public Health Institutes, National Center for Family Planning, Statistical Office) Civil society organizations (Center for Development of Non-Formal Education, CSOs that work on youth, gender, SRH and aging issues), and various donors (those depicted in the Resource Mobilization Plan). Each of these partners was mapped against their possible contribution to the strategic Plan Outcome and Country Program Outcome. The nature of collaboration or model of engagement include: mainly advocacy and policy, dialogue and advice, but also knowledge management (with partners such as Institutes of public health or National statistical office) and capacity development (mainly for CSOs). Specific roles of each partner were also determined, and they were mainly related to establishing possible partnerships and joint programming, or unique roles of governmental institutions (ministries) to advocate within government and decision makers to implement measures related to SRH, youth, gender and aging. There is planning for direct communication with health professionals of target groups and grassroots approaches (with different types of CSOs).

For each of these partnerships, expected results are defined in detail, and they embrace diverse categories: development and implementation of joint activities and programmes, formulating joint initiatives that contribute to better visibility and cohesion of UNCT in the country (partnerships with UN agencies); adoption of National programs and evidence-based guidelines, review of regulatory and policy frameworks, and identifying existing gaps (for relevant ministries). Additional activities include collection of data that are relevant for the UNFPA's mandates (public health institutes), and raising awareness and peer education activities (CSOs) etc.

Key indicators by year are also established in this plan, whose achievements are reported in each COAR, so there is a track of their effectiveness. According to the COAR 2017, the new partnership with Ministry of Interior was established, as a part of CO response to migrant crisis. In 2016, new partnerships with Clinical Centre of Vojvodina, Nis, Kragujevac and Kosovska Mitrovica were established, as well as partnership with NGO Bibija (COAR 2016). In 2015, new partnerships with Coordination Body for Gender Equality was established, and partnerships with primary health centers in Sid, Vranje, Presevo and Dimitrovgrad (towns along the migrant route) (COAR 2015).

Judging on the UNFPA CO relations with other, previously established partnerships, it can be expected that these new partnerships will be sustainable and effective in achieving common goals.

4.6.3. Communications/advocacy

A review of relevant documents and interviews with stakeholders revealed that the UNFPA SRB CO carefully planned and successfully implemented their external communications related to strengthening ICPD issues relevant for Serbia (according to the *ICPD beyond 2014* report *and Post 2015 Global Development Agenda*), as well as advocacy efforts that would influence a change where needed, in the local context.

According to the COAR 2015, 2016, and 2017, the UNFPA CO participated in timely way in all UNCT communication activities which are of relevance for UNFPA's mandate. In addition, the UNFPA CO implemented communication activities on its own and in collaboration with IPs, as a part of a Communication Strategy for Serbia.

In a document titled the UNFPA Serbia Communication and Advocacy Plan 2015, a program of communications defined key communication results within each of four outcomes of CPD. They are related to following: (1) communication of good results to keep the positive trend, (2) advocating for young people's SRH issues through evidence and data, and raising awareness on the prevention and protection from HIV/AIDS/STIs, (3) raising awareness on GBV issues and building network and partnerships, and (4) advocating and raising awareness on youth and aging issues. Different sets of tools, outputs and formats were planned to be used in order to achieve these communication results, such as formal trainings, developed guidelines, project reports, regular updates in social media and media coverage in general (website, Facebook, Twitter), reports of events, education theatre and focus group discussions, launching official statements i.e. press release, etc.

Each focus area i.e. outcome is covered by carefully created messages that provide evidence and outline a future course of action needed to make changes toward achieving the ICPD agenda.

In 2016, it was reported that UNFPA and its activities were mentioned six times in the media, and there were eight press clippings: in 2017, there was 43 mentions of UNFPA in media, and four press clippings (COAR 2016, COAR 2017). All press clippings were sent to Regional Office in a timely manner. Also, the targeted number of annual CO advocacy and/or communication plans was achieved.

CHAPTER 5: Conclusions

Relevance:

Conclusion 1: The UNFPA SRB CO is a credible, reliable and responsive partner that closely collaborates with a number of national institutions such as MoH, MoLEVSA, MoYS, Ministry without portfolio in charge of demography and population policy, and many others, as well as a number of implementing partners, in planning and implementation of activities of importance for achieving results, i.e. output indicators. Stakeholders and implementing partners expressed very high levels of satisfaction with UNFPA country office, which is characterized by the transparent and respectful communication that is results-oriented. It has been considered as a key factor of program success.

Effectiveness:

Conclusion 2: The recently adopted first National Program for Preservation and Protection of Sexual and Reproductive Health represents a milestone of continuous UNFPA advocacy efforts and national commitment for improving population health. Key activities related to supporting the implementation of the above mentioned National Program for Sexual and Reproductive Health, such as costing of activities, remain to be conducted.

Conclusion 3: Developing societal momentum for advancing the status of different vulnerable population groups in Serbia seems to be the right approach, since the country is in the process of joining the European Union. This has been recognized as an exceptional opportunity to implement necessary reforms in different areas of society, including strengthened public health functions and education.

Conclusion 4: The dynamics of program realization depends on the governmental structure and changes in decision makers and personnel. Established priorities have changed over time, which sometimes impedes the realization of planned outputs.

Conclusion 5: Assessment of achieving Outcome 1 requires relevant data for family planning and use of contraception, and these data will be available after conducting the Multi Indicator Cluster Survey (MICS) at the national level, which will be partly supported by UNFPA SRB CO.

Conclusion 6: UNFPA SRB CO recognized the role of men in achieving gender equality and zero tolerance to gender-based violence is very important, and successfully and uniquely supported civil society initiatives that involved young men and boys in addressing gender-based violence in Serbia. It has made a positive impact on changes in attitudes related to gender roles.

Conclusion 7: Youth in Serbia have limited knowledge about reproductive health issues and many of them do not use contraception. Raising awareness about SRHR among youth could be achieved through development and use of applications for mobile devices that are freely available, and UNFPA program in

Serbia has some experience in this field. Participatory platforms for advocating for increased investments in marginalized adolescents and youth within development and health policies have not been established yet.

Conclusion 8: Given the overall global and national momentum related to building a society which is more gender equitable and with zero tolerance to GBV, UNFPA and UNCT provided significant contributions at the national level, through well-coordinated actions that are based on recent favorable changes in the national legislation and adopted strategies that provide a framework for action. Health professionals' capacities and competencies to deal with GBV have been significantly improved due to the trainings they attended, as a part of the UNFPA supported program.

Conclusion 9: Serbia still does not have an overreaching population policy that takes into account current and projected demographic trends, despite the fact that the country is experiencing a process of demographic aging, high migration and longer life expectancy. Recently conducted studies supported by UNFPA CO might be very informative for evidence-based policy making.

Efficiency:

Conclusion 10: Despite a small number of employees in the UNFPA CO, two to five persons, they have demonstrated a high level of technical efficiency in the realization of program outputs; they effectively use a combination of different formats and tools in achieving their results.

Sustainability

Conclusion 11:

There is a clear evidence that program activities relate to system development and buiding capacities of institutions have long term effect. For example, development of SRHR guidelines and standards by involving national partners, including the government. Good progress has been made in the area of GEWE, where, with support from UNFPA, initiatives were adopted by the government and spread to the whole country. For example, a number of national programs and strategies were developed and adopted (SOPs and MISP related to GBV into the Draft National Health Sector Emergency response Plan). However, to ensure long sustainability (more than 3 years) for most of the UNFPA activities, the enabling environment should be guaranteed, examples include further improve legislation related to protection of violence victims, support for a monitoring system of policy implementation in the country, etc. Therefore, strong advocacy, with the support of national partners and government, should support the sustainability of UNFPA activity.

CHAPTER 6: Recommendations

Recommendation 1 (Linked to Conclusion 2, 5, 6):
Priority High
Advocate for and allocate core and other resources and innovative means to attain the UNFPA transformational goals relative to their distance to achievement in Serbia and in view of the goals of the government of Serbia. For the remainder of the 2nd and planning for the next Country Programme, UNFPA Serbia should consider the need to allocate resources proportionately and relative to the medium distance to end the unmet need for contraception and family planning and in consideration of those who are left furthest behind. The UNFPA CO should continue to work toward the successful realization of its mission as a leading UN agency with a unique mandate to deal with sexual and reproductive health of the population, through preserving good relationships and efficient communication with various governmental stakeholders and implementing partners in the community.

Recommendation 2. (Linked to Conclusion 3):
Priority High
Having in mind an affirmative legislative framework and national orientation toward joining EU, the **UNFPA CO should continue their activities in emphasizing their complementarities and providing added value in terms of collaboration and advocacy efforts related to the needs of population groups that are within the UNFPA mandate.**

Recommendation 3. (Linked to Conclusions 5, 9):
Priority High
There is a high need for **UNFPA to advocate for evidence-based policy making at all levels that takes into account population trends at the national level. The UNFPA CO should remain involved in the process of the design and implementation of the MICS study and be able to use the MICS results for further evidence-based advocacy efforts related to family planning.**

Recommendation 4. (Linked to Conclusion 2):
Priority High
In order to fully implement the recently adopted National program for Sexual and Reproductive health, the **UNFPA CO should continue to support activities related to it, which are essential for its full implementation, such as development of the Action Plan and budgeting i.e. costing of the program.**

Recommendation 5. (Linked to Conclusion 6, 7):
Priority Medium
There is a need for UNFPA Serbia to develop a platform for advocating for increased investments in marginalized adolescents and youth in the upcoming period. The momentum for this activity will need to be increased if it is to be achieved, along with the national efforts and commitments related to achieving the SDGs.

Recommendation 6. (Linked to Conclusion 6):
Priority High
Strengthening youth initiatives related to implementation of programs that aim to deal with gender stereotypes and GBV among young men should be a priority in the upcoming period. These programs should be scaled up in order to increase coverage and societal impact.

Recommendation 7. (Linked to Conclusion 7):
Priority Medium
Since youth reproductive health is a sensitive issue, it requires a youth-friendly approach, and continuous work with youth. Some kind of institutionalized incentives should be considered, for tailoring and implementation of youth-friendly education programs. They should be school-based, but also should rely on modern communication methods and creating content in different formats that could be distributed through various communication channels, such as social media and social networks. Given the omnipresence and use of modern communication devices (smart phones), further development of applications for mobile devices and their promotion could be an efficient strategy to achieve planned outcomes.

Recommendation 8. (linked to Conclusion 8):
Priority Medium
The UNFPA Serbia and UNCT Serbia should remain active in the field of GE and GBV and continue supporting capacity building of health professionals throughout the country, since their impact clearly makes a difference in the first-line health professionals' response to the needs of GBV survivors. The availability of a high-quality resource package for healthcare professionals related to responding to GBV that allows its further dissemination within every healthcare center is needed. This could be implemented through further trainings and seminars that could be delivered by in-house trainers under the supervision, and with the involvement of the regional institutes of public health. It would contribute to a high potential for achieving a long-term sustainability of an improved health sector response to GBV, under the assumption that national priorities would not have changed.

Recommendation 9. (Linked to Conclusion 10):
Priority Medium
Thanks to UNFPA for maintaining high level of programme efficiency, however, UNFPA should continue to explore innovative strategies to achieve results with fewer resources, and mobilize resources to increase programme coverage.

Annex 1. **The Terms of Reference for the Evaluation of the Country Programme for Bosnia and Herzegovina, The former Yugoslav Republic of Macedonia, the Republic of Serbia and Kosovo (UNSCR 1244)**

A. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations sexual and reproductive health agency for ensuring rights and choices of all. The strategic goal of UNFPA is to achieve the three transformative results: ending unmet need for family planning, ending maternal death, and ending violence and harmful practices against women and girls. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015).

The Terms of Reference (TOR) lay out the objectives and scope of the evaluation, the methodology to be used, the composition of the evaluation team, the planned deliverables and timeframe, as well as its intended use. The Terms of Reference also serve as a basis for the job descriptions for the evaluation team members.

The ToR is written by the evaluation managers of UNFPA country offices, Bosnia and Herzegovina, The former Yugoslav Republic of Macedonia, and the Republic of Serbia and Kosovo (UNSCR 1244), , with the support of the Eastern Europe and Central Asia Regional Office Monitoring and Evaluation Adviser. Final ToR is approved by the Regional Office for Eastern Europe and Central Asia on behalf of Evaluation Office before the launch of the evaluation.

Bosnia and Herzegovina, The former Yugoslav Republic of Macedonia, and the Republic of Serbia and Kosovo (UNSCR 1244), are UNFPA country offices that form one of the administrative clusters of the Eastern Europe and Central Asia region. The programmes of these offices have the harmonized programme cycle ending in 2020, therefore the cluster programme evaluation of all four programmes is planned as part of the UNFPA quadrennial evaluation plan (DP/FPA/2018/1) approved by the Executive Board.

The overall purpose of the cluster evaluation is to: a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources, b) support evidence-based decision-making, and c) contribute important lessons learned to the existing knowledge base on how to accelerate the implementation of the ICPD Programme of Action.
The primary users of this evaluation are the decision-makers in cluster countries where UNFPA operates, including the organization as a whole, government counterparts, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.
The evaluation will be managed by a steering committee consisting of country office evaluation managers with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation and the UNFPA Evaluation Office, and in consultations with the Evaluation Reference Group. A team of competitively selected independent evaluators will conduct the cluster evaluation and prepare the evaluation report and country case studies.

B. CONTEXT

a. Country Profile

Bosnia and Herzegovina

Bosnia and Herzegovina (BiH) consist of two entities (Federation of Bosnia and Herzegovina (FBiH) and Republika Srpska (RS)), and the Brcko District of Bosnia and Herzegovina (BD). Each of the entities and BD have own governments and parliaments/assemblies while at the state level there is the tripartite Presidency of BiH, the Council of Ministers of BiH and bicameral Parliamentary Assembly of BiH. FBiH is further divided into 10 cantons that have major responsibility for development of economic, health, education and social protection sectors. Finally, entities are divided into municipalities; 79 in FBiH and 68 in RS. In line with the 2013 Census report, the total number of citizens in BiH is 3.531.159[131]. Population growth has a negative trend since 2007, while the fertility rate remains one of the lowest in the world. Population migrations to developed countries are also underway, where mostly young, skilled people dissatisfied with the current socio-political situation leave BiH, causing a major brain drain. Finally, UN estimates BiH will have at least 30% of persons over 65 years of age by mid-century.

The former Yugoslav Republic of Macedonia

Based on population estimates, the country had over 2 million inhabitants in 2017[1]. The population is increasingly aging and the total fertility rate (TFR) is 1.50 live births per woman in the last few years, which is below the replacement rate. The 2002 Census was the last census undertaken in the country and it was evaluated by the international community as well organized. The country was granted EU candidate status since 2005, with accession talk to start 2019, if all agreed political steps with neighboring countries and international community are put in place.

The key issues that population faces regarding SRH is increasing maternal mortality and adolescent pregnancy, rise of STIs especially among young people, and low use of modern contraceptive. The rates are lower among rural, poor and low-educated women and due to the lack of sexuality education, cultural barriers, stigma and discrimination, especially for the Roma and other marginalized groups. The SRH health services lack referral pathways between different level of care as well as shortage of human resources and poor quality of care. The regulatory-administrative system for evidence-based clinical governance is in rudimentary stages.

Gender inequality and reproductive health and rights in the country are still lagging behind compared with the EU countries. Acceptance of domestic violence (DV) is closely associated with a woman's education level. Due to the societal gender social norms, especially vulnerable to gender based violence

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[131] The 2013 Census Report, although officially recognised by the BiH Agency for Statistics and the FBiH Institute for Statistics, as well as by the members of the International Monitoring Missions (including Eurostat, UNFPA, UNSD and UNECE), has been disputed by the RS Institute for Statistics for the reason of disagreement over the methodology used for data processing. Instead, the RS Institute for Statistics has developed own Census report that is in use in this entity. By the time this ToR is developed, there has been no agreement between government institutions on how this issue will be solved so different administrations are using different census results.

are members of the young key populations (defined as MSM, sex workers, PWID, PLHIV). Furthermore, these are especially vulnerable to HIV and other STIs. The harmful practice of early marriage, formal and informal, prevents girls from finishing education, acquiring skills and competences to work, thus making them more vulnerable to poverty and social exclusion.

The Republic of Serbia

The Republic of Serbia was granted status of the EU candidate country in 2012, and current reforms and all national policies are marked with the efforts to fulfill conditions for EU accession. Territory of Serbia is divided into regions which do not have any administrative power or legal subjectivity, but are functional territorial units for the purposes of regional planning and policy implementation. Within these regions Serbia is further divided into districts including the City of Belgrade as one district, and within districts into municipalities and cities which are the administrative units of local self-government. According to official estimation there were 7,058,322 inhabitants in 2016[132]. Serbia has been facing unfavorable demographic trends: low natality rate, negative natural growth rate, slow increase in life expectancy, ageing (average age is 42,9) and increase in share of population aged 65 years and over, but also high level of internal migrations from rural to to urban areas and emigration, resulting in overall negative migration balance.

Main challenges in **s**exual and reproductive health are low use of modern contraception, underreported, but still high number of induced abortions, insufficient knowledge of youth about the SRH and related risks, higher incidence and mortality from (preventable) cervical and breast cancers compared to EU. Gender inequalities are still underlined and there are persistent deep-rooted stereotypes and traditional roles of women and men in the family and society. Since 2015, the country have experienced a strong inflow of migrants, refugees and asylum-seekers taking the Balkan route to the Western Europe.

Kosovo (UNSCR 1244)

Kosovo (UNSCR 1244) is situated in the Western Balkans covering around 11 thousand square kilometers. After conflict cessation in 1999, the United Nation Security Council by its resolution 1244 established the United Nations Interim Administration Mission and the North Atlantic Treaty Organization-led Multinational Force was deployed. On 17 February 2008, the Kosovo (UNSCR 1244) Assembly declared independence followed by the establishment by the European Union of the European Union Rule of Law Mission within the framework of the United Nations Security Council Resolution 1244 aiming to support European integration. Kosovo (UNSCR 1244) is recognized as an independent country by 114 out of 193 United Nations members and by 23 out of 28 European Union (EU) members. Kosovo (UNSCR 1244) is a potential candidate for EU membership, a process that was accelerated with the signing of the Stabilization Association Agreement in October 2015, in force since April 2016. The current Government was voted in on September 9, 2017.

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[132]Statistical Office of Serbia (2017) *Demographic Yearbook 2016,* Belgrade.

http://www.stat.gov.rs/WebSite/public/PublicationView.aspx?pKey=41&pLevel=1&pubType=2&pubKey=4225

According to the 2011 Census the population is 1.7 million with 60 per cent in rural areas. Northern Kosovo (UNSCR 1244) municipalities did not participate in the 2011 census. Total number of households is 300,000 with the average household size of 6 members. One out of every four Kosovars lives abroad and it is estimated that over 50,000 migrated illegally in 2015. Around 50 per cent of population is under the age of 25 and only 6 per cent over 65 years. The Total Fertility Rate is approx two children per women and the annual rate of population growth is 0.9 per cent. Life expectancy at birth is 70.2 years, 10 years lower than the European Union.

b. UNFPA Country Programme

Bosnia and Herzegovina

The 2nd UNFPA Country Programme Document for Bosnia and Herzegovina (DP/FPA/CPD/BIH/2) has been approved by the UNDP/UNFPA/UNOPS Executive Board at its second regular session in September 2014. The programme initially covered the period from 2015 to 2019, but has been extended at no cost for 1 year through 2020, following the respective extension of the UN Development Assistance Framework (UNDAF) for Bosnia and Herzegovina. The UNFPA financial commitment over 5 years towards the programme was approved at $ 2.4 million from regular resources ($ 0.8 million for sexual and reproductive health and rights component, $ 0.7 million for adolescents and youth component, $ 0.3 million for gender equality and women's empowerment component, $ 0.3 million for population dynamics component, and $ 0.3 million for programme coordination and assistance). UNFPA also committed to mobilize $ 1 million from other resources to co-fund the programme. By mid-2018, UNFPA office in BiH has managed to fundraise over $ 1.2 million, mostly for the gender equality and women's empowerment component.

Sexual and Reproductive Health initiatives have been focusing primarily on development of adequate population health policies that will develop systems aimed at improving the provision of family planning services, improving the reproductive health of general population (with focus on most vulnerable population groups) and providing adequate protection and health support to those affected by emergencies, along with improving the capacities of government stakeholders for the provision of such services in local communities. Youth initiatives have been mostly related to the provision of technical support and development of youth policies, as well as support to development and implementation of Comprehensive Sexuality Education curricula across the country. Specific focus has also been put on the prevention of early marriages among the Roma population. Initiatives related to Gender-based Violence were mostly focused on the prevention of stigma against the survivors of Conflict-related Sexual Violence (CRSV) and development of referral systems for the provision of support to this population group (including building capacities of institutional and religious stakeholders for first contacts with and provision of support to the survivors of CRSV). Finally, Population Dynamics initiatives mostly focus on the provision of evidence for development of population policies in the country, as well as support to development of policies on ageing and promotion of Healthy Ageing Centres.

The former Yugoslav Republic of Macedonia

UNFPA is present in the country since 2007 and the first UNFPA five year Country Program Document (CPD) 2016-2020, developed with the Government and other partners, was approved by the Executive Board in 2015. CPD's main focus is enhancing sexual and reproductive health and rights, and address gender based violence, with focus on youth and improving the use of population information in development policies.

The UNFPA financial commitment over 5 years towards the programme was approved at $ 1.5 million from regular resources ($ 1.1 million for sexual and reproductive health and rights component, $ 0.1 million for adolescents and youth component, $ 0.1 million for population dynamics component, and $ 0.2 million for programme coordination and assistance). UNFPA also committed to mobilize $ 1 million from other resources to co-fund the programme. By mid-2018, UNFPA office has managed to fundraise over $ 0.5 million, mostly for the humanitarian preparedness and response in the period 2015-2016 from internal, UNFPA and donor resources, and, SRH and GBV activities and support to PwD.

In the country, UNFPA has well-established strong partnerships with the Government and its bodies, UN Agencies CSOs and academia. In 2018, UNFPA's co-funding Mechanism (Consistent with Executive Board decision (2013/31) is applied in the country for the first time.

UNFPA has built on the existing investments of the regional office in various areas, and supported national Government in drafting Action Plan to SRH Strategy (to be adopted in 2018). The achievements include development of national clinical guidelines adaptation, implementation and audit program, introduction of obstetric surveillance system, and introduction of MISP concept in the national policies. From the nationally born efforts, it's worth highlighting the development of family planning training package, conducting of a number of analysis and assessments, focusing on Market Segmentation Research, Logistics Management Information System, Emergency Obstetrics and Neonatal Care, Cervical and Breast Cancer Screening, Social Marketing, etc. A significant number of professionals were trained based on evidence-based practices in the fields of family planning; MISP; clinical management of rape and for the prevention and management of GBV; clinical guidelines development, adaptation and audit; and obstetrics surveillance. Though gender is not specific Outcome of the CPD it is cross cutting issue in all other outcomes, resulting in significant achievements in humanitarian preparedness and response as well as opening of the first in the Western Balkan region, sexual assault referral centers and raising awareness among you and engagement of men in gender equality efforts. UNFPA is part of the recently approved joint UN Programme on prevention of institutionalization of People with Disabilities (PwD), supported by UNPRPD Disability Fund. Over the next two years, UNFPA will implement SRH and GBV prevention and response activities among PwD in the South Western region of the country, in partnership with the Platform for SRH of persons with disabilities, led by NGO HERA.

UNFPA works through key populations community organizations and since 2017 have partnered with NGO Star Star to support community empowerment of young key populations for their rights and protection.

UNFPA partners with NGO "Macedonian Anti-Poverty Platform" to implement analysis, policy dialogue and advocacy for population data collection and analysis to understand population trends, SDGs implementation and advocacy for full implementation of Madrid Plan of Action for Ageing.

The Republic of Serbia

The work of UNFPA in Serbia started in 2006, guided by UNDAF framework. The first UNFPA five year Country Program Document (CPD) 2016-2020 was developed in 2015, in line with UNDAF (2016-2020) and the UNFPA Strategic Plan 2014-2017. CPD's is concentrated on three areas: 1. Sexual and reproductive health services and rights; 2. Policies and programmes related to adolescents and youth and 3. Evidence based policies addressing population dynamics. Activities envisaged in CPD are being implemented through cooperation with all relevant governmental institutions, academia experts associations, UN Agencies and CSOs.

In the field of SRH, UNFPA CO supported the Ministry of Health in policy development and capacity building. The first National Program for Sexual and Reproductive Health and Rights was adopted at the end of 2017. In addition, CO supported development of the National Clinical Guidance for Modern Contraceptive Provision, and Procedure for SRH in emergency situation, based on MISP. Number of health professionals was trained on MISP, GBV and clinical guidelines development.

As part of humanitarian response, UNFPA CO Serbia provided the access to SRH service to the women and girls within migration population. UNFPA CO supported Ministry of Labour, Employment, Veteran and Social Affairs to develop Standard Operating Procedures of the Republic of Serbia for Prevention and Protection of Refugees and Migrants from Gender Based Violence and organized several trainings on this topic. UNFPA CO Serbia recognised vulnerability of boys and young men and supported BOYS on the MOVE life skills programme.

In the field of youth programs and policies, UNFPA CO is working on raising awareness on the importance of sexuality education in schools. CO also works with men and boys on abandoning harmful gender stereotypes, through trainings, public actions and campaigns. CO supported implementation of the International Men and Gender Equality Survey (IMAGES), the most comprehensive survey on men's attitudes and practices related to gender equality. CO supported Ministry of Youth and Sports to review youth policy and work of youth organisations and to define recommendation to align goals of National Youth Strategy 2015 – 2025 with realisation of SDGs.
In the field of rights-based policies that integrate evidence on emerging population issues, UNFPA CO is supporting several researches related to: status and needs of the elderly households in rural and urban areas, ways of balancing the work and parenting in Serbia, and demographic situation in several selected municipalities. Researches provide evidences for integrating issues related to population dynamics in national policies and programmes and elaborating targeted strategies and interventions to address the challenges identified.

Kosovo (UNSCR 1244)

Currently, UNFPA Kosovo (UNSCR 1244) is implementing its first Draft programming document for Kosovo (UNSCR 1244) developed in a participatory approach with partners, and approved by Executive Board in 2015. The UNFPA financial commitment over 5 years towards the programme was approved at $ 1.5 million from regular resources ($ 0.6 million for sexual and reproductive health and rights component, $ 0.4 million for adolescents and youth component, $ 0.3 million for population dynamics component, and

$ 0.2 million for programme coordination and assistance). UNFPA also committed to mobilize $ 1 million from other resources to co-fund the programme.

The programme is based on Kosovo (UNSCR 1244) emerging priorities on governance and rule of law and on human capital and social cohesion and it seeks to support Kosovo (UNSCR 1244) efforts to: (a) develop integrated and high-quality sexual and reproductive health services that are affordable, accessible, and meet human rights standards; (b) empower youth and women, with particular emphasis on marginalized groups such rural and Roma, Ashkali and Egyptian; (c) Promote gender equality and address gender-based violence and harmful practices; (d) support to development of evidence-based population policies.

The Sexual And reproductive Health initiatives will focus on advocacy and policy dialogue, knowledge management, and capacity building for strengthening evidence-based health policy-making and planning; improving capacity of health personnel to deliver quality family planning, sexually transmitted infections, HIV and AIDS, adolescent friendly sexual and reproductive health services, cervical screening and response to gender based violence; strengthening reproductive health commodity security, including social marketing of male condoms; improving the population knowledge on sexual and reproductive health issues with the special focus on marginalized groups; strengthen institutional and civil society initiatives in addressing gender based violence, conflict related sexual violence, and gender-biased sex selection; integrating Minimum Initial Service Package for reproductive health in the emergency preparedness plans.

Adolescent and youth initiatives will focus on advocacy, policy advice and technical support for: improve availability and utilization of data for development evidence based, gender-sensitive sexual and reproductive health and rights-related policies and strategies on youth, with focus on marginalized groups, including the Roma, migrants and key populations at risk of HIV and sexually transmitted infections; revision of school curricula to incorporate comprehensive sexuality education that meet international standards, including human rights and gender equality;strengthening youth peer education programming and utilize new technologies to promote sexual and reproductive health and rights, including gender transformative programming. Population dynamics initiatives will focus on advocacy and policy dialog, technical assistance and capacity building in support evidence-based decision making at the central and municipal levels through: strengthen national capacities for population data collection, analysis, dissemination and use; support Kosovo authorities, independent human rights organisations, and civil society networks to use comprehensive methodologies for monitoring, analysing and reporting;partnerships for the development of comprehensive rights-based and evidence-based population policies to address emerging population trends, population dynamics, gender and youth;

C. OBJECTIVES AND SCOPE OF THE CLUSTER EVALUATION

The overall objectives of a cluster evaluation: (i) an enhanced accountability of UNFPA and its country offices for the relevance and performance of their programmes and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives:

- To provide an independent assessment of the progress of each programme towards the expected outputs and outcomes set forth in the results framework of the respective country programmes;
- To provide an assessment of each country offices positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the development results.
- To draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented strategic recommendations for the next programming cycle.

The evaluation (including country case studies) will cover all activities planned and/or implemented during the period: Bosnia and Herzegovina 2013-2018, The former Yugoslav Republic Macedonia 2010-2018, The Republic of Serbia 2010-2018, and Kosovo (UNSCR 1244) 2010-2018 within each programme: sexual and reproductive health and rights, adolescent and youth, population dynamics, gender equality and humanitarian response, and cross-cutting areas: partnership, resource mobilization, and communication). **The scope of the evaluation is extended beyond the current programme period is assess achievement/non-achivement of higher level development results.** Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects. The cluster evaluation should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018--2021, the UN partnership Framework, and national development priorities and needs.

The evaluation will reconstruct the programme intervention logic and assess the extent to which the ongoing programmes have chosen the best possible modalities for achieving the planned results in the current development context. The evaluation will examine the programmes for such critical features as relevance, effectiveness, efficiency, sustainability, UN coordination, and added value. The evaluation will apply appropriate methodology including UNEG Handbook for Conducting Evaluations of Normative Work in the UN System[133] for assessing the equity and vulnerability, gender equality[134], human rights in development and humanitarian programme135.

Based on the conclusions and recommendations of the cluster evaluation, the UNFPA country offices will prepare a formal management response to ensure that all evaluation recommendations are considered and/or acted upon.

D. EVALUATION CRITERIA AND EVALUATION QUESTIONS

133 UNEG Handbook for Conducting Evaluations of Normative Work in the UN System, http://www.uneval.org/document/detail/1484

134 Integrating Human Rights and Gender Equality in Evaluations, UNEG, http://www.uneval.org/document/detail/1616

[135] Equity focused evaluation: https://mymande.org/sites/default/files/EWP5_Equity_focused_evaluations.pdf

In accordance with the methodology for CPEs as set out in the UNFPA Handbook "How to Design and Conduct a Country Programme Evaluation" (2012), the evaluation will be based on finding answers to a number of questions covering the following evaluation criteria:

Relevance:

- To what extent is the UNFPA programme (i) adapted to the needs of women, adolescents and youth, people at risk of HIV infections, disabled and elderly persons, (ii) and in line with the priorities set by the international and national policy frameworks, iii. aligned with the UNFPA policies and strategies and the UN Partnership Framework, as well as with interventions of other development partners? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?
- To what extent has the country offices been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in countries?

Effectiveness:

- To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?
- To what extent has UNFPA contributed to an improved emergency preparedness in BiH, The former Yugoslav Republic of Macedonia, the Republic of Serbia, and Kosovo (UNSCR 1244), and in the area of maternal health / sexual and reproductive health including MISP?
- To what extent has each office been able to respond to emergency situation in its AoR, if one was declared? What was the quality and timeliness of the responses?

Efficiency:

- To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents?

Sustainability:

- Are programme results sustainable in short and long-term perspectives?
- To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

UNCT Coordination:

- To what extent did UNFPA contribute to coordination mechanisms in the UN system at country level?
- To what extent does the UN Partnership Framework reflect the interests, priorities and mandate of UNFPA?

- To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in countries?

Added value:

- What is the main UNFPA added value in the area context as perceived by UNCT, government and civil society organiations?

E. METHODOLOGY AND APPROACH

The cluster evaluation approach and methodology will include desk review, data collection and analysis methods.

Data Collection

The evaluation will use a multiple-method approach to data collection, including documentary review, group and individual interviews, focus groups and field visits to programme sites as appropriate. The collection of evaluation data will be carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus/reference groups discussions. The evaluators will be required to take into account ethical considerations when collecting information.

Retrospective and Prospective Analysis

Evaluators may assess the extent to which programme results effects have been already achieved, but also look into the prospects, i.e. the likelihood of results being achieved. Evaluators are expected to conduct retrospective assessments for the most part, analysing *what* has happened and the reasons *why,* but prospective assessments are also an option to determine results of ongoing programme. However, whenever evaluators choose to conduct prospective assessments they should explicitly indicate it in the methodological chapters of the design and final reports. Evaluators should also explain the reason why a prospective assessment has been chosen.

Validation mechanisms

The evaluators will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the UNFPA programme staff and the Evaluation Reference Group. Counterfactual analysis is to be applied wherever possible to explore the cause-to-effect relationships within the programme being evaluated.

Stakeholders participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The Evaluation Manager in each office will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

An Evaluation Reference Group (ERG) will be established by the UNFPA Country Office in each country comprising key programme stakeholders (national governmental and non-governmental counterparts, Evaluation Manager from the UNFPA Country Office). The ERG will review and provide inputs to the country case study, provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the country case studies at the draft stage.

F. EVALUATION PROCESS

The evaluation will unfold in five phases, each of them including several steps.

1) Preparation

This phase, managed by the UNFPA Offices, will include:

- Drafting of cluster programme evaluation (CPE) terms of reference (ToR);
- Establishing an Evaluation Reference Group (ERG);
- Receiving approval of the CPE ToR from the UNFPA Regional Office;
- Selecting potential evaluators;
- Receiving pre-qualification of potential evaluators from the UNFPA Regional Office;
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader;
- Preparing the initial set of documentation for the evaluation, including the list of Atlas projects and stakeholder map.

The preparation phase may include a short scoping mission to the UNFPA Country Office in Bosnia and Herzegovina located in Sarajevo by the Evaluation Team Leader to gain better understanding of the development context, UNFPA programme and partners, refine the evaluation scope, etc.

2) Design phase

This phase will include:

- a documentary review of all relevant documents available at UNFPA HQ and CO levels regarding the programmes for the period being examined. For the evaluation of programmes in The former Yugoslav Republic of Macedonia, Kosovo (UNSCR 1244) and Serbia prior to their first approved Programme, other evaluative evidence documents for the period from 2014 will be reviewed;
- a stakeholder mapping – The evaluation managers will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include institutional and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- an analysis of the intervention logic of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;
- the finalization of the list of evaluation questions and development of evaluation matrix for each office;
- the development of a data collection and analysis strategy as well as a concrete work plan for the field phase.

At the end of the design phase, the evaluation team leader will produce an evaluation design report summarizing the results of the above-listed steps and tasks. This report must demonstrate how the evaluators have understood the purpose and objectives of the CPE, its scope and criteria, the country's development context and programme intervention logic, selected evaluation questions, and should convincingly illustrate how the evaluators intend to carry out the evaluation and ensure its quality.

The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Handbook "How to Design and Conduct a Country Programme Evaluation". The design report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed, validated and approved by the UNFPA Evaluation Steering Committee before the evaluation field phase commences.
The evaluation team leader will facilitate a training on evaluation methodology, evaluation tools, data collection, data analysis, and preparation of country case studies for national evaluators hired by UNFPA. The national evaluators will finalize country stakeholders map, adjust/translate data collection tools etc.

3) **Field phase**

After the design phase, the National Evaluation Team will undertake a two-week collection and analysis of the data required in order to answer the evaluation questions consolidated at the design phase, and to analyze the findings with a view to formulate the preliminary conclusions and recommendations of the country case study. At the end of the field phase, the Country Evaluation Team and Evaluation Team Leader will provide the UNFPA country office with a debriefing presentation on the preliminary results of the country case study, with a view to validating these preliminary findings and testing tentative conclusions and/or recommendations.

At the end of the field phase, Evaluation Team Leader will provide the Evaluation Steering Committee with a debriefing presentation on the preliminary results of the evaluation (online or in person), with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

4) **Synthesis phase**

During this phase, the Evaluation Team will continue the analytical work initiated during the field phase and prepare a **first draft evaluation report and country case studies**, taking into account comments made by the Evaluation Steering Committee at the debriefing meeting.

This **first draft country case studies** will be submitted to each Evaluation Reference Group for comments (in writing). Comments made by the Evaluation Reference Group and consolidated by the evaluation managers will then allow the Evaluation Team to prepare a **second draft evaluation report and country case studies**. This second draft evaluation report will form the basis for individual office **dissemination seminar(s)**, which should be attended by all the key programme stakeholders in the office AoR. The **final evaluation report** will be drafted shortly after the seminar(s), taking into account comments made by the participants.

5) Dissemination and follow-up

During this phase, UNFPA offices, including relevant divisions at UNFPA headquarters, will be informed of the evaluation results. The evaluation report, accompanied by a document listing all recommendations, will be communicated to all relevant units within UNFPA, with an invitation to submit their response. Once completed, this document will become the *management response* to the evaluation. The UNFPA offices will provide the management response within six weeks of the receipt of the final evaluation report.

The evaluation report, along with the CPE ToR and management response, will be published in the UNFPA evaluation database within eight weeks since their finalization. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

G. EXPECTED OUTPUTS/ DELIVERABLES

The evaluation team will produce the following deliverables:

- a cluster evaluation design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase. The design report should have a maximum of 70 pages;
- a first draft cluster evaluation report and four first draft country studies accompanied by a debriefing PowerPoint presentation synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Evaluation Steering Committee during the (online or in person) debriefing meeting foreseen at the end of the field phase;
- a second draft cluster evaluation report and four country case studies (followed by a second draft, taking into account potential comments from the Evaluation Steering Committee) and . The evaluation report should have a maximum of 50 pages (plus up to 70 pages for each Case Study, and plus annexes); four PowerPoint presentations of the results of the evaluation for the dissemination seminars to be held separately in each office AoR, and led by the national evaluators;
- a final evaluation report including four country case studies, based on comments expressed during the dissemination seminars.

All deliverables will be written in English. The PowerPoint presentation for the dissemination seminars and the final evaluation report might need to be translated in local languages if requested by national counterparts.

Work plan/ Indicative timeframe

Phases/Deliverables	Dates
1. Drafting and approval of the ToRs - *Evaluation ToR* - *ToR for the Evaluation Steering Committee*	July 2018

- *TOR for international evaluator* - *TORs for local evaluators, experts and assistants* - *TOR for the Evaluation Reference Group(s)*	
2. Recruitment/vetting of international and national experts	August - October 2018
3. Training workshop for national evaluators (5 days)	4th week of October 2018
4. Design phase: - *Submission of the design report*	August - October 2018 *4th week of October 2018*
5. Field phase - *Bosnia and Herzegovina* - *Kosovo (UNSCR 1244)* - The former Yugoslav Republic of Macedonia - *Serbia*	November 2018 - February 2019 *November - December 2018* *December 2018 - January 2019* *January - February 2019* *January - February 2019*
6. Synthesis phase (evaluation report + case studies): - *1st draft case study for Bosnia and Herzegovina and presentation to Steering Committee* - *1st draft case study for Kosovo and presentation to Steering Committee* - *1st draft case study for The former Yugoslav Republic of Macedonia and Serbia, and presentation to Steering Committee* - *2nd draft case studies (for all 4 COs)* - *Draft cluster evaluation report* - *Dissemination seminars (in all four COs)* - *Final evaluation report and all four case studies (BiH,* The former Yugoslav Republic of Macedonia*, Kosovo (UNSCR 1244), Serbia)*	January - mid-June 2019 *Mid-January 2019* *Mid-February 2019* *End of March 2019* *3 weeks from presentation of 1st drafts* *1st week of May 2019* *March - May 2019* *Mid-June 2019*

H. COMPOSITION AND QUALIFICATION OF THE EVALUATION TEAM

The evaluation team will consist of:

a) **A Team Leader** with overall responsibility for development of cluster design report,

facilitation of a training on evaluation design, field data collection, data analysis and submission of country case studies. Furthermore, s/he will lead and coordinate the work of the National Evaluation Team in the field phase and will be responsible for drafting of case studies together with national evaluators, as well as the quality assurance of all evaluation deliverables. Finally, s/he will be responsible for writing draft/final evaluation report. S/he will be in regular contact with the Evaluation Team remotely via Internet to get updates on the field work progress. In case s/he decides that the collected information is not sufficient or of good quality, s/he may request national evaluators to conduct additional interviews with key stakeholders or, as a last resort, s/he may travel to the country for preparing the draft country case studies. The Evaluation Team Leader should have the following qualifications:

- Advanced degree in social sciences, political sciences, economics or related fields;
- Minimum 7 years of experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations in the position of lead evaluator,
- Specialization in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender equality, population and development, adolescent and youth policies)
- Demonstrated ability and knowledge to collect and analyze qualitative and quantitative data (a training on data analysis using software e.g. SPSS);
- Good knowledge and experience of programme evaluation in the humanitarian settings will be strong assets
- Knowledge of demographic, political, social and economic conditions in the Western Balkans (preferable);
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;
- Excellent command of both spoken and written English is required.

b) **Four national evaluators** (one in each country office) with overall responsibility for coordinating field data collection, data analysis, drafting of Country Case studies with the Team Leader, and providing support to the Team Leader with drafting cluster evaluation report in addition to collecting data for one substantive component. Each national evaluator should have expertise in at least one of the core subject area/s of the evaluation - Sexual and Reproductive Health, Gender-based Violence or Population Dynamics. National evaluators will also facilitate evaluation dissemination seminars and will assist the Team Leader in embedding comments from these seminars into the Case Studies and joint evaluation report. Besides personal expertise in conducting complex programme evaluations, the evaluators should have a good knowledge of the national development context and be fluent in the local language and English.

- Advanced degree in social sciences, medicine, public health, women's studies, gender equality, population studies, demography, statistics or related fields;
- At least 5 years of experience in conducting evaluations as a member of evaluation team or individual evaluator for UN agencies and/or other international organizations;
- Demonstrated ability and knowledge to collect qualitative and quantitative data;

- Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;
- Fluency in local and English Language.

c) **National experts** (two or more in each country office), who will each provide expertise in one programmatic area of the evaluation The expert will take part in the data collection and analysis work, and will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the National Evaluator and Evaluation Team Leader. The modality and participation of experts in the evaluation process, including participation in interviews/meetings, provision of technical inputs and reviews of the design report, drafting parts of the evaluation reports, will be agreed by the Evaluation Team Leader and done under her/his supervision and guidance. The necessary qualifications of the evaluators will include:
   - Advanced degree in social sciences, medicine, public health, women's studies, gender equality, population studies, demography, statistics or related fields;
   - At least 5 years of experience in implementing initiatives in at least one of the core subject area/s of the evaluation - Sexual and Reproductive Health, Gender-based Violence or Population Dynamics;
   - Demonstrated ability and knowledge to collect qualitative and quantitative data;
   - Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
   - Familiarity with UNFPA or UN programming;
   - Excellent writing and communication skills;
   - Fluency in local and English Language.

d) **Four research assistants** (one in each cluster office) that will collect, compile and analyze available data relating to four cluster countries in a form of the database. They will also be responsible for contacting relevant evaluation stakeholders and arranging field work for national evaluators, and logistical support for preparation of dissemination seminars. Besides personal expertise in conducting researches, the assistants should have a good knowledge of the national development context and be fluent in the local language and English. Research assistants will be supported and supervised by evaluation managers in each office.
   - Bachelor’s degree in statistics, social sciences, population studies, economics or related fields;
   - Minimum 2 years of experience in data collection and analysis (with the use of the relevant statistical software packages);
   - Knowledge of qualitative/quantitative research methods;
   - Familiarity with UNFPA or UN operations;
   - Fluency in written and spoken English

The Evaluation Team will conduct the evaluation in accordance to the “Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA” and their work will be guided by the Norms and

Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

Remuneration and duration of contract

Repartition of work days among the Evaluation Team will be the following:

- For the Team Leader: a total of 60 work days – 12 work days for development of design report, 6 work days for preparation and facilitation of a training workshop for National Evaluators, 32 work days for joint development of four Case Studies with National Evaluators and off-site technical support to national evaluators if needed, and 10 work days for development of draft and final evaluation reports;
- For National Evaluators: a total of 32 work days each - 7 work days for participation at the training workshop, 15 work days for field work, and 10 days for development and presentation of draft and final Case Study report);
- For National Experts: a total of 27 work days each - 7 work days for participation at the training workshop, 15 work days for field work, and 5 work days for preparing draft and final Case Study.
- For Research Assistants: a total of 34 work days each - 10 days for reviewing and analysing data, 5 work days for preparation of field phase, 14 days for support during the field phase, and 5 work days for support to organisation of dissemination seminars.

Payment of fees will be based on the delivery of outputs, as follows:

Team Leader:

- Upon satisfactory submission of evaluation design report and facilitation of the training: 40%
- Upon satisfactory development of first draft Case Studies: 20%
- Upon satisfactory finalisation of the final evaluation report and Case Studies: 40%

National Evaluators:

- Upon satisfactory completion of the evaluation workshop and support to development of the design report: 30%
- Upon satisfactory implementation of the field phase, and development of first draft Case Studies: 30%
- Upon satisfactory facilitation of dissemination seminar and finalisation of the joint evaluation report with Case Studies: 40%

National Experts:

- Upon satisfactory implementation of the field phase and contribution to development of first draft Case Studies: 50%

- ➢ Upon satisfactory participation at the dissemination seminar and contribution to development of the final evaluation report with Case Studies: 50%

Research Assistants:

- ➢ Upon satisfactory review and analysis of data: 50%
- ➢ Upon satisfactory preparation and execution of the dissemination seminar: 50%

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees. DSAs and travel costs of the Team Leader will be shared among the four cluster offices.

I. MANAGEMENT AND CONDUCT OF THE EVALUATION

The evaluation will be guided by these terms of reference approved by the UNFPA Regional Office on behalf of UNFPA Evaluation Office, and the UNFPA Handbook "How to Design and Conduct a Country Programme Evaluation". The evaluation and country case studies will be conducted by an independent Evaluation Team whose members are pre-qualified by the UNFPA Regional Office, but will be managed by the UNFPA Country Office.

The Evaluation Steering Group:

Cluster Evaluation Steering Committee (CESC) will have overall responsibility of evaluation design, implementation and dissemination of the evaluation results. The Evaluation Steering Committee will have overall supervision on the Cluster Evaluation Team (including International Team Leader and National Teams) and evaluation processes. CESC will be comprised of UNFPA Representative for the Balkans Cluster, four Assistant Representatives, CO M&E Programme Analyst and RO M&E Advisor.

The role of the CESC will include the following tasks, but not limited to:

- Develop and agree ToR for the evaluation along with ToR for Reference Group(s) and ToRs for all Evaluation Team members (International Team Leader, National Evaluators, National Experts and National Research Assistants);
- Act as first point of contact to the Evaluation Team;
- Develop initial list of stakeholders for interviews and propose documentation for review;
- Review and approve draft design report;
- Review and approve draft evaluation report (including preliminary findings, conclusions and recommendations) and Case Studies;
- Liaise with the Evaluation Reference Groups for any issues related to cluster evaluation;
- Provide management response to the final evaluation report;
- Review and approve the final evaluation report and Case Studies;
- Disseminate the final evaluation report to relevant stakeholders in each country.

The Evaluation Manager in each office will:

- Conduct initial stakeholder mapping and develop an Atlas project list for his/her office;
- Develop invitation and contact relevant local stakeholders for participation in the Evaluation Reference Group;

- Support the Evaluation Team in designing the evaluation;
- Provide ongoing feedback for quality assurance during the preparation of the design report and draft and final evaluation report with Case Studies;
- Provide research assistant with available internal and external data relevant to the programme evaluation;
- Liaise with the RO M&E adviser aimed to sharing evaluation updates or requesting evaluation assistance.

The Evaluation Reference Group(s) will be established at the level of each office and composed of representatives from the UNFPA office and relevant programme counterparts.

The main functions of the Evaluation Reference Group will be to:

- Provide the Evaluation Team with relevant information and documentation on the programme in their field of expertise;
- Facilitate the access of the National Evaluators to key informants during the field phase;
- Discuss the reports produced by the Evaluation Team, including the design report and draft and final evaluation reports with Case Studies;
- Advise on the quality of the work done by the Evaluation Team.

Bibliography and resources

For Bosnia and Herzegovina:
https://drive.google.com/drive/folders/1tUsvjWl9OwKH5GM7Q1N2BNVh_v4k1qs_?usp=sharing

For former Yugoslav Republic of Macedonia: https://drive.google.com/drive/folders/1wEzxbaK3BDXwL-WVF2bd-XooNpIFjgQv?usp=sharing

For Kosovo (UNSCR 1244):
https://drive.google.com/drive/folders/1CoYBKpCNKP8yBeb_d6ZcofvVNYjJwEip?usp=sharing

For Serbia:
https://drive.google.com/drive/folders/1z7Per3XP8x3KQm6E4gtpQ7dkSEz1SGaC?usp=sharing

Annex 2. UNFPA Cluster CPE Design Report Evaluation Matrix

UNFPA Cluster CPE Design Report Evaluation Matrix

<table>
<tr><th colspan="4">COMPONENT 1: ANALYSIS BY FOUR FOCUS AREAS
(Reproductive Health and Rights (RHR), Youth, Gender Equality (GE),Population and Development (PD)</th></tr>
<tr><td colspan="4">RELEVANCE (APPLIES TO ALL FOCUS AREAS)</td></tr>
<tr><td colspan="4">EQ1. To what extent is the UNFPA programme (i) adapted to the needs of women, adolescents and youth, people at risk of HIV infections, disabled and older persons, and Roma, (ii) and in line with the priorities set by the international and national policy frameworks, (iii) aligned with the UNFPA policies and strategies and the UNDAF (or equivalent document) as well as with interventions of other development partners? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?</td></tr>
<tr><td colspan="4">EQ1.A To what extent is the UNFPA programme adapted to the needs of women, adolescents and youth, people at risk of HIV infections, disabled, older persons and Roma?</td></tr>
<tr><th>Assumption to be assessed</th><th>Indicator/Criteria</th><th>Source of information</th><th>Method and tools for data collection</th></tr>
<tr><td>EQ1.A Assumption 1: The evolving needs of women, adolescents and youth, people at risk of HIV infections, disabled and older person and Roma, were taken into account in programme design (both CPD and Annual Planning) and implementation (e.g. targeting/selection of beneficiaries).</td><td>1. Evidence of thorough needs assessments, studies, and secondary data analysis used in CP design.
2. The choice of target groups for UNFPA supported interventions is consistent with identified and evolving needs of marginalized populations.
3. Training designs have a focus on marginalized populations.</td><td>1.1 UNFPA needs assessment documents
1.2 UNCT common country assessment (CCA)
1.3 Available survey report e.g. Census, DHS, MICS etc.
1.4 UNFPA, UNCT and IP staff

2.1. Country Programme Document (CPD)
2.2. UNFPA Annual Plan
2.3. UNFPA and IP work plan and agreement
2.4. UNFPA and IP staff

3.1 UNFPA training reports
3.2 UNFPA and IP workplans
3.3 Staff interviews</td><td>1.1 Document review
1.2 Staff interviews

2.1 Document review
2.2 UNFPA and IP staff interview

3.1 Document review
3.2 Staff interview
3.3 Beneficiary interview</td></tr>
<tr><td colspan="4">EQ1.AAssumption 1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.

1. SRHR:</td></tr>
</table>

Results from the interviews conducted with stakeholders relevant for SRH focus area and a review of program documents (CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UNCT common country assessment 2015, UNFPA SP 2018-21 and 2013-17) consistently indicated that UNFPA programs are at great extent adapted to the needs of women, adolescents and youth, people at the risk of HIV infection, disabled, older persons and Roma. The evolving needs of women, adolescents and youth related to the sexual and reproductive health and reproductive rights were taken into account in programme design, especially in CPD 2016-2020. In this document, the needs of these vulnerable population groups are identified based on recently conducted surveys and routinely collected data, such as MICS survey and National Health survey. These needs are clearly elaborated in the situation analysis of a CPD, where it is indicated that, for example, unmet need for contraception is 14.9 per cent in the general population and 13.9 per cent in Roma women (according to data from 2015). Cervical cancer is the second leading cause for dying of cancer for women of reproductive age, at 6.4 per cent per 100,000 population. Also, it is stated that "the capacity of health providers to deliver high-quality sexual and reproductive health services needs strengthening; there is no coherent sexual and reproductive health strategy, and standards for quality of care for sexual and reproductive health services are lacking". The document *UN Common Country Assessment Needs* (2015) also provides a good situational analysis in the field of reproductive health (pg. 53), based on the same primary resources.

There are many examples that these needs have been taken into account in program design and implementation of activities. For example, in a response to identified needs, The **National Clinical Guidance for Modern Contraceptive Provision** was developed, in relation to family planning and contraception, as a part of sexual and reproductive health in Serbia for 2016/17. UNFPA Serbia CO also organized a round table related to the needs of women in reproductive period and maternal mortality, which is called "Beyond the numbers" (BTN), with the experts from key national institutions (MoH, Institute of Public Health, Institute for Mother and Child). This round table was held on November 27, 2017, and it was a part of subregional UNFPA initiative. National health institutions in Serbia were introduced with the BTN and tools adopted by the World Health Organization Making Pregnancy Safer.

2. A&Y: Results from the interviews conducted with stakeholders relevant for Youth and Adolescence focus area and a review of program documents (CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UNCT common country assessment 2015, UNFPA SP 2018-21 and 2013-17) consistently indicated that UNFPA programs are at great extent adapted to the needs of adolescents and youth. UNFPA CO Serbia recognized the need to work and advocate for youth, which are identified and depicted in the situational analysis of Country Program Document (CPD) Serbia 2016-2020. There are many challenges for youth in Serbia, such as high youth unemployment rate (53%), low access to quality healthcare services which are often fragmented, low use of modern contraception methods including condoms: 84% of adolescent girls in general population and 40% of Roma girls, in sexual relationships with non-regular partners. especially among vulnerable population groups such as youth Roma, where 17% marry under the age of 15, and 57% under the age of 18. The education system does not include comprehensive life-skills education (including sexuality education), with the exception of a pilot project for children aged 15 years in 66 high schools in the Vojvodina region. When gender roles among adolescent boys and girls are concerned, there is also a notable need to improve gender equality, as gender-biased prejudices and stereotypes are widespread among young men and boys to the extent that many consider violence against women and gender inequalities justifiable. The document *UN Common Country Assessment Needs* (2015) also provides a good situational analysis in the field of Youth (pg. 58), but mainly stating the governmental institutions that are in charge for dealing with youth issues (The Ministry of Youth and Sports), and recent milestones in this focus area, such as the number of established Youth Offices (136 that actively work) in local governances (municipalities), and almost completion of the process of drafting the National Youth Strategy for the period 2015-2025 and the associated Action Plan for the period 2015-2018.

UNFPA SRB CO responded well to identified needs of youth and adolescents, as identified in COAR 2016 and 2017. In order to have a better foundation for evidence-based policies and programs related to the gender-transformative programs, UNFPA CO Serbia, in partnership with Ministry of Youth and Sports initiated the work on the national International Men and Gender Equality Survey (**IMAGES**), the most comprehensive survey carried out to date on men's attitudes and practices on a wide variety of topics related to gender equality as well as women's opinions and reports of their own experiences. Results of the IMAGES study were launched in 2018.

With a goal to continue work on advocating for youth, but also SDG localization in Serbia, UNFPA CO Serbia supported Ministry of Youth and Sports and jointly organized **"*Where is Youth in 2030 Agenda*?" conference** which was held in Belgrade**.** The goal was to explore the Agenda 2030 and the Sustainable Development Goals from the perspective of the youth and identify how the Development Agenda enables the improvement of the position of the youth and the best use of their potential for the development of society. The conference focused in particular on the areas of health (Goal 3), education (Goal 4), gender equality (Goal 5), employment (Goal 8), inequality reduction and social inclusion (Goal 10) and youth activism (Goal 16). The conference was attended by around two hundred representatives of youth associations and local youth offices from all over Serbia, as well as representatives of government authorities and international institutions.

Under the same, above mentioned project (bold font) UNFPA CO Serbia engaged an international consultant to develop the assessment on challenges and needs of adolescent population. This assessment was undertaken as a response to the identified high risks situations to which adolescent men have been exposed, as it was reported by many local and international actors present in Serbia in 2017. Till then, most of the attention was dedicated to the women and girls, and very little attention was paid to the needs and daily life activities of adolescent men. Therefore, UNFPA CO Serbia recognized the need to provide assistance to adolescents' men and boys who are very much exposed to different kinds of violence, and supported the **BOYS on the MOVE life skills program**, as developed in Greece based on non-formal educational methods to be delivered in the youth-centered setting. The mission delivered an intensive training, adapted to Serbian content and reality, to participants belonging to several international NGO's and civil society in Serbia. It was successfully presented and the evaluation by the participants was highly favorable. Training concepts included GBV vulnerability criteria, minimum standards of delivery for SRHR and GBV related services including clinical management of juvenile male rape, participatory learning and youth-friendly health services, based on international standards. In a follow up collaboration with UNFPA CO Serbia, the civil society participants intend to strengthen their skills on delivering adolescent male harm reduction, sexual and reproductive health and rights education, and gender based violence avoidance using the life skills programme and its methodology. The total of **36** participants, representatives of government institutions, international NGO's and civil societies, attended the training which was held in Belgrade. .

3.GE and GBV:

- GE and GBV are not independent outcomes of the CPD 2016-2020, but cross-cutting themes. However, for the sake of maintaining comparability of this report with the other similar national evaluation program reports, these focus areas will be presented separately. Results from the interviews conducted with stakeholders relevant for Gender Equality and Gender-based violence focus area, and a review of program documents (CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UN Common Country Assessment Needs 2015, UNFPA SP 2018-21 and 2013-17) consistently indicated that UNFPA programs are to a great extent adapted to the needs of women and challenges they meet when facing gender inequality and gender based violence. These challenges are depicted in the situational analysis of CPD 2016-20, based on recently conducted needs assessments (COAR 2015) and a survey that mapped frequency of GBV experience at the national level (*Mapping Family Violence against Women in Central Serbia, SeConS, Belgrade, 2010*).Despite progress in guaranteeing the rights of women and gender equality, gender roles are traditionally set and inequalities exist. Sexual and gender-based violence is wide spread and underreported, with almost half of the surveyed women experiencing at least one form of violence. A large number of healthcare professionals (82%) did not receive any education on gender-based violence; there are no integrated multisectoral services for the victims, and there is no effective system to monitor sexual and reproductive health rights,

including gender-based violence (Assessment and Situational Analysis of GBV in Serbia with regards to Health Sector Response, 2015). Gender-biased prejudices and stereotypes are widespread among young men and boys to the extent that many consider violence against women and gender inequalities justifiable (IMAGES study, preliminary results, 2017).

The document UN Common Country Assessment Needs (2015) also provides a good situational analysis in the field of gender equality (pg. 23-29), and gender-based violence (on pg. 27).

Results from the interviews conducted with stakeholders relevant for gender equality and gender based violence focus area and a review of program documents (CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UNCT common country assessment 2015, UNFPA SP 2018-21 and 2013-17) consistently indicated that UNFPA programs at great extent incorporated gender mainstreaming provisions, including prevention and response to gender-based violence. Activities within this focus area were mainly presented within the Outcome 1 of UNFPA SP, which is related to SRH, although in year 2015 they are excerpted and presented as independent outcome.
An example that the evolving needs of women related to the gender equality and prevention, protection and response to gender-based violence were supported by UNFPA SRB CO is ensuring that **a special section on GBV** is incorporated into**The First National Program for Preservation and Protection of Sexual and Reproductive Health and Rights**, as well as by further strengthening MoH mechanisms in this area, such **a revision of the MoH Special Protocol for VAW**(Special Protocol for Protection of Women Exposed to Violence) and bylaw development.

When it comes to the needs of especially vulnerable women in this focus area, such as migrant women, as a part of its humanitarian response the UNFPA CO in Serbia supported development of **Standard Operation Procedures (SOP) of the Republic of Serbia for Prevention and Protection of Refugees and Migrants from GBV**. These SOPs were officially adopted by the government (lead by the Ministry of Labour, Employment, Veteran and Social Affairs, MoLEVSA) and will be put in force as of 2018.

Institutionalized support to recognized needs for gender mainstreaming provision was provided by UNFPA SRB CO by supporting MoLEVSA in leading Sexual and Gender Based Violence Sub-cluster Working Group (SGBV Sub-cluster WG) in the Republic of Serbia, which aims to consolidate and coordinate the activities of all relevant stakeholders to improve prevention and response to SGBV among refugees and migrants. Two WG meetings took place in the reporting period and gathered over 100 representatives of national institutions, international organizations and CSOs. As a part of capacity building also related to prevention and response to GBV during refugee crisis, UNFPA CO organized two trainings in November 2017, as a joint activity within the project **“Empowering national/local institutions and strengthening gender sensitive inter-sectoral response to refugee crisis and protection of the most vulnerable refugees/migrants and asylum seekers** supported by State Secretary for Migration(SEM)acting through the Swiss Cooperation Office (SCO) Belgrade. Training targeted all relevant actors who are involved in providing protection and similar services in the context of migration crisis in the Republic of Serbia. The aim of the training was to ensure adequate protection to GBV survivors and those at risk of violence. Participants were introduced with the causes of GBV, prevention, current practice and work methods, as well as minimum required knowledge and skills, while understanding the situation and responsibilities of different actors.

Training aimed to ensure equal access to information by all participants and to introduce present participants with Standard Operating Procedures for GBV, so that everyone is aware of the risks survivors of GBV are exposed to in emergency settings and to ensure that survivors receive support when necessary and in accordance with their will. A total of 56 participants, representatives of governmental and civil societies, attended the training. Apart from the training as a joint activity supported by

Swiss Government, UNFPA CO Serbia with the support of international consultant conducted an assessment on challenges that service providers are faced when dealing with gender based violence (COAR 2017).

As it was recognized in the study supported by UNFPA (*Violence against women and girls among refugee and migrant population in Serbia. Belgrade: Atina, 2017)*during responding to the needs and challenges, that it is not enough to simply respond to the consequences of violence, but it is also necessary to work one step ahead, so that the violence can be prevented, especially given that there is evidently no continuous care present through support networks in the transit countries.

UNFPA CO Serbia to a great extent has adapted their programs according to the needs of most marginalized and vulnerable women and girls who have survived GBV, where crucial elements of their recovery and empowerment include raising their awareness about this phenomenon and their concrete experience. UNFPA CO Serbia supported the work of its implementing partner NGO Atina, which provided services to women and girls who the most were in need. During 2017, they provided **urgent interventions**to50 women, 20 girls, and 11 boys and 2 men who survived physical, psychological, sexual violence, and forced marriage.

4. PD

Results from the interviews conducted with stakeholders relevant for Population and Development focus area and a review of program documents (CPD 2016-2020, COAR 2016, COAR 2017, SPRs, UNCT common country assessment 2015, UNFPA SP 2018-21 and 2013-17) consistently indicated that UNFPA programs arevery relevant for this focus area, and according to the needs of population who is getting older, and parenthood challenges of the population of reproductive age. As indicated in the situational analysis of CPD 2016-20, the population of Republic of Serbia is characterized by the low total fertility rate that is insufficient to replace mortality rate, and the share of the population over age 65 has doubled within the last 50 years, reaching 17.5%.It is projected to reach about 30 per cent by 2050, thus posing a significant challenge of ageing in the country. However, in the same document, a serious lack was identified of in-depth demographic and health research to document the fertility patterns and preferences, or gender and intergenerational relations to inform evidence-based population policies. As an example of responding to identified gaps in evidences, UNFPA SRB CO Serbia, in a collaboration with the Minister without portfolio in charge of demography and population policies, completed a **research on the harmonization of employment and parenthood in Serbia** which creates a solid starting point for understanding problems and attitudes of employed parents and their employers and provides recommendations for the system for family support(Survey on Balancing Work and Parenting, 2017) This study provided valuable information on the problems encountered on a daily basis by working parents attempting to balance their work and family obligations, as well as information on the views of employers and their willingness to provide support to working parents with small children.

Additionally, UNFPA initiated **research on demographic situation in selected municipalities** in Serbia jointly with Minister without portfolio in charge of demography and population policies. This research explored the demographic situation in selected geographic areas in Serbia, namely Zvezdara, Gadzin han, Trstenik and Sid, and how the demographic situation in selected areas affects health, gender equality, social protection and other issues at the local level. This research provides solid evidence for integrating issues related to population dynamics in the review of current population policies, other national policies and programmes and elaborating targeted strategies and interventions to address the challenges identified.

As a follow up to the research on the status of older people in rural areas, UNFPA conducted **research** with the Commissioner for the Protection of Equality and the Red Cross of Serbia that **explores the status of older people in urban areas in Serbia** with a goal of providing decision makers with sufficient information about challenges older people are facing and adequate recommendations for policy response.

Knowledge about the needs of older people in a UNFPA supported **Study on status and needs of the elderly households in Novi Beograd** was conducted in cooperation with the implementing partner NGO, Amity. This was the first study that put a focus to elderly households, i.e. older persons living alone or all members of the household are older than 65 who live in urban areas: this study called to action in creating policy, services and environment which would enable those people to age actively and healthy and to receive support when they need it.

EQ1.B To what extent is the UNFPA programme in line with the priorities set by the international and national policy frameworks?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ1.B Assumption 1: The evolving priorities set by the international and national policy frameworks were taken into account in UNFPA programme design (both CPD and Annual Planning) and implementation (e.g. targeting/selection of beneficiaries)	1. Correlation of UNFPA program priorities with priorities set by UNFPA Strategic Plan and national policy frameworks.	1.1 UNFPA programme documents 1.2 UNFPA Strategic Plan and national policy frameworks. 1.3 UNFPA and IP staff	1.1 Document review 1.2 Staff interviews

EQ1.BAssumption 1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.

SRH:

All interviewed stakeholders believed that UNFPA programs in SRH focus area have been completely in line with the priorities set by the relevant international frameworks, primarily UNFPA SP 2013-2017 and 2018-2021, and national policy framework, such as UNDAF 2016-2020.This was indeed confirmed in the review of documents.As envisioned in the Standard Progress Reports 2014, program priorities are also in line with the following national documents: National Programme for health protection of women, children and adolescents, National Youth Strategy, National Strategy for Roma inclusion, National Strategy on Gender Equality, as well as National HIV/AIDS Strategy, and National Strategy on Ageing.

National priorities have been related to European Union integration: social policy and employment; consumer and health protection; environment; education and culture; justice and fundamental rights, and they are all reflected in the CPD Serbia 2016-2020.

In addition, interviews with stakeholders revealed a great level of UNFPA SRB CO flexibility in program design and choosing priorities, which is absolutely being conducted in collaboration with relevant governmental bodies and current priorities at the national level. Therefore, an *ad hoc* adjustment of priorities and planning i.e. timing for certain actions is also an option, according to the actual national situation (such as the emergency situation related to floods in May 2014 or the migrant crisis that started in 2015)

- For example, within Outcome 1 of UNFPA SP 2014-17, and Output 1, there is an Indicator 1.1. “Number of countries that have guidelines, protocols and standards for healthcare workers for the delivery of quality sexual and reproductive health services for adolescents and youth”, and this indicator completely corresponds with the Indicator 1 (Outcome 1, Output 1) of national CPD 2016-20, which is “Number of guidelines, protocols and standards for health professionals developed for delivery of integrated quality SRH services (including for adolescents and youth)”. The achievement of this indicator was reported in

COAR 2017 (1 targeted, and 1 actual), and it is related to the development of the National Clinical Guidance for Modern Contraceptive Provision . This guidance is developed according to the, Action Plan for Sexual and Reproductive Health: Towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

and in line with international standards, as a part of sexual and reproductive health for Serbia for 2016/17.

2. **Y and A:**

All interviewed stakeholders believed that UNFPA programs in Youth and Adolescence focus area have been completely in line with the priorities set by the relevant international frameworks, primarily UNFPA SP 2013-2017 and 2018-2021, and national policy framework, such as UNDAF 2016-2020.This was indeed confirmed in the review of documents. For example, within Outcome 2 of UNFPA SP 2014-17, and Output 6, there is an Indicator 6.1.”Number of countries with participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programs”, and this indicator completely corresponds with the Output 6 indicator 1of national CPD 2016-20, which is “Participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programs exist”.The achievement of this indicator was reported in COAR 2016 (1 targeted, and 1 actual), and it was related to development of youth friendly platform on SRH for mobile/tablets which allows young people to easier access SRH and FP information. This development was made by UNFPA’s IP Center E8. However, it is interesting that in COAR 2017 the same indicator was not achieved, although targeted, followed by the comment that the need for such a platform in the coming period will be even more important, since peace building and health are getting more attention within Agenda 2030. Please see if you can find a document on, “ the development of youth friendly platform on SRH for mobile/tablets” to include in your references.

3. GE and GBV

All interviewed stakeholders believed that UNFPA programs in the gender equality and gender based violence focus area have been completely in line with the priorities set by the relevant international frameworks, primarily UNFPA SP 2013-2017 and 2018-2021, and national policy framework, such as UNDAF 2016-2020. This was indeed confirmed in the documents’ review of documents. For example, within Outcome 3 of UNFPA SP 2014-17, and Output 10, there is an Indicator 10.1.”Number of countries with gender-based violence prevention, protection and response integrated into national SRH programmes”, and this indicator completely corresponds with the Output 1 indicator 4 that is reported in COAR 2017 (page 9) which is “Gender-based violence prevention, protection and response integrated into national SRH programmes”. This indicator was achieved by adding a special section on GBV into the National Program for Sexual and Reproductive Health and Rights, as well as further strengthening MoH mechanisms in this area, through a revision of the MoH Special Protocol for VAW, Bylaw development and capacity building. The country’s priorities regarding violence against women are outlined in the National Strategy for Prevention and Elimination of Violence against Women in the Family and in Intimate Partner Relationships (2011-2015), and The National Strategy is aligned with international standards and gives specific attention to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention). The Istanbul Convention was ratified in October 2013and it came into force in August 2014. The implementation of the Convention in the legal system requires new administrative capacities and human resources as well as financial means.

4. PD

All interviewed stakeholders believed that UNFPA programs in field of population and development have been completely in line with the priorities set by the relevant international frameworks, primarily UNFPA SP 2013-2017 and 2018-2021, as well as national policy framework, such as UNDAF 2016-2020.This was indeed confirmed in the review of documents. For example, within Outcome 4 of UNFPA SP 2014-17, and Output 13, there is an Indicator 13.1.”Proportion of reports (…) that are

supported by UNFPA and address population dynamics by accounting for population trends and projections in setting development targets", and this indicator corresponds with the Output 13 reported in COAR 2017 (pg. 19-20) which is "MTR Indicator Country has the capacity to generate, map and use sub-national estimates of population, health and social data, to advance policies and programs to address subnational inequalities". This indicator was achieved by having at least one mapping with subnational inequalities completed during the year and maps could be accessible for policy makers. There were four studies in 2017 that generated evidence, and the country has a capacity, although there is a need to further strengthen National Statistics office to analyze disaggregated data.

EQ1.C To what extent is the UNFPA programme aligned with the UNFPA policies and strategies and the UNDAF (or equivalent document) as well as with interventions of other development partners?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ1.C Assumption 1: There is evidence of alignment between the UNFPA programme and a) UNFPA policies and strategies, b) the UNDAF (or equivalent document) and c) interventions of other development partners.	1. The objectives and strategies of the CP and the AWPs are in line with the goals and priorities set in the UNDAF or equivalent document 2. ICPD goals are reflected in the CP and component activities 3. The CP sets out relevant goals, objectives and activities to develop national capacities 4. Evidence of mainstreaming South-South cooperation in the country programme 5. Evidence of mainstreaming gender equality and women's empowerment 6. Evidence of human rights approach applied in programme design and implementation	1.1 UNFPA programme documents (CPD, AWP, COAR etc.) 1.2 UNFPA Strategic Plan and Annexes 1.3 UNDAF (or equivalent document), interventions of other development partners. 1.4 UNFPA, UNCT and IP staff	1.1 Document review 1.2 Staff interviews

EQ1.C Assumption1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.

SRHR:

1.There is a clear evidence that UNFPA country program in Serbia, in the field of SRHR and the need to work with the most vulnerable populations, is aligned with the UNFPA policies and strategies such as UNFPA Strategic Plan for 2014-2017 and 2018-21, and with the UNDAF document (UN Development Partnership Framework). In the UN Development Partnership Framework, Outcome 4 within Pillar II is associated with the recognized need to strengthen institutional system that would support to underprivileged individuals and families, or explicitly stating that "By 2020, high quality, inclusive, equitable, gender-sensitive, and age appropriate health services that

protect patient rights are available and utilized by all." This outcome is directly linked to the UNFPA programs related to providing integrated sexual and reproductive health services, and UNFPA is expected to contribute to achieving this outcome through its complementary activities.

2. ICPD goals are incorporated and fully reflected in UNFPA CO Serbia CPD, which sets out a number of objectives related to development of national capacities, such as (a) developing evidence-based policy and administrative frameworks setting up standards of care for all; (b) providing pre- and in-service training to strengthen the capacity of health providers to deliver high-quality sexual and reproductive health and reproductive rights services; (c) improving population knowledge and skills for safe behaviour and increasing demand for relevant information and equitable services; (d) strengthening reproductive health commodity security; (e) advancing policy work on cervical cancer screening programmes; (f) generating evidence on sexual and reproductive health needs and the health sector response; (g) integrating the Minimum Initial Service Package for reproductive health in crisis situations in emergency preparedness plans; and (h) strengthening the capacity of the health sector to address gender-based violence.

3. A review of the Annual Plans for 2013, 2014, 2016 and 2017, as well as Country Office Annual Reports (COARS) for these subsequent years proved that goals, objectives and activities to develop national capacities are very relevant for achieving planned outputs and outcomes.

4. In UNFPA CPD CO Serbia 2016-2020, in the part related to program management, monitoring and evaluation, it is clearly envisaged that the implementation modality will be the national execution, which will continue to promote South-South cooperation and regional inter-country cooperation.

5. UNFPA COARs (Annual Reports) provided evidence that gender equality and women's empowerment are mainstreamed in the UNFPA supported activities, particularly to those related to the support of most marginalized population group such as migrant women, for whom a comprehensive and integrated set of services was provided related to reproductive health. A good example of this is that in addition to individual support, outreach/community sessions for migrants/refuges women and girls have been created with the aim of helping them acquire work habits and learning new skills, as well as strengthening their self-confidence. During the reporting period (2016), with the support of UNFPA, NGO Atina, conducted **71** outreach/community sessions for **605** beneficiaries.

6. A human rights-based approach was applied in all interventions, as noted in UNFPA CPD 2016-20, and this approach will be guided by four key priorities: (a) access to affordable, integrated sexual and reproductive health services that are of high quality and meet human rights standards; (b) strengthened accountability in order to eliminate all forms of discrimination; (c) empowerment of marginalized groups; and (d) development of human rights-based population policies. An example has been already provided above.

The programming strategies include advocacy, policy dialogue and advice, capacity building and knowledge management.

2. Y &A

ICPD goals are incorporated and fully reflected in UNFPA CO Serbia CPD, which sets out a number of objectives related to increasing national capacities to develop and implement policies and programmes that incorporate the rights and needs of adolescents and youth and promote age-appropriate, gender-sensitive comprehensive sexuality education, including in humanitarian settings (Output 1). In CPD, it is explicitly stated that the program will focus on advocacy, policy advice and technical support for (a) development and implementation of gender-sensitive and rights-related policies and strategies on youth, with a focus on marginalized groups, including the Roma, migrants and other key populations at risk of HIV; (b) establishment of participatory advocacy platforms for increased investment in marginalized adolescents and

youth; (c) strengthening youth peer-education programming, including gender-transformative programming; (d) development and revision of teaching content on life-skills sexuality education; (e) generation of evidence on the sexual and reproductive health needs of youth; (g) addressing early marriage and teen pregnancies, with a focus on Roma girls and boys; and (h) introducing gender-transformative approaches to youth programmes to engage young men and boys in promoting gender equality and preventing gender-based violence.

3. GBV:

The UNDAF document (UN Development Partnership Framework) envisaged the need to work in a number of areas that are grouped within five pillars and a number of outcomes. Some of these expected outcomes have been completely in line with the objectives and strategies of Country Program, such as Outcome 3 within Pillar I (pg.18) which is explicitly related to gender equality and gender-based violence, stating that "by 2020, state institutions and other relevant actors enhance gender equality and enable women and girls, especially those from vulnerable groups, to live lives free from discrimination and violence". Clearly, UNFPACO Serbia is expected to contribute to achievement of this outcome, and the content of its program for last and previous cycle periods has been created to support achieving of this outcome.

4. PD:

The UNDAF document (UN Development Partnership Framework) presents Outcome 6, which is related to population development, recognizing needs of aging population, within Pillar II that is related to Social and Human Resources Development. This outcome is stated as "By 2020, the social welfare system is strengthened to provide timely, holistic and continued support to individuals and families at risk and enable them to live in a safe, secure, supportive family and community environment".

. Clearly, the UNFPACO Serbia is expected to contribute to achievement of this outcome, and the content of its program for the last and previous cycle periods is created to support achieving of this outcome. The UNFPA CPD within Population Dynamics (outcome 4) defined Output 1 that is "Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on sexual and reproductive health, HIV, population dynamics, and emerging population issues with sustainable development agenda". This output is operationalized through advocacy, policy advice and technical support to (a) strengthen national capacities for population data collection, analysis, dissemination and use for informed policy development in the framework of sustainable development agenda; (b) strengthen partnerships for the development of comprehensive rights- and evidence-based population policies, including for interventions on gender-based violence; and (c) policy advice for the Government and civil society to formulate comprehensive programmes in youth, gender and ageing, and to promote intergenerational solidarity (UNFPA CPD 2016-2020).

EQ1.D Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ1.D Assumption 1: The planned interventions adequately reflect the goals of the UNFPA Strategic Plan	1. The objectives and strategies of the CP and the AWPs are in line with the goals and priorities set in the UNFPA Strategic Plan and Annexes.	1.1 UNFPA programme documents (CPD, AWP, COAR etc.) 1.2 UNFPA Strategic Plan and Annexes 1.3 UNFPA, staff	1.1 Document review 1.2 Staff interviews

EQ1.D Assumption 1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.

1. SRH:

<table>
<tr><td colspan="4">Objectives and strategies of CPD CO Serbia and corresponding Annual Working Plans in field of SRHR are in line with the goals and priorities set in the both UNFPA Strategic Plan 2013-17 and its Annex 1 related to an Integrated results framework. For example, in the list of ATLAS projects by Strategic Plan output and CPD outcome, in year 2016, we identified an activity that is described as “Contributing to the improvement of health conditions of Roma women, through identification of barriers that Roma women are facing in the access to health care system and achievement of health care protection, identification of legal and practical gaps that are preventing Roma women from full exercise of sexual and reproductive health rights and provision of recommendations for relevant bodies for the improvement of accessibility and availability of sexual and reproductive health of Roma women”. The theory of change that was developed by the CO Serbia is completely in line with the outcome theories of change presented in Annex 2 of the UNFPA Strategic Plan 2013-17.

2. Y&A:
Objectives and strategies of CPD CO Serbia and corresponding Annual Working Plans in field of Y&A are in line with the goals and priorities set in the both UNFPA Strategic Plan 2013-17 and its Annex 1 related to Integrated results framework. For example, in the list of ATLAS projects by Strategic Plan output and CPD outcome, in year 2016, we identified an activity that is described as “Advocacy to support comprehensive sexuality education and to promote peer education programs”. It clearly corresponds with the 2014-17 UNFPA SP Outcome 2 and CPD 2015-17 Output 6.

3. GE and GBV:
Objectives and strategies of CPD CO Serbia and corresponding Annual Working Plans in field of GE and GBV are in line with the goals and priorities set in UNFPA SP2013-17, and corresponding Outcome 3. For example, in the list of ATLAS projects by Strategic Plan output and CPD outcome, in year 2015, we identified an activity that is described as “Development of evidence-based medical guidelines on GBV and revision of ToT curricula for Healthcare providers on GBV”.

4. PD:
Objectives and strategies of CPD CO Serbia and corresponding Annual Working Plans in field of PD are in line with the goals and priorities set in UNFPA SP 2013-17, and corresponding Outcome 7 (for the year 2013), and Outcome 4 (for period 2014-16). For example, in the list of ATLAS projects by Strategic Plan output and CPD outcome, in both years 2015 and 2016, we identified an activity that is described as “Research, publication of findings, media launch of the publication and panel discussion on elder abuse and human rights of older people”.</td></tr>
<tr><td colspan="4">EQ2. To what extent has the country office been able to respond to changes in the national development context and, in particular, to the aggravated humanitarian situation in countries?</td></tr>
<tr><td colspan="4">EQ2.ATo what extent has the country office been able to respond to changes in the national development context?</td></tr>
<tr><th>Assumption to be assessed</th><th>Indicator/Criteria</th><th>Source of information</th><th>Method and tools for data collection</th></tr>
<tr><td>EQ2.A Assumption 1: The UNFPA country office has a mechanism in place to facilitate responses to changes in the national development context.</td><td>1. Evidence of a UNFPA mechanism to facilitate a response to changes in national development context.</td><td>1. UNFPA country program documents.
2. UNFPA and IP staff</td><td>1. Document review
2. Staff interviews.</td></tr>
<tr><td colspan="4">EQ2.AAssumption 1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.</td></tr>
</table>

1. **SRH, Youth, and GBV:** According to the results from the interviews with stakeholders, and also the review of the documents, there is a firm conclusion that UNFPA SRB CO is very capable of promptly responding to the changes in the national development context. This conclusion is based on the finding that all program activities the CO is planning are a close partnership with governmental institutions i.e. relevant ministries, making sure that all support is provided according to the national priorities at the moment. UNFPA CO has a mechanism in place that is facilitating these changes, which is reflected in the UNFPA CPD 2016-20, where it is stated that the program will advocate and provide technical support to the respective institutions for integrating the Minimal Initial Service Package (MISP) for reproductive health in crisis situations in emergency preparedness plans (within the Output 1 which is related to achieving Outcome 1 for Sexual and Reproductive health). Another example that demonstrates UNFPA SRB CO ability to respond to changes is the existence of the Resource Mobilization Strategy, where different co-funding options are considered, from different partners, such as the Government, United Nations partner agencies and other development partners on identified priorities and funding gaps (UNFPA CPD 2016-20, article 15.)

2. **PD:** According to the interviews with stakeholders in the field of Population and Development, UNFPA SRB CO has been able to respond to changes in the national development context in this focus area by funding necessary research to help to define the policy response to demographic challenges when this was included as one of the Government's priorities.

EQ2.BTo what extent has the country office been able to respond to an aggravated humanitarian situation in countries, if such situation has existed?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ2.B Assumption 1: UNFPA has provided a timely, appropriate and sufficient response to an aggravated humanitarian situation.	1. Evidence of UNFPA response to an aggravated humanitarian situation.	1.UNFPA country program documents (including annual work plans and annual reports). 2. UN and Government ministry documents. 3. UNFPA, IP and government staff	1. Document review 2. Staff interviews

EQ2.BAssumption 1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.

1. SRH:

- According to the results of the interviews with the key stakeholders from national institutions, implementing partners, and other UN agencies, UNFPA CO received compliments from all stakeholders for their ability to early recognize and react to the needs that arose during aggravated humanitarian situations, such as the migrant crisis. Their response was assessed as immediate, being one of the first UN agencies who responded, without administrative barriers that would prevent them to react early, and targeting the needs that could have been easily overlooked. In the list of Atlas program, an example of the UNFPA CP emergency humanitarian response was identified, as being timely, appropriate and sufficient in the provision of key "dignity items" and information for vulnerable refugees, asylum seekers and migrants in Serbia (in 2015). In addition to this support, the UNFPA SRB CO was able to mobilize non-core funds in 2016 and to provide mobile gynaecological clinics with a minimum of human resources, including a female interpreter, to provide culturally sensitive and appropriate SRH and GBV services to refugee/migrant girls and women, at two most affected cities/centers (Sid and Vranje). From 2015, two donated mobile clinics provided 1,243 examinations, out of the total number 595 were pregnancy examinations. Effective emergency response to the migrant crisis included delivery of hygienic kits and condoms at eleven locations, and it is important to emphasize that there were no other actors in the field distributing

the same types and kinds of items . Since 2015, 60,000 dignity items for 8,310 women provided In addition to this, a MISP and PEP on HIV workshop was attended by 115 health and non- healthcare workers, in migrant centers in Sid, Subotica and Presevo, whose awareness was raised and became sensitized to the needs of this population group, including knowledge about the emergency contraceptive methods, sexually transmitted diseases and prevention of HIV. Mobilization of non-core funds and additional funding for these purposes was challenging after March 8, 2016, since at that date the so called “Balkan Route” for migrants was closed.

2. Y and A

According to the results of the interviews with the key stakeholders and review of relevant program documents, UNFPA SRB CO responded very well to an aggravated humanitarian situation (migrant crisis) in the Youth and Adolescents focus area. UNFPA SRB CO was among the first to recognize that migrant men and boys might be at an increased risk, which led to an extension of the Standard Operating Procedures for Prevention and Response to gender based violence among refugees and migrants.

3. GE and GBV

According to the results of the interviews with the key stakeholders and review of relevant program documents, the UNFPA SRB CO responded very well to an aggravated humanitarian situation (migrant crisis) in the GE and GBV focus area. At the institutional level, UNFPA SRB CO supported MoLEVSA to develop Standard Operating Procedures (SOP) of the Republic of Serbia for Prevention and Protection of Refugees and Migrants from Gender-Based Violence in Emergencies, IASC Guidelines for Integrating GBV Interventions in Humanitarian Actions and SOPs developed in Macedonia (as an example of South-to-South cooperation). At the local level (in targeted municipalities), protocols on the cooperation in the protection of victims of GBV among refugees population were developed, by training facilitators and experts in the area of GBV and local stakeholders. The UNFPA SRB CO also supported direct work with the survivors of GBV, through supporting mobile teams and cultural mediators in 21 locations, also in the form of educational and empowerment workshops delivered by IP NGO Atina (COAR 2016). In addition to individual support, outreach/community sessions for migrants/refuges women and girls have been created with the aim of helping them acquire work habits and learning new skills, as well as strengthening their self-confidence. During reporting period (2016), with the support of UNFPA, NGO Atina conducted **71** outreach/community sessions for **605** beneficiaries (COAR 2016).
Information for 2016 (Source: UNFPA SRB CO staff): NGO Atina held 30 workshops. During the month of August, mobile teams had 13 urgent interventions in the field and 11 during the month of September. NGO Atina identified nine cases of gender based violence – physical, sexual, psychological abuse and forced child marriages. Comprehensive long term support was provided for 10 woman and 6 girls who survived gender based violence and were identified during the reporting period. Except new beneficiaries NGO Atina provided comprehensive long-term support for beneficiaries who survived gender base violence before reporting period – 5 women, 3 girls and 2 boys. During the reporting period NGO Atina provide Shelter for 6 women, 4 girls and 3 boys. During September NGO Atina had first successful case of resettlement for the beneficiaries who were staying in the Shelter for five months. One woman and two girls survivors of gender-based violence went to one Scandinavian country. During third phase of the project, within this project, NGO Atina's project staff supported 2 gender-based survivors in November and 3 in December. During 2017, with the support of UNFPA, NGO Atina conducted **71** outreach/community sessions for **605** beneficiaries.

During project implementation in 2018, with the support of UNFPA Atina’s mobile teams and case managers provided assistance and support to 192 women, including urgent interventions, individual counselling and long term support provided conducted with potential and identified with potential GBV cases. In addition, with the support of UNFPA, during the project implementation NGO Atina a total of 102 workshops were held, with 863 participants in total in asylum centers in Krnjaca, Bogovadja, and Atina's Reintegration Center. UNFPA through its implemented partner during 2017, had **80** urgent interventions in the field with **63** cases of gender-

based violence identified - 50 women, 20 girls, and 11 boys and 2 men who survived physical, psychological, sexual violence, and forced marriage. (Source: UNFPA SRB CO staff)

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ2.B Assumption 2: The current UNFPA CP reflects and is effectively aligned with these key policy/strategy areas: UNFPA Strategic Plan and strategies, goals of ICPD PoA, and the SDGs. [NB: The SDGs were not adopted at the time of CPD drafting and approval. There is room in the country level strategic documents to respond to changes over time, and to react to emergencies. Two issues: a) respond to changes in context of changes in national environment, SDGs, and b) respond to emergencies. The country has documents that should be ready for use for both types of changes. Did the country program actually respond as anticipated within the timelines etc.]	1. Degree of concurrence of UNFPA CP with UNFPA Strategic Plan, (2014-17 and 2018-21) policies and strategies, goals of ICPD PoA, and the SDGs.	1. UNFPA, ICPD and MDG, SDG policy and monitoring documents 2. Key Senior Policy informants within the four country/territory Ministries, UNCT and development partners.	1. Document review 2. Key stakeholder interviews. NB: The above for each of the four program areas).

EQ2.B Assumption 2:

The current UNFPA CPD reflects and is effectively aligned with these key policy/strategy areas: UNFPA Strategic Plan and strategies, goals of ICPD PoA, and the SDGs. In that document (UNFPA CPD), in article 11, it is explicitly stated that "The country programme is aligned with national priorities, the United Nations Development Assistance Framework (2016-2020), the UNFPA Strategic Plan, 2014-2017 and the country's aspiration for European integration". Moreover, agenda for the ICPD Beyond 2014 plan was taken into account, and post 2015 Global Development Agenda, so the CO Serbia planned their activities according to them, such as participation of Serbian delegations in high level technical and political events at regional and international level support to the activities related to their promotion (UNFPA SERBIA 2015 Communication and Advocacy Plan, External communications plan). The CO Serbia also mapped governmental positions in key ICPD issues, along with a justification of certain positions(UNFPA SERBIA 2015 Communication and Advocacy Plan, Annex 2), which was very helpful in assessing future needs and course of action in national UNFPA programs.

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection

EQ2.B Assumption 3:It is assumed that the UNFPA CP has explicitly attempted to attain consistency with the four separate areas: UNFPA policies, ICPD PoA, MDGs and the SDGs. NB: The SDGs were not adopted at the time of CPD drafting and approval.	1. Evidence of explicit commitments on the part of UNFPA CP team to achieve consistency with the four areas.	1. UNFPA, ICPD, MDG, SDG and Country PoC policy and monitoring documents. 2. Key informants.	1.Document review, 2.Key stakeholder interviews.
According to the interviews and review of key documents, UNFPA CP has explicitly attempted to attain consistency with the most relevant UN documents (UNFPA policies, ICPD PoA, and MDGs and SDGs), although SDGs and agenda 2030 was not adopted at the time of CPD approval in 2015.			
EFFECTIVENESS (APPLIES TO ALL FOUR FOCUS AREAS)			
EQ3. To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of these planned outcomes:(i). increased utilization of integrated SRH Services by those furthest behind, (ii). increased the access of young people to quality SRH services and sexuality education, (iii). mainstreaming of provisions to advance gender equality, and (iv). developing of evidence-based national population policies; and what was the degree of achievement of the outcomes?			
EQ3.A To what extent have the intended programme outputs been achieved?			
Assumption to be assessed	**Indicator/Criteria**	**Source of information**	**Method and tools for data collection**
EQ3.A Assumption 1: Assumes intended and unintended program outputs have been achieved to some extent.	1. Quantitative: Level of achievement against indicators/targets (as outlined in CP monitoring framework) over time within each of the four program areas: SRH, Youth, Gender and PD. 2. Qualitative: Stakeholder perceptions of achievement (quantity and quality) of outputs within each of the four program areas: SRH, Youth, Gender and PD 3. Good practices (strategy, achievement etc.)	1. AWPs, COARs, Project Reports, CP, Revised CP Framework. 2. Stakeholders. 3. Most recent surveys and other available data within each of the four program areas: SRH, Youth, Gender and PD.	1.1 Document review. 1.2 Stakeholder interviews
EQ3.AAssumption1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD. **1. SRHR:** Based on an in-depth vertical review (in the period 2016 and 2017) of program documents and interviews with stakeholders, it was found that the program outputs related to the sexual and reproductive health focus area were achieved to a great extent in the first two years of the implementation of the program envisaged in CPD 2016-2020			

(Standard Progress Report for 2016 and 2017, COAR 2016 and 2017). The Country program output in this focus area (Outcome 1) is defined as "Increased national capacity to deliver integrated sexual and reproductive health services with focus on marginalized populations, including in humanitarian settings" is followed by the five output indicators, with defined number at baseline, and target number. Within first two years of program implementation (2016 and 2017), the planned number of quantified indicators per year are achieved, such as a number of guidelines, protocols and standards for healthcare workers developed for delivery of integrated quality SRH services (including for adolescents and youth); the minimum Initial Service Package for reproductive health in crisis situations was integrated into draft Health sector emergency-response Plan , and gender-based violence prevention, protection and response was integrated into national sexual and reproductive health programmes.(National Programe for preserving and promoting sexual and reproductive health of the citizens of Serbia.)

Within these activities, an output that presents an important milestone is the completion of the **First National Program for preserving and promoting Sexual and Reproductive Health** of the citizens of Serbia that was drafted by the working group of MoH, addopted on 28 December 2017, and entered into force on 7 January 2018 This document defines SHRH priorities for the following period and sets out an action plan for its implementation, and it was repeatedly mentioned among stakeholders.

In the upcoming years of program implementation two output indicators remain to be achieved: "Established mechanism for maternal death surveillance and response system established at national level", and "Costed integrated national sexual and reproductive health action plan".

2.Y&A:

Based on an in-depth vertical review (in the period 2016 and 2017) of program documents and interviews with stakeholders, it was found that the program outputs related to the adolescents and youth focus area (Outcome 2 of CPD 2016-20) are achieved at great extent in the first two years of the implementation of the program (Standard Progress Report for 2016 and 2017, COAR 2016 and 2017). The Country program output in this focus area (Outcome 2) is defined as "Increased national capacity to conduct evidence-based advocacy for incorporating the human rights and needs of adolescents and youth in national laws, policies and programmes, including in humanitarian settings." This is followed by the five output indicators, with a defined number or percentage at baseline, and target number. Within first two years of program implementation (2016 and 2017), the planned number of quantified indicators per year are achieved, such as a number of policies or programs that address or include marginalized adolescents and youth needs. An example for this output achievement is the Localization of SDGs, which was initiated in cooperation with the Ministry of Youth and Sports of the Republic of Serbia. The Report on models for realization of Sustainable Development Goals by means of youth policy and monitoring of youth umbrella organisations working in the Republic of Serbia has consolidated present and planned activities of the Republic of Serbia institutions, the UN agencies and civil society organisations working on the realisation of the goals defined by the National Youth Strategy of the Republic of Serbia. Moreover, the authors of this report had an assignment to provide and define guidelines for the additional development of the youth policy and civil society by 2025, aligning these with the National Youth Strategy 2015-2025 and Sustainable Development Goals.

Another achieved output was the Number of civil society initiatives involving young men and boys in addressing gender-based violence. An example for this output achievement is UNFPA support for creating local "**Be a man" clubs** through JP Integrated Response to VAWG, supported by SIDA, and conducted in a partnership with the Ministry of Youth and Sports, and IP Youth NGO Center E8Within this activity, 16 public actions in total were organized by "Be a man" clubs and Local Youth Offices, which gathered around 1900 people. Each public action had a different focus and promoted the goals and values of the clubs, the messages of gender equality and prevention of all forms of violence and discrimination. Some of the clubs have been empowered, while the other are brand new. Interviews with boys who were peer educators and attended the ToT"Be a man" trainings revealed that they were found them very interesting and useful. They learned how to freely express their opinions, to think critically, accept diversities, advocate for the concept of human rights, fight against violence, communicate in youth groups and resolve conflicts, transfer

knowledge and skills to their peers and to organize various activities. Interviews with young men who attended the trainings organized and delivered by their peers revealed that after the training they realized how to critically think about the power of gender roles stereotypes in their environment, and gender-based violence. They also adopted partner communication skills and even "changed their views on society in general, the role of media and Internet".

An output indicator "Percentage of secondary schools that introduce comprehensive sexuality education aligned with international standards" has not been achieved yet, although a review of the current situation and status of sexuality education in secondary schools in Serbia was conducted in 2016, based on UNESCO's SERAT tools (COAR 2016, Status of sexuality education in Serbian schools. Review based on SERAT tool).

In the upcoming years of program implementation two output indicators remain to be achieved: "Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth", and "Number of country-wide civil society initiatives addressing adolescent girls at risk of child marriage".

3.GBV :

In CPD 2016-2020, activities related to gender equality and gender-based violence are not placed as a separate outcome, but within the Outcome 1 that is Sexual and Reproductive Health and Rights focus area, within which there is an activity named (g) "*strengthening the capacity of the health sector to address gender-based violence*". It corresponds to the fifth output indicator of CPD, which is "Gender-based violence prevention, protection and response integrated into national sexual and reproductive health program". This outcome has been already achieved, as the First National Program for Sexual and reproductive health, that was adopted on December 30, 2017, has integrated parts related to prevention and response to GBV.

Besides this, a number of other relevant activities aimed to strengthen national capacities to prevent and deal with GBV were conducted. All relevant stakeholders who were involved and knowledgeable about this activity were consistent in confirming that all planned activities and outputs have been fully achieved. These outputs are related to a number of trainings for health professionals aimed to build their capacities and to strengthen their response to GBV. It was realized through applying ToTs based on a **GBV Resource Package** that was adapted for Serbia and delivered all around the country, by UNFPA CO Serbia implementing partner, Centre for Women's Health Promotion (*Odgovor zdravstvenog sektora na rodno zasnovano nasilje. Vodič za zdravstvene radnike/ce, 2015*). In 2017 and 2018, ToTs were delivered at three regions, with participants from Nis, Zajecar, Bor, Sumadija, Toplica and Belgrade, gathering 95 participants from public health and primary health care institution who received very comprehensive and practical knowledge related to identification and response to GBV, during a training period of three days. The trainings were provided by six skilled trainers/experts, and participants were social medicine specialists, general practitioner, urgent medicine specialists, nurses, midwife, social workers, lawyers who will further organize GBV trainings in their communities.

Follow up interviews with trainees revealed their high level of satisfaction with the received content of the training. The predominant opinion among the physicians who attended the training about violence against women and the response of health care services is that the training enabled them to recognize violence, encourage victims to report it, provided them with the necessary professional support, keep records about violence and collaborate with other relevant institutions. The knowledge and skills they gained motivated them to work in this sensitive field and strengthened their confidence.

Apart from providing trainings for health professionals who are in a position to directly help women who experienced GBV, UNFPA CO also achieved outputs related to supporting the other activities at the system level that aimed to strengthen health sector capacity to respond to GBV. These outputs are the revision of the MoH Special Protocol for VAW and Bylaw development; incorporating special section on GBV into the National Program for Sexual and Reproductive Health and Rights.

In addition, as a part of humanitarian response, UNFPA supported MoLEVSA to develop Standard Operating Procedures (SOP) of the Republic of Serbia for Prevention and Standards for Prevention and Response to Gender-Based Violence in Emergencies, IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and SOPs developed in FYRoM and contain contact information for all 18 asylum/transit/reception centres in the RS.

PD:

In CPD 2016-2020, the output related to Population and Development area is formulated as "Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing, gender equality and migration) and their links to sustainable development". Within this output, a number of surveys were conducted, in order to inform policy makers about the current status and needs related to demographic situation, population dynamics and harmonizing employment and parenthood, and to enable mapping of inequalities at the sub-national level (COAR 2016 and 2017). These surveys are: 1. Study on status and needs of the elderly households in Novi Beograd; 2. a research on the Harmonization of Employment and Parenthood in Serbia; 3. Research on demographic situation in selected municipalities in Serbia, and 4. Research on status of the older people in rural areas. They were conducted in collaboration with Minister without portfolio in charge of demography and population policies, Commissioner for the protection of Equality, the Red Cross, and the IP NGO, Amity. Results of these surveys aimed to provide decision makers with sufficient information about challenges older people are facing, and adequate recommendations for policy response that would enable those people to age actively and healthy, and to receive the support when they need it.

However, in CPD 2016-2020 for this output an output indicator is defined as "Number of policies developed at national level using secondary analysis of census data", and as such, it has been already achieved by the adoption of the First National program for sexual and reproductive health and rights.

EQ3.BTo what extent have the intended programme outcomes been achieved?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ3.B Assumption 1: Assumes all intended and unintended outcomes have been achieved to some extent.	1. Trend analysis (outcome indicators) to identify achievement of selected outcome indicators 2. Stakeholders' perspectives of changes (static/ positive/negative) 3. Stakeholders' perspectives on the most significant changes that have happened.	1. Secondary data (survey, census, reports etc.) 2. Stakeholders	1.1 Document review. 1.2 Stakeholder interviews

EQ3.BAssumption 1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.

1.SRH:

When it comes to achieving outcome indicators related to sexual and reproductive health and reproductive rights (Prevalence of modern contraceptive methods among women aged 15-49 who are married or in union, in Roma and general population), key informants were consistent in their response that it is too early to assess it, especially having on mind that the First National Program for preserving and promoting Sexual and Reproductive health of the citizens of Serbia have been just officially launched last year, and costing for the implementation of this program is an activity planned for the upcoming year. The Multiple Indicator Cluster Survey (MICS) study was planned to be conducted during this year, and its results will be informative for achievement of this outcome.

Interviewed stakeholders lauded UNFPA programs for their realistic planning and defining feasible outcomes and outputs, although their impact on quantifiable indicators of women's health cannot be expected to be measurable yet.

2. Y and Adolescents:

Interviewed stakeholders and youth trainees were consistent in their assessment that the Outcome 2 of CPD 2016-20 related to the Adolescents and Youth focus area "*Increased national capacity to conduct evidence-based advocacy for incorporating the human rights and needs of adolescents and youth in national laws, policies and programmes, including in humanitarian settings*" has been achieved to great extent. The UNFPA Country Program 2016-20 implemented the IMAGES study for the first time (data were collected during 2017 and launched in 2018), and it may present a baseline for the indicators related to youth and adolescents, at least when their attitudes related to gender equality are concerned. It remains to be observed how these attitudes will be changed in the upcoming years. As interviewed stakeholders stated, it is too early to measure the impact of these activities.

The CPD 2016-20 defined an outcome indicator in the field of Adolescents and Youth as a "number of policies and programs addressing sexual and reproductive health needs of youth and adolescents, including marginalized youth", and for the given time period it was set at three (target is 3). Again, this outcome has been already partially achieved, due to the adoption of the First National Program for Sexual and Reproductive Health and Rights.

3. GE and GBV:

Within national CPD 2016-20, the outcome explicitly related to GE and GBV is not defined. However, it might follow within Outcome 1, which is defined as "Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access". Certainly an increased availability of integrated gender-responsive services has been achieved through various activities that are related to UNFPA support of an integrated response to gender-based violence in both domestic and migrant populations. Follow up interviews with trainees confirmed that delivering such a high number of ToTs for health professional throughout the country and providing participants with the material that allows its further application and knowledge dissemination in their healthcare settings should make a significant impact in their ability to deal with this issue in their everyday practice. An outcome indicator here is the prevalence of use of modern contraceptive methods; it is disputable to what extent changes (hopefully an increase) in the use of modern contraceptive might be attributed to activities in this field.

4. PD:

It is too early to assess whether the intended program outcome in the field of Population and Development has been achieved, and an outcome indicator which is "Percentage of social development policies that are evidence-based (and respond to demographic trends)". Target value for this indicator is 100%, or that all social

development policies are evidence based. Previously described surveys that were conducted in Serbia are very informative for decision makers and they have certainly provided a good basis for achieving this indicator.

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ3.B Assumption 2: Assumes that the majority of progress on intended outputs can be attributed to UNFPA CP. It is unlikely that all progress towards outputs can be attributed to a given intervention.	1. Evidence of pertinent program activity in allied non-UNFPA CP program areas.	Review of non-UNFPA program activities and trends on context for UNFPA CP activities.	1. Document review, 2. Stakeholder interviews, 3. Site visits, 4. Training follow-up and client/beneficiary interviews.

EQ3.B Assumption 2:

1. SRH:

The majority of progress related to achieving this outcome could be attributed to UNFPA activities, since to our best knowledge, none of the other agencies or institutions have a mandate and focus on supporting national institutions to increase their capacities to deliver integrated reproductive and sexual healthcare services. However, there are some activities in Roma population that are being implemented by Roma mediators (under the auspices of MoH) which might contribute to the achievement of this outcome, but there is no current evidence about that.

2. Youth and adolescence

The majority of progress related to achieving this outcome could be attributed to UNFPA activities, since to our best knowledge, none of the other agencies or institutions have a mandate and focus on giving an increased priority to adolescents in national development policies and programs, particularly to work on increased availability of comprehensive sexuality education and sexual and reproductive health. However, there are some isolated initiatives that might work toward achieving this goal, such as the work of UNFPA's IP Center E8, an NGO which is oriented toward building society that is more gender equitable, by designing and delivering programs whose content is creative and attractive to youth (Available at: http://e8.org.rs/ko-smo-mi/). Center E8 is realizing their mission with the support of some other donors as well, besides UNFPA.

3. GE and GBV

Progress related to achieving outcome related to gender equality and GBV could be attributed not just to UNFPA as a single UN agency, but rather to the group of UN agencies that are involved in Joint Program Integrated Response to GBV, and they are UN Women, UNDP and UNICEF. UNFPA's implementing partners in this field such as NGO Atina (Available at: http://www.atina.org.rs/en/about-us) and NGO Women's Health Promotion Center (Available at: http://www.centarzdravljezena.org.rs/index.php/home/o-nama/2-o-nama) have a mission that is similar to this outcome, and besides UNFPA, they receive support and collaborate with other donor partners as well.

4. PD

Progress related to achieving this outcome, in terms of generating evidences (through surveys) that have been used for an evidence-based advocacy for better societal status of the elderly population, can be attributed to collaboration established by UNFPA SRB CO, but also their implementing partners, such as the Red Cross, for example, who are independent of UNFPA conducting a number of activities in the same field, with the same or similar goal. One of them was implementation of the survey within the project, "Initiative for social inclusion of elderly persons". In addition, in the Red Cross document Work Plan for 2016 and 2017, there is a part called Program for elderly care, where a great number of service-oriented activities was envisaged for the upcoming year.
(Available at https://www.redcross.org.rs/documents/izve%C5%A1taji-i-planovi/planovi/pg. 34-37, Work Plan for 2016: pg. 15-18)

EFFECTIVENESS (THIS QUESTION APPLIES TO ALL FOUR FOCUS AREAS; BUT PRIMARILY TO SRH)

EQ 4 To what extent has UNFPA contributed to an improved emergency preparedness in BiH, The former Yugoslav Republic of Macedonia, the Republic of Serbia, and Kosovo (UNSCR 1244), and in the area of maternal health / sexual and reproductive health including MISP?

EQ4.A To what extent has UNFPA contributed to an improved emergency preparedness?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ4.A Assumption 1: There is an emergency preparedness plan, which is complete and updated.	1. Level of UNFPA contribution to emergency preparedness plan.	Stakeholders at National and sub-national level. Available data on emergency preparedness.	1. Document Review, 2. Stakeholder interviews.

EQ4.AAssumption 1:Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD, but primarily to SRH

1. SRHR and Y and A:
UNFPA SRB CO reported that the minimum preparedness for humanitarian disasters has been established by the country office, which conducted emergency preparedness processes and activities to help mitigate risk in the event of an onset of crisis (COAR 2017). There is also stated that the media list was compiled (in cooperation with the RC office), and the list of potential donors and partners in the country with already existing capacities relevant for UNFPA mandate was identified.

As a part of emergency preparedness and disaster risk reduction in the country, UNFPA achieved the key results, which was delivering of a workshop for 20 representatives of policy makers and public health professionals, with an aim to raise awareness among them on minimal initial service package (MISP) for SRH (COAR 2015).

Minimum preparedness actions (MPAs) relevant for CO were included in AWP in 2017, and MPAs were achieved through MISP training for partners. Milestones in this field are comprised of: (1) completed Business Continuity Plan; (2) completed Voluntary Self-Assessment of Minimum Operating Security Standards (MOSS) to achieve individual office compliance level above 91%; (3) in all activities and projects funds for direct security costs are allocated, (4) inputs from UNFPA Regional Security Advisors (RSAs) are sought and incorporated in security documents, prior to approval by the Security Management Team (SMT) e.g.: draft Security Risk Management (SRM), Locally Cost Shared security Budgets (LCSSB) and Minimum Operating Security Standards (MOSS) (as stated in 2017 COAR). Please include these documents within your reference list with date of publication.

3. Gender and GBV:
As part of humanitarian response related to the GE and GBV, UNFPA SRB CO supported the Ministry of Labor, Employment, Veteran and Social Affairs (MoLEVSA) to develop Standard Operation Procedures (SOP) of the Republic of Serbia for Prevention and Protection of Refugees and Migrants from Gender Based Violence. As noted earlier, SOPs are modelled against Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and SOPs developed in FYRoM (which is a good example of South-South cooperation). The development process included wide consultations with line Ministries and other government bodies, IOs and CSOs, which are providing assistance in the field (2016 and 2017 COAR).

EQ4.B Has UNFPA contributed to preparedness for MISP?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ4.B Assumption 1: UNFPA has contributed to MISP preparedness.	1. Level of UNFPA contribution to MISP	Stakeholders at National and sub-national level. Available data on emergency preparedness.	1. Document Review, 2. Stakeholder interviews.

EQ4.B Assumption 1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD, but primarily to SRH

1. SRHR and AY:
UNFPA significantly contributed to preparedness for MISP, as stated by the stakeholders and confirmed by the documents review. They managed to implement MISP for SRH in the Draft document of National Programme for health sector emergency response plan of the Republic of Serbia, 2015-2019 (COAR2015).

Working group was established to develop SRH component in line with MISP of the National Program of health sector response in crisis and emergency situation, and also a working group was established to develop an Action Plan for the Implementation of the National Program for Health Sector response in crisis and Emergency situation (2017 COAR).

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ4.B Assumption 2 : The activities and outputs have contributed to a measurable and meaningful extent to the achievement pertinent to emergency preparedness, maternal health and SRH including MISP.	1. Pertinent indicators from CP Planning and Tracking Tool for output and outcome specific programme components pertinent to emergency preparedness, maternal health and SRH, including MISP. 2. Stakeholder qualitative perceptions on impact of activities and pertinent output impact on outcomes.	1. Key stakeholders 2. Client beneficiaries 3. AWPs, 4. COARs, 5. National, Regional quantitative data 6. UNCT progress reports	1. Document Review 2. Stakeholder interviews within pertinent programme components, 3. Interviews and FGDs. 4. Secondary data analysis. (NB: The above for each of the pertinent areas).

	3. Client/beneficiary qualitative perceptions on impact of activities and output impacts on outcomes (It is acknowledged that that there is no direct UNFPA work with beneficiaries.)		

EQ4.B Assumption 2:

1. SRH

Interviewed stakeholders consistently emphasized very important and significant role that UNFPA had in the emergency preparedness process, and in the COARS 2016 and 2017 it is stated that following results are achieved: (1) Minimum preparedness actions relevant for CO are included in AWP in 2017, and (2) All 12 Minimum preparedness actions (MPAs) are achieved through MISP trainings for partners.

These MPAs present milestones in emergency preparedness:

1. Advocate for sexual reproductive health and gender-based violence in emergencies
2. Carry out or support the inter-agency team in risk analysis and monitoring, and in contingency planning
3. Ensure the availability of human resources able to perform critical functions in emergency
4. Develop and implement an Annual Preparedness Action Plan
5. Enhance the ability to quickly provide the affected population with critical relief supplies
6. Ensure arrangements for effective finance and administration management in emergency
7. Harmonize UNFPA Contingency Plan(s), Business Continuity Plan and Information Communication and Technology disaster recovery measures
8. Strengthen humanitarian partnerships
9. Ensure the availability of financial resources for preparedness and response
10. Develop tools and make arrangements for needs assessment, information management and response monitoring
11. Ensure that humanitarian coordination mechanisms in sexual reproductive health and gender-based violence are in place
12. Strengthen UNFPA ability to perform media and communication activities in emergency
13. Actively participate in the UN Security Management System

EFFECTIVENESS (THIS QUESTION APPLIES TO ALL FOUR FOCUS AREAS; BUT PRIMARILY TO SRH, ASRH AND GE)

EQ5To what extent has each office been able to respond to emergency situations in its Area of Responsibility (AoR), if one was declared? What was the quality and timeliness of the response?

Comment(s) on this question:

- This refers to all types of emergencies, not just GBV. Therefore, the interpretation needs to allow for a wider interpretation of this question, beyond GBV.
- The term AoR has been primarily focused on UNFPA leadership related to Gender-Based Violence Area of Responsibility (GBV AoR). UNFPA has been the sole lead for GBV AoR since 2016.

EQ5.A To what extent has each office been able to respond to emergency situations in its Area of Responsibility (AoR), if one was declared?

<table>
<tr><th>Assumption to be assessed</th><th>Indicator/Criteria</th><th>Source of information</th><th>Method and tools for data collection</th></tr>
<tr><td>EQ5.A Assumption 1:UNFPA is able to respond to emergency situations if they are declared.</td><td>1. Measures of UNFPA emergency response preparedness.</td><td>1. UNFPA and UNDAF documents.
2. Government ministry documents pertaining to emergency response.
3. UNFPA, UNDAF and Government staff familiar with emergency response.</td><td>1. Document review and
2. Stakeholder interviews</td></tr>
<tr><td colspan="4">EQ5.A Assumption1:Findings including analysis for all pertinent program areas, but primarily to SRH, ASRH and GE

1. SRH and ASRH

Emergency situations on Republic of Serbia have not been officially declared, but in 2014 Serbia faced extreme floods that caused a significant humanitarian emergency. According to the interviews, UNFPA CO was one of the first agencies who reacted and provided help and support within their mandate. According to the SPR 2014, UNFPA CO SRB was able to mobilize non-core resources from the UN Human Security Trust Fund, in the amount of 65,126 USD, and 114,913 from Central Emergency Response Fund (CERF).For that purpose, emergency RH kits were purchased and delivered, in the amount of 103,051 USD (data from ATLAS for 2014).
Besides floods, UNFPA SRB CO was able to rapidly respond to migrant crisis as well, by purchasing and delivering dignity hygienic kits to women and girls (including distribution of condoms as well), and mobile clinics for gynaecological exams (details are described previously).

3. GE and GBV
UNFPA SRB CO was able to quickly respond to the migrant crisis and GBV that might be experienced by women in migrant centers through several mechanisms (previously described), at both institutional level and in the direct contact and work with survivors of GBV.</td></tr>
<tr><td colspan="4">EQ5.B What was the quality and timeliness of the response?</td></tr>
<tr><th>Assumption to be assessed</th><th>Indicator/Criteria</th><th>Source of information</th><th>Method and tools for data collection</th></tr>
<tr><td>EQ5.B Assumption 1: If UNFPA was asked to respond to an emergency situation, it responded with quality and in a timely fashion.</td><td>1. Evidence of the nature of a UNFPA response to an emergency situation.</td><td>1. UNFPA and UNDAF documents.
2. Government ministry documents pertaining to emergency response.
3. UNFPA, UNDAF and Government staff familiar with emergency response.</td><td>1. Document review and
2. Stakeholder interviews.</td></tr>
<tr><td colspan="4">EQ5.B Assumption 1:Findings including analysis for all pertinent program areas, but primarily to SRH, ASRH and GE

1. SRH and ASRH</td></tr>
</table>

Results from the interviews indicated that the UNFPA response in humanitarian migrant crisis was very good, timely, reliable, relevant and valid support, easily accessible without a lot administrative issues.

3. GE AND GBV

Interviews with migrant women who received support from UNFPA's IP NGO Atina related to GBV they experienced, revealed that this kind of direct help was precious to them, very much needed and appreciated. They were very grateful for their availability and providing them necessary psychosocial support, medical check-ups and health interventions, which were well organized and delivered in a way to minimize re-trauma. Care for them and their well-being by NGO Atina made very positive impact on them and their ability to function every day, within that adverse life situation.

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ5.B Assumption 2:The UNFPA CP has encountered significant constraints as well as facilitating factors that both impeded and aided the achievement of results in the GBV AoR. (Need to point out that GBV is just one example of a type of emergency situation.) Need to prioritize all emergencies, including but not limited to GBV).	1. Contextual information related to constraints and facilitating factors for specific activities and outputs within the GBV AoR, but also for all other types of emergencies that UNFPA may have addressed.	1. Key informant interviews, 2. Trends in pertinent indicators. 3. COARs, 4. Implementing agency reporting 5. Media reports	1. Document review, 2. Stakeholder interviews with UNCT and IPs 3. Site visits, and Client Beneficiary interviews. 4. Secondary data analysis (NB: The above for each of the four program areas).

EQ5.B Assumption 2:

The following contextual information, as constraining and facilitating factors, are undertaken from COAR 2016 and 2017.

SRH

Constraints for the achievement of planned Outcome 1 are related to misconceptions about family planning and modern contraceptives, which requires continuous and dedicated work with target population but also decision makers in order to change these misconceptions, as mentioned in COAR 2017. There is a need to have relevant data for Family planning in order to increase evidence-based advocacy. In COAR 2017 it is also stated that current capacity building efforts are not sufficient as FP and SRH are not priorities and everything depends on personal will.

The facilitating factor is that the governmental institutions, Ministries are recognizing the need and have the will and motivation to work on different population issues in order to create better conditions for all citizens of the Republic of Serbia (COAR 2017). Another facilitating factor is that the Republic of Serbia is in the process of joining the European Union and this has been recognized as an exceptional opportunity to implement the necessary reforms in various areas of society, from judiciary, health to education, in order to enable citizens a better life. The Serbia government is expressing interest to provide further social and economic development in accordance with the basic values of the EU (COAR 2017).

The UNFPA CO was stretched to respond to humanitarian needs rising in the country. Serbia is situated along the preferred route through the Western Balkans for refugees originating from the Middle East and Asia, aiming to seek asylum in Europe. In 2015 and 2016, according to available statistics more than 900,000 refugees/migrants in

total have transited through Republic of Serbia. UNFPA's support was a balanced blend of international and local technical assistance on various aspects of SRH and GBV, provision of dignity items for refugees/migrants women and girls, and support for provision of mobile gynecological services through the Mobile Clinics.

A constraining factor was that the national authorities and other actors in the field tailored culturally sensitive services acceptable for the women/girls, which among other things entailed bringing female health professionals in the field and at the service delivery points, ensuring a women-friendly environment. An additional facilitating factor for the successful implementation of the project was that the project activities were demand–driven, as they were based on a rapid assessment of the capacities for provision of SRH services at health facilities located along the refugee route, conducted jointly with implemented partners. There is also a need to enhance access and availability of RH services (including family planning), especially to marginalized groups of women.

YA

As stated in COAR 2017, youth in Serbia in general have limited knowledge about reproductive health issues and high tolerance towards violence, including GBV as indicated by research supported by UNFPA and IPs. Given that these topics are very sensitive, it requires a youth-friendly tailored approach. There is a need to continue working with youth, both young women and men on changing gender stereotypes and recognizing GBV. There is also a need to further support youth-friendly education programmes on RH through social media, development of apps etc.

Theatre based peer education targeting Roma women in Sandzak (South-West Serbia) region demonstrated clear results in terms of increasing awareness on GBV and increased outreach in the region. There is a need of continuous peer education (in and out of school) for all young men and women in Sandzak region focused on reproductive health and family planning. According to the evaluations done by the Centre for Development of non-formal education, conducted at the end of each training, 76% of youth never talked with one or both parents about reproductive health issues and family planning, 30% of youth never heard of youth counseling centers and 65.8% responded that they had never attended any such education or a lecture.

Young people are constantly witnessing family- and gender-based violence, which leads them to believe that such behaviors are acceptable and normal. Roma settlement inhabitants rarely mention these cases of violence. There are very few reported cases of gender-based violence in these municipalities and even a fewer number areresolved, which is discouraging. Parents are not interested to hear or learn about family planning, family violence and gender-based violence which means that this type of education is the only way how young men and women can discuss such sensitive issues.

GBV

As stated in the COAR 2017, there is still need to engage health professionals in a systematic training programme on GBV so as to increase their competencies to respond to it. In the same document it is stated that the role of health professionals is especially emphasized since the new Law on domestic violence (DV) entered into the force in June 2017, and although it is focused on a police and justice sector, health sector is usually to first professional service where survivors of GBC approach. It has been also recognized that there are big variations at local level in their response to GBV which always require multisectorial approach and collaboration of many sectors.

There is a need to continue working with youth, both young women and men on changing gender stereotypes and recognizing GBV. There is also a need to further support youth friendly education programmes on RH through social media, development of apps etc.

In addition to ongoing activities and development work in the country, the UNFPA CO was stretched to respond to humanitarian needs rising in the country. In 2015 and 2016, UNFPA's support was a balanced blend of international and local technical assistance on various aspects of SRH and GBV, provision of dignity items for

refuges/migrants women and girls, and support for provision of mobile gynecological services through the Mobile Clinics. A constraining factor was that the national authorities and other actors in the field tailored culturally sensitive services acceptable for the women/girls, which among other things entailed bringing female health professionals in the field and at the service delivery points, ensuring a women-friendly environment. Success has been noted in the implementation of the GBViE activities, such as the training on Clinical Management of Rape and development of the SOP for Multi-sectorial response to GBV in Emergencies, despite of the lack of data to support the presence of this issue. Partners at the Ministry of Health recognized UNFPA as a key supporter on this topic. Additionally, UNFPA raised the visibility of GBViE with other UN agencies. Moreover, these efforts have opened an opportunity for the national stakeholders to continue with development efforts on GBV for normal settings.

Despite a number of facilitating factors, there were a few constraining factors that required additional efforts to put on the table certain aspects of the GBViE, mostly due to the lack of evidence/records supporting its occurrence on the ground, which led to a slight delay in addressing this issue. Limited number of trained personnel, made case identification, referral and service provision extremely challenging. The fact that women were generally receiving assistance with and for their children, not as women, showed that there is a need for more systemic and sustained attention to gender and gender-based violence in particular, within the broader coordinated response during the crisis. This leads to a conclusion that sensitizing professionals in this area should continue. An additional challenge was the lack of female translators and mediators, as an important link between service providers and refugees/migrants. To address this, UNFPA partners established cooperation with other organizations in the field that offered translators, to ensure proper communication. The lack of cohesive laws/guidelines on gender-based violence in emergencies was another impeding factor, as well inadequate capacity for provision of modern methods of family planning. Challenge in regards to the restriction on employment within the public sectors in the Republic of Serbia and shortage of female gynecologists, as well as the limited budget of Institutes of Public Health and local Health Centers, was additionally aggravated with the need to provide female health professionals that would be culturally acceptable.

About 82% of health care professionals didn't have any education regarding GBV (workshop, training, and lecture). During their undergraduate and postgraduate education there is none or very limited opportunity to gain this necessary knowledge. PHI data indicate that 98.4 HCPs in Serbia have never heard of the MoH Special Protocol for Protection and Treatment of Women Victims of Violence. HCPs in Serbia have negative attitudes towards GBV. In Serbia there is no unified database for registering cases of GBV.

There is a need to engage in a systematic training programme for HCPs on GBV so as to increase their knowledge in this area. Support to multi-sectorial response is also needed as it differs greatly on the local level. Greater implementation of MoH Special Protocol is needed. This also includes advocacy for the standardized approach to documenting cases of GBV using a form available in the Special Protocol Advocacy work for setting up registering systems for GBV at national level is needed.

One of the most important understandings that was brought to attention during the humanitarian response in the Balkans is the need to explicitly recognize and plan for gender-based violence prevention, mitigation and treatment. Using the migrant crisis as a starting point, national protocols on GBViE SOPs were adopted. Through trainings, work with cultural mediates, distribution of leaflets for refugees/migrants/asylum seekers and learning material for professional workers it was possible to understand that by familiarization and sensitization of health care professionals and health center management with their role in managing of GBV, slowly it will enable them to incorporate GBV in the support of migrant settings. As well the importance of having multi-sectoral approach and having civil society's organizations as a corrective factor and an agent of change in this area. This is highly needed in order to be able to fulfill gaps and improve the support.

PD

As stated in the COAR 2017, Serbia still does not have an overreaching population policy that takes into account current and projected demographic trends, despite the fact that country is experiencing process of demographic ageing, high migrations and longer life expectancy. There is a need to advocate for evidence-based policy making at all levels that takes into account population trends in Serbia. The main population challenges implied in this development is not so much the decline in overall numbers, but more the changing age composition of the population.

When it comes to the policy related to the harmonizing parenthood and professional obligations, it is evident that it became an increasingly important field for state interventions. Under the conditions of a severe demographic crisis, it is necessary that the state, by various measures, helps parents to achieve their greatest potential as

much as possible and harmonize parenting and working or professional engagement. The results of UNFPA supported research will provide a reliable basis for making new decisions, measures and activities in the field of population policy.

In addition to several mentioned research in regards to the needs and challenges of different matters, UNFPA CO Serbia has also through research identified the additional need to support elder population in Republic of Serbia to meet their needs as well as the need to increase awareness that the elder population can benefit to the society. The general perception of the elderly must be changed and additional work needs to be included in bring up and improving the status and meet the needs of the elder people in rural areas but also in the cities. There is a need for developing new and improving existing community-based services and designing and implementing the concept of active support gaining in the community.

A double-faceted process of review of the implementation of the National Strategy on Ageing and its revision would be relevant. Such activities could include organizing, in cooperation with the Government Council on Ageing, an expert consultative meeting to elaborate the modalities for the process of revision and appraisal of the implementation of the National Strategy on Ageing.

EFFICIENCY (APPLIES TO ALL FOUR FOCUS AREAS)

EQ6.To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents?

Comment(s) on above question:

- There is an inherent subjectivity to the definition and measurement of what is "good use" of resources.

EQ6.A To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the results defined in the UNFPA programme documents?

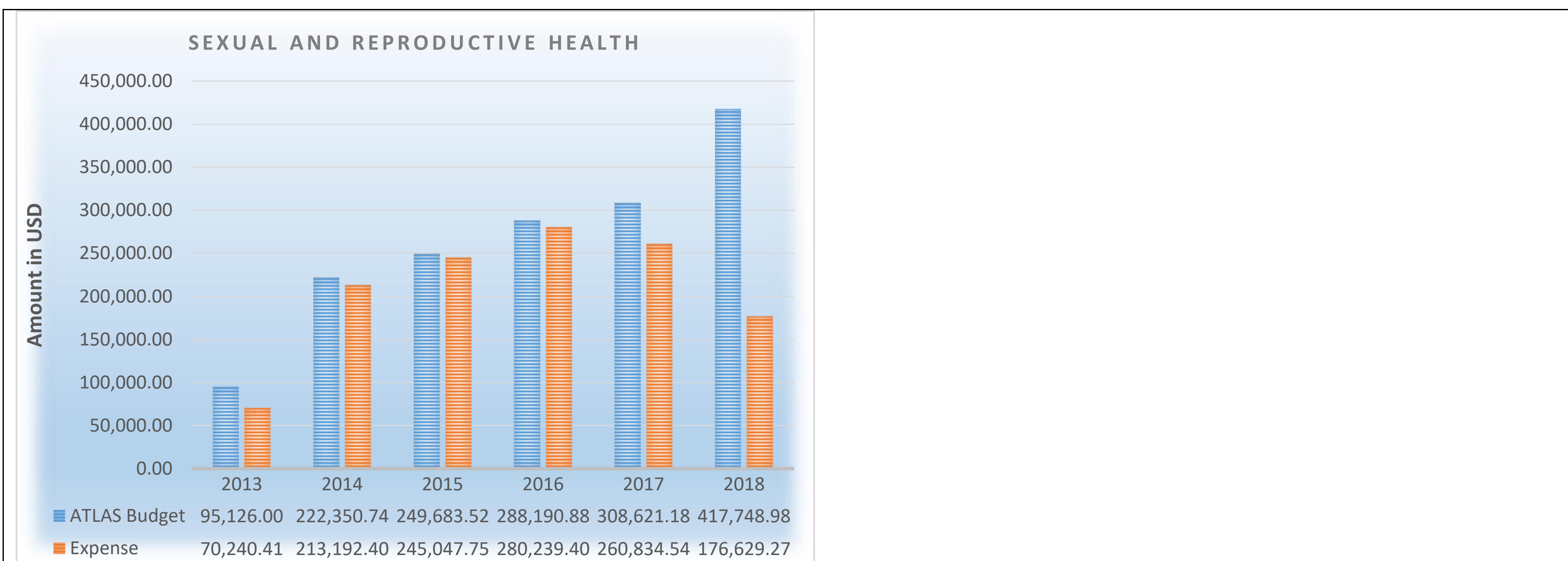
Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ6.A Assumption 1: UNFPA has made good use of its human, financial and technical resources to pursue the achievement of results defined in UNFPA programme documents.	1. Amount of resources used to achieve the outputs/outcomes, compared to the value of achieved outputs. 2. The planned inputs and resources were received as set out in the AWPs and agreements with partners.	1. Key stakeholders; 2. Documentation of programme inputs by category (human, financial, technical). 3. Feedback on quantity and quality of TA provided to implementing agencies.	1. Key stakeholder interviews 2. Document review 3. Budget review.

	3. The resources were received in a timely manner according to timeline set in the agreement. 4. Inefficiencies were corrected as soon as identified. 5. Trend analysis: Implementation rate, Distribution by sector/outcome 6. Access of internal or external human/technical resources to enhance programme effectiveness 7. Timely and quality TA provisions	4. Atlas data.	

EQ6.A Assumption 1: Findings including analysis for all pertinent program areas

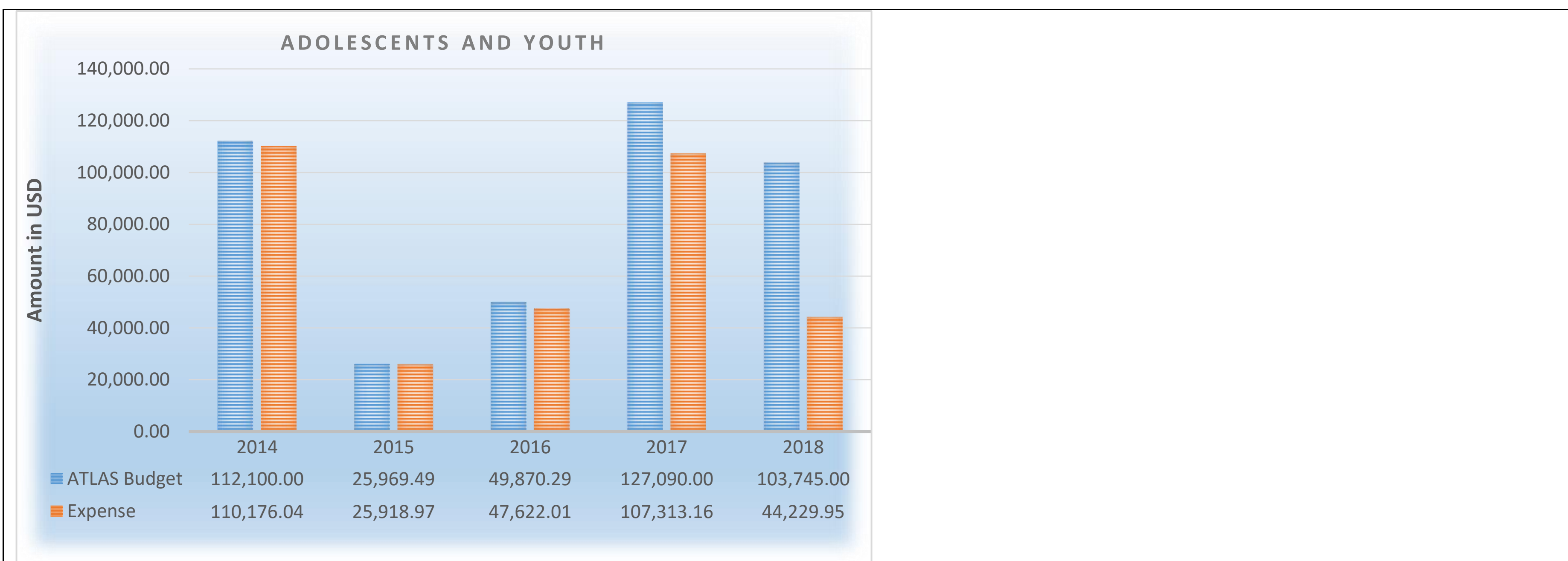
1. SRH: Upon an analysis of key financial documents (mainly data from ATLAS and AWPs) related to the implementation of activities within each output of Outcome 1 related to improved Sexual and Reproductive health and Reproductive Rights, and also, upon interviews conducted with key stakeholders, it can be firmly concluded that UNFPA CO Serbia has made a good use of its human, financial and technical resources to pursue the achievement of results, as defined in UNDAF Outcome 3 and 4, UNFPA SP Outcome 1 and 3, and CPD 2016-20 Output 1 (for the last three years, since 2016).

Amount of resources i.e. budget used to achieve planned outputs/outcomes in the field of SRH have been multiplied more than four times since 2013, starting from app. USD 95,000 (in 2013) to USD 412,000 (in 2018, since complete data on expenses were not available at the time of producing this Report). Implementation rate, as a ratio between planned budget and overall amount of expenses, has been above 95% for years 2014, 2015 and 2016, and a little bit lower for the year 2017 (84.5).Along with gradually expanded budget, the structure, amount and quality of conducted activities have been significantly enlarged as well.



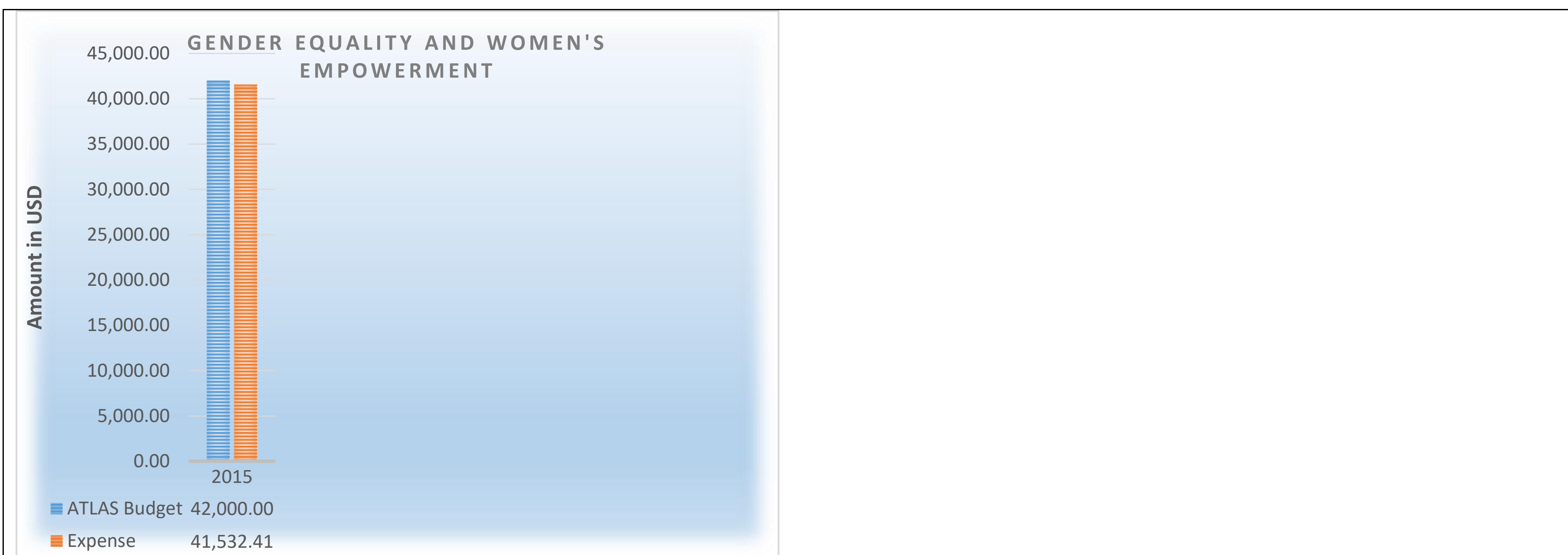
2. Y & A: Upon an analysis of key financial documents (mainly data from ATLAS and AWPs) related to the implementation of activities in the field of Youth and Adolescence, that aimed to strengthening national capacity to develop and implement policies and programs that incorporate the rights and needs of adolescents and youth and promote sexuality education/ peer education program, and also upon interviews conducted with key stakeholders, it can be firmly concluded that UNFPA CO Serbia has made a good use of its human, financial and technical resources to pursue the achievement of results, as defined in UNDAF Outcome 4, UNFPA SP Outcome 2 (and Output 6), and CPD 2016-20 Output 2.

The amount of resources i.e. budget used to achieve planned outputs/outcomes in the field of Youth and Adolescence has been variable within last five years: the highest budget was planned for year 2017 (app. USD 127,000), and slightly less in 2014 (app. USD 112,000) and 2018 (app. USD 104,000), whereas in 2015 and 2016 it was significantly lower (app. USD 26,000 and app USD 50,000, respectively) Implementation rates have been higher than 95% in all years but 2017, when total expenses were 84.4% of planned budget.



3. GE and GBV: In CPD 2016-2020, gender equality and gender-based violence program area is integrated within SRH area, and their budget and expenses are presented together with them, as already elaborated above.

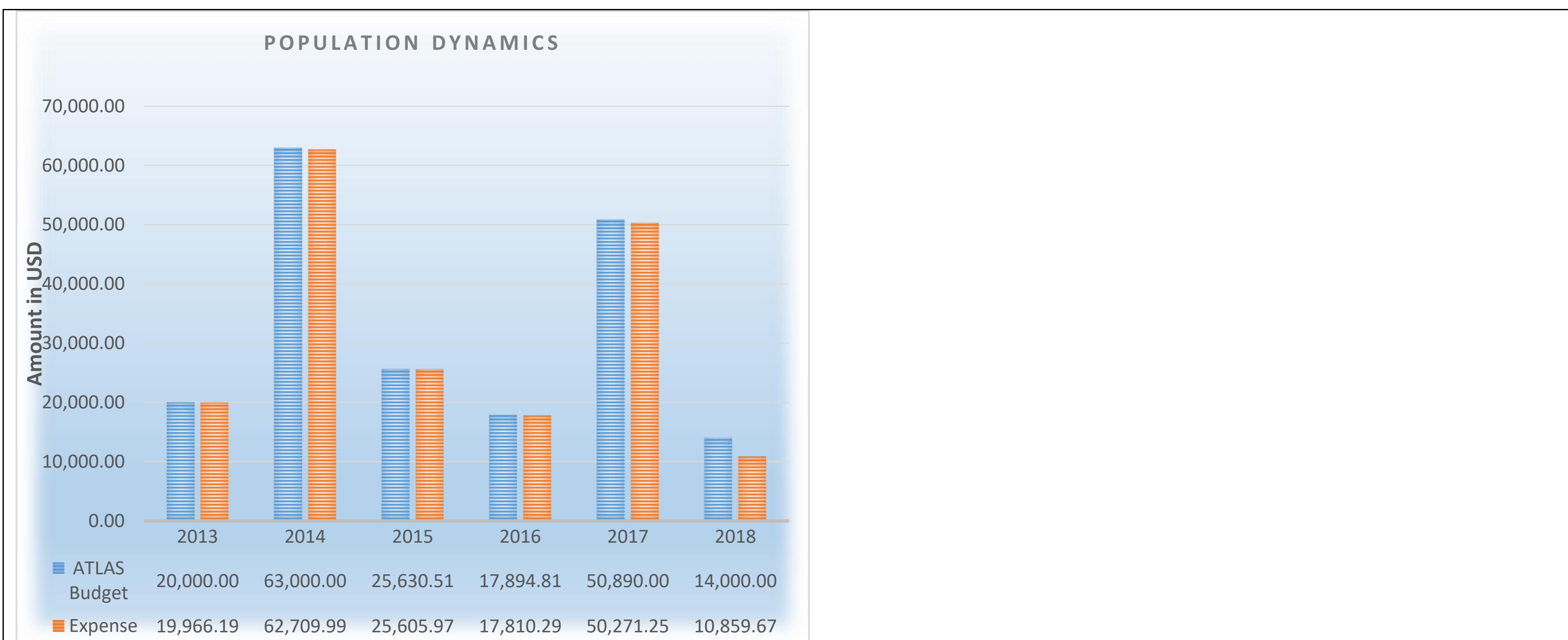
However, data from ATLAS for 2015 separately presented budget for GE and GBV, in the amount of USD 42,000, whose usage i.e. implementation rate was very high (98.9%). These funds were mainly used to roll-out activities in this field such as an assessment of the training needs for GBV in Serbia, revision of ToT curricula for healthcare providers, in cooperation with implementing partner CSO Center for Women's Health Promotion, and adapting UNFPA/WAVE Resource Package on Health Sector Response to GBV to the local context in Serbia (COAR 2015).



4. PD:

Based on an analysis of key financial documents (mainly data from ATLAS and AWPs) related to the implementation of activities in the field of Population and Development, that aimed to conduct Data Analysis and Population Projections and Aging, and also upon interviews conducted with key stakeholders, it can be firmly concluded that UNFPA CO Serbia has made a good use of its human, financial and technical resources to pursue the achievement of results in this area, as defined in UNDAF Outcome 6 and 4, UNFPA SP Outcome 4 (and Output 14), and CPD 2016-20 Output 1.

Amount of resources i.e. budget used to achieve planned outputs/outcomes in the field of Population and Development hasbeen the smallest proportion of the overall UNFPA budget for programmatic activities, whose absolute amounts have been variable within last five years: the highest budget was allocated in the year 2014 (USD 63,000), and in 2017 (almost USD 51,000), while in 2013, 2015 and 2016 they were significantly lower, ranging from almost 18,000 in 2016to 25,000 USD in 2015. However, implementation rates have been very high, in a range of 98.8% (in 2017) to 99,9% in 2015.



EQ6.B To what extent has UNFPA used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents?			
Assumption to be assessed	**Indicator/Criteria**	**Source of information**	**Method and tools for data collection**
EQ6.B Assumption 1: UNFPA has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA programme documents.	1. Amount of human, financial and technical tools and approaches used to achieve the outputs/outcomes, compared to the results achieved in outputs/outcomes.	1. Key stakeholders; 2. Documentation of programme inputs by category (human, financial, technical).	1. Key stakeholder interviews, 2. Document review, 3. Budge review.

		3. Feedback on quantity and quality of TA provided to implementing agencies. 4. Atlas data.	

EQ6.BAssumption 1: Findings including analysis for all pertinent program areas

1. SRH:

In the last three years (2016-2018), these resources included budget for Gender equality and Gender-based violence, within which significant capacity building of healthcare sector and integrated response to GBV was achieved at several levels: strengthening healthcare professionals to respond to GBV through the number of especially designed ToT trainings that **were replicated four times** and held throughout the country, achieving101 educated professionals who become trainers in 2016 and 2017 (SPR 2017 and 2018); updating a Specific protocol for healthcare sector to deal with VAW, and many other in this field.

According to the findings from the ***interviews with stakeholders and trainees***, these investments provided an excellent value for money, since many of them for the first time attended these training and become familiar with what consist an appropriate response to GBV in their working environment and within their professional responsibility.

Besides that, these resources were used for producing a number of guidelines, protocols and standards for healthcare workers developed for delivery of integrated quality SRH services; preparing MISP for reproductive health in crisis situations that is integrated into the state emergency preparedness plan and Standard operating procedures for GBV in crisis; to support civil society initiatives that involves young men and boys in addressing GBV (output indicators stated in AWPs).

These resources were also used for providing ad hoc support and services to the most vulnerable population groups, such as migrant women in several migrant centres in Serbia. They received gynecological exams, and also different types of needed support and services related to GBV they experienced, through the collaboration with the implementing partners (NGO Atina*).* ***Interviewed beneficiaries*** of these services emphasized that availability of that care means them a lot, expressing very high level of satisfaction with them.

The resources were received in a timely manner and the UNFPA CO Serbia was capable to provide additional funds for financing these activities, mainly through SIDA donor agency for JP integrated response to GBV, but also funding from Swiss Confederation that was received by the State Secretariat for Migration (SEM), in the amount of little less than USD 50,000 (USD 48,175).

2. Y & A:

In the last three years (2016-2018), these resources included budget for supporting activities, initiatives and campaigns related to gender-transformative programming among boys and young men, including promoting gender equality and preventing gender-based violence, advocacy to support comprehensive sexuality education and peer education programs, and building participatory platforms for advocating for most marginalized adolescents and youth.

Interviewed stakeholders, trainees and beneficiaries of programs indicated high level of satisfaction with organized and implemented activities, which are considered to bea very good value for invested money.

The resources were received in a timely manner and the UNFPA CO Serbia was capable to provide additional, non-core funds for financing activities aimed to achieve outcomes defined above. SIDA funds donated almost USD 123,000 in a two year period (August 2016 to July 2018), in order to support Joint Project Integrated Response to VAW and Girls in Serbia (this project is realized through the partnership of UNICEF, UN Women, UNFPA and UNDP, led by the Coordination Body for Gender Equality). Their donation makes a significant proportion of the overall budget for this program area, and it was used for supporting "Be a man" clubs and Local Youth Offices that gathered around 1900 people (SPR 2017), and national IMAGE survey (International Men and Gender Equality Survey).

3. GE and GBV

Data from ATLAS for 2015 separately presented a budget for GE and GBV, in the amount of USD 42,000, whose usage i.e. implementation rate was very high (98.9%). These funds were mainly used to roll-out activities in this field such as an assessment of the training needs for GBV in Serbia, **revision of ToT curricula for healthcare providers**, in cooperation with implementing partner CSO Center for Women's Health Promotion, and adapting **UNFPA/WAVE Resource Package on Health Sector Response to GBV** to the local context in Serbia (COAR 2015).

4. PD

In 2017 UNFPA supported activities required its largest PD budget, and they were related to the building of a solid evidence-based foundation for making appropriate policies related to identified trends within population development. A number of research studies were initiated, and they were all successfully completed. These research (four in total) informed about the Status of older people in rural and urban areas, their needs and the nature of their households; Research on demographic situation in selected municipalities, and the Research on the Harmonization of employment and Parenthood in Serbia.

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ6.B Assumption 2: UNFPA CPs have expended resources to achieve outputs at a level that is consistent with standard norms for the cost of implementing program activities in each of the four program areas.	1. Amount of resources used to achieve the activities, outputs as compared to the standard norms for the cost of achieved outputs.	1. Key stakeholders; 2. Documentation of programme inputs by category (human, financial, technical). 3. Feedback on quantity and quality of TA provided to implementing agencies. 4. Atlas data. 5. COARs 6. IP reporting data. Training data.	1.Key stakeholder interviews, 2.Documentreview 3.Budget review of sentinel activities vs. budget in AWPs. (NB: The above for each of the four program areas).

EQ6.B Assumption 2:

SRH:

Average costs per participant for different type of trainings in SRH area are quite variable. They depend on several factors, such as duration of the training (i.e. number of days); place of training, the distance of the place of training and health institutions in that particular region (they influence the travel costs), and the number of participants who need hotel accommodation. For example, the ToT for the *Basic Course on Family Planning* that was held in Belgrade (9-12 December 2015) and lasted 4 days, involved 27 participants, 4 national lecturers and 2 international experts, had average costs of $277.82 per participant, and $1,340 per trainer. These amounts seem to be high, but having on mind that this training is organized as a ToT and it is expected that trainers will further promote what was learned, the indirect benefits of these costs justify the increased spending for this activity.

Similar amounts were calculated for the ToT on modern contraception that was held also in Belgrade (25-26 November 2016) and lasted two days. This event gathered 19 participants and 2 national experts, with an average costs per participants of $202.92 per participants, and $1,225 per trainer.

Youth:

When trainings related to the Youth and Adolescence focus area are concerned, as delivered by the implementing partner center E8, according to the calculations provided by them, average costs per participants were $50 per day, for three days training, including all costs such as travel, accommodation, food, workshop material, honorarium, etc. The gross amount of costs per trainer was estimated as $115 per trainer. These figures seem to be much lower than expenditures for activities in other focus areas.

GBV:

Average costs per participant for ToTs on GBV were variable, although they were all designed as 3-days trainings, with five very experienced and educated national trainers, one coordinator and one UNFPA staff. Average cost per trainer also included travel costs (DSA/TE, tickets), if incurred. Differences occur due to the location of training and its proximity to the participants, and the number of participants who need hotel accommodation. For example, ToT held in Kragujevac (11-13 May 2017) had 25 participants and an average costs per participants of $122.28 per day, and $500 per trainer, on average. A less expensive training was held in Niš (22-24 November 2017), south part of Serbia, which gathered 28 participants with average costs of $92.37 per day, and $470 per trainer/coordinator.

The other two trainings were a little bit more expensive: in the west part of Serbia, the same training was replicated in Zlatibor (25-27 maj 2018), gathered 28 participants with average costs of $181.17, and $470 per trainer/coordinator. In the east part of Serbia, in Bor (27-29 November 2018), there were less participants than at the other places (15 participants), and average costs were $157.23 per participants, and $230 per trainer.

Having on mind that trainings in the field of gender-based violence are very sophisticated and oriented toward building delicate skills needed for dealing with GBV in everyday practice, which would make an overall difference in the approach of care for survivors of GBV, investments inthree day trainings seem to be reasonable and paid-off in a long run.

PD:

In the focus area Population and Development there were no trainings conducted.

<table>
<tr><td colspan="4">SUSTAINABILITY (APPLIES TO ALL FOUR FOCUS AREAS)</td></tr>
<tr><td colspan="4">EQ7 Are programme results sustainable in short and long-term perspectives? NB: 3 years or less = short term. More than 3 years = long term.</td></tr>
<tr><td colspan="4">Comment(s) on above question:
• For the purpose of this work, it is assumed that programme results are sustainable (short-term refers to up to three years, long-term is greater than three years.) Short-term and long term are somewhat subjective in nature and require a combination of qualitative and quantitative indicators to measure. Each can be addressed with a combination of quantitative and qualitative assessment approaches.</td></tr>
<tr><td colspan="4">Comment(s) on indicators for above question:
• Short-term sustainability
- Short-term ability of institutions to continue functions without external support.
- Measures of capacity building, esp. Training activities.
- Measures of ownership: Patterns of staffing turnover
- Counterpart agency sources of budget, current and future.
• Long-term sustainability can be measured quantitatively via the level of fund-raising or cost-sharing achieved by a UNFPA donor recipient has achieved for a given activity. Qualitatively, stakeholders provide their subjective impressions on the buy-in, ownership and institutional commitment of a UNFPA donor recipient to continue a given program activity in the absence of future UNFPA support.</td></tr>
<tr><th>Assumption to be assessed</th><th>Indicator/Criteria</th><th>Source of information</th><th>Method and tools for data collection</th></tr>
<tr><td>EQ7 Assumption 1: The UNFPACP has supported programs that have results that can be sustained in the short- and long-term (up to three years and greater than three years) in each of the four program areas.</td><td>1. Short-term and long-term ability of institutions to continue functions without external support.
2. Measures of capacity building, esp. Training activities that endure for short versus long-term.
3. Patterns of staffing turnover
4. Counterpart agency sources of budget overtime.</td><td>1. CCA2015
2. UNFPA CP COARs,AWPs,
3. Implementing agency reports.
4. Training data.
5. Stakeholders in management positions within Ministry and IPs
6. Client beneficiaries.</td><td>1.Key stakeholder interviews,
2.Training follow-up interviews
3.Client/beneficiary interviews
4.Document review
5.Budgetreview.

(NB: The above for each of the four program areas).</td></tr>
<tr><td colspan="4">EQ7 Assumption 1:
SRH:
Interviews with stakeholders relevant for SRH area revealed that they strongly believe that previous results of UNFPA programs that are achieved through collaboration and partnership with national institutions will have a lasting results, which is particularly the case when The First National Program on Sexual and Reproductive health is concerned, which was adopted on December 28, 2017, and presents a milestone in national health policy in this field. It provides an official framework for actions related to UNFPA mandate, and as such, this milestone will certainly have a long-lasting and sustainable impact on the Serbian healthcare system. In general, the nature of UNFPA mandates and activities in Serbia are based on incremental and continuous support to system changes and improvements related to achieving “ICPD beyond 2014” goals, but also based on the national priorities. In that sense, all activities in this field that have been eventually institutionalized were assessed as sustainable in the long run. When it comes to trainings that are strengthening capacities of professionals to deal with certain challenges in this area (such as “Beyond the numbers”</td></tr>
</table>

workshops for healthcare professionals related to better understanding and making evidences related to maternal mortality), they are also assessed as sustainable investments in human resources. Another milestone is advocacy and capacity building efforts in involvement of MISP to the National Emergency Plan, which also presents a long-lasting and sustainable empowerment of national preparedness for emergency situations, especially in relation to the reproductive health needs which could be easily forgotten, missed on undermined in situations of crisis.

Certain parts of UNFPA program activities have been related to providing support to the provision of reproductive and sexual health services in emergencies, and according to the needs of most vulnerable population groups, such as migrant women. This type of support was possible by mobilizing emergency UNFPA funds, and has been assessed by trainees and beneficiaries as very important, sometimes life saving for women, although the nature of that help cannot be associated with the sustainability in the long run.

YA: When sustainability of achieved indicators is concerned, there is evidence (from interviews with trained trainers, and beneficiaries of trainings in this program area) that youth friendly trainings and education have a significant impact on young men who attended them, and hopefully that kind of formative experience will last a lifetime. However, in order to achieve a bigger audience and even higher impact, they need to be continuously replicated and extended to many more places. There is a clear need to continue working with youth, both young women and men on changing gender stereotypes and recognizing GBV.

In this program area, as well as in the other, previously mentioned, UNFPA absolutely promoted national ownership of supported interventions that were realized in collaboration with relevant ministry (Ministry of Youth and Sport) and strengthened civil society organizations initiatives. This national ownership is hoped to result in longer term impact, well beyond three years.

3. GE and GBV: In interviews with trainees and stakeholders involved in the training delivery, sustainability of interventions in the field of gender equality and gender-based violence is assessed as a long-term (greater than three years), especially in the aspect of availability of resource package for healthcare professionals related to responding to GBV. This resource package has been perceived as a very useful and high quality material for strengthening professional capacities in various aspects in establishing zero tolerance to GBV and responding to it: understanding the differences between sex and gender, defining and recognizing different forms of gender-based violence, dynamics of violence, identification and professional response to GBV in patients. As interviewees stated, such a long-term sustainability will be achieved by the kind of paradigm shift that happened among trainees who attended comprehensive training and raised awareness of their professional responsibility, which might have a long-term impact on their professionalism.

In this field, UNFPA also significantly contributed to the sustainability of improved health sector response to GBV by integrating standard operational procedures (SOP) in case of GBV into the protocols in migrant centers, for example, and integrating MISP procedures related to GBV into the Draft of the National Health sector Emergency Response Plan.

Long-term sustainability of these changes will be also assured by the other complementary measures in society, such as improved legislation related to protection of violence victims (Law on the Prevention of Domestic Violence was adopted in 2016). Since this is a sensitive issue to deal with, which implies working with values and attitudes, further trainings of healthcare professionals are needed.

4. PD Results of the program implemented in this focus area are difficult to assess in terms of their sustainability, since they were mainly oriented toward gathering evidence for informed policy making in field of population development. In that sense, they present a valuable short-term (three years or less) source of data that can be analyzed in different forms, and serve as a baseline measurement, besides their role as an argument in decision making related to improving status of population. In this program area,

<table>
<tr><td colspan="4">as well as in the others, previously mentioned, UNFPA has absolutely promoted national ownership of supported interventions, as all decisions were made in collaboration with the relevant ministry, in this case the minister without portfolio in charge for demographic policy.</td></tr>
<tr><td colspan="4">SUSTAINABILITY (APPLIES TO ALL FOUR FOCUS AREAS)</td></tr>
<tr><td colspan="4">EQ8 To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?</td></tr>
<tr><td colspan="4">Comment(s) on above question:
• Data will be collected on partnerships established by UNFPA to assess national ownership and sustainability of supported interventions, programmes, and policies. In some cases, it may be difficult to distinguish interventions from programmes and policies. The evaluation will rely in part on self-reports of partnership stakeholders, which may be biased toward making a favourable impression to donors.</td></tr>
<tr><td colspan="4">Comment(s) on indicators for above question:
• Short- and long-term sustainability of UNFPA supported partner institutions to continue, replicate or adapt programme functions without external support. Measures of national ownership and sustainability in different types of interventions, programmes and policies.</td></tr>
<tr><td>Assumption to be assessed</td><td>Indicator/Criteria</td><td>Source of information</td><td>Method and tools for data collection</td></tr>
<tr><td>EQ8 Assumption 1: The UNFPACP has succeeded in developing partnerships that promote the national ownership and sustainability of supported interventions, programmes and policies.

Comment on Assumption to be assessed for question. In some countries it may be that there are not many partnerships that have been successfully established by UNFPA.</td><td>1. Short and Long-term ability of UNFPA supported partner institutions to promote national ownership and sustainability of supported interventions, programmes and policies.

2. Measures of capacity building, esp. training activities.

3. Patterns of staffing turnover and counterpart agency

4. Long-term budgeting overtime (evidence of Ministry or other entity buy-in).</td><td>1. National Ministry Strategic Planning documents,
2. UNFPA CP, COARs, AWPs,
3. Implementing agency reports.
4. Training data.
5. Stakeholders in management positions and beneficiaries.</td><td>1. Key stakeholder interviews with Senior policy makers within Ministry and IPs,
2. Document review,
3. Budget review.
4. Training follow-up interviews.

(NB: The above for each of the fourprogram areas).</td></tr>
<tr><td colspan="4">EQ8 Assumption 1:

SRH: Certain parts of UNFPA program activities have been related to providing support to the provision of reproductive and sexual health services in emergencies, and according to the needs of most vulnerable population groups, such as migrant women. This type of support was possible by mobilizing emergency UNFPA funds, and has been assessed by trainees and beneficiaries as very important, sometimes life saving for women, although the nature of that help cannot be associated with the sustainability in the long run.</td></tr>
</table>

YA: In this program area, as well as in the other, previously mentioned, UNFPA has absolutely promoted national ownership of supported interventions that were realized in collaboration with relevant ministry (Ministry of Youth and Sport) and strengthened civil society organizations initiatives.

GE and GBV: Long-term sustainability of these changes will be also assured by the other complementary measures in society, such as improved legislation related to protection of violence victims (Law on the Prevention of Domestic Violence was adopted in 2016). Since this is a sensitive issue to deal with, which implies working with values and attitudes, further trainings of healthcare professionals are needed.

PD In this program area, as well as in the others as previously mentioned, UNFPA absolutely promoted national ownership of supported interventions, as all decisions were made in collaboration with the relevant ministry, in this case the minister without portfolio in charge for demographic policy.

COMPONENT 2: ANALYSIS OF UNFPA Country ProgrammeUNCTCooperation and Value Added			
UN COUNTRY TEAM COORDINATION			
EQ9 To what extent did UNFPA contribute to coordination mechanisms in the UN system at country level? Example: Results teams led or assisted by UNFPA.			
Assumption to be assessed	**Indicator/Criteria**	**Source of information**	**Method and tools for data collection**
EQ9 Assumption 1: The UNFPACO has made consistent positive contributions to the consolidation and functioning of UNCT coordinating mechanisms (working groups and joint programs) toward implementation of the UNDAF in each of the four program areas.	Reported level of UNFPACO staff participation in: 1. UNCT planning and coordination functions. 2. Pertinent UNCT theme groups 3. Other UNCT administrative bodies for coordination of activities.	1. UNCT staff at senior management and theme group levels. 2. UNCT Theme group minutes	1. Stakeholder interviews with UNRC and members of UNCT theme groups and UN agencies. 2. Document review of coordination of joint program activities

	4. Concrete examples of UNFPA CO participation in the process of consolidation of UNCT coordination procedures and programs.		(NB: The above for each of the four program areas).

EQ9 Assumption 1:
The United Nations Country Team (UNCT) in Serbia is represented by the UN Resident Coordinator and is comprised of 13 agencies with in-country presence (OHCHR, UNDSS, UNDP, UNHCR, UNICEF, WHO, FAO, ILO, IOM, UNFPA, UNODC, UNOPS, UN WOMEN), 9 non-resident agencies (IAEA, OCHA, UNCTAD, UNECE, UNESCO, UNEP, UN HABITAT, UNIDO, UNWTO), observers to the UNCT with in-country-presence (ICTY, UNOB) and 4 international financial institutions (EBRD, IFC, IMF, WB) (available at:http://rs.one.un.org/content/unct/serbia/en/home/un-agencies.html)

According to the COAR 2015, 2016, and 2017, UNFPA CO participated timely in all UNCT communication activities which are of relevance for UNFPA mandate. In addition, CO implemented timely all communication activities on its own and in a collaboration with IPs, as per the Communication Strategy for Serbia.

According to the interviews conducted with key stakeholders from some of these agencies, UNFPA agency significantly and consistently contributed to the UNCT planning and coordination functions, through different mechanisms. One of them has been attending a number of working groups and joint programs, such as Joint Project Integrated Response Violence against Women and Girls in Serbia II, which is being implemented by four UN agencies in country (besides UNFPA, there are also UN Women, UNDP, and UNICEF) during the last few years. (Women and Men in Serbia: At A Glance. Gender brief for Serbia, 8th issue, 1 December 2017 - 1 June 2018. Prepared by UN Gender Theme Group in Serbia. Available at: http://rs.one.un.org/content/dam/unct/serbia/docs/Publications/GB_08_03.pdf)

Another example was participating of UNFPA SRB CO in the UN Mainstreaming, Acceleration and Policy Support (MAPS) Mission, that arrived in Serbia in September 2018, for a week-long visit to support the ongoing efforts of the Government of the Republic of Serbia in contextualizing and adapting the Sustainable Development Goals (SDGs) to national needs in line with the ongoing EU accession and related reform processes. (Available at: http://rs.one.un.org/content/unct/serbia/en/home/presscenter/--_from-accession-to-acceleration--un-mainstreaming--acceleratio.html)
One more example of joint activities within UNCT in Serbia where UNFPA participated as well was initiation of a new round of *Post-2015 National Consultations* on culture and development, together with UNESCO and the Office of the UN Resident Coordinator in Serbia. It was conducted in June 2014,under the project named *Serbia We Want* (Available at: http://rs.one.un.org/content/unct/serbia/en/home/mdgs-sdgs/post-2015-national-consultations.html)
In each case these processes were led by working groups established by governmental institutions (Commissioner for Protection of Equality; Ministry of Foreign Affairs) or the Government of the Republic of Serbia itself (in case of MAPS mission), which objectively confirms very high level of national ownership in every UNFPA SRB CO activity, besides statements made by all interviewed stakeholders that the CO really follows nationally established priorities in their advocacy, policy and capacity building activities.

UNCT COOPERATION

EQ10 To what extent does the UNDAF/UN Partnership Framework, reflect the interests, priorities and mandate of UNFPA?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection

EQ10 Assumption 1: UNFPA global mandates are beingeffectively implemented within the UNDAF in all four program areas.	1. Mapping of key global UNFPA (e.g. SP 2014-2017 and SP 2018-2021) mandates and priorities within UNDAF strategic documents and annual program activities for each of the four program areas.	1. UNFPA Global Strategy documents (UNFPA SP 2014-2017 and SP 2018-2021) 2. Senior UNFPA CO and UNCT management, 3. UNDAF strategy and reporting documents 4. UNDAF Midterm review, 5. UNDAF Annual Reports. 6. UNFPA CPCOARS	1.Documentreview, 2. Key stakeholder interviews with UNFPACO staff as well as UNCT (UNRC and theme group members). (NB: The above for each of the four program areas).

EQ10 Assumption 1:

The global mandate of UNFPA and its Strategic Plan 2013-17 and 2018-21 have been effectively implemented within both UNDAF 2011-2015 and UN Development Partnership Framework 2016-2020 in Serbia, in all four program areas.
For example, sexual and reproductive health and rights program area of UNFPA SP (Outcome 1) is covered by the second pillar of UN DPF 2016-20 that address Social and Human Resources Development, and concretely Outcome 6, that is related to providing comprehensive social system support that will enable individuals and families to live in a safe, secure and supportive family and communities.
Gender equality and gender based violence are also addressed by UN DPF 2016-20, first pillar, that is related to Governance and Rule of Law, and concretely Outcome 3, that address gender equality, and the role of state institutions in creating environment that would enable women and girls, especially those from vulnerable groups, to live lives free from violence and discrimination.
Youth and Adolescence, and Population Development are the second and third outcomes of the UNFPA SP 2018-21, and in UN DPF 2016-20 they are addressed by the second pillar as well (Social and Human Resources Development) , and particularly Outcome 4, that is related to providing health services that are appropriate for age, available and utilized by all, and that protects patients rights.

When the **UNDAF 2011-2015** is concerned, UNFPA program activities were mainly matched with the UNDAF strategic area of priority which is related to enhanced sustainable development and social inclusion (Outcome 2). Within this outcome, a number of country program outcomes and outputs were defined where UNFPA contribution was recognized, such as increased access and provision of basic social services including health services, especially for vulnerable and marginalized populations (outcome 2.1) which corresponds with the UNFPA activities in the field of Sexual and Reproductive health and rights); provision of peer education and non-formal education for young women and men (output 2.1.3) which corresponds with the activities in the field of Youth and Adolescence; high level of tolerance, safety and protection of human rights (outcome 2.2) with a clearly defined output related to gender-mainstreamed procedures and improved capacities to protect victims of violence, which completely correspond to the activities in the field of gender equality and gender-based violence (UNFPA SP Outcome 3).

COMPONENT 3: ANALYSIS OF THE CP's STRATEGIC POSITIONING			
UNCT COORDINATION			
EQ11 To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in countries?			
Comment(s) on above question: • Alignment with UNFPA mandates may have changed over time due to the 2018 -2021Aligned CP Output and Outcomes framework.			
Comment(s) on indicators for above question: • Congruence of UNDAF and UNCT activities, outputs and outcomes with the 2018 - 2021 UNFPA Aligned CP framework. Qualitative data on UNCT recognition of UNFPA CO contributions to UNDAF.			
EQ11.A To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in countries?			
Assumption to be assessed	**Indicator/Criteria**	**Source of information**	**Method and tools for data collection**
EQ11.A Assumption 1: UNFPA has contributed to ensuring program complementarity, seeking synergies and avoided overlaps and duplication of activities among development partners.	1. Congruence of UNDAF and UNCT activities, outputs and outcomes with the 2018 - 2021 UNFPA Aligned CP framework. Qualitative data on UNCT recognition of UNFPA CO contributions to UNDAF.	1. Senior UNFPA staff management, 2. CPD, 3. UNDAF documents, 4. UNDAF Midterm review, 5. UNCT Annual Reports.	1. Document review, 2. Key stakeholder interviews.
EQ11.A Assumption 1: In all phases of UNFPA SRB CO activities, starting from the program design, choices of interventions, through implementation and evaluation, a significant and overarching intention was given to established partnerships and collaboration with governmental institutions at the national level, organizations of civil society that are credible and prominent in the areas which are under the UNFPA mandate, as well as other UN and developmental agencies that are functioning at the national level. According to the interviews with stakeholders, as well as insight from the relevant program documents, it is clear that UNFPA activities have always been focused on complementarity and synergies, making sure that overlapping and duplication of activities is avoided. That was achieved through the number of collaborative and coordinative meetings that UNFPA SRB CO attends or chairs, transparent work of the office itself, and sharing intentions and planning in a collaboration with other partners. Based on a document review, a high level of compatibility between UNDAF 2016-2020 and UNCT activities have been identified. An illustrative sample that UNFPA SRB CO takes care about possible duplication of activities between different UN agencies and developmental partners is the case of preparation for Demographic and Health Survey, for which a position paper was prepared in 2015, but eventually, the office abandoned further implementation of this activity since the new wave of MICS study was announced and planned for 2019, led by UNICEF and a number of other national partners.			
Assumption to be assessed	**Indicator/Criteria**	**Source of information**	**Method and tools for data collection**
EQ11.A Assumption 2: The UNFPACP's core mandatedactivities, outputs and outcomes as implemented within the	1. Congruence of UNDAF and UNCT activities, outputs and outcomes	1. Senior UNFPA staff management,	1. Document review, 2. Key stakeholder

<table>
<tr><td>Country's UNDAF are recognized and acknowledged by the UNCT.</td><td>with the 2018 - 2021 UNFPA Aligned CP framework.
2. Qualitative data on UNCT recognition of UNFPA CO contributions.</td><td>2. Senior UNCT staff (UNCR and theme group members) UNFPA CP and PoC documents,
3. UNDAF Midterm review, UNCT Annual Reports. UNCT theme group minutes.</td><td>interviews with UNCT senior staff as well as UNFPA CO staff.

(NB: The above for each of the four program areas).</td></tr>
<tr><td colspan="4">EQ11.AAssumption2:
According to the interviews conducted with stakeholders from UN agencies and UN Country representative herself, core mandated activities, outputs and outcomes within country's UNDAF are well recognized and acknowledged by UNCT. UNFPA CO is known for their high level of efficiency, a dynamic and excellently coordinated team that is very responsive and reliable, which makes them outstanding collaborators.</td></tr>
<tr><td colspan="4">ADDED VALUE</td></tr>
<tr><td colspan="4">EQ12What is the main UNFPA added value in the country context as perceived by national stakeholders?</td></tr>
<tr><th>Assumption to be assessed</th><th>Indicator/Criteria</th><th>Source of information</th><th>Method and tools for data collection</th></tr>
<tr><td>EQ12 Assumption 1: Assumes that UNFPA has added value in one or more areas within the country context.</td><td>1. Examples of activities that were influential for the results in a program area.

2. The perceptions of key national stakeholders.</td><td>1. Senior stakeholders at GVT Ministries, UNCT, UNFPA CO, and IP agencies
2. UNFPA program reporting documents.
3. Site Visits</td><td>1. Document review
2. Key stakeholder interviews</td></tr>
<tr><td colspan="4">EQ12 Assumption 1:
According to the interviews with stakeholders, UNFPA is perceived as a very reliable and professional UN agency that consistently built its credibility over time, since the establishment of the office in Serbia in 2007, with a very small budget, but commitment to work in the field of reproductive health. Sexual and reproductive health and population development are not covered by the other UN or developmental agencies, and therefore, UNFPA presence and activities in these fields are very important and provide a unique added value. The office managed to put reproductive health and family planning issues on the agenda of ministries, thanks to good advocacy and proper capacity building efforts (COAR 2016).

Another great advantage as perceived by the stakeholders is related to UNFPA's proven ability to do a rapid assessment and response in emergency situation, such as floods in 2014 and migrant humanitarian crisis, since 2015. Mobilization of resources needed in such an emergency situation was very prompt, and highly valued by the other partners at the national level. Governmental institutions were especially appreciative about this timely reaction of UNFPA SRB CO with high quality.

A strong partnership with the Ministry of Health which finally resulted in the adoption of the National Plan for Sexual and Reproductive Health was noted as one of the strongest added value perceived by stakeholders. The document Standard operating procedures of the Republic of Serbia for the prevention of and protection from gender-based violence against people involved in mixed migration, developed and adopted in cooperation with Ministry of labour, employment, veteran and social affairs, significantly empowered system and was also seen as significant UNFPA SRB added value.</td></tr>
</table>

UNFPA SRB CO has been constantly adding value to the work of other organizations within UN system, in a way that early recognizes and indicate risks related to reproductive health, violence and unwanted pregnancies, which typically affect more women than men; UNFPA SRB also has the ability to recognize that male youth might be in a particular risk of being imposed in crisis situations (as identified in Boys in the Move study, 2017) UNFPA SRB CO activities went far beyond identification and assessment of these needs; they were capable of providing specific programs that would strengthen individual capacities to deal with these challenges, as well as concrete healthcare and psychosocial support when needed.

UNFPA's added value is also related to the unique activities related to GBV and men's role in it. Through UNFPA supported trainings "Be Man" it was possible to raise awareness among young men on gender stereotypes, gender inequality and gender based violence. Young men were empowered to make changes or adjustments in their attitudes and behaviour, while still being a man.

UNFPA has recognised that the ageing of the population as one of the crucial challenges in the country, identifying the main needs of the elderly population in urban and rural areas in Serbia. Making the efforts to ensure better conditions for the aging population represents one of the great advantages of UNFPA mandate in Serbia.

UNFPA SRB CO is particularly valued for its transparent, collaborative, effective and flexible work, which make them a very pleasant partner to work with.

Annex 3. Schedule of Field Work activities

Table 1. List of participants - interview with stakeholders

Organization Institution	Name and Title of Representative	ATLAS project code	Brief Activity Description	gen der	Date/Time of meeting	Location (City)	SHR	A&Y	GE	PD
STATE LEVEL INSTITUTIONS										
Ministry of Health	Mr. Venko Filipche Minister	MKD01RSH; MKD01SRH; UBRAFMKD, MKD01MRC; MKD01HRA; MKD01HER; MKD01YOU; MKD01YTH; MKD0U309		m	06.02.2019 10:00	Skopje	SHR	A&Y		
Ministry of Health	Ms. Bojana Atanasova Chief of Cabinet	MKD01RSH; MKD01SRH; UBRAFMKD, MKD01MRC; MKD01HRA; MKD01HER; MKD01YOU; MKD01YTH; MKD0U309		f	23.01.2019 Wednesday 12:00	Skopje	SHR	A&Y		
Ministry of Health	Ms. Simona Atanasova Cabinet of Minister, MISP focal point	MKD01RSH; MKD01SRH; UBRAFMKD, MKD01MRC; MKD01HRA; MKD01HER; MKD01YOU; MKD01YTH; MKD0U309	MISP focal point, TAIX	f	21.01.2019 Monday 09:00	Skopje	SHR	A&Y		
Ministry of Health	Ms Biljana Taneska Cabinet of the Minister, maternal care focal point	MKD01RSH; MKD01SRH; MKD01HRA; MKD01HER;	Maternal Care, Safe motherhood committee	f	21.01.2019 Monday 10:00	Skopje	SHR			
Ministry of Health	Ms Angelina Bacanovikj Cabinet of the Minister Legal Adviser (SGBV)	MKD01RSH; MKD01SRH; MKD01HRA; MKD01HER; MKD01YTH	SARC; MSR GBV; GBV SOPs migrants/refugees, CSE	f	21.01.2019 Monday 13:00	Skopje	SHR	A&Y		
Ministry of Health	Ms Gordana Majnova	MKD01RSH; MKD01SRH; UBRAFMKD, MKD01MRC;	FP, Action Plan SRH, MSR GBV	f	21.01.2019 Monday 14:00	Skopje	SHR	A&Y		

	Adviser, UNFPA focal point	MKD01HRA; MKD01HER; MKD01YOU; MKD01YTH								
Ministry of Health	Ms Nermina Fakovikj Officer, Maternal care and GBV focal point	MKD01RSH; MKD01SRH; UBRAFMKD, MKD01HRA; MKD01HER	Maternal Care, Safe motherhood Committee; SARC; MSR GBV; GBV SOPs migrants/refugees	f	21.01.2019 Monday 11:00	Skopje	SHR			
Ministry of Health	Ms.Sanja Sazdovska State Advisor	MKD01RSH; MKD01SRH; MKD01MRC; MKD01HRA; MKD01HER; MKD01YOU; MKD01YTH; MKD0U309	Cervical Cancer, UNFPA focal point up to 2017, MISP National Coordinator until 2017	f	28.01.2019 Monday 09:00	Skopje	SHR	A&Y		
Ministry of Labour and Social Policy	Ms. Mila Carovska Minister	MKD01PAD; MKD01PDE; MKD00PDE; MKD0G34A; MKD0G34B; MKD01MRC	Ageing, Istanbul Convention (MSR GBV and CSE), Population policy, migration trends	f	04.02.2019 14:00	Skopje	SHR		GE	PD
Ministry of Labour and Social Policy	Ms Sanela Shkrijelj Chief of Cabinet	MKD01PAD; MKD01PDE; MKD00PDE; MKD0G34A; MKD0G34B; MKD01MRC	Ageing, Istanbul Convention (MSR GBV and CSE), Population policy, migration trends	f	04.02.2019 14:00	Skopje	SHR		GE	PD
Ministry of Foreign Affairs	Mr. Sanja Zografska Deputy Head of the Directorate for Economic Diplomacy	Related to CPD 2016-2020 in general	UNFPA / UNDP Focal Point	f	22.01.2019 Tuesday 09:00	Skopje	SHR	A&Y	GE	PD
Ministry of Foreign Affairs	Ms Hilda Koleska Head of the Directorate for Economic Diplomacy	Related to CPD 2016-2020 in general	UN focal point	f	22.01.2019 Tuesday 10:00	Skopje	SHR	A&Y	GE	PD
Prime Minister Office	Mr Mile Boshnjakovski Spokesperson	Related to CPD 2016-2020 in general	All UNFPA program components, "matching funds" contribution	m	07.02.2019 16:00	Skopje	SHR	A&Y	GE	PD

State Statistical Office	Mr. Apostol Simovski Director	MKD01PAD; MKD01PDE	Census, SDGs, advocacy for evidence based population policies	m	22.01.2019 Tuesday 12:00	Skopje				PD
State Statistical Office	Ms Jasmina Gjorgieva Head of Dpt for public relations and dissemination	MKD01PAD; MKD01PDE	Census, SDGs, advocacy for evidence based population policies	f	22.01.2019 Tuesday 14:00	Skopje				PD
State Statistical Office	Ms Tatiana Mitevska Head of the Department for International Cooperation and European Integration	MKD01PAD; MKD01PDE	Census, SDGs, advocacy for evidence based population policies	f	22.01.2019 Tuesday 15:00	Skopje				PD
State Statistical Office	Ms Dijana Krsteska Head of Dpt for Population Statistics	MKD01PAD; MKD01PDE	Census, SDGs, advocacy for evidence based population policies	f	22.01.2019 Tuesday 16:00	Skopje				PD
State Statistical Office	Mr Zirap Ademi Deputy Director	MKD01PAD; MKD01PDE	Census, SDGs, advocacy for evidence based population policies	m	22.01.2019 Tuesday 13:00	Skopje				PD
Cathedra for Family Medicine/ Center for Continuous Medical Education	Ms. Keti Stavrikj	MKD01RSH; MKD01SRH; MKD01HRA; MKD01HER;	Family Planning, WAVE/UNFPA training for medical service providers (GBV), GBV for PwD	f	24.01.2019 Wednesday 09:00	Skopje	SHR			
Institute for Public Health	Ms. Fimka Tozija	MKD01RSH; MKD01SRH; MKD01HRA; MKD01HER;	WAVE/UNFPA training for medical service providers (GBV), GBV for PwD	f	24.01.2019 Wednesday 09:00	Skopje	SHR			

Clinical Hospital Skopje	Ms. Nade Tofoska SARC coordinator	MKD01HRA; MKD01RSH	SARC; MSR GBV; GBV SOPs migrants/refugees	f	05.02.2019 09:00	Skopje	SHR			
Hospital Chair- Skopje	Dr. Bashkim Ismaili Director	MKD01RSH; MKD01SRH	EmONC, EPC	m	29.01.2019 Tuesday 14:00	Skopje	SHR			
Agency for Accreditation and Standardization of Health Institutions	Dr. Ante Popovski Executive Director	MKD01RSH; MKD01HRA	ObGyn standards of care	m	04.02.2019 12:30	Skopje	SHR			
Agency for Accreditation and Standardization of Health Institutions	Ms. Milena Cvetanovska Programme Manager	MKD01RSH; MKD01HRA	ObGyn standards of care	f	04.02.2019 12:30	Skopje	SHR			
Institute for Mother and Child Health	Dr. Brankica Mladenovikj Director	MKD01RSH; MKD01SRH; MKD0U309	Family Planning Integration of HIV and SRH services	f	29.01.2019 Tuesday 12:30	Skopje	SHR			
Ministry of education	Ms Nadica Kostoska International Department		A&Y Component/CSE/HBSC	f	31.01.2019 Thursday 07:30	Skopje		A&Y		
BRO	Zhaneta Chonteva			f	05.02.2019 14:00	Skopje		A&Y		
LOCAL LEVEL INSTITUTIONS										
Clinical Hospital Tetovo	Dr. Florin Besimi Director	MKD01RSH; MKD01SRH; MKD01HRA; MKD01HER;	SARC, Effective Perinatal Care (EPC), Clinical guidelines/protocols	m	29.01.2019 Tuesday 7:45	Tetovo	SHR			
Clinical Hospital Tetovo	Dr. Nagip Rufati Head of Ob/Gyn Department	MKD01RSH;	Effective Perinatal Care	m	29.01.2019 Tuesday 9:00	Tetovo	SHR			

Clinical Hospital Tetovo	Ms. Tanja Kostadinvoska SARC coordinator	MKD01HRA; MKD01RSH	SARC services, MSR GBV	f	29.01.2019 Tuesday 10:00	Tetovo	SHR			
Hospital Kumanovo	Dr. Lidija Jovcevska	MKD01HRA; MKD01RSH	Clinical Management of Rape, GBV SOPs migrants/refugees, mobile Gyn services	f	07.02.2019 08:00	Kumanovo	SHR			

EXPERTS											
National Committee on Safe Motherhood	Ms Ana Daneva President	MKD01RSH	President of the Safe Motherhood Committee, Effective Perinatal Care, EmONC, SRH Action Plan	f	05.02.2019 13:30	Skopje	SHR				
National Commission for HIV	Dr Milena Stevanovic President	MKD01RSH; MKD01SRH; MKD01HRA; MKD01HER;	Clinical Management of Rape, Integration of HIV and SRH services	f	06.02.2019 10:30	Skopje	SHR				
gak	Dr Elizabeta Zisovska, Vo 17-17:30 na GAK	MKD01RSH; MKD01SRH; MKD01HRA; MKD01HER;		f	04.02.2019 16:30	Skopje	SHR				
CIVIL SOCIETY ORGANISATIONS											
Assosiation of Gynecologysts	Prof. Gligor Tofoski President	MKD01RSH; MKD01SRH; MKD01HRA; MKD01HER; MKD0U309	Humanitarian response and mobile gynecological services; family planning, GBV, Maternal Health, Clinical goveernance, natioal SRH coordinator, president of the Association of Ob/Gyns	m	30.01.2019 Wendsday 08:00	Skopje	SHR				
NGO ARNO	Ms. Irina Janevska Director	MKD01ARN	UNFPA/IP-CSE, peer education, Gender transformative programming	f	04.02.2019 16:30	Skopje		A&Y			
Macedonian Medical Association	Dr. Goran Dimitrov President	MKD01RSH	Cervical CAncer prevention, Maternal health, President of the Macedonian Medical Association; Head of	m	26.03.2019 13:00	Skopje	SHR				

			the Ob/Gyn Cathedra of Medical Faculty Skopje							
NGO Star Star	Mr Borche Bozinov	MKD01RSH; UBRAFMKD	UNFPA IP- Advocacy for SSHR of sex workers, integration of SRH/HIV services	m	18.02.2019 12:30 UNFPA	Skopje	SHR			
City Red Cross Skopje	Ms Suzana Tuneva Paunova Secretary	MKD01MRC/ MKD01RSH	Humanitarian response migrants/refugees and floods	f	21.02.2019 CETVRTOK VO 10.00 Dare Dzambas sprat 1	Skopje	SHR			
NGO Stronger Together impl parter- finansiski dogovor- tie se partner organizacija za lica koi ziveat so HIV	Mr Andrej Senih	MK01PAC	Advocacy for rights of PLWH	m	18.02.2019 11:00 UNFPA	Skopje	SHR			
NGO HERA	Mr. Bojan Jovanovski Executive Director	MKD01HRA; MKD01HER	UNFPA IP- SRH, FP, SRH protocols/guidelines, standards, human rights	m	07.02.2019 13:30	Skopje	SHR			
NGO HERA	Ms. Vesna Mateska UNFPA Focal Point	MKD01HRA; MKD01HER	UNFPA IP- SRH, FP, SRH protocols/guidelines, standards, human rights	f	07.02.2019 14:30	Skopje	SHR			
NGO Macedonian Anti Poverty Platform (MPAP)	Ms Biljana Dukoska Executive Director	MKD01PAD	UNFPA IP- Social Inclusion, anti-poverty, Census, SDGs, Ageing	f	18.02.2019 14:00	Skopje				PD
NGO Macedonian Anti Poverty	Mr Sashko Jordanov Program Director	MKD01PAD	UNFPA IP- Social Inclusion, anti-poverty, Census, SDGs, Ageing	m	18.02.2019 14:00	Skopje				PD

Platform (MPAP)										
NGO Macedonian Anti Poverty Platform (MPAP)	Ms Emilija Robanovska Officer	MKD01PAD	UNFPA IP- Social Inclusion, anti-poverty, Census, SDGs, Ageing	f	18.02.2019 14:00	Skopje				PD
NGO Macedonian Anti Poverty Platform (MPAP)	Ms. Meri Terzieva Executive Director Humanost/focal point for ageing	MKD01PAD	UNFPA IP- Social Inclusion, anti-poverty, Census, SDGs, Ageing	f	18.02.2019 14:00	Skopje				PD
YPEER	Mr Kristijan Angeleski Focal Point in Charge	MK01YTH; MKD00YTH; MKD01YOU	Advocacy policy dialogue on A&Y policies, SDGs Peace and Security, CSE	m	29.01.2019 Tuesday 16:00	Skopje		A&Y		
YPEER	Mr Vjosa ….. Focal Point	MK01YTH; MKD00YTH; MKD01YOU	Advocacy policy dialogue on A&Y policies, SDGs Peace and Security, CSE	m	29.01.2019 Tuesday 16:00	Skopje		A&Y		
Center for Psychosocial and Crisis Action	Ms. Lina Unkovska HBSC-focal point	MKD00YTH; MKD01YTH	Implementation of HBSC, among children aged 11/13/15 yrs	f	23.01.2019 16:00	Skopje		A&Y		
UN AGENCIES										
UNICEF	Mr. Benjamin Perks Representative	4	UNCT member	m	28.02.2019 09:00	Skopje				
UNICEF	Ms. Elspeth Erikson Deputy Rep	4	UNDAF SI Chair, MICS, SRH	f	26.02.2019 11:30	Skopje				
WHO	Ms. Tawilah, Jihane Head of Office	5	UNCT member, SRH coordination; MISP	f	28.02.2019 10:00	Skopje				

UNRC Office	Ms. Silva Pesic, Human Rights Adviser, Chair of the HRGTG	3	UNCT member, HR adviser, Chair of the HRGTG,	f	26.03.2019 14:30	Skopje				
UNDP	Ms. Narine Sahakyan Deputy RR	1	Social Inclusion, Governance, UNJP PwD	f	26.03.2019 15:00	Skopje				
UNWOMEN	Vesna Ivanovich Head of Office Vacancy	6		f	26.03.2019 16:30	Skopje				
UNFPA CO										
Assistant Rep	Sonja Tanevska	MK01PAD; MKD00PDE; MKD0U101		f	Several meetings	Skopje				
SRH/A&Y Program Analyst	Afrodita Shalja Plavjanska	MKD01RSH; MKD01SRH; MKD0U309; MKD01HRA; MKD01HER		f		Skopje				
Admin/Finance Associate	Ms. Jovanka Brajovic Grigorijevic	MKD01RSH; MKD01SRH; MKD0U309; MKD01HRA; MKD01HER		f		Skopje				
Communications Assistant	Ms. Irena Spirkovska			f		Skopje				

Table 2. List of participants - interview with trainees

Name and surname	Sex	NType of training	Town	Program Area
Danche Boneva	f	ToT in the Effective Perinatal Care (EPC)	Skopje	SRH
Renata Dimitroska	f	ToT in the Effective Perinatal Care (EPC)	Skopje	SRH
Gligor Tofovski	m	ToT in MISP	Skopje	SRH
Sanja Sazdovska	f	ToT in MISP	Skopje	SRH
Nermina Fakoviq	f	ToT for adaptation, implementation and audit of clinical guidelines	Skopje	SRH
Goran Kochoski	m	ToT for adaptation, implementation and audit of clinical guidelines	Skopje	SRH
Georgi Kostadinov	m	ToT for adaptation, implementation and audit of clinical guidelines	Kumanovo	SRH
Jarikj Bojoska	f	ToT in Family Planning	Prilep	SRH
Katerina Stankova	f	ToT in Family Planning	Skopje	SRH
Lidija Jovcevska	f	Training on Clinical Treatment of Victims of Sexual Violence	Skopje	SRH
Renata Ajeti	f	Training on Clinical Treatment of Victims of Sexual Violence	Tetovo	SRH
Elena Gelevska	f	Training on Clinical Treatment of Victims of Sexual Violence	Kumanovo	SRH
Sonja Bogovska	f	Training on Clinical Treatment of Victims of Sexual Violence		SRH
Sofija Trajkovikj	f	Training on Treatment of Victims of Gender-Based Violence in crises and crisis conditions	Kumanovo	SRH
Valentina Stojmirovikj	f	Training on Treatment of Victims of Gender-Based Violence in crises and crisis conditions	Kumanovo	SRH
Nena Smilevska	f	Training on Treatment of Victims of Gender-Based Violence in crises and crisis conditions	Skopje	SRH
Biljana S Gjurovska	f	Training on Treatment of Victims of Gender-Based Violence in crises and crisis conditions	Skopje	SRH
Maja Petrovska	f	Training in MISP on Sexual and Reproductive Health in Crises	Kumanovo	SRH
Bojan Jovanovski	m	Training in MISP on Sexual and Reproductive Health in Crises	Skopje	SRH
Dzelal Bilali	m	Training in MISP on Sexual and Reproductive Health in Crises	Skopje	SRH
Olga Jankova	f	Strengthening the Capacities of the Healthcare Workers on Responding to Gender-Based Violenc	Skopje	SRH

Emel Dauti-Jahja	f	Strengthening the Capacities of the Healthcare Workers on Responding to Gender-Based Violenc	Gostivar	SRH
Branislav Nofitoski	m	Strengthening the Capacities of the Healthcare Workers on Responding to Gender-Based Violenc	Gostivar	SRH
Krste Trajkovski	m	Strengthening the Capacities of the Healthcare Workers on Responding to Gender-Based Violenc	Kicevo	SRH
Stefan Petrovski	m	Training on SDG and gender transformative program	Skopje	youth
Martin Angelov	m	Training on Youth engagement in Decision Making Process	Skopje	youth
Dragana Nesevska	f	Training on Youth engagement in Decision Making Process	Skopje	youth
Borjan Trajkoski	m	Training on Youth engagement in Decision Making Process	Skopje	youth
Aleksandar Milosevikj	m	Conference Youth Peace and Security	Skopje	youth
Dimitar Vrglevski	m	Conference Youth Peace and Security	Prilep	youth
Oliver Andreevski	m	Gender perspective on issue on SRH	Skopje	youth
Marija Ivanova	f	Gender perspective on issue on SRH	Strumica	youth

Table 3. List of participants - interview with Beneficiaries

Sex	Name and surname	Activity
SRH		
Trans	XXX	Sex workers and transgender
F	XXX	Sex worker
f	Daniela Gjurova	Main nurse in gynecological hospital
m	Safet Balazi	Man- used the parental leave
f	Elena Kochoska	Worked with disability
youth		
f	Alenka	Activity with Red Cross
f	Krik Mila	Krik
gender		
m	Ivica Cekovski	Participant in workshop "and man can do"- ironing
m	Petar Ratkov	Participant in workshop "and man can do"- ironing
m	Kristijan Miloshevikj	Participant in workshop "and man can do"- cooking
m	Dimitar Osmanli	Participant in workshop "and man can do"- crafting with kids
PD		
f	Olivera Docevska-Kumanovo	Coordinator of event related to SDG and Census 2018
m	Rubin Arizankovski - Prilep	co-ordinated the event for SDG and the relationship with the census in 2018, has also participated in other events
m	Dimitar Ilchov	Member of one of the organizations of MAPP (Thoughts), an active participant in all organized activities.
m	Zoran Bikovski - Delchevo	Member of one of the MAPP organizations (KHAM), involved in active aging activities and the elderly day care center in Istibanja, Vinica.
f	Marija Ljakoska	Participant in several events organized in the UNFPA-MAPP co-operation. Assistant to the department of demography of PMF

Table 4. List of participants – FGD

CONTACTS
Y-PEER FOCUS GROUP CSE

#	Full Name	Sex	Age	Mobile	Town	Notes
1	Natalija Krstevska	F	18	38976460383	Skopje	
2	Viktor Damjanovski	M	23	38976909137	Skopje	
3	Lina Danevska	F	21	38978433514	Skopje	
4	Taulant Arifi	M	25	38971834449	Skopje	
5	Teodora Milevska	F	18	38972257853	Skopje	
6	Kristijan Angeleski	M	24	38971273750	Skopje	
7	Simona Stojcevska	F	19	38976231407	Skopje	

Annex 4. Type of trainings

Title of activity	Type[136]	Participants			Category/ professional profile of participants	Date and place	trainer	Tot nr.	Program area			
		m	f	Tot					SRG	Y&A	GE	PD
2016												
HERA												
Training on Minimal Initial Services Package (MISP) for SRH Services in Crises	**T**	N/A	N/A	**28**	1. Gynecologists, Obstetricians, Special Educators, Pediatricians, representatives from MoH and MIA 2. UNFPA,UNICEF, Crisis management center, Protection and Rescue Directorate, Institute of Public Health, MIA, MoH, University Clinic od Gynecology and Obstetrics, Red Cross, Project Hope, Hera.	2. 09-11.06.2016 Veles 2. 24-26.11.2016 Skopje	Sanja Sazdovska, Bojan Jovanovski, Nermina Fakovik, Dr Gligor Tofoski, Dr Daniela Ivanova Panova	**1**	1		1	
Training on Clinical Management of gender-based violence in crisis (3)	**T**	33	36	**69**	Gynecologists, Obstetricians, Psychologists, Social workers, Forensicist, Public prosecutors, Judiciaries	1. 14-16.04.2016, Mavrovo 2. 20-23.04.2016, Veles 3. 04-06.06.2016, Ohrid	Nemina Fakovik, Dr Daniela Ivanova Panova, Renata Jankova, Dr Gligor Tovoski, Vesna Matevska	**1**	1		1	
Multi-sectorial response to gender-based violence in Macedonia based on Global Package of Essential Services and Standard Operating Procedures	**W**	3	25	**28**	Social workers, Advisers, Deputy Gender Coordinator, La Strada, UNHCR, Institute of Public Health, Red Cross, Inspector for domestic violence, UN Women, UNDP, Psychotherapist, State Counselor (MoH), UNICEF, Public Prosecutors, HERA, Gender Coordinator (MoH), Adviser at the Department of Public Health, UNFPA	26-27.05.2016 Skopje	Nemina Fakovik, Dr Daniela Ivanova Panova, Renata Jankova, Dr Gligor Tovoski, Vesna Matevska	**1**	1		1	
HERA 2016		**41**	**81**	**150**				**3**	**3**	**0**	**3**	**0**
Total 2016		**41**	**81**	**150**				**3**	**3**	**0**	**3**	**0**

[136] Type of activity: T=training, W=workshop, A= Advocacy event

2017												
HERA												
Training on Clinical Management of Rape	**T**	3	26	**29**	Gynecologists, Obstetricians, Psychologists, Social workers, Forensicist, Public prosecutors, Judiciaries	11-13.09.2017, Skopje	Nemina Fakovik, Dr Daniela Ivanova Panova, Renata Jankova, Dr Gligor Tovoski, Vesna Matevska	**1**	1			
Training on strengthening the capacities of healthcare workers for response to GBV (WAVE)	**T**	7	53	**60**	Family Medicine practitioners and Nurses	1. 27-28.10.2017 Skopje 2. 15-16.12.2017 Dojran	Nermina Fakovik, Dr Katarina Stavric, Vesna Matevska, Fimka Tozija	**1**	1		1	
Training on Minimal Initial Services Package (MISP) for SRH Services in Crises	**T**	7	44	**51**	UNFPA, Crisis management center, Institute of Public Health, MIA, MoH, University Clinic od Gynecology and Obstetrics, Red Cross, Project Hope, Hera.	1. 19-21.03.2017 Ohrid 2. 27-28.09.2017 Skopje	Sanja Sazdovska, Bojan Jovanovski, Nermina Fakovik, Dr Gligor Tofoski, Dr Daniela Ivanova Panova	**1**	1		1	
HERA 2017		**17**	**123**	**140**				**3**	**3**	**0**	**2**	**0**
Star Star												
HIV and SRH integration (awareness raising and policy dialogue)	**A**	N/A	N/A	**19**	19 medical doctors and other health care professionals	December 2017	two community members and two social workers	**1**	1			
Star Star 2017				**19**				**1**	**1**			
Macedonian Anti -Poverty Platform												
PD policy formulation and implementation	**W**	N/A	N/A	**95**	1. Representatives from the authorized holders in the national statistical system, as well as from other institutions who collect any kind of data 2. 1 with institutions-holders of administrative data, NGOs, academia; 1 with users of data and NGOs; 1 with NGOs on increasing statistical literacy, and 1 final workshop on FSP preparation	1. 28.11.2017, Veles 2. 16-17.11.2017, Skopje 3. 11-12.12.2017, Skopje	Lecturers/presenters were from MISA (Ministry of Information, Society and Administration) and SSO (State Statistical Office) moderated by one national consultant chosen on public call	**1**				1

MAPP 2017				**95**				**1**				**1**
Total 2017		**17**	**123**	**254**				**5**	**4**	**0**	**2**	**1**
2018												
HERA												
Training on Minimal Initial Services Package (MISP) for SRH Services in Crises	**T**	5	24	**29**	UNFPA,UNICEF, Crisis management center, Protection and Rescue Directorate, Institute of Public Health, MLSP, MIA, MoH, University Clinic od Gynecology and Obstetrics, Red Cross, Project Hope, Hera.	29-31.10.2018, Mavrovo	Sanja Sazdovska, Bojan Jovanovski, Nermina Fakovik, Dr Gligor Tofoski, Dr Daniela Ivanova Panova	**1**	1		1	
Training on Clinical Management of gender-based violence in crisis	**T**	4	23	**27**	UNFPA,UNICEF, Crisis management center, Protection and Rescue Directorate, Institute of Public Health, MLSP, MIA, MoH, University Clinic od Gynecology and Obstetrics, Red Cross, Project Hope, Hera.	29-30.03.2018, Skopje	Nemina Fakovik, Dr Daniela Ivanova Panova, Renata Jankova, Dr Gligor Tovoski, Vesna Matevska	**1**	1		1	
Training on Clinical Management of Rape	**T**	8	49	**57**	Gynecologists, Obstetricians, Psychologists, Social workers, Forensics, Public prosecutors, Judiciaries	1. 2-3.11.2018, Strumica 2. 15-16.11.2018, Skopje	Nemina Fakovik, Dr Daniela Ivanova Panova, Renata Jankova, Dr Gligor Tovoski, Vesna Matevska	**1**	1			
Training on strengthening the capacities of healthcare workers for response to gender based violence (GBV), (WAVE)	**T**	5	53	**58**	Family Medicine practitioners and Nurses	1. 24-25.03.2018, Skopje 2. 09-10.03-2018, Veles	Nermina Fakovik, Dr Katarina Stavric, Vesna Matevska, Fimka Tozija	**1**	1		1	
Workshop on Standard Operational Procedure for Comprehensive Multisectoral Response in the	**W**	18	20	**38**	Representatives from MoH, University clinic of gynecology and obstetrics, HERA, forensics and doctors Gynecologist, Doctors, and representatives of HERA	1. 4.07.2018 Kumanovo 2. 5.07.2018 Skopje	Nermina Fakovik, Vesna MatevskaAngelina Bacanovik	**1**	1		1	

Sexual Assault Referral Centers													

Workshops on family planning with members of the community	**W**	4	12	**16**	Representatives from HERA, Red Cross, Peace Corps, PULS - Kumanovo	30.11.2018 Kumanovo	Dr Katarina Stavric, Vesna Matevska, Fimka Tozija	**1**	1			
Workshop on sensitization of the Municipality Council on gender-based violence and the Istanbul Convention	**W**	9	19	**28**	Representatives from Council of Shuto Orizari Municipality	1. 24.09.2018, Shuto Orizari 2. 29.11.2018 Veles	Svetlana Cvetkovska, Nermina Fakovik, Vesna Matevska	**1**	1		1	
Workshop on Human Rights Reporting Mechanisms in the Health Sector	**W**	3	10	**13**	Representatives from: UNFPA, Hera, Ministry of Health, Institute of Public Health	7.11.2018, Veles	Silva Pesik, Nermina Fakovik	**1**	1			
HERA 2018		**56**	**210**	**266**				**8**	**8**	**0**	**5**	**0**
STAR STAR												
Human rights protection system	**T**	N/A	N/A	**22**	1.Different service providers from partners' organizations working on sex work issues. 2.Community members from three different sub-groups including sex workers, man having sex with man, transgender people and people living with HIV	1. 08-10.05.2018 2. 21-21.05.2018	Two community members from STAR-STAR	**1**	1			
STAR STAR 2018				**22**				**1**	**1**	**0**	**0**	**0**
UNFPA												
Effective Perinatal Care (EPC) WHO EPC Training of Trainers Course	**T**	2	22	**75**	Ob/Gyns, Neonatologists, Midwives	1. 26.03 - 05.04.2018, Skopje 2. 24.09-05.10.2018, Skopje 3. 08.10 - 19.10.2018, Tetovo	1. Stelian Hodorogea, Eduard Tushe, Dalia Jėckaitė 2. ET, DJ, Goran Kocovski, Elizabeta Petkovska, Simonida Petrusheva, Afrodita Xhaferi 3. SH, ET, Ana Daneva Markova, Dance Bonevska, Fatmire Shabani, Gligor Tofoski, Meri Kalajdjieva Zip	**1**	1			

UNFPA 2018		**2**	**22**	**75**				**1**	**1**	**0**	**0**	**0**

Macedonian Anti -Poverty Platform												
Utilization of data- Five one-day workshops, focusing on the importance of population data - population census and/or population registry, through the prism of the SDGs, guided by the motto "no one left behind"	**W**	N/A	N/A	**N/A**	Civil society organizations	Skopje, Prilep, Strumica, Kumanovo and Mavrovo	Census expert, Mr. Werner Haug (Skopje), Snezana Shipovik from the SSO and Biljana Dukovska, president of MAPP (other towns)	**1**				1
		0	**0**	**0**				**1**				**1**
Total 2018		**58**	**232**	**363**				**11**	**10**	**0**	**5**	**1**
TOTAL 2016-2018		**111**	**436**	**767**				**19**	**17**	**0**	**10**	**2**

Number of participants	
SRH	672
A&Y	
GE	441
PD	95

Number of training according to the focus area in the period 2016-2018					
	SRH	**A&Y**	**GE**	**PD**	**Total**
2016	3 (100%)	0	3 (100%)	0	3
2017	4 (80%)	0	2 (40%)	1 (20%)	5
2018	17 (89%)	0	10 (53%)	2 (11%)	19
Total	24 (89%)	0	15 (56%)	3 (11%)	27

Annex 5. Logical Framework

National priority: Development of a health system that will improve, promote and sustain the health of all citizens, based on equality and solidarity and bearing in mind the citizens' real needs **UNDAF outcome 3:** By 2020, more members of socially excluded and vulnerable groups will be empowered to claim their rights and enjoy a better quality of life and equitable access to basic services **Indicator**: Share of population at risk of poverty or social exclusion. *Baseline: (2012): 50.3%; Target (2020): TBD* **Partners:** Ministry of Health; Institute for Public Health; Institute for Mother and Child Health; Agency for Accreditation and Standardization of Health Institutions; civil society organizations; professional associations; Crisis Management Centre; Centre for Continuous Medical Education of Family Doctors; Parliament; United Nations partners **Indicative Resources:** $1.8 million ($1.1million from regular resources and $0.7 million from other resources)
UNFPA strategic plan outcome **Strategic Plan Outcome:** **2014-2017 SP - Outcome 1:** Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access **2018-2021 SP - Outcome 1.** 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 Program Document (CPD) 2016-2020 Outcome indicator(s): • Modern contraceptive prevalence rate *Baseline: 13%; Target:16%* • Increase in the national budget for sexual and reproductive health by at least 5% *Baseline: No; Target: Yes*
CPD Output 1 (SP 2014-2017 - Output 1,3, 9): Increased national capacity to formulate and implement rights-based policies to deliver high-quality integrated sexual and reproductive health services, including in humanitarian settings **(SRH)** **Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access** **Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Output indicators, baselines and targets	Year of implementation (baseline/target/achievements)						
	2012	2013	2014	2015	2016	2017	2018
• Number of guidelines, protocols and standards for health care and outreach workers developed or revised, in line with international standards, for delivery of high-quality sexual and reproductive health services, addressing violence against women *Baseline: 0; Target: 5*			**No/yes/no**[137]	**No/yes/yes**[138]	**0/2/2**	0/3/3	**2/5/19**

2014 Tough protocols have not been developed yet, there has been a **significant progress in family planning services** in the country. **Curricula for family doctors that meet the human rights standards**, have been developed with a collaborative effort of national and international consultants, and **20 Family Planning Trainers have already been trained**. These curricula will be included in the system for continuous medical education of family doctors. The development of curricula has been part of the Governmental Action Plan for reducing maternal, perinatal and infant mortality

2015 adaptation of the clinical guideline for Postpartum Hemorrhage, as the leading cause of maternal death, has been finalized.

2016 Two clinical guidelines in the field of sexual and reproductive health have been drafted (adapted):
1. Risk management in the antenatal period;
2. Cervical cancer Prevention and early detection.

2017 drafting clinical guidelines:
1) Clinical Guideline for Management of Victims of Sexual Violence;
2) Clinical Guideline for Prevention of Cervical Cancer;
3) Clinical Guideline for Management of High Risk Conditions in Pregnancy;
4) Standards for Gynecological /Obstetrics inpatient and achieved a care

2018 Developed guidelines/ protocols/ standards:

[137] **Outcome 1 indicator 6** Country has adapted and implemented protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence (Y2014)
[138] **Indicator 1: (SP Output 1 Indicator 1):** Guidelines, protocols and standards for health care workers for the delivery of quality sexual and reproductive health services for adolescents and youth exist (Y2015)

1) Clinical Guideline on Post Partum Hemorrhage 2) Clinical Guideline for Detection of Risky Conditions during Pregnancy 3) Ob/Gyn Standards for hospital care (secondary and tertiary level) 4) 16 maternal and newborn perinatal care protocols							
• National maternal death surveillance and response system established and operational at local and national levels *Baseline: No; Target: Yes*				**No/no/no**[139]	**No/no/yes**	**No/no/no**	**No/no/no**
2015 In continuation of RO initiatives, the national introduction of BTN has continued. The WG has been established and Action Plan drafted. **2016** The Concept of BTN was presented to the Safe Motherhood Committee. The National Workshop on BTN was postponed, as a different regional approach was chosen. **2017** With the "localization" of BTN in the Balkan cluster significant progress has been made. Training materials for ToT have been developed with contribution of all four cluster countries and in collaboration with EECARO and EEIRH. The first trainers from the four countries have been trained during the Training of Trainers Workshop, conducted on June 27-July 1 in Skopje. The Minister of Health expressed open support to this initiative (EECARO news). As a follow up, the CO translated all training materials that will be used for national roll-out next year. **2018 NA**							
• Number of national policies that address reproductive health needs of women, adolescents, youth and elderly, including services for survivors of sexual violence in crisis situations and people living with HIV *Baseline: 1; Target: 5*					**1/3/4**	**0/4/8**	**8/9/13**
2016 1) National SRH Assessment the National SRH Strategy 2010-2020. 2) SOP for multispectral response to GBV in humanitarian settings. 3) Protocol for SRH Mobile Clinics. 4) National Preparedness and Response Plan of the Health System in Emergencies.							

[139] **Indicator 5: (SP Output 3 Indicator 4):** National system for Maternal Death Surveillance and Response has been established in the country. (Y 2015)

<table>
<tr><td colspan="8">2017 Exceeded> The CO has contributed and supported the following national policies and policy documents:
1) SRH Action Plan to 2020;
2) National HIV Strategy 2018-2021;
3) Annual MISP Action Plan;
4) National Plan for Preparedness and Response of the Health System in Emergencies;
5) Clinical Guideline for Management of Victims of Sexual Violence;
6) Clinical Guideline for Prevention of Cervical Cancer;
7) Clinical Guideline for Management of High Risk Conditions in Pregnancy;
8) Standards for Gynecological/ Obstetrics inpatient and achieved a care

2018 1) National SRH Action Plan 2018-2020
2) MISP Action Plan 2018- 2019
3) SOP for multisectroial response to GBV
4) Clinical Guideline on Post Partum Hemorrhage
5) Clinical Guideline for Detection of Risky Conditions during Pregnancy</td></tr>
<tr><td>• A functioning tracking and reporting system exists to follow up on the implementation of the international human-rights mechanisms recommendations regarding reproductive rights
Baseline: No; Target: Yes: 1 system</td><td></td><td>0/0/0[140]</td><td></td><td>No/yes/yes[141]</td><td>No/no/no</td><td>No/no/no</td><td>No/no/yes</td></tr>
<tr><td colspan="8">2013 LMIS assessment completed. The activities for putting in place a functional logistics management information system for forecasting and monitoring reproductive health commodities in place continued in 2015.

2014

2015 AP for furthering Family Planning in the country was drafted in December 2015, part of which is establishment of functional logistics management information system</td></tr>
</table>

[140] **Indicator 1.2 (SP OP 1 Ind. 2.1.):** A functional logistics management information system for forecasting and monitoring reproductive health commodities in place

[141] **Indicator 3: (SP Output 2 Indicator 1):** Functional logistics management information systems for forecasting and monitoring reproductive health commodities are in use. (Y2015)

for forecasting and monitoring reproductive health commodities **2016** The planned activities for initiation the establishment of such a system were postponed due to the protracted political crisis in the country and the lack of attention of the key national counterparts **2017** Progress has been made towards the adoption of the Istanbul Convention, which was expected to be adopted in early 2018 **2018** Supported by OHCHR and organized by UNFPA IP NGO HERA, a **workshop** on SRH recommendations from international human rights mechanisms took place with representatives of different sectors. Main goal: the work to be more visible in the country reports to the international HR mechanisms. Prepared the document Outline of Conventions and other International Agreements in the domain of the MH- will be used for improving the reporting mechanisms in the health sector.							
• **Output 1 Output 3; Indicator 3.4** Number of health service providers and managers trained on the minimum initial service package with support from UNFPA		**No/yes/yes**[142]					**161/25/29**
2013 UNFPA RO & CO held a regional MISP 'training of trainers' training in May, 2013 in which Macedonia Country Team participated. **2018** MISP Training was organized on 29-31 October with local trainers. UNFPA ensured that participants form the simulation exercise scheduled for November 12th, attend this training so that they are better prepared for the SRH part of the exercise.							
• **Indicator 1.1 (SP OP 1 Ind. 2.2.):** Number of personnel at all levels, trained to implement the new family planning concept. (Baseline (2013): 0; Target (2015): 320 patronage nurses, 150 gynaecologists, 1300 family doctors/general practitioners)			**0/320 /yes** .	**0 (2013)/320 /yes**			
2014- 20 national trainers were trained on the first ever FP Training of Trainers in the country. The training package is sent for accreditation by the National Chamber of Doctors. It is intended to be included as an regular curricula for Family doctors. The first training of family doctors was undertaken in December 2014.							

[142] **Indicator 7.1:** Number of personnel trained on MISP through UNFPA support (Y 2013)

<table>
<tr><td colspan="8">- The capacity of the Roma Health Mediators was built on family planning

- CO organized comprehensive trainings for development; implementation and audit of SRH related "evidence-based" clinical guidelines. This will help them develop and revise guidelines/protocols according to the WHO standards based on evidence. Additionally, proposals for applicable models for administrative regulatory framework for clinical guidelines development for our country context were discussed. The proposed actions will be further elaborated with the MoH

2015 Focus is on family doctors, and can not afford to train all</td></tr>
<tr><td>• Output 1 indicator 2. Costed integrated national sexual and reproductive health action plan exists</td><td></td><td></td><td></td><td></td><td></td><td>No/yes/no</td><td></td></tr>
<tr><td colspan="8">2017 The UNFPA supported SRH Action Plan 2017-2020 has been developed during the year in a participatory manner, with inputs from over 150 individuals from partner institutions/or organization. Due to the delayed establishment of the changes in the country in June, and the departure of the Minister of Health in October, the costing of the plan was delayed.</td></tr>
<tr><td>• Indicator 6 Country has and implements humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women , adolescents and youth, including services for survivors of sexual violence</td><td></td><td></td><td>0/ (2015): 1 revised National Plan[143]</td><td></td><td></td><td>No/yes/yes</td><td></td></tr>
<tr><td colspan="8">2014 Current National Plan for Preparedness and Response of the Health System in Crises does not include elements addressing SRH. The revision of the plan is initiated with the national stakeholders with the support of WHO and UNFPA.

2017 As a result of UNFPA support and the joint advocacy of UNFPA and WHO, the National Plan for Preparedness and Response of the Health System in Emergencies that contains a whole chapter on SRH was adopted by the Government in February 2017. The plan contained the following annexes, also developed with UNFPA support in participatory manner:</td></tr>
</table>

[143] **Indicator 1.4 (SP OP 5 Ind. 5.2.):** Elements for addressing sexual and reproductive health needs of women, adolescents and youth including services for survivors of sexual violence in crises is included in the National Plan for Preparedness and Response of the Health System in Crises (Y2014)

1) SOPs for GBV for the Balkan Refugee Crisis, 2) MISP Action Plan; 3) ToRs for National SRH Coordinator and SRH Working Group; 4) List of Evidence.							
• **Outcome 1 indicator 8** At least 5 per cent increase in the national budget for sexual and reproductive health compared to the most recent previous national budget			**Yes/yes/yes (5%)**				
2014 the increase is over compared to 2013. The highest increase is noted in the national program for HIV/AIDS prevention and treatment. There has also been weakness in several aspects in the implementation of national programs that sometimes causes low implementation rates.							
• **INDICATOR 5.1:** Number (and percentage) of countries where UNFPA has developed capacity for the upgrade of Emergency Obstetric and Newborn Care (EmONC) in sub-national health plans	**No activity is recognized**	Indicator Missing[144]	**0/2/0**	**0/5/0**			
2013 EmONC assessment performed. The assessment provided evidence based information that is to be further transposed in the Government Action Plan to reduce Maternal Perinatal and Infant Mortality 2013-2014 (developed). Government commitment to expand the assessment on a 100% coverage using the same methodology and approach as provided in the first EmONC assessment. (COAR 2013, p8) **2014** EmONC needs assessment completed Government Action Plan to reduce Maternal Perinatal and Infant Mortality 2013-2014 developed. Lack of financial resources for implementation of the proposed activities. - In order to help establish national system for Maternal Death Surveillance and Response a regional kick–off workshop on maternal mortality audit, using the WHO Beyond the Numbers Methodology was carried out in September							
Indicator 1 Emergency Response							

[144] **Indicator 1.3 (SP OP 3 Ind. 3.2.):** Number of results of an EmONC needs assessment to develop a costed national action plan to scale-up maternal and new-born health services used (Baseline (2013): 0 Target 2014: 2, 2015: 5

• **Indicator 1:** Number of monitoring/ coordination missions organized.					**0/96/100**		
2016 UNFPA has put strong emphasis on monitoring the implementation of SRH activities in response to the emergencies, in order to ensure available, accessible, acceptable and quality SRH services to women and girls refugees/migrants. UNFPA staff developed and maintained close relationships with government partners in order to promote the sustainability of humanitarian responses. Support was provided to the Ministry of Health and hospitals in Gevgelija and Kumanovo in developing a monitoring tool for tracking and monitoring the adequate storage, distribution and utilization of UNFPA donated RH kits and supplies.							
• **Indicator 2:** GBV SOPs in place by end of March 2016.					**No/yes/yes**		
2016 The first ever SOP for multi-sectorial approach to GBV in emergencies that clearly defines the health sector role was developed. Draft SOP on GBV in humanitarian settings finalized .							
• **Indicator 3:** Percentage of fixed and mobile health facilities delivering services to the refugees and migrants whose staff received UNFPA-led SRH and GBV-related trainings, by March.					**0/30/100%**		
2016 Staff of all fixed and mobile health facilities (3 Mobile SRH Clinics & 2 hospitals in Gevgelija and Kumanovo & 1 University Clinic for Gynecology and Obstetrics) received UNFPA supported training in SRH and GBV. The trainings included various levels of health professionals, such as nurses, midwives, gynecologists, neonatologists, etc. Health managers were also part of the trainings. The trainings included the following: Clinical Management of Rape (CMR), MISP, on-the-job training for various SRH topics - FP, STIs, crash trainings on RH kits, etc. 48 health professionals were trained on CMR, while 35 service provider on MISP.							
• **Indicator 5:** Number of shifts at transit centers covered by NGO HERA (as complementary to MoH gynecological clinics).					**0/30/100%**		
2016 94 shifts od Mobile clinics, providing SRH services to refugee/migrant women in two Transit Centers, Vinojug and Tabanovce, as well as in the asylum seeker center, Vizebgovo, were supported by UNFPA, through NGO HERA. Each shift had a team of a gynecologist, midwife and a driver. The services provided at these clinics are defined in a Protocol, developed also with the support of UNFPA.							

Source: Country Office Annual Reports 2012, 2013, 2014, 2015, 2016, 2017, 2018

National priority: Undertaking reforms to increase efficiency, effectiveness and accountability; boosting the transparency and openness of the s ystem; improving the quality of services; and raising the level of satisfaction of citizens and private legal entities that utilize public services

UNDAF outcome: By 2020, national and local institutions will be better able to design and deliver high -quality services for all residents, in a transparent, cost-effective, non-discriminatory and gender-sensitive manner

Indicator: Share of young people (under age 29) who see their future in the country. *Baseline (2016): TBD in 2016; Target(2020): TBD in 2016*

Partners: Ministries of Health; and Education; civil society; United Nations partners

Indicative Resources: $0.3 million ($0.1 million from regular resources and $0.2 million from other resources)

UNFPA strategic plan outcome 2: Adolescents and youth

Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Outcome indicator(s):

- Number of laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services *Baseline: 0; Target: 2*

CPD Output 1: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health **(Youth)**

Output indicators, baselines and targets	Year of implementation (baseline/target/achievements)						
	2012	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
• Number of interventions targeting vulnerable youth that are included in the national youth strategy and related action plans *Baseline: 0; Target: 10*		NO TARGET			**0/2/0**	0/2/??	

2013 CO Undertook market segmentation research on RHC. The research identified 40% of the marginalized people in the society and also exposed youth as a priority groups for RHCS.

2016 During 2016, the country was facing political crisis, which hampered Government intentions to work on development strategies and plans. However, UNFPA CO continued to advocate for youth issues.

• Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth within development and health policies and programs *Baseline: 1; Target: 2*	NO TARGET [145]	NO TARGET	NO TARGET .	**0/1/1**	**0/1/1**	NO TARGET	

2012 Prepared situation analysis of the Early Marriages in the Country

2013 Prepared situation analysis (market segmentation research on RHC)

2014- The Health Behavior in School-aged Children (HBSC) survey conducted in December, 2014 that would provide It is evaluated that further activities in this output area are to be scheduled for 2015 as their proper programming relay on the data and findings from the Health Behavior in School-aged Children (HBSC) survey conducted in December, 2014. - UNFPA CO in partnership with NGO HERA as an implementing partner, established a working group with the purpose of reviewing the existing peer education program. The working group consisted from members from NGO HERA, and other member organizations of Y-Peer Macedonia. The working group was involved in revision/update of the existing materials for peer educators and establishing objectives for the new program. The goals of the program are: - Young people to acquire basic information related to sexuality, health and sexual rights that will enable them to make positive personal decision linked to sexuality; - Young people to acquire information that will enable them understand the different social/gender norms and roles, from the aspect of how they are influencing the personal; - Young people to develop skills that will enable them to make informed decisions for their sexuality and health; and - Young people to develop positive attitudes towards sexuality as an integral part of the personhood, gender equality, diversity, sexual rights and the care for the health. The working group was working online as well as had meetings in person. Two professors from the Faculty of Philosophy in Skopje were engaged in development of the new program for sexual and reproductive health and rights. - The first testing of the program was done through the training of young volunteers conducted during October. The program is being under revision and based on that Y-Peer training for peer educators was organized at the end of November 2014

2015 As continuation of activities in 2014, supported by EECARO and under the umbrella of YPEER, advocacy plan was implemented by youth NGOs. The Goal of the Campaign was to reflect young people's priorities through open and inclusive process in the country in order to ensure better knowledge and strong position in the development agenda.
A call for creative design of a post card for the UNGA was opened, and the selected design was presented to the MoFA during the event "Coffee with the diplomat", organized by YPEER.

2016UNFPA supported YPEER organization as a platform of NGOs working on advocacy for youth and SRH. YPEER took active participation in the process of SRH

[145] INDICATOR 15.2: Number (and percentage) of countries supported by UNFPA to design and implement comprehensive programs to reach marginalized adolescent girls (Y2012, 2013)

assessment as part of the SRH Strategy implementation, SDG localization process and HIV Strategy development. All these processes provided opportunity for YPEER to successfully advocate for adolescents and vulnerable youth SRH. In addition, as part of the EECARO supported activity with IPPF regional office, NGO HERA completed the Young Key Population Report for the country, with a participatory workshop that gathered YKP and NGOs representative s. The report will be further utilized for advocacy **2017** Participatory platforms exist and have advocated for incorporating the priorities of marginalized adolescents and youth within national development plans, policies or programmes							
• **Output indicator 6 6.3** Country has a national mechanism or strategy to deliver out-of-school comprehensive sexuality education in accordance with international standards							**Yes/yes/no**
2018 YPEER represents a national mechanism that execute out of school CSE according to the international standards							
• **Output 6 Indicator 6.2** Country operationalized school-based comprehensive sexuality education curricula in accordance with international standards (operationalization means: revised curricula, safe and healthy learning environment, referrals for SRH services and participatory teaching methods)	**nO TARGET**[146]	**nO TARGET**					**Yes/yes/no**
2012 Peer education activities were carry out by the Y-PEER network **2013 Peer education activities were carry out by the Y-PEER network** **2018** The implementation of CSE in formal education was slow, due to the changes in the leadership at the MoE as well as lack of interest of national partners. UNFPA CO will continue to support dialogue between stakeholders with a goal successful next steps in implementation of CSE in the country							
• **Indicator 9: CPAP Indicator 2.1 (SP Output 7 indicator 7.1):** National comprehensive				**0/1/0**			

[146] INDICATOR 16.1: Number (and percentage) of countries supported by UNFPA to design and implement comprehensive ageappropriate sexuality education program

<table>
<tr><td>sexuality education curricula are aligned with international standard.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="8">2015The achivement refers to the national curricula for non-formal education. The nonformal CSE covers seven components: sexual and reproductive health, gender, civil aspects, violence, relationships, pleasure and diversity

2018 Indicator: One-day natiional conference on CSE organized. no
Indicator: 2-day study visit to Albania / Ministry of Education organized. no
Indicator: HBSC 2018 research preparation completed. no
Indicator: CSE UNESCO standards printed in local language. yes</td></tr>
</table>

National priority: Achieving sustainable economic development through good social protection of the most vulnerable population groups.
UNDAF outcome: By 2020, more members of socially excluded and vulnerable groups will be empowered to claim their rights and enjoy a better quality of life and equitable access to basic services.
Indicator: Share of population at risk of poverty or social exclusion. *Baseline (2012): 50.3%; Target (2020): TBD*
Partners: Ministries of Health; and Labour and Social Policy; State Statistical Office, United Nations partners; civil society organizations; academia

Indicative Resources: $0.2 million ($0.1 million from regular resources and $0.1 million from other resources)
Program coordination and assistance: $0.2 million from regular resources

UNFPA strategic plan outcome Policies and population dynamics ((SP 2018-2021) Outcome 4 Output 14)
Strengthened national policies and international development agendas through integration of evidence-based analysis of population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Outcome indicator(s):
- Number of new national and local development plans that consider population dynamics in setting development targets *Baseline: 1; Target: 4*

CPD Output 4 (SP 2014-2017 – Output 12): Strengthened national capacity to formulate and monitor implementation of rights- based policies that integrate evidence on population dynamics, gender, sexual and reproductive health, HIV and their links to sustainable development, including in humanitarian settings **(PD)**

Output indicators, baselines and targets	Year of implementation (baseline/target/achievements)					
	2012	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
• Functional national tracking system for monitoring and evaluation of implementation of population policies *Baseline: No; Target: Yes*						No/yes/no[147]	**No/no/no**

2017 The newly elected Government is still planning. UNFPA supports the dialogue on importance of population data availability and its usage in policy planning and 175chieved175ation n, however, the process is still ongoing
(x)At least one mapping with subnational inequalities completed during the year and maps could not be accessible for policy makers

[147] **Output 13 MTR Indicator** Country has the capacity to generate, map and use sub-national estimates of population, health and social data to advance policies and programmes to redress sub-national inequalities (Y2017)

2018 Macedonia and BiH worked on providing input for draft Program for Healthy Ageing Centers (CFHA), based on the model developed in BiH							
• Number of population databases accessible by users through web-based platforms that facilitate mapping of socioeconomic, gender and demographic inequalities *Baseline: 0; Target: 1*			**0/ 2 (migration and social services)/0 - Assessment of migration statistics completed**.			NO TARGET [148] .	
2014 - Two representatives from MoLSP participated on the Training Course on Population Projections and Forecasting; and other two representatives from the same Ministry on the Executive Training Course on Population and Development. - In cooperation with UNDESA, UNFPA CO implemented workshop on the topic of MIPAA for 23 national stakeholders. Participants represented wide variety of Governmental institutions and CSOs. The workshop included presentations of the content of MIPAA and the UN ECE Regional Implementation Strategy (UNECE/RIS) for MIPAA. Also a special presentation of the workshop focused on general approaches to drafting and monitoring national policy documents on ageing. **2017** UNFPA recognized partner of the MLSP for creation of the population registry as a web based platform for population data							

[148] Indicator: (Output 12 indicator 2): Number of databases with population-based data accessible by users through webbased platforms that facilitate mapping of socio-economic and demographic inequalities. Baseline (2014):0 Identification of web based platforms solution that enables the production of quality statistical national level data.

Annex 6. Description of the activities – Mode of engagement

Implementing Partner	SRH Activity Title	Activity Description	SP Output	Intervention Area	Fund Code	Disbursement
ME01: Advocacy/Policy Dialogue and Advice						
Year 2014						
UNFPA	Initiate RHCom.log.mng.system		Output 01: SRH Services	IA01-2 National SRH Action Plan	FPA90	5,771
IP HERA	IP Initiate RH Comm.Log.System				FPA90	3,719
UNFPA	MISP follow-up				FPA90	1,846
Year 2015						
UNFPA	Assessment of genital cancer	Assessment of genital cancer screening programs of MoH, technical assistant with international and national consultant	Output 01: SRH Services	IA01-1 Guidelines, protocols and standards	FPA90	11,846
IP HERA	Developing clinical protocols	Developing clinical protocols and guidelines on family planning and for the three major causes of maternal death and organizing workshop for adaptation of the guidelines.			FPA90	7,735
UNFPA	FP clinical protocols	Developing clinical protocols and guidelines for family planning and for the three major causes of maternal death			FPA90	8,090
IP HERA	TA for development of plans	Technical assistance for development of costed action plans			FPA90	1,889
IP HERA	Follow-up on MISP plan	Follow - up on MISP Action Plan and activities in response to the floods in the country in Feb 2015		IA01-2 National SRH Action Plan	UNFPA EF	14,551
IP HERA	Follow-up on MISP plan	-//-			FPA90	17,724
UNFPA	TA for development of plans	Technical Assistance for development of costed actin plans for Sexual and Reproductive Health costed action plans. Provision of international and national expertise.			FPA90	4,912
UNFPA	Monitoring costs	Programme monitoring costs for the CO		IA01-4 Other	FPA90	5,038
UNFPA	Participate int. events	Participate in knowledge sharing and international events			FPA90	4,534

UNFPA	Progr/Operat. Assistant costs	Program/Operations and related costs			FPA90	20,772
UNFPA	Programme support	Programme Support			FPA90	1,709
IP HERA	Social marketing assessment	Assessment for introduction of social marketing - technical assistance			FPA90	2,243
UNFPA	UN partnerships	UN partnerships - observance of UN days, (Candlelight Memorial, World AIDS day, International youth Day), and support to UNCT/UN HR Advisor			FPA90	8,370
UNFPA	Assessment for social marketing	Assessment for introduction of social marketing, technical assistant	Output 02: Family Planning	IA02-6 Other	FPA90	7,191
UNFPA	Development of EmONC plan	Development of national costed action plan for implementation of interventions at national and facility level per the recommendations of the EmONC needs assessment to scale-up maternal and newborn health services	Output 03: Maternal Health	IA03-2 EmONC usage	FPA90	3,160
UNFPA	Maternal M&M Audit	National Workshop on Maternal Mortality and Morbidity Audit/Beyond the Numbers, technical assistance, international and national conusltants	Output 03: Maternal Health	IA03-4 Surveillance and Response	FPA90	1,336
Year 2016						
UNFPA	SRH evidence based policies	Formulation and implementation of evidence-based policies, administrative frameworks and quality standards for sexual and reproductive health services that address reproductive rights and violence against women	Output 01: SRH Services	IA01-1 Guidelines, protocols and standards	FPA90	106,101
UNFPA	CO Website & promotional tools	UNFPA CO website and other promotional tools	Output 01: SRH Services	IA01-4 Other	FPA90	3,521
IP HERA	Delivering high-quality serv.	Increasing knowledge and skills of service providers to deliver high-quality sexual and reproductive health services, including for vulnerable groups			FPA90	4,453
UNFPA	High-quality SRH services	-//-			FPA90	10,233

UNFPA	Increasing SRH knowledge	Increasing knowledge and skills on safe sexual behaviour and utilization of sexual and reproductive health services			FPA90	21,705
UNFPA	Knowledge sharing&other events	Participation in knowledge sharing and other international events			FPA90	7,187
UNFPA	Program/Operations assistance	Implementation of programme coordination activities			FPA90	19,014
UNFPA	Programme monitoring	Program monitoring costs			FPA90	1,128
UNFPA	Programme support	Programme support			FPA90	1,679
UNFPA	RH commodity security	Strengthening reproductive health commodity security			FPA90	692
UNFPA	RH Minimum Initial Service Pac	Integrating the Minimum Initial Service Package for reproductive health in crisis situations in the health system response			NORWAY	78,323
UNFPA	RH Minimum Initial Service Pac	-//-			FPA90	4,238
UNFPA	UN partnerships and UN days	UN partnerships, observance of UN days and contribution to the UNCT			FPA90	10,339
UNFPA	Maternal health&Family Plann.	Strengthening the health information system to monitor transparent financing and quality standards of maternal health and family planning services, including in humanitarian settings	Output 03: Maternal Health	IA03-4 Surveillance and Response	FPA90	9,657
Year 2017						
UNFPA	SRH evidence based policies	Formulation and implementation of evidence-based policies, administrative frameworks and quality standards for sexual and reproductive health services that address reproductive rights and violence against women	Output 01: SRH Services	IA01-1 Guidelines, protocols and standards	FPA90	20,473
IP HERA	SRH evidence-based policies	-//-	Output 01: SRH Services	IA01-2 National SRH Action Plan	FPA90	33,129
UNFPA	CO Website & promotional tools	CO Website & promotional tools	Output 01: SRH Services	IA01-4 Other	FPA90	3,925

UNFPA	Coordination and monitoring	Coordination and monitoring of the activities			FPA90	16,958
UNFPA	Coordination and monitoring	Program Support for SRH and GBV activities			FPA90	81,424
UNFPA	High-quality SRH services	Increasing knowledge and skills of service providers to deliver high-quality sexual and reproductive health services, including for vulnerable groups			FPA90	971
IP HERA	HR protection systems	Strengthening the national human rights protection system to monitor reproductive rights.			FPA90	9,730
UNFPA	Increasing SRH knowledge	Increasing knowledge and skills on safe sexual behavior and utilization of sexual and reproductive health services			FPA90	7,769
UNFPA	Knowledge sharing&other events	Participation in knowledge sharing and other international events, including national IP GPS II Training			FPA90	4,916
UNFPA	MPA's 5 & 9	Support to CO for achieving MPAs 5 & 9			UNFPA EF	10,796
UNFPA	Programme monitoring	Programme monitoring			FPA90	2,455
UNFPA	Programme support	Programme support			FPA90	1,427
IP HERA	RH commodity security	Strengthening the health information system to monitor transparent financing and quality standards of maternal health and family planning services, including in humanitarian settings			FPA90	2,533
UNFPA	RH commodity security	Strengthening reproductive health commodity security			FPA90	2,611
UNFPA	UN partnerships and UN days	UN partnerships and UN days			FPA90	5,015
UNFPA	Maternal health&Family Plann.	Strengthening the health information system to monitor transparent financing and quality standards of maternal health and family planning services, including in humanitarian settings	Output 03: Maternal Health	IA03-4 Surveillance and Response	FPA90	15,194
IP STAR STAR	HIV and SRH integration	Awareness raising and policy dialogue with medical and social service providers on integration of FP, SRH, HIV and STIs and service provision to youth representative of sex workers	Output 04: HIV	IA04-3 Sex worker-led organization	UBRAF	4,590

		(including MSM and transgender people) - the activity will comprise of (1) assessment of needs for health and social services of young sex workers and (2) awareness raising event with medical professionals at different level of care, social workers and community representatives. The assessment will build on the already available report on YKP (UNFPA, IPPF 2015) and awareness raising event will build on current presence of NGO Star-Star among the community and service providers.				
IP STAR STAR	Support Costs IP STAR-STAR	Support Costs for IP Zdruzenie STAR-STAR Skopje, 6.5%	Output 04: HIV	IA04-3 Sex worker-led organization	UBRAF	302
IP HERA	MISP	MISP National implementation	Output 05: SRH in Emergencies	IA05-03 MISP	FPA90	22,723
UNFPA	RH MISP Pac	Follow-Up on MISP Action Plan			FPA90	753
Year 2018						
UNFPA	Ob/Gyn Standards development	Development, piloting and finalization of Ob/Gyn standards for hospital care	01 - SRH Policies	IA01-1 SRH policies/strategies/plans	Matching fund	8,138
UNFPA	Ob/Gyn Standards development	Development, piloting and finalization of Ob/Gyn standards for hospital care			FPA90	6,359
IP HERA	RH commodity security	Strengthening reproductive health commodity security, by supporting policy dialogue on RH Commodity Security - recommendations of the cost-benefit analysis conducted in 2017 and how to reach those most in need.			FPA90	1,653
UNFPA	SRH evidence based policies	Formulation and implementation of evidence-based policies, administrative frameworks and quality standards for sexual and reproductive health services that address reproductive rights and violence against women. Further strengthening of clinical governance processes and development of guidelines will be supported. Additionally, support for gathering of			FPA90	45,787

		comprehensive SRH data required for sound policy analysis will be provided.				
IP HERA	Strengthening FP and MH system	Strengthening the health information system to monitor transparent financing and quality standards of maternal health and family planning services, including humanitarian settings. More specifically, support will be provided for data collection on family planning and maternal health - alignment with WHO standards for maternal health, national agreement on data collection and reporting (SDGs, Transformational Results of UNFPA SP 2018-2021)	01 - SRH Policies	IA01-4 Other	FPA90	793
UNFPA	Inception activities	Conduct assessment of community-based services to provide an inventory od available services and the need for change of legislative practices for SRH and GBV for PWDs	02 - Integrated SRH services	IA02-1 SRH service integration	TRUST FUND	2,711
UNFPA	Maternal health&Family Plann.	Strengthening the health information system to monitor transparent financing and quality standards of maternal health and family planning services, including humanitarian settings. Support will be provided for national roll-out of BTN and developing sound referral system for emergency obstetrics and neonatal care.			FPA90	11,108
ME02: Knowledge Management						
Year 2014						
UNFPA	EMONC Regionalization		Output 01: SRH Services	IA01-2 National SRH Action Plan	FPA90	10,834
UNFPA	KNOWLEDGE MANAG./ SHARING			IA01-4 Other	FPA90	6,858
Year 2015						
UNFPA	Workshops for Counterparts	Workshop, training, other events of Counterparts	Output 01: SRH Services	IA01-4 Other	FPA90	7,504

UNFPA	Workshops for UNFPA staff	Workshop, training, other events UNFPA staff			FPA90	2,996
UNFPA	Family Planning	Translation of materials for the Virtual Contraception Project, into Macedonian and Albanian language	Output 02: Family Planning	IA02-1 Enabling Environments	FPA90	4,479
IP HERA	Initiate RH Commodity LS	Initiate reproductive health commodity logistics system; support to the working group for development of RHCS/FP (TMA - LMIS and provision of contraception for vulnerable groups)	Output 02: Family Planning	IA02-5 Information systems	FPA90	5,030
Year 2018						
UNFPA	Increasing SRH knowledge	Increasing knowledge and skills of UNFPA staff and national counterparts	05 - Accountability for SRH	IA05-4 Other	FPA90	16,975
ME03: Capacity Development						
Year 2014						
UNFPA	ClinicalProtocols & Guidelines		Output 01: SRH Services	IA01-1 Guidelines, protocols and standards	FPA90	10,345
UNFPA	FamilyPlanning				FPA90	32,078
IP HERA	IP Cap.Bld.& protocol develop.				FPA90	4,092
IP HERA	IP Family Planning				FPA90	20,100
IP HERA	IP Cont.Educ.Roma Health Medtr			IA01-4 Other	FPA90	6,060
UNFPA	Maternal Mortality Audit				FPA90	2,609
Year 2015						
IP HERA	Continuous education of RHM	Continuous education of Roma Health Mediators; training and advocacy	Output 02: Family Planning	IA02-4 Services availability	FPA90	5,381
IP HERA	Family Planning	Training of Health Care Providers (Family Doctors) on Comprehensive Family Planning protocols with Human Rights Based standards			FPA90	10,099
UNFPA	Medical Equipment for hospital	Procurement of SRH equipment for hospitals along the refugee/migrants route (10,000 FPA 90 and 19,000 funds from EECARO / CoA provided)	Output 05: SRH in Emergencies	IA05-03 MISP	FPA90	10,252
Year 2018						

IP STAR STAR	Human rights protection system	Strengthening the national human rights protection system to monitor reproductive rights, through implementation of community engagement tools for service provision - MSMIT and SWIT. More specifically, the translated MSMIT tool will be printed and training of service providers on this tool will be provided. Also, raising awareness of the community, service providers and social workers on the needs of YKP will be supported.	02 - Integrated SRH services	IA02-1 SRH service integration	FPA90	7,055
UNFPA	SRH for persons with disabilit	Strengthening capacities of health service providers on SRH services for PWDs			TRUST FUND	1,833
UNFPA	GBV for persons with disabilit	Strengthening skills and knowledge of service providers for GBV services			TRUST FUND	6,842
UNFPA	Effective Perinatal Care	Training on Effective Perinatal Care and supporting activities			FPA90	44,274
UNFPA	Effective Perinatal Care	Training on Effective Perinatal Care and supporting activities			Matching fund	36,328
UNFPA	High-quality SRH services	Increasing knowledge and skills of service providers to deliver high-quality sexual and reproductive health services, including for vulnerable groups. Attention will be placed on increasing capacities for effective perinatal care and family planning (VIC).			FPA90	34,858
IP HERA	Delivering high-quality serv.	Training of health professionals on: gender based violence - sexual violence, WAVE-prevention and management of gender based violence and the new clinical guideline for sexual violence.	03 - Health workforce capacity	IA03-3 SRH skills of health workforce	FPA90	10,274
ME04: Service Delivery						
Year 2015						
UNFPA	Follow-up on MISP plan	Follow-Up on MISP Action Plan, Workshop to draft the SRH MISP Section to be included in the National Preparedness and Response Plan.	Output 05: SRH in Emergencies	IA05-03 MISP	UNFPA EF	26,316

		In addition, on 11 March 2015 the country office was granted Emergency Funds to provide dignity kits to the population affected by the recent floods. Additional capacity building activities will also be implemented in cooperation with the IP HERA.				
UNFPA	Follow-up on MISP plan	-//-			FPA90	5,200
UNFPA	Mobile Gynecological Clinics	Procurement of mobile gynecological clinics for refugee/migrants reception centers			FPA90	971
UNFPA	Mobile Gynecological Clinics	-//-			UBRAF	31,823
ME05: Other						
Year 2014						
UNFPA	NOB SRH Costs		Output 01: SRH Services	IA01-4 Other	FPA90	70,878
UNFPA	Prog.Operations Assistant,sal				FPA90	6,713
UNFPA	PROGRAMME MONITORING				FPA90	3,843
UNFPA	PROGRAMME SUPPORT				FPA90	4,743
IP HERA	Project Coordination				FPA90	4,005
IP HERA	Support costs for IP HERA IP Support costs				FPA90	1,701
UNFPA	Support costs for IP HERA				FPA90	825
UNFPA	Workshop-training counterparts				FPA90	3,810
UNFPA	w-shops,trainings UNFPA staff				FPA90	4,301
Year 2015						
IP HERA	HERA Support Costs	7% Support costs for HERA	Output 01: SRH Services	IA01-4 Other	FPA90	5,833
IP HERA	IP Project coordinator	IP Project Coordinator costs			FPA90	5,972
UNFPA	National Programme Officer	Program management and related costs			FPA90	68,430
UNFPA	MISP-implementation costs	Engagement of 1 Project Assistant and 1 Logistics/Admin Assistant and office running costs for Q2, and procurement of 2 laptops	Output 05: SRH in Emergencies	IA05-03 MISP	FPA90	11,779

IP HERA	MISPresponse to refugee crisis	Increasing the capacities to deliver SRH services to refugees/migrants via mobile gynecological clinic and trainings on MISP components			FPA90	8,550
IP RED CROSS	Overhead costs	Implementing partner overhead costs			FPA90	3,468
IP RED CROSS	Procurement of dignity kits	Procurement of hygienic and dignity kits items			FPA90	45,794
IP RED CROSS	Procurement of SRH medicines	Procurement of SRH medicines for medical mobile teams at the transit centers in Gevgelija and Kumanovo, gynecological departments at Gevgelija and Kumanovo hospitals, and mobile gynecological clinics			FPA90	3,738
UNFPA	SRH IEC Materials	Printing and distribution of IEC materials on SRH for refugees/migrants			FPA90	1,027
UNFPA	SRH Kits	SRH Kits to be provided to health care service providers in response to the refugee/migrants crisis (UBRAF Source of funding)			UBRAF	7,602
UNFPA	SRH Kits	-//-			FPA90	11,395
Year 2016						
IP HERA	SRH evidence-based policies	Formulation and implementation of evidence-based policies, administrative frameworks and quality standards for sexual and reproductive health services that address reproductive rights and violence against women	Output 01: SRH Services	IA01-1 Guidelines, protocols and standards	FPA90	38,431
IP HERA	Minimum initial service pac.	Integrating the Minimum Initial Service Package for reproductive health in crisis situations in the health system response	Output 01: SRH Services	IA01-4 Other	FPA90	20,323
IP HERA	Minimum initial service pac.	-//-			NORWAY	33,709
IP HERA	Support cost	IP overhead costs			NORWAY	2,355
IP HERA	Support cost	IP overhead costs			FPA90	4,368

Year 2017						
IP HERA	Support cost	IP overhead costs	Output 01: SRH Services	IA01-4 Other	FPA90	4,982
Year 2018						
IP HERA	SRH evidence-based policies	Formulation and implementation of evidence-based policies, administrative frameworks and quality standards for sexual and reproductive health services that address reproductive rights and violence against women. Further development of clinical guidelines will be supported. Additionally, support for costing of the SRH Action Plan to 2020 will be provided.	01 - SRH Policies	IA01-1 SRH policies/strategies/plans	FPA90	28,010
UNFPA	Coordination and monitoring	Program support for SRH and GBV	01 - SRH Policies	IA01-4 Other	FPA90	93,672
IP HERA	HR protection systems	Strengthening the national human rights protection system to monitor reproductive rights. Increasing knowledge of national authorities for implementation of the Human Rights mechanisms regarding SRH adopted by the country. For this support will be provided for advocacy dialogue for health system reporting and contribution to the national reports on International Human Rights mechanisms adopted by the country, with accent on SRH.			FPA90	1,337
IP HERA	Support cost	Support Costs for the IP per the Agreement with the IP			FPA90	4,140
UNFPA	CO Website & promotional tools	CO Website & promotional tools	02 - Integrated SRH services	IA02-4 Other	FPA90	240
UNFPA	Coordination and monitoring	Coordination and monitoring			FPA90	14,855
UNFPA	Knowledge sharing	Knowledge sharing & other events			FPA90	4,274
UNFPA	Programme monitoring	Programme monitoring			FPA90	2,924
UNFPA	Programme support	Programme support			FPA90	824

IP STAR STAR	Support Costs for IP Star Star	Support Costs for IP Star Star 6,5%, per the IP agreement			FPA90	430
UNFPA	UN partnerships and UN days	UN partnerships and UN days			FPA90	5,021
IP HERA	Minimum initial service pac.	Integrating the Minimum Initial Service Package for reproductive health in crisis situations in the health system response. support will be provided for development of the 2018 MISP Action Plan, training of service providers on MISP and GBV response in emergencies and initiating inclusion of MISP into municipal plans.	05 - Accountability for SRH	IA05-2 Multi-stakeholder participation for SRH	FPA90	18,065

Implementing Partner	YOUTH Activity Title	Activity Description	SP Output	Intervention Area	Fund Code	Disbursement
Year 2014						
ME01: Advocacy/Policy Dialogue and Advice						
UNFPA	UN partnership to promote ICPD		Output 06: Adolesc. and youth	IA06-1 Multi-sectoral agenda	FPA90	8,473
UNFPA	Health School Based Survey		Output 06: Adolesc. and youth	IA06-2 Analysis, assessments, IEC/BCC	FPA90	15,882
UNFPA	IP Support Costs		Output 07: Sexuality education	IA07-1 Policies for CSE	FPA90	-
IP HERA	Printing of updated guidelines				FPA90	2,138
UNFPA	Communications Specialist cost		Output 08: Marginalized girls	IA08-3 Other	FPA90	14,221
Year 2015						
UNFPA	Communication specialist costs	Communications management and related costs	Output 06: Adolesc. and youth	IA06-1 Multi-sectoral agenda	FPA90	26,977

UNFPA	Briefing summary findings	1. Testing of 2014 HBSC questionnaire with 500 new student aged 17, for comparative analyzes with younger students, for particular indicators (SRH, ets), for which there is understanding that youth starts to engage later (copying, implementing, coding, populating data base, comparative analysis of the data) 2. Descriptive statistic data analysis and comparisons /national and cross-national/ on all tested HBSC items. Trend analysis of most important indicators linked with SRH of youth (2006/2010/2014) 3. Data publishing/ Four fact sheets on SRH	Output 06: Adolesc. and youth	IA06-2 Analysis, assessments, IEC/BCC	FPA90	11,127
IP HERA	Print the final guidelines	Print the final updated guidelines materials in Macedonian, Albanian and Roma language and Youth Panel Debate	Output 07: Sexuality education	IA07-1 Policies for CSE	FPA90	2,202
IP HERA	Finalizing of the guidelines	Finalizing of the revised guidelines for youth peer education with focus on youth (HERA, Y-Peer focal point in charge, other CSO's of interest)	Output 07: Sexuality education	IA07-2 Quality of CSE	FPA90	2,020
Year 2016						
UNFPA	Participatory advocacy plat.	Establishment of participatory advocacy platforms for increased investment in marginalized adolescents and youth	Output 06: Adolesc. and youth	IA06-1 Multi-sectoral agenda	FPA90	1,811
IP HERA	Policies and strategies on yth	Follow up of Young Key Population report-Consultative meeting with HIV/SRH NGOs/CBOs, including youth members who participated in the SGDs	Output 06: Adolesc. and youth	IA06-2 Analysis, assessments, IEC/BCC	FPA90	1,863
UNFPA	Policies and strategies on yth	Support the availability and utilization of data for development of evidence-based, gender-sensitive policies and strategies on youth, with a focus on marginalized groups, including the Roma, migrants and key populations at risk of contracting HIV			FPA90	9,656

UNFPA	Youth peer-education program.	Strengthening youth peer-education programming, including gender-transformative programming	Output 06: Adolesc. and youth	IA06-4 Other	FPA90	4,744
Year 2017						
IP ARNO	Participat. advocacy platforms	Establishment of participatory advocacy platforms for increased investment in marginalized adolescents and youth	Output 06: Adolesc. and youth	IA06-1 Multi-sectoral agenda	FPA90	1,007
IP ARNO	Policies and strategies on yth	2-day workshop on SDGs and peace building initiative with youth NGOs	Output 06: Adolesc. and youth	IA06-2 Analysis, assessments, IEC/BCC	FPA90	3,431
UNFPA	Coordination and monitoring	Program Support for youth activities	Output 06: Adolesc. and youth	IA06-4 Other	FPA90	3,475
IP ARNO	CSE Programmes	Revision of school curricula to incorporate comprehensive gender-sensitive and age-appropriate sexuality education			FPA90	6,394
UNFPA	Youth peer-education program.	Strengthening youth peer-education programming, including gender-transformative programming			FPA90	2,659
IP ARNO	Youth-peer education progr.	-//-			FPA90	1,013
IP ARNO	Gender transformative program.	Gender transformative Programming for Youth and MenEngage (EECARO funds)			FPA80	1,964
IP ARNO	Gender transformative program.	-//-			FPA90	60
Year 2018						
UNFPA	Coordination and Monitoring	Coordination and monitoring on youth activities	07 - Youth policies	IA07-1 Adolescent and youth SRH, development and well-being in sectorial policies/strategies	FPA90	4,019
UNFPA	Data utilization for youth pol	Support the availability and utilization of data for development of evidence-based, gender-sensitive policies and strategies on youth, with a focus on marginalized groups, including the Roma, migrants and key populations at risk of			FPA90	3,897

		contracting HIV. For that purpose support will be provided for conducting the HBSC study in 2018.				
ME03: Capacity Development						
			Year 2014			
IP HERA	Training of educators on RH PE		Output 07: Sexuality education	IA07-2 Quality of CSE	FPA90	8,531
ME05: Other						
			Year 2014			
UNFPA	Communication & Advocacy Spec.		Output 06: Adolesc. and youth	IA06-4 Other	FPA90	15,570
IP HERA	Follow-up educational activit.		Output 07: Sexuality education	IA07-2 Quality of CSE	FPA90	1,597
IP HERA	Working Group-PE Guidelines				FPA90	2,425
			Year 2017			
IP ARNO	IP Support Costs	IP support costs 7%	Output 06: Adolesc. and youth	IA06-4 Other	FPA90	984
IP ARNO	IP Support Costs	IP support costs 7%			FPA80	36

Implementing Partner	PD Activity Title	Activity Description	SP Output	Intervention Area	Fund Code	Disbursement
ME01: Advocacy/Policy Dialogue and Advice						
			Year 2014			
UNFPA	Technical Assistance MIPAA		Output 13: Analysis on PD	IA13-3 Institutional capacity	FPA90	11,991
UNFPA	National Development Act.Plans		Output 14: Rights-based policies	IA14-3 Other	FPA90	9,613
UNFPA	Support to ICPD beyond process				FPA90	5,408
UNFPA	TA Migration data collect.syst				FPA90	6,457

Year 2015						
UNFPA	platform for population data	TA to support the harmonizing existing IT web based platforms for collecting utilization and dissemination of quality statistical data on population issues.	Output 12: Data on Population and Development	IA12-2 Population databases	FPA90	530
UNFPA	Advocacy raising dialogue	Advocacy raising awareness dialog support to MLSP for implementation of the new Population and development Strategy 2015 - 2025	Output 12: Data on Population and Development	IA12-5 Other	FPA90	3,117
UNFPA	ICPD beyond support	ICPD beyond support - national. Support the activates in the frame of POST 2015 development agenda			FPA90	3,300
Year 2016						
UNFPA	PD policy development	Strengthening the national capacities for population data collection, analysis, dissemination and use for informed policy development	Output 12: Data on Population and Development	IA12-2 Population databases	FPA90	8,610
UNFPA	Utilization of data	Strengthening the utilization of data to identify social and economic inequalities that affect women, adolescents, youth, the elderly and marginalized populations	Output 12: Data on Population and Development	IA12-5 Other	FPA90	2,750
Year 2017						
IP MPPS	PD policy formulation and impl	Strengthening national capacities for population data collection, analysis, dissemination and use for informed policy development	Output 13: Population dynamics and data into policies and programmes	IA13-3 Integrating population data, trends and projections into development	FPA90	22,239
Year 2018						
IP MPPS	Utilization of data	Strengthening the national capacities for population data collection, analysis, dissemination and use for informed policy development, through facilitation of dialogue and consensus building on population data. Focus will be given on the importance of population data - population census and/or population registry, through the	14 - Demographic intelligence	IA14-1 Demographic analysis	FPA90	5,056

		prism of the SDGs, guided by the motto "no one left behind"				
IP MPPS	PD policy formulation and impl	Strengthening the National capacity to formulate comprehensive programmes, in line with the Madrid International Plan of Action on Ageing, and promote intergenerational solidarity. Support will be provided for establishment of Centers for Active Ageing, including national consultancy. In addition, community services for socially marginalized older persons in line with MIPA will be piloted.	14 - Demographic intelligence	IA14-2 Data use for policies/programmes/plans	FPA90	7,485
UNFPA	Utilization of data	Strengthening the national capacities for population data collection, analysis, dissemination and use for informed policy development	14 - Demographic intelligence	IA14-3 Other	FPA90	12,513
ME03: Capacity Development						
Year 2018						
UNFPA	PD policy formulation and impl	Strengthening the National capacity to formulate comprehensive programmes, in line with the Madrid International Plan of Action on Ageing, and promote intergenerational solidarity. Efforts will be supported for strengthening Centers for Active Ageing, using the model of Bosnia.	14 - Demographic intelligence	IA14-2 Data use for policies/programmes/plans	FPA90	4,579
ME05: Other						
Year 2014						
UNFPA	Website & information tools		Output 12: Data on Population and Development	IA12-5 Other	FPA90	1,029

Year 2017						
IP MPPS	Support Costs IP MPPS	Support Costs IP MPPS	Output 13: Population dynamics and data into policies and programmes	IA13-4 Other	FPA90	1,555
Year 2018						
UNFPA	Programme support	Engagement of Communication Assistant for the CO to implement communication strategies and plans	14 - Demographic intelligence	IA14-3 Other	FPA90	5,270
IP MPPS	Support Costs IP MPPS	Provision of support costs for IP of 7%, per the IP agreement			FPA90	862

Implementing Partner	GENDER Activity Title	Activity Description	SP Output	Intervention Area	Fund Code	Disbursement
ME01: Advocacy/Policy Dialogue and Advice						
Year 2017						
UNFPA	Human rights protection system	Strengthening the national human rights protection system to monitor reproductive rights.	Output 09: Protection systems	IA09-2 Tracking and Reporting systems	FPA90	8,631
ME03: Capacity Development						
Year 2018						
IP HERA	Behavior of population on SRH	Increasing skills and knowledge on safe sexual behavior and SRH services through community engagement meetings/workshops on various topics (GBV, FP, MH, with local organizations and municipalities	10 - Social Norms	IA10-3 Community-based interventions to address social norms	FPA90	2,319

Annex 7. Partnership plan and report (2016-2018)

Partnership plan/report. CP cycle: 2016-2020. Country: Republic of North Macedonia			
Contribution of Partner	**Expected Result**	**Baseline**	**2016/ 2017/ 2018**
UN System			
WHO, UN Agencies with complementing mandate			
SP Outcome 1; CP Outcome 1; SP Outcome 3; Country Program Output 3			
Broader, multispectral reach and complementing UNFPA activities, partnership and joint programming in line with the regional JAF	Number of joint programs, campaigns, events; number of policies developed.	Baseline: 1	In 2017: Closer joint collaboration on health among WHO, UNFPA and UNICEF initiated by WHO In 2018: 1. During the reporting period, the Government adopted Action Plan for SRH 2018-2020, fully inline with WHO EUR AP. The process was supported by UNFPA. 2. UNFPA provided major contribution in the prepartion of the WHO Scoping Mission for definition of levels of care for maternal and newborn services and referral system. 3. UNFPA and WHO are supporting implementation of the simulation excercise for emergencies that will include a SRH component, aimed at maternal and newborn health. 4. In consultation with RO and UNFPA cluster offices, the national workshop on OSRS will take place in Q4
UNICEF, UN Agencies with complementing mandate			
SP Outcome 1; SP Outcome 1			
Possible partnership and joint programming in line with the regional JAF	Better visibility, stronger advocacy and cohesion of UNCT in the country. Joint initiatives for health system strengthening on maternal and newborn care	Number of joint programs, campaigns, events; number of policies developed. Baseline: 1	2017: Closer joint collaboration on health among WHO, UNFPA and UNICEF initiated by WHO UNFPA explores greater support to the MICS 6 rollout, focusing on reproductive health module 2018: (1) MICS6 rollout is ongoing, (2) UNPRPD Joint project on track. Inception activities completed.
UNDP, AA for the joint project , UN Agencies with complementing activities			
SP Outcome1; CP Outcome 1			

Possible partnership and joint programming on areas of joint interest (gender based violence, population data in support of evidence based development policies at national and local levels)	Relevant documents, such as CCA/UNPSD 2016-2020, which regulates UN's work in the country, are in line with the National priorities Joint programs and initiatives	Number of joint programs, campaigns, events; number of policies developed. Baseline: 1	2016: UNFPA/UNDP jointly supported YPEER for "10 days of activism" campaign; UNDPA/UNFPA/UNWOMEN jointly organized "16 days VAW" campaign. UNFPA played an active role with UNWOMEN/UNDP/OHCHR in the drafting of joint proposals with regards to gender, SRH and humanitarian needs. UNFPA/UNDP is discussing establishment of Youth advisory panel UNCT supported the Government in SDG localization process 2018: (1) UNPRPD Joint project on track. Inception activities completed. (2) Three Sexual Assault Referral Centers opened (Kumanovo, Skopje, Tetovo)
UN Women, UN Agencies with complementing mandate			
SP Outcome 1; CP Outcome 1			
Possible partnership on joint programs aimed at enhancing gender equality	Joint initiatives on gender implemented.	Number of joint programs, campaigns, events; number of policies developed. Baseline: 1	2016: UNDPA/UNFPA/UNWOMEN jointly organized "16 days VAW" campaign; UNWOMEN/UNDP/UNFPA/OHCHR supported preparation of country CEDAW report. UNFPA played an active role with UNWOMEN/UNDP/OHCHR in the drafting of joint proposals with regards to gender, SRH and humanitarian needs. UNCT supported the Government in SDG localization process 2018: UNPRPD Joint project on track. Inception activities completed.
Human Rights Office/Advisor, UN Agencies with complementing mandate			
SP Outcome 1; CP Outcome 1; SP Outcome 3; Country Program Output 3			
Possible partnership on joint programs aimed at building the national capacity on Human Rights, as well as ensuring Human rights based approach in the UNFPA efforts	Joint initiatives on human rights implemented	Number of joint programs, campaigns, events; number of policies developed. Baseline: 1	2017: (1) Analysis paper on RR recommendation from international HR mechanisms was produced in Q1. (2)UNWOMEN/UNDP/UNFPA/OHCHR supported preparation of country CEDAW report. (3) UNFPA played an active role with UNWOMEN/UNDP/OHCHR in the drafting of joint proposals with regards to gender, SRH and humanitarian needs. (4) UNFPA is an active member of the Gender and Human Rights Theme Group. (5) Human Rights Advisor is a member of the National SRH Working Group tasked for SRH Assessment, and provided valuable comments ensuring that human rights principles are incorporated.

			2018: (1) UNPRPD Joint project on track. Inception activities completed. (2) The WSHOP is organized in Q4, preparations are ongoing.
Government			
Prime Minister's Office , Advisors to the Prime Minister covering Health, Labor and Social Policy, Line Ministry dealing with SRH and health in general			
SP Outcome 1; Country Program Outcome 1; SP Outcome 2; SP Outcome 2; SP Outcome 4; SP Outcome 4			
Unique role in defining the strategic directions	National policies on SRH, population development, and labor and social policy	Number of policies developed/reviewed, assessments conducted, joint activities organized. Baseline: 4	2016: In progress. WHO and UNFPA support MoH in drafting HIV Strategy, SRH assessment completed 2017: The Prime Minister and his cabinet have expressed support to UNFPA mandate, possibly through matching funding modality
Lead governmental entity. Unique role to advocate and implement measures related to enhancement of SRH in the country	National policies on SRH revised and adopted;	National SRH documents (strategy/action plans) revised in line with international standards. Baseline: 1	2017: Ongoing, strong support to UNFPA issues presented 2018: ongoing
	SRH evidence based clinical guidelines developed, adopted and implemented;	Number of SRH evidence-based clinical guidelines developed/adopted. Baseline: 0	2017: 1 2018: Under the joint co-financing project with the government, a number of protocols for maternal and newborn care during the perinatal period were initiated.
	Quality of care of maternal and newborn care and Confidential Maternal mortality audit (BTN Methodology) introduced;	Mechanism interventions/actions towards establishment of maternal mortality/morbidity surveillance and response system at local and national levels. Baseline: 1	2016: In progress. The National Workshop on BTN was postponed, as a different regional approach was chosen. Namely, the EECARO and Balkan UNFPA country offices are supporting a four phase process: (1) Curriculum (in 2016 - initial draft attached), (2) Training package (Q1 2017), (3) TOT (Q2 2017), and 4. National Rollout (Q3 and/or Q4 2017). Only the first phase - Curriculum development is completed in 2016

			2017: Per the agreement with the MOH, BTN training materials were translated into Macedonian as the first steps towards national roll-out 2018: In consultation with RO and UNFPA cluster offices, the national workshop on OSRS will take place in Q4
	National policies that include SRH services during emergencies adopted and implemented;	Number of national policies that include elements for addressing reproductive health needs of women, adolescents and youth including services for survivors of sexual violence in crises. Baseline: 1	2016: UNFPA supported the Ministry of Health in finalization of the National Preparedness and Response Plan of Health Systems in Emergencies, where a whole chapter on SRH was included and a number of annexes related to ARH and GBV attached (GBV SOPs, Protocol for Mobile Clinics, MISP Acton Plan for 2016.) 2017: MoH facilitated mission of UNFPA experts in SRH and GBV in preparedness 2018: During the reporting period, the Government adopted Action Plan for SRH 2018-2020, fully in line with WHO EUR AP. The process was supported by UNFPA
	Relevant programs at national level (Breast/cervical cancer prevention etc., health promotion,) designed and implemented.	Number of actions aimed at strengthening the cancer screening programs. Baseline: 1	2016: UNFPA CO has followed up on the regional effort for colposcopy, supported by EECARO and IFCPC. Orientation and kick off meeting of the Master trainer that has completed the ToT course of IFCPC in Lyon (June, 2016) with the selected national trainees to introduce the training – steps, expectations, benefits was held. Additional session with the Mater Trainer and the National Trainees was organized for the launching of the on-line course, initiated by EECARO/IFCPC. 2017: Achieved
	Health system provides information to Inter Sectorial commission to follow up RH international recommendations	Number of actions led by the MoH Baseline: 0	2016: Due to the political turmoil, early parliamentarian elections organized in December and changes in various positions in the Government, the workshop was postponed for 2017 2017: Achieved

			2018: Medical Protocol drafted, Government adopted Multi-Sectorial Protocols for SGBV
	Relevant policies on youth education are guided by data/evidence provided by health system	Number of policies/guidelines developed Baseline: 1	2016: HBSC report was promoted on several occasions (Youth strategy action plans development, HIV Strategy, SRH Assessment)
	Capacities of health system improved for maternal and child care	Number of regulatory initiatives aimed at improving the maternal and newborn health system: Baseline: 1	2018: UNFPA provided major contribution in the preparation of the WHO Scoping Mission for definition of levels of care for maternal and newborn services and referral system.
		Number of capacity building efforts for maternal and newborn health services for health professionals: Baseline: 0	2018: Under the joint co-financing project with the government, EPC Training at the terciary level hospital in Skopje. 8 multidisciplinary team trained.
	Health information system is linked with national population data system	Number of online, user friendly IT platforms, that integrate health system information Baseline: 1	2018: Under the joint co-financing project with the government, analysis on perinatal data collection is underway. It is aimed at consolidating data collection and reporting system.
Ministry of Labor and Social Policy - Line Ministry dealing with labour & social policy and population development			
All outputs/outcomes			
Lead governmental entity. Unique role to advocate and implement measures related to labor & social policy and population development	National policies/plans that consider population dynamics in setting development targets, in line with international standards developed and adopted;	Number of joint activities that consider population trends organized. Baseline: 2	2016: CO organized a planning workshop with over 20 participants from key institutions, including MLSP. The consultation provided opportunity for partners to present their progress related to web-based platforms and interlinkages. Macedonian Platform Against Poverty, an NGO platform comprising more than 100 NGOs participated and contributed with social exclusion aspect of population data collection. MLSP actively participated in the process for development of GBV SOPs, presentation of Multisectorial response to GBV toolkit, and consultations with UN Partners

			2018: Healthy Ageing centers- IC and NC provided, draft program submitted to Government. MLSP actively support MoH in GBV multi-sectorial response. SOPs for SARCs adopted by the Government
MPs - Thematic Parliamentarian Committees covering issues related to UNFPA mandate.			
SP Outcome 1; CP Outcome 1; SP Outcome 3; CP Outcome 3			
Unique role to advocate for SRHR and PD issues within the government	MPs are capacitated on issues pertaining to UNFPA mandate and advocate for these where needed.	Number of advocacy efforts in support of UNFPA mandate organized. Baseline: 2	2016: Due to the political turmoil, early parliamentarian elections organized in December activities are postponed for 2017 2017: MPS were involved in the conducting of the cost-benefit analysis for RHCS
		Initiatives with Parliament	2016: Due to the political turmoil, early parliamentarian elections organized in December activities are postponed for 2017 2018: During Q3, UNFPA supported SSO in policy dialogue with the Assembly President and Secretary General
	Active participation in the EPF	Number of initiatives raised with EPF. Baseline: 0	2018: A joint event with EPF on contraception was held in Skopje to mark the World Contraception Day, when UNFPA Macedonia's cost benefit analysis on contraception use was presented.

National Institutions			
National Committee on Safe Motherhood - Independent body that monitors and enhances protection of freedom and rights			
SP Outcome 1; CP Outcome 1			
National body for design and implementation of policies related to family planning, and maternal & newborn health	National plans for reducing maternal, perinatal and infant mortality developed;	Number of adopted national plans that address SRH issues. Baseline: 1	
Institute for Mother and Child Health - Key institution for collection of maternal and infant data. Patronage nurses managed by this institution			
SP Outcome 1; CP Outcome 1			

National institution responsible for implementation of programs for maternal and child programs	Family Planning Capacity Building of health professionals	Number of health professionals trained on FP: Baseline: 200	
Institute of Public Health (IPH) - IPH manages public health data;			
SP Outcome 1; Country Program Outcome 1; SP Outcome 3; SP Outcome 3; SP Outcome 4; SP Outcome 4			
Data collection, analysis and management	Public health data relevant for UNFPA mandate collected, analyzed and managed	Number of interventions regarding SRH data management organized due to advocacy and policy dialogue. Baseline: 1	
Center for Continuous Medical Education on Family Planning - Key entity in charge of CME			
SP Outcome 1; CP Outcome 1			
National programme coordination to include training of service providers, drafting of medical guidelines and protocols, advocacy and population information	Comprehensive SRH/FP national programme/plan of action implemented;	Number of health care professionals trained on WAVE, CMR and multi-sectorial response to GBV: Baseline: 60 VIC on-line training introduced in the system. Baseline: No	2018: 20
Inter-sectorial Group on Migration			
Strategic Plan Outcome 4; Country Programme Outcome 4			
National body in charge of monitoring the implementation of key population trends	Analysis of data with regards to population trends conducted;	Number of meetings were population data is discussed. Baseline: 3	2016: Due to the political turmoil, early parliamentarian elections organized in December activities are postponed for 2017

Inter-sectorial Group on Human Rights - Key body in charge of country obligations towards human rights treaties			
SP Outcome 1; CP Outcome 1; SP Outcome 3; CP Outcome 3			
National body in charge of monitoring the implementation of CEDAW and UPR recommendations/conclusions	Operational Plan for addressing recommendations of latest CEDAW Conclusions implemented;	A functioning tracking and reporting system to follow up on the implementation of reproductive rights recommendations and obligations exists. Baseline: System in place	2016: (1) Analysis paper on RR recommendation from international HR mechanisms was produced in Q1 . Due to the political turmoil, early parliamentarian elections organized in December activities are postponed for 2017 2018: The WSHOP is organized in Q4, preparations are ongoing
Agency for Accreditation and Standardization of Health Institutions - Government agency charged with ensuring quality and standardization of health institutions			
SP Outcome 1; CP Outcome 1			
National agency in charge of ensuring quality of health services;	Programs in support of quality family planning and maternal health services implemented.	Number of joint efforts with regards to improving quality of care. Baseline 0	2017: Per the agreement with the MOH, BTN training materials were translated into Macedonian as the first steps towards national roll-out. EBCOG Standards for Ob/GyN adapted to the national context drafted 2018: Ongoing, the activity is part of joint project under the "matching fund modality"
State Statistical Office (SSO) - Key stakeholder in charge of statistical data collection			
SP Outcome 4; CP Outcome 4			
Data Collection	Research; Secondary analysis of data on gender, older people and youth	Number of interventions on population data implemented. Baseline 5	2016: SSO is a key partner to UNFPA in SDG process. SSO actevly participated in EECARO and CO organized events. CO organized a planning workshop with over 20 participants from key institutions, including SSO. The consultation provided opportunity for partners to present their progress related to web-based platforms and interlinkages. Macedonian. Platform Against Poverty, an NGO platform comprising more than 100 NGOs participated and contributed with social exclusion aspect of population data collection. 2017: Advocacy activities organized with CSOs and stakeholders for improvement of SSO population data products 2018: MICS6 rollout is ongoing. During Q3, UNFPA supported SSO in policy dialogue with the Assembly President and Secretary General

CSO					
HERA NGO (IP) - Long standing successful cooperation with the NGO; proven capacity and experience in SRH.					
SP Outcome 1; CP Outcome 1					
Joint implementation of SRH activities.	Agreed upon SRH activities in the WP implemented;	Number of joint SRH activities. Baseline: 20	2017: Fully achieved 2018: 4		
Association of Gynecologists - Professional associations are the relevant credible and technical partner in designing and implementing SRH evidence-based policies. Umbrella association under which fall all specialized associations (Ob/Gyn, Neonatologists, HPV, Pathologists, etc)					
SP Outcome 1; CP Outcome 1					
Professional associations with capacity to design and advocate for evidence-based medicine	SRH evidence-based clinical guidelines drafted;	Number of SRH evidence-based clinical guidelines drafted. Baseline: 2	2016: NGO HERA actively participated in the regional project for YKP, developed country report and organized final workshop, with representatives from YKP organizations in the country. Action Plan for NGOs working in the field of YKP and SRH/HIV was developed. HERA is member of YPEER and participated on 10days of activism events 2017: 1 2018: 1		
	Policy advocacy agenda on maternal health and family planning developed with participation of association membership;	Number of formal/informal events/initiatives organized as a part of advocacy for SRH issues. Baseline: 2	2017: Per the agreement with the MOH, BTN training materials were translated into Macedonian as the first steps towards national roll-out. Cost-benefit analysis conducted 2018: (1) Under the joint co-financing project with the government, a number of protocols for maternal and newborn care during the perinatal period were initiated. (2) Ongoing. In consultation with RO and UNFPA cluster offices, the national workshop on OSRS will take place in Q4. (3) Under the joint co-financing project with the government, EPC Training at the tertiary level hospital in Skopje. 8 multidisciplinary team trained. (4) Under the joint co-financing project with the government, ob/gyn standards of care are in the process of development.		

Professional associations with capacity to design and advocate for evidence-based medicine	Full engagement of relevant associations in planning and implementation of SRH activities:	Number of initiatives that include relevant professional associations. Baseline: 3	2017: National Committee on Clinical Guidelines established and formalized. Clinical Guideline on Sexual Violence drafted. IFCPC Colposcopy Training 2018: (1) Under the joint co-financing project with the government, a number of protocols for maternal and newborn care during the perinatal period were initiated. (2) Ongoing. In consultation with RO and UNFPA cluster offices, the national workshop on OSRS will take place in Q4. (3) Under the joint co-financing project with the government, EPC Training at the tertiary level hospital in Skopje. 8 multidisciplinary team trained. (4) Under the joint co-financing project with the government, ob/gyn standards of care are in the process of development.
Y-PEER - The only network of youth organizations, politically neutral and engaged in SRH			
SP Outcome 1; CP Outcome 1; SP Outcome 2; CP Outcome 2;			
Youth outreach and direct communication with target groups and/or decision makers that can advance UNFPA priorities on youth in the country	Peer education activities implemented.	Number of peer education efforts organized. Baseline: 10	2016: 9 member organizations were visited, in 5 cities across the country. In addition, YPEER organized a workshop on peer educational standards for sexual and reproductive health in April 2016. The overall goal was to strengthen the capacities of young people, representatives of member organizations for further youth based participation on youth policies and education on Sexual reproductive health and rights 2018: During the reporting period, YPEER registered NGO in the country. This would allow better positioning among members and stakeholders as well as resource mobilization. Their mission would include SRHR but also Youth Peace and Security and SDGs
	Advocacy on inclusion of youth issues in relevant national policies;	Number of events advocating youth issues organized. Baseline 2	2016: Advocacy Plan for YPEER network was developed. Focal points organized advocacy workshop with a goal: •To examine the advocacy capacities for further youth based participation and to highlight advocacy skills in the implementation of youth policies; •To determine the mapping plan and regional meetings and to harmonize the specific needs of the national network of YPEER. YPEER organized series of events for 16 days of Activism campaign, supported by UNFPA and UNDP 2017: 2

			2018: YPEER organized national consultation around ICPD25 Regional Conference
MAPP (IP) - A network of 56 NGOs engaged on ICPD issues, poverty eradication, MIPA			
SP Outcome 4; CP Outcome 3;			
Joint implementation of PD activities.	Agreed upon PD activities in WP implemented;	Number of joint PD related activities. Baseline: 0	2017: 4 2018: 2 (draft Program for health Ageing Centers was submitted to the Government, MAPP organized consultations in 2 rural communities in the country)
ARNO NGO (IP), 2017. A credible and recognized NGO addressing youth issues, including SRH. Member of YPEER.			
SP Outcome 2; CP Outcome 2;			
Joint implementation of youth activities.	Agreed upon youth activities in WP implemented;	Number of joint youth related activities. Baseline: 0	2018: 2
South-East European Health Network (SEEHN), 2018			
SP Outcome 1; CP Outcome 1; SP Outcome 2; CP Outcome 2;			
Potential for regional networking, utilization of network resources, regional experience sharing and dissemination of good practices	Activities in support of UNFPA mandate are increasingly implemented	Number of sub-regional efforts implemented with UNFPA and SEEHN. Baseline: 1	

Annex 8. List of Beneficiaries prepared by the CO

Donors	Implementing agencies	Other partners	Beneficiaries
SEXUAL AND REPRODUCTIVE HEALTH			
Strategic plan outcome: 2014-2017 SP - Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access 2018-2021 SP - Outcome 1. 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			
CPD output: CPD Output 1 (SP 2014-2017 - Output 1,3, 9): Increased national capacity to formulate and implement rights-based policies to deliver high-quality integrated sexual and reproductive health services, including in humanitarian settings			
ATLAS project: MKD01RSH (2016 to date)			
UNFPA (FPA90)	UNFPA (IA: PU0074)	The Prime Minister's Office, MoFA, MoH, MLSP, Macedonian Medical Association, Chamber of Doctors, Association of Gynecologists and Obstetricians, Institute for Mother and Child Health, Institute of Public Health, Centers of Public Health, Crisis Management Center, Clinic of Infectious Diseases, Hospitals and/or maternity wards at all levels of care throughout the country, Center for Continued Medical Education - Family medicine, Parliamentary Committee on Equal Opportunities, NGOs (HERA, Roma SOS, National Roma Center, Star-Star) UN Agencies - UNICEF, WHO, UNDP, UN Woman, UNHCR,	Health professionals at all levels of care (gynecologists/obstetricians, neonatologists, patronage nurses, midwives), hospital managers, ministry employees, women aged 15-49, young key populations (sex workers, PLHIV, social benefit recipients), refugees/migrants, policy makers,

UNFPA (FPA90)	Star-Star (IA: PN6781)	MoH, MLSP	Health professionals at all levels of care (gynecologists/obstetricians, neonatologists, patronage nurses, midwives), hospital managers, ministry employees, women aged 15-49, young key populations (sex workers, PLHIV, social benefit recipients), refugees/migrants, policy makers,
Norwegian Government (NOA53)	UNFPA (IA: PU0074)	The Prime Minister's Office, MoFA, MoH, MLSP, Macedonian Medical Association, Chamber of Doctors, Association of Gynecologists and Obstetricians, Institute for Mother and Child Health, Institute of Public Health, Centers of Public Health, Crisis Management Center, Clinic of Infectious Diseases, Hospitals and/or maternity wards at all levels of care throughout the country, Center for Continued Medical Education - Family medicine, Parliamentary Committee on Equal Opportunities, NGOs (HERA, Roma SOS, National Roma Center, Star-Star) UN Agencies - UNICEF, WHO, UNDP, UNWoman, UNHCR,	Health professionals at all levels of care (gynecologists/obstetricians, neonatologists, patronage nurses, midwives), hospital managers, ministry employees, women aged 15-49, young key populations (sex workers, PLHIV, social benefit recipients), refugees/migrants, policy makers,
ATLAS project: MKD01SRH (2015)			

UNFPA (FPA90)	UNFPA (IA: PU0074)	The Prime Minister's Office, MoFA, MoH, MLSP, Macedonian Medical Association, Chamber of Doctors, Association of Gynecologists and Obstetricians, Institute for Mother and Child Health, Institute of Public Health, Centers of Public Health, Crisis Management Center, Clinic of Infectious Diseases, Hospitals and/or maternity wards at all levels of care throughout the country, Center for Continued Medical Education - Family medicine, Parliamentary Committee on Equal Opportunities, NGOs (HERA, Roma SOS, National Roma Center, Star-Star) UN Agencies - UNICEF, WHO, UNDP, UN Woman, UNHCR,	Health professionals at all levels of care (gynecologists/obstetricians, neonatologists, patronage nurses, midwives), hospital managers, ministry employees, women aged 15-49, young key populations (sex workers, PLHIV, social benefit recipients), refugees/migrants, policy makers,
UNFPA (3006E)	UNFPA (IA: PU0074)	MoH, MLSP, Crisis Management Center, Clinic of Infectious Diseases, Hospitals and/or maternity wards in Gevgelija, Kumanovo and Skopje, NGOs (HERA,) UN Agencies - UN RC Office, UNICEF, WHO, UNDP, UN Woman, UNHCR	Women refugees/migrants, aged 15-49, men refugees/migrants
ATLAS project: MKD01MRC (2015)			
UNFPA (UQA63)	Macedonian Red Cross (IA: PN6468)	MLSP, Crisis Management Center, UN Agencies - UNHCR	Women refugees/migrants, aged 15-49, men refugees/migrants
UNFPA (FPA90)	Macedonian Red Cross (IA: PN6468)	MLSP, Crisis Management Center, UN Agencies - UNHCR	Women refugees/migrants, aged 15-49, men refugees/migrants

ATLAS project: MKD01HER (2015)			
UNFPA (FPA90)	HERA (IA: PN6023)	MoH, MLSP, Macedonian Medical Association, Chamber of Doctors, Association of Gynecologists and Obstetricians, Institute for Mother and Child Health, Institute of Public Health, Centers of Public Health, Crisis Management Center, Clinic of Infectious Diseases, Hospitals and/or maternity wards at all levels of care throughout the country, Center for Continued Medical Education - Family medicine, NGOs - Stronger Together, UN Agencies UNICEF, WHO, UNDP, UN Woman, UNHCR.	Health professionals at all levels of care (gynecologists/obstetricians, patronage nurses, midwives), hospital managers, ministry employees, women aged 15-49, young key populations (sex workers, PLHIV, social benefit recipients), refugees/migrants, policy makers
UNFPA (3006E)	HERA (IA: PN6023)	MoH, MLSP, Crisis Management Center, Clinic of Infectious Diseases, Hospitals and/or maternity wards in Gevgelija, Kumanovo and Skopje, UN Agencies - UN RC Office, UNICEF, WHO, UNDP, UN Woman, UNHCR	Women refugees/migrants, aged 15-49, men refugees/migrants
ATLAS project: MKD0U309 (2012-2014)			
UNFPA (FPA90)	HERA (IA: PN6023)	MoH, MLSP, Medical/OB/Gyn professional associations	Women and girls, health professionals
UNFPA (FPA90)	UNFPA (IA: PU0074)	MoH, MLSP, Medical/OB/Gyn professional associations	Women and girls, health professionals
ATLAS project: MKD01HRA (2016 to date)			

UNFPA (FPA90)	HERA (IA: PN6023)	The Prime Minister's Office, MoH, MLSP, Macedonian Medical Association, Chamber of Doctors, Association of Gynecologists and Obstetricians, Institute for Mother and Child Health, Institute of Public Health, Centers of Public Health, Crisis Management Center, Clinic of Infectious Diseases, Hospitals and/or maternity wards at all levels of care throughout the country, Center for Continued Medical Education - Family medicine, Parliamentary Committee on Equal Opportunities, NGOs (HERA, Roma SOS, National Roma Center, Star-Star,) UN Agencies - UNICEF, WHO, UNDP, UN Woman, UNHCR,	Health professionals at all levels of care (gynecologists/obstetricians, neonatologists, patronage nurses, midwives), hospital managers, ministry employees, women aged 15-49, young key populations (sex workers, PLHIV, social benefit recipients), refugees/migrants, policy makers,
Norwegian Government (NOA53)	HERA (IA: PN6023)	The Prime Minister's Office, MoFA, MoH, MLSP, Macedonian Medical Association, Chamber of Doctors, Association of Gynecologists and Obstetricians, Institute for Mother and Child Health, Institute of Public Health, Centers of Public Health, Crisis Management Center, Clinic of Infectious Diseases, Hospitals and/or maternity wards at all levels of care throughout the country, Center for Continued Medical Education - Family medicine, Parliamentary Committee on Equal Opportunities, NGOs (HERA, Roma SOS, National Roma Center, Star-Star) UN Agencies - UNICEF, WHO, UNDP, UN Woman, UNHCR,	Health professionals at all levels of care (gynecologists/obstetricians, neonatologists, patronage nurses, midwives), hospital managers, ministry employees, women aged 15-49, young key populations (sex workers, PLHIV, social benefit recipients), refugees/migrants, policy makers,
ADOLESCENTS AND YOUTH			

Strategic plan outcome: 2014-2017: Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services 2018-2021: Outcome 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			
CPD output: CPD Output 2 (SP 2014-2017- Output 6):Strengthened national capacity to incorporate adolescents and youth and their human rights and needs in laws, policies and programmes, including in humanitarian settings			
ATLAS project: MKD01YTH (2016 to date)			
UNFPA (FPA90)	HERA (IA: PN6023)	Y-PEER youth network and its member organizations, Faculty of Philosophy, Skopje, MoH, Institute for Mother and Child Health	Young people, especially those marginalized and those under risk of child marriage, peer educators.
UNFPA (FPA90)	UNFPA (IA: PU0074)	Center for Psychosocial and Crisis Action, MoH, Ministry of Education, Bureau for Development of Education, Ministry of Culture, Institute for Public Health, Institute for Mother and Child Health, Swiss Agency for Development and Cooperation, Norwegian Government	Decision makers from the Government, MoH and MoES .
ATLAS project: MKD01YOU (2015)			
UNFPA (FPA90)	UNFPA (IA: PU0074)	Y-PEER youth network and its member organizations, NGOs working with PLWH (Stronger together, HERA, HOPS, EGAL), Agency for Youth and Sport, MoH, MoES , Bureau for Development of Education, Institute for Public Health, Clinic for Infectious disease, UN agencies - UNDP.	Young people, including young key populations, decision makers from ministries and other public servants.

UNFPA (FPA90)	ARNO (IA: PN6663)	Y-PEER youth network and its member organizations, MoES , MoH, MoFA, Ministry of Defense, Institute for Public Health, Bureau for Development of Education, Institute for Mother and Child Health, Faculty of Philosophy, Women's rights NGOs, media, UN RC Office.	Young people, decision makers from ministries and other public servants.
ATLAS project: MKD00YTH (2014)			
UNFPA (FPA90)	UNFPA (IA: PU0074)	Y-PEER youth network and its member organizations, CSO Malinska, MLSP, MoE	Young people, Y-PEER network
UNFPA (FPA90)	UNFPA (IA: PU0074)	Y-PEER youth network and its member organizations, CSO Malinska, MLSP, MoE	Young people, Y-PEER network
GENDER EQUALITY AND WOMEN'S EMPOWERMENT			
Strategic plan outcome: OUTCOME 5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy			
CPD output: N.A. (No CPD in 2012)			
ATLAS project:MKD0G34 (2012), MKD0G34B (2012)			
Netherlands (UDJ02)	UNFPA (IA: PU0074)	UNDP, UNICEF, WHO, UNWOMEN, MLSP, MoI, MoH, MoE, MoJ, CSOs, media	National institutions, CSO and the general population
MDTF VAW (UDJ04)	UNFPA (IA: PU0074)	UNDP, UNICEF, WHO, UNWOMEN, MLSP, MoI, MoH, MoE, MoJ, CSOs, media	National institutions, CSO and the general population
POPULATION DYNAMICS			
Strategic plan outcome: 2014-2017: Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality 2018-2021: Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development			
CPD output: CPD Output 4 (SP 2014-2017 - Output 12): Strengthened national capacity to formulate and monitor implementation of rights-based policies that integrate evidence on population dynamics, gender, sexual and reproductive health, HIV and their links to sustainable development, including in humanitarian settings.			

ATLAS project: MKD01PAD (2016 to date)			
UNFPA (FPA90)	UNFPA (IA: PU0074)	MoFA, Ministry of Labor and Social Affairs, Ministry of Information Society and Administration, MoES , MoH, Ministry of Interior, Ministry of Transport and Communications, State Statistical Office, Academia (Faculty of Philosophy), NGOs (Red Cross, Associations of Pensioners, Macedonian Platform Against Poverty and others).	Decision makers from the government and public servants. CSOs Older Persons, persons leaving in poverty, socially excluded
UNFPA (FPA90)	MPPS (IA:	MoFA, Ministry of Labor and Social Affairs, Ministry of Information Society and Administration, MoES , MoH, Ministry of Interior, Ministry of Transport and Communications, State Statistical Office, Academia (Faculty of Philosophy), NGOs (Red Cross, Associations of Pensioners, Macedonian Platform Against Poverty and others).	Decision makers from the government and public servants. State Statistical Office, CSOs Older Persons, persons leaving in poverty, socially excluded