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Evaluation Report

Period covered by the evaluation: (2012-2018)

The Republic of NORTH MACEDONIA

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of country programmes in Bosnia and Herzegovina, North Macedonia, Serbia and Kosovo (UNSCR 1244)

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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


SERBIA
Kosovo
BULGARIA
GREECE
ALBANIA
THE REPUBLIC OF
NORTH
MACEDONIA
National capital
Opstina centre
Town, village
Major airport
International boundary
Opstina boundary
Super highway
Main road
Secondary road
Railroad
Canal
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
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List of abbreviations

A&Y	Adolescent and Youth
AoR	Area of Responsibility
AR	Assistant Representative
AWP	Annual Work Plans
BTN	Beyond the Numbers
CDP	Common Development Plan
CEDAW	Committee on the Elimination of Discrimination against Women
CO	Country Office
COAR	Country Office Annual Report
CP	Country Program
CPD	Country Program Document
CPE	Country Program Evaluation
CPHS	Crisis Preparedness Planning for the Health System
CSE	Comprehensive Sexuality Education
EC	European Commission
EPC	Effective Perinatal Care
ERG	Evaluation Reference Group
Est.	Estimated
EU	European Union
FGDs	Focus Group Discussions
FSI	Fragile States Index
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GE	Gender Equality
GEWE	Gender Equality and Women's Empowerment
GNI	Gross National Income
GPI	Gender Parity Index
HBSC	Health Behavior in School-aged Children
HDI	Human Development Index
HERA	NGO, IP partner of UNFPA (Health Education and Research Association)
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome
ICPD	International Conference on Population and Development
IOM	International Organization for Migrations
IP	Implementing Partner
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
MLSP	Ministry of Labor and Social Policy
MNCRH	Maternal, Neonatal, Child and Reproductive Health
MoES	Ministry of Education and Science
MoH	Ministry of Health
MP	Member of Parliament
NATO	North Atlantic Treaty Organization
NCD	Non-Communicable Diseases
NE	National Evaluator

NGO	Nongovernmental Organisation
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
PCA	Programme Coordination and Assistance
PD	Population dynamics
PD	Population Dynamics/Development
PHC	Public Health Center
PwD	Persons with Disabilities
RHR	Reproductive health Rights
RoNM/RNM	Republic of North Macedonia
SAQ	Self-Administered Questionnaire
SDGs	Sustainable Development Goals
SMEs	Small and Medium Enterprises
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STDs/STIs	Sexually Transmitted Diseases/Sexually Transmitted Infections
TFR	Total Fertility Rate
TL	Team Leader
ToR	Terms of Reference
ToT	Training of Trainers
UN	United Nations
UN SC	United Nations Security Council
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNCT	UN Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDPF	United Nations Development Partnership Framework
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
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
UNSCR 1244	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
US	The United States of America
WB	The World Bank
WHO	World Health Organization
YKP	Young Key Populations

EXECUTIVE SUMMARY

Overview: Bosnia and Herzegovina, Republic of North Macedonia (RoNM), the Republic of Serbia and Kosovo (UNSCR 1244), are UNFPA country offices (CO) that form one of the administrative clusters of the UNFPA Eastern Europe and Central Asia region. The programs of these offices have a harmonized program cycle ending in 2020, and therefore the Cluster Program Evaluation of all four programs is planned as part of the UNFPA quadrennial evaluation plan (DP/FPA/2018/1) approved by the Executive Board. This evaluation is designed to identify the main achievements and challenges that arose during the current UNFPA Country Program (CP) of North Macedonia, ensuring that the lessons learned are incorporated in the UNFPA CP for 2020-2024. This report covers the period from 2012 until 2018 in three focus areas: Sexual Reproductive Health (SRH), Adolescents and Youth (A&Y), and Population and Development (PD). The primary users of this evaluation are the decision-makers in the cluster countries where UNFPA operates, including the UNFPA 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 program performance review and decision-making.

Objective and scope: The overall purpose of this 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) Program of Action (PoA). The evaluation covers activities planned and/or implemented during the period 2012-2018, within each of the three focus areas: SRH, A&Y and PD, and cross-cutting areas: partnership, resource mobilization, and communication. The Evaluation reconstructs the program intervention logic and assesses the extent to which the ongoing programs have chosen the best possible modalities for achieving the planned results in the current development context. The evaluation examines the programs for such critical features as relevance, effectiveness, efficiency, sustainability, UN coordination, and added value.

This evaluation is based on increasing global, regional and national interdependencies and cause-effect linkages in the theory of change that underpins the UNFPA program activities in the RoNM. It follows a longer term strategic outlook reflected in the two consecutive UNFPA strategic plans (2014-2017 and 2018-2021). It takes into account the incremental achievements of the Millennial Declaration and the related Millennial Development Goals (MDGs), followed by the 2030 Agenda for Sustainable Development and the related Sustainable Development Goals (SDGs). The evaluation aligns to the ICPD PoA, which set forth an ambitious population and development strategy in 1994. It highlights the key areas of synergy between the ICPD PoA and pending achievement of the SDG targets. At national level, the evaluation looks at the UN assistance framework, at the two successive UNDAFs, the UNDAF document 2010–2015, and the Partnership for Sustainable Development – UN Strategy for 2016-2020. The evaluation concentrates on the first country program document (CPD) for the RNM for the period 2016-2020, while taking into account the achievements and some challenges highlighted by the previous evaluation of the UNFPA program activities (2010 -2015).

Evaluation approach: It follows the theory of change and intervention logic of the program during the period 2012-2018 based on the principles of the UNFPA Evaluation Handbook. Two separate evaluation components are reviewed. The first component covers the analysis of the programs' outcomes, outputs and activities by the three main focus areas that reflect alignment to the global UNFPA SP 2014-2017 and UNFPA SP 2018-2021. The second one examines the UNFPA CO's coordination within the UNCT and among national partners as well as the CO's added value.

Methodology: The collection of evaluation data includes techniques that range from direct observation to informal and semi-structured interviews and focus groups where feasible. A set of recommended questions have been used for each of the above evaluation criteria within each of the two evaluation components. The meetings with key stakeholders included an Evaluation Reference Group (ERG). The sampling for interviews was done independently, without influence from the CO. The analysis has been developed based on triangulation of information obtained from various stakeholders' views as well as from the secondary data and the documentation reviewed by the team.

Key findings overview: Relevance: There was consistent evidence of relevance for all three program areas, which were aligned with the national strategic policy framework and the needs of implementing partners and beneficiaries. These program area activities were developed on the basis of previous evaluations, situation analysis and assessments, nationally representative data analysis and a broad consultation with stakeholders and beneficiaries. They were found to be in conformity with UNFPA global strategy, ICPD PoA, MDGs, 2030 Agenda for Sustainable Development and related SDGs, and the two consecutive UNDAFs. Effectiveness: Overall, the level of achievement against the objectives and planned results over time within each of the three program areas: SRH, Youth, and PD, suggests a well performing CO. Indicators have been well formulated but are not always consistently aligned with actual programming priorities. Nevertheless, the intended outputs and outcomes within each of the focus areas have been largely achieved; the respective activities have made significant progress toward their achievement. Efficiency: UNFPA has made good use of its human, financial and technical resources to pursue the achievement of intended program results; budget-wise, 81% of the resources are allocated to the SRH activities, while a low 4% of the funds were spent on A&Y. A resource mobilization strategy is missing, which results in over-reliance on UNFPA-funded budgets. Sustainability: UNFPA has taken important steps to ensure sustained results in their focus areas, particularly in SRH, through maintaining policy dialogue and emphasis on the policy advocacy with the Government, fostering national ownership with continued capacity enhancement through supporting work to adapt clinical guidelines, policies and procedures.

SRH focus area findings: Overall, the UNFPA SRH program activities are well targeted but with some weaknesses identified, in particular regarding insufficient or delayed response to the needs of Roma and People with Disabilities (PwDs). Critical aspects of the UNFPA activities from the outset have been focused on the maternal health and the co-related health of the newborns with emphasis on capacity building on evidence-based practices for effective perinatal care (EPC). A considerable number of protocols and standards have been developed. Maternal health and reduction of preventable causes of maternal death related to pregnancies and childbirth have been addressed under different areas of intervention such as the Obstetrics Surveillance and Response System (OSRS), all maternities on Emergency Obstetrics and Neonatal care have been assessed, and significant capacity building efforts on EPC. In addition, activities related to family planning (FP) aimed at reducing unmet needs for modern contraception have been initiated. Work on organized cervical cancer screening included drafting of guidelines and standard operating procedures: both activities are pending finalization. The migrant/refugee crisis in 2015 triggered UNFPA's major contributions to the improved emergency preparedness of the country in the area of maternal health and sexual and reproductive health services including MISP. The SRH Program Area has made effective use of its resources to achieve outputs; the diverse mix of activities related to advocacy/policy dialog and trainings were found to be highly appropriate. UNFPA's support led to adaptation of a number of clinical guidelines and updating protocols and policies in accordance with the international standards. This work, and the integration of the SRH chapter into the National Preparedness and Response Plan of the Health System in Crisis, represent good practice to ensure the sustainability of the UNFPA assisted interventions.

A&Y focus area findings: UNFPA has prioritized activities aimed at increasing capacities of the implementing partners (IP) who have provided useful support to the A&Y work. UNFPA actively

contributed to building the leadership capacity of young people by strengthening A&Y networks and organizations including the young key populations at risk. The evaluative evidence indicates, however, that the particularly vulnerable A&Y group, young adolescent girls, have not been addressed by the UNFPA programs as a target group. Furthermore, it also suggests that, apart from some initial communications recently established between UNFPA and the Ministry of Education (MoE), there has not been concerted action on the part of UNFPA towards the institutionalization of comprehensive gender sensitive and age appropriate comprehensive sexuality education (CSE). The UNFPA CO has made solid use of human, financial and technical resources related to the A&Y program area. It has made some contributions to the sustainability of its interventions in the A&Y focus area through increased national capacity for delivering youth friendly health services.

PD focus area findings: The PD related activities include work on the improvement of the statistical data on population dynamics, with focus on the fertility, aging and migration, some of the most critical aspects of the demographic policy. UNFPA supports the ongoing preparations for the next population and housing census, scheduled for June 2020. Its support on communication of data with the beneficiaries, was assessed positively and the stakeholders expressed readiness to continue with this activity. In the context of the SDGs, national population data with improved quality are needed to allow development planning and to address the needs of marginalized and vulnerable populations. In contribution to this process, UNFPA participated in the effort led by UNICEF and the SSO to implement the MICS06 survey in 2019; UNFPA allocated US$ 45,000 of its core budget to support it. UNFPA initiated activities focused on the importance of population data collected through the Census, by integrating evidence-based analysis on PD and the links to sustainable development through the SDGs.

UNCT Cooperation and Value added key findings: Based on the feedback from the stakeholder interviews, UNFPA has been an active contributor to UNCT coordination. In all activities, the perceptions of the UNFPA being part of the UNCT are mostly very positive, but with some feedback indicating room for improvement by enhanced information sharing to avoid overlaps and improve coordination. The evaluative evidence shows that UNFPA performs value added activities and is increasingly recognized as a leading international development partner in the country which promotes a very important SRH agenda. The role of UNFPA in emergency preparedness and response activities is perceived by the UNCT, government and the civil society organizations as unique and serves as a catalyst for the emergency and GBV-related activities.

Assessment of UNFPA CP plans: The Resource mobilization plan for RoNM has not been developed. The UNFPA has entered partnerships with the UN System (WHO, UNICEF, UNDP, UN Women and Human rights Office/ Advisory), the Government, including the Prime Minister Office, MoH, MoLSP, SSO, national institutions and CSOs. In 2014, a Communications Strategy (2015-2017) was prepared and reflects most of the advocacy activities undertaken. The objective of the strategy is to promote the work and impact of the UNFPA to the general public in the country as well as to more specific audiences. In 2018, the themes related to SRH, A&Y and PD focus areas received wider media coverage, and the UNFPA's visibility has increased.

Conclusions: 1. The evidence clearly suggests the need for more concerted and continuous action and more comprehensive UNFPA programmatic response to the following population groups considered particularly vulnerable: **Roma:** Needs of the target group of Roma have not been sufficiently addressed despite the fact that this target group faces a multitude of barriers in the access to sexual and reproductive health services, and suffers from a multitude of poor health outcomes (ex. adolescent birth rate for non-Roma in the NoRM is 13% for 1000 women, while for the Roma is 94% per 1000 women; modern contraceptive prevalence rate has increased among women aged 15-49 years, from 9.8 per cent in 2006 to 12.8 per cent in 2011, the rates are lower among rural, poor and low-educated women, and has decreased for Roma women from 9.5 per cent in 2006 to 7.2 per cent per cent in 2011; unmet need for family planning stands at 17.2 per cent in the total population, while it is 22.2 percent among the

Roma. **People with disabilities:** The relatively late start of the activities aimed at meeting the needs of PwDs has occurred despite the fact that the RoNM has ratified the Convention on the Rights of People with Disabilities in 2012 (adopted at the UN HQ in New York in December 2006, and entered into force in May 2008). Late planning in the program cycle runs the risk of bunching of activities to the end of the program which translates into delayed achievement of the expected results. **Adolescent girls:** While the UNFPA meets the Strategic Plan's goals related to the need to adapt to the needs of the young key populations (YKP) at risk such as people living with HIV (PLHIV), young sex workers, MSM and transgender people, and establishing of participatory advocacy platform for increased investment in marginalized Adolescents and Youth, there is no reference to the young adolescent girls whatsoever.

2. SRH programs related to work on developing of the clinical guidelines lead to gradual adaptation of international standards of quality of maternal care and their introduction in the clinical practice.The work on the development of protocols and standards which are CDP output 1, was initiated in 2014. The clinical guideline for Postpartum Hemorrhage, as the leading cause of maternal death has been adapted in 2015. Two more clinical guidelines in the field of sexual and reproductive health, 1. Risk management in the antenatal period; 2. Cervical cancer prevention and early detection; have been adapted in 2016, while in 2017, the following clinical guidelines and standards have been drafted: 1) Clinical Guideline for Management of Victims of Sexual Violence; 2) Standards for Gynecological /Obstetrics inpatient care. Finally, in 2018, three of the adapted guidelines, the Post Partum Hemorrhage, the Detection of Risky Conditions during Pregnancy, and Management of Victims of Sexual Violence have been approved by the Ministry of Health and the Government. In addition, Ob/Gyn Standards for secondary and tertiary level of hospital care and 15 protocols for strengthening maternal and newborn perinatal care were finalized. In the last few years, improvement of maternal health and reduction of preventable causes of maternal health related to pregnancies and childbirth have been addressed under different areas of intervention supported by UNFPA.

3. Since 2013 there has been continuing work on the unmet needs for family planning, more specifically technical assistance regarding the increased access to family planning services, preferred contraceptive methods and use of modern contraception. In addition, UNFPA supported the first ever cost-benefit analysis on contraceptive use to provide evidence about the importance of introduction of contraception, particularly to the vulnerable groups.

4. UNFPA CO has performed increased coordination and monitoring of the health system interventions and the GBV-related services in emergency situations, during the refugee/migrant crisis in 2015 and in the aftermath. Such experience underscores the quality and the timeliness of the UNFPA capacity to implement SRH activities in response to the emergencies, and the capacity to ensure available, accessible, acceptable and quality SRH services to women and girls refugees/migrants, but also to all other marginalized groups whose SRH rights and needs are underserved. In addition to considerable investment support, valuable work of advocacy, policy dialogue and advice, resulted in drafting and approval of the first ever Standard Operating Procedure (SOP) for multi-sectorial approach to the Gender Based Violence (GBV) in emergencies, and the Clinical Guideline for Management of Victims of Sexual Violence; a Protocol for the mobile SRH clinics for provision of services for women, girls, men and boys refugees/migrants.

5. The combination of high fertility rates among young populations and the low prevalence in use of contraception, underscored by a lack of information, leads to adolescent unwanted pregnancies and generating harmful practices among this population group.

6. The most reputable international human rights mechanisms addressing the international obligations of the State have issued very important observations and findings. They refer to the UNFPA's guidance and associated program activities related to the institutionalization of the comprehensive gender sensitive and age appropriate sexuality education (CSE) in the North Macedonian education system. The CSE is fully consistent with the SP 2014-2017 Outcome 2 – Output 6, with the UNFPA business

model, and with the CDP Outcome 2 - Output 1 and builds on the wealth of information provided by the UNFPA supported Health Behavior in School-aged Children (HBSC) as a cross-national longitudinal research of young people's physical, social, and emotional health and wellbeing. Nevertheless, the evaluative evidence suggests that there have not been any concerted action on the part of UNFPA towards the goals of CSE, apart of some initial communications recently established between UNFPA and the Ministry of Education.

7. In the past, the CO has supported some initial groundwork and prepared factsheets on child marriages (2013) and provided very initial support to the opening of the discussion about the CSE (2019). Although these attempts can be considered as a good start, it is not sufficient to set in motion the advocacy and policy dialogue on issues of such strategic relevance and potential for future programming.

8. The kind of support extended by UNFPA to activities implemented by the CSO Star Star contributes to strengthening the human rights protection system for monitoring the RH rights of the sex workers and the MSMs through implementation of community engagement tools for service provision such as MSMIT (men who have sex with men Implementation Tool) and SWIT (Sex Worker Implementation Tool).

9. The population and housing census remains the primary source of population counts, which should provide relevant population data disaggregated by multiple population characteristics such as age, sex, marital status, educational attainment, occupation, ethnicity, migration status, household composition and other characteristics relevant for the population policies and purposes. RoNM did not have a Census since 2001. The preparations for the next Census, scheduled for June 2020, are underway. The 2020 Census, different from past efforts, is planned to be conducted as purely a statistical operation under the leadership of the SSO and with full adherence to international recommendations and standards of the UN, including UNFPA, and the EU. Throughout the ongoing CDP 2016-2020, UNFPA has maintained consultations with stakeholders, predominantly with the SSO, by extending international technical assistance support. Lately, UNFPA support has been focused on the Census related communications campaign, including a comprehensive communication strategy.

10. The National strategy for sustainable development was updated in 2016 as a vision up to 2030. The process was assigned to the Deputy PM in charge of the economic activities. The work has lagged behind during and after the government transition, but now it is resumed. In the context of the SDGs, national population data with improved quality are needed to allow development planning and to address the needs of marginalized and vulnerable populations for the allocation of infrastructure needed for human development. Barriers arising in the measurement of different indicators originate from the unequal capacities of responsible institutions (some are in a more advanced phase compared to others when it comes to data collection), as well as from the fact that at moment the institutions are obliged to collect data on three different sets of indicators. 11.UNFPA's advocacy, policy advice and technical support activities and its partnering with other UN agencies and relevant development partners, aim to enhance the national capacities for population data collection and analysis, dissemination and use of data for informed policy development, inclusion of data relevant to the SDG indicators, and for identification of social and economic inequalities affecting women, adolescents, youth, elderly and marginalized populations; it also supports the national capacity for formulation of comprehensive programs in line with the Madrid International Plan of Action on Ageing and intergenerational solidarity. In summary, UNFPA PD activities reflect a broader understanding of the data requirements for sustainable development.

12. UNFPA CO makes good use of available financial resources as far its regular core resources are concerned, by achieving 70% of spending of the total planned budget for the original CPD for 2016-2020. It has attracted, however, only 11% of other non-core resources out of planned for the original CPD. The UNFPA CO has no distinct resource mobilization strategy plan to attract other donor

funding and thus contribute to increased needs and partnerships. The lack of a distinct resource mobilization strategy or plan widens the gap between the core and the non-core resources and affects the scope, effectiveness and efficiency of program activities.

13. UNFPA has successfully triggered provision of additional resources from the Government for addressing effective perinatal care (EPC) through development of protocols for introduction of recommendations of WHO for EPC, based on a number of published articles and guidelines with a significant level of highly relevant evidence. UNFPA supported work also includes EPC training in two major maternity facilities in the country and concerted effort towards strengthening of perinatal statistics aimed at defining perinatal definitions, sources of data collection and further analysis. The undisputable priority of improved maternal and newborn health needs to be addressed by the comprehensive program on EPC has been subject of a co-financing arrangement culminated with signing of an Agreement for Small Contributions in amount of US$ 53,671 matched with the same mount by UNFPA.

14: UNFPA' engagement in policy advocacy and dialogue in Population Dynamics and in Gender, requires close interaction with the Ministry of Labor and Social Policy (MoLSP), as the lead Government agency with a unique role in policy making in the area of labor and social policy, including population development and gender issues. The relevance of the MoLSP for determining the advocacy priorities of UNFPA for the country in PD and Gender puts the MoLSP in a position of a key government stakeholder. The UNFPA CO's substantial and frequent consultation with the MoLSP is essential for national ownership and for progress in achieving the outputs and outcomes in the PD and Gender focus areas moving forward.

15. There is a clear interest for South - South cooperation which implies introducing, learning, training and sharing of innovative approaches and methodologies and transferring solutions that are working in one country of the South to another country of the South where such solutions are not available or accessible. The South South cooperation (perhaps provide an example, such as the joint program with BiH and Northern Macedonia) promotes inter-regional exchange and supports the regional level advocacy and policy advice. UNFPA North Macedonia CO could expand its successes to other countries of the region and "export" its know-how and expertise to other countries.

16. The UNFPA business model, based on both strategic plans (SP 2014-2017; SP 2018-2021), endorses advocacy and policy dialogue, knowledge management, capacity development, and service delivery as a modes of institutional engagement. In the case of middle-income countries (MICS), where RoNM qualifies, the advocacy and policy dialogue, and knowledge management are prioritized while capacity development as mode of engagement is less preferred. UNFPA needs to provide innovative and integrated policy support to prevail in this areas There is a need for further capacity development which, coupled with knowledge management, provides strategic support to the advocacy and the policy dialogue (ex. Effective Perinatal Care - advocacy and policy dialogue with the MoH plus training plus knowledge management - work on the guidelines).

Recommendations:

1. UNFPA should improve targeting of the UNFPA programs in terms of closer adaptation to the needs of certain population groups who are particularly vulnerable; these population groups include Roma, people with disabilities and very young adolescent girls.

2. UNFPA CO needs to develop a resource mobilization strategy and plan to contribute to its core budget and reduce the current gap between core and non-core resources. The specific focus of Resource mobilization strategy should aim to attract additional donor funding to increase the scope of Adolescent and Youth, and Population Dynamics programmatic areas. UNFPA should use the model of the Agreement for Small Contributions for addressing maternal health, including ending preventable maternal deaths, as one of the three main transformative and people-centered results (Agenda 2030), as

an example for an entry point for triggering additional resources from the Government and, potentially, from other development partners, for high priority SRH, A&Y and PD activities.

3. UNFPA should further strengthen programme for young and adolescents with a focus on i. understanding of the causes and determinants, as well as the harmful effects of unwanted pregnancies and child marriages, ii. intensify its support for work with the Ministry of Education and the Bureau for Development of Education on the revision of school curricula to incorporate comprehensive gender sensitive and age appropriate sexuality education, and explore other forms of sensitizing youth, iii. build capacity of youth leaders (Y-PEER) to enhance young people's access to education and particularly to comprehensive sexuality education. iv. seek UNFPA internal (Regional Office) or external expert support in launching the advocacy and policy dialogue with the government to prioritize CSE in the national programme

4. Considering very low modern contraceptive prevalence rate, high unmet need for family planning, and unwanted teen pregnancies, UNFPA should consider commissioning research studies to get in-depth knowledge and possible causes or barriers and addressing it in the next programme, and also focus on its unfinished work in building national capacities for delivering high quality integrated SRH services, particularly by addressing the evidence-based guidance on antenatal and perinatal care and national maternal death surveillance and response systems, and the RH contraceptive security.

5. The UNFPA should continue to promote capacity development, as a mode of engagement in the program activities in the RoNM, as an approach to support effective policy and advocacy activities. Moreover, to maximize effectiveness, the UNFPA CO should develop a country capacity development strategy which will ensure a more strategic vision and development of national capacities and ensure sustainability of the outcomes of the Program.

6. The humanitarian/ emergency program, which consisted of its emergency preparedness and emergency response aspects that were integrated into the National Preparedness and Response Plan of the Health System in Crises, adopted by the Government in 2017, proved to be extremely useful approach for meeting the needs in emergency. This program should be maintained for use in any other unforeseen emergencies in the region or wider.

7. UNFPA should maintain and expand effective work in providing advocacy, policy advice and technical support to Adolescents and Youth, with focus on the marginalized groups and raising awareness about the needs and SRH rights of young key populations (YKP) at risk such as people living with HIV (PLHIV), young sex workers, MSM and transgender people, and establishing a participatory advocacy platform for increased investment in marginalized Adolescents and Youth.

8. UNFPA should continue to extend advisory support to the national partners, notably the SSO, regarding enhancing the knowledge and the instruments for collection and dissemination of data relevant to the upcoming census and for improved national population statistics in general.

9. There is a need for additional clarification of the UNFPA's program activities related to the SDGs, which are of general development nature as an aspect of the PD focus area. These are UNFPA's activities which do not relate to sexual and reproductive health and rights or to gender (SDGs 3 and 5), but rather to much broader understanding of sustainable development and with much stronger focus on people, such as marginalized, vulnerable, discriminated, at-risk, etc., than on the traditional focus areas of development.

10. UNFPA should put additional efforts and attention in engaging in substantial and frequent policy dialogue and consultations with the Ministry of Labor and Social Policy, in particular in the focus areas of PD and Gender, which are sectors under direct mandate of this Ministry.

11. The UNFPA CO and the RO should broker and facilitate South South and triangular cooperation through fostering interregional exchange on common issues (ex. Workshop in Romania with participants from four countries from the Balkans who met to review and exchange experiences in implementing the methodology of preventing maternal deaths and making pregnancy safer).

Key Facts Table for Republic of North Macedonia

Land	
Geographic location	Republic of North Macedonia is a country in the Balkan peninsula in Southeast Europe. It is bordered by Serbia to the north, Kosovo (UNSCR 1244) to the northwest, Bulgaria to the east, Greece to the south, and Albania to the west.
Land area	25,713 km[1]
Terrain	The North Macedonia is a landlocked country that is geographically clearly defined by a central valley formed by the Vardar river (the lowest point of the country) and framed along its borders by mountain ranges. The terrain is mostly rugged, especially the part that frame the valley of the Vardar river. Three large lakes – Lake Ohrid, Lake Prespa and Dojran Lake – lie on the southern borders, bisected by the frontiers with Albania and Greece. The region is seismically active and has been the site of destructive earthquakes in the past, most recently in 1963 when Skopje was heavily damaged by a major earthquake, killing over 1,000. The country also has scenic mountains which belong to two different mountain ranges. Mount Korab (the highest point of the country), is the tallest mountain (2,764 m). [8]
People	
Population (July 2017 est.)	2,103,721 [1]
Urban population (2018)	58% of total population [1]
Population Growth Rate (2017 est.)	0.17% [1]
Government	
Government	Republic
Proportion of seats held by women in national parliament (%)	34.20% in 2017 [2]
Economy	
GDP per capita PPP US$ in 2017 (est.)	$14,900 [1]
GDP Real Growth rate in 2016 (est.)	2,9% [1]
Main industries	Food processing, beverages, textiles, chemicals, iron, steel, cement, energy, pharmaceuticals, automotive parts. [1]
Social indicators	
Distribution of Family Income - Gini Index in 2015	33.7; Rank 115 out of 157 nations [9]
Human Development Index Rank in 2017	Index 0.757 Rank 80 (2017) [3]
Unemployment, total (% of labour force) in 2018	23% [3]
Unemployment, youth (% ages 15–24)	46.9% [3]
Life expectancy at birth in 2017/ 2018 (est.)	76.4 years [1]/ 75.9 years [3]
Infant mortality rate in 2017 (est.)	7.4 deaths/1,000 live births [1]
Maternal mortality ratio in 2015 (est.)	8 deaths/100,000 live births [1]
Number of abortions all ages in 2016 (est)	4,251 [7]
Health expenditure (% of GDP) in 2014	6.5% [1]
Delivery care (%) 2011 Skilled attendant at birth	98 percent [5]
Adolescent fertility rate (births per 1000 women aged 15-19) in 2016	16.57 [4]
Contraceptive prevalence (%) 2011	40.2% [5]
Unmet need for family planning (% of married or in-union women of reproductive age, 15–49 years) in 2018	17.2% [3]
Prevalence of HIV, total (% of population ages 15-49) in 2014	0.10 [6]
Adult literacy (% aged 15 and above) 2015 (est.)	97.8% [7]
Gross enrolment ratio, primary (% of primary school-age population) in 2018	94 [3]
Sustainable Development Goals (SDGs) overview (data not currently available)	

[1] CIA World Factbook https://www.cia.gov/library/publications/the-world-factbook/geos/mk.html
[2] World Bank. https://data.worldbank.org/indicator/SG.GEN.PARL.ZS
[3] Human Development Indicators, UNDP. http://www.hdr.undp.org/en/countries/profiles/MKD
[4] World bank. 2016. https://data.worldbank.org/indicator/SP.ADO.TFRT
[5] Macedonia (National and Roma Settlements) 2011 MICS_English.
[6] World bank. 2015. https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS
[7] https://gateway.euro.who.int/en/indicators/hfa_591-7031-number-of-abortions-all-ages
[8] CIA, World Factbook https://www.cia.gov/library/publications/the-world-factbook/geos/mk.html 2018
[9] CIA World Factbook https://www.cia.gov/library/publications/the-world-factbook/fields/print_2103.html

CHAPTER 1: Introduction

1.1.Purpose and objectives or the Four Country Programme Evaluation

Bosnia and Herzegovina, Republic of North 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. 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 International Conference on Population and Development (ICPD) Programme of Action. The primary users of this evaluation are the decision-makers in the cluster countries where UNFPA operates, including the UNFPA 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 overall objectives of this Cluster 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

The evaluation (including country case studies) cover all activities planned and/or implemented during the period: Bosnia and Herzegovina 2013-2018, Republic of North Macedonia 2012-2018, The Republic of Serbia 2013-2018, and Kosovo (UNSCR 1244) 2012-2018 within each programme component: 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 periods of the four countries 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 Cluster Evaluation will 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 Development 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 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

1.3.1. Evaluation criteria and evaluation questions

Evaluation Components and Criteria: This evaluation is designed to review the four programmes' using two separate evaluation components:

Component 1: Analysis of the four programmes' Outcomes, Outputs and activities by the four main focus areas that reflect alignment to the global UNFPA SP 2014-2017 (RHR, Youth, GE and PD), and to the UNFPA SP 2018-2021; and

Component 2: Analysis of the four UNFPA COs coordination within the UNCT and among national partners in the four programmes as well as the COs added value.

There is a clearly defined set of evaluation criteria for each of these two components, which are shown in the Table 1.3.1 below. In addition to the focus on the programme's Outcomes, Outputs and activities in the four main focus areas and the focus on the UNFPA COs coordination and added value, attention is focused on two plans implemented by the programme: 1. Partnership Plan. 2. Communications/advocacy plan. The Resource mobilization plan for RoNM was not analysed because the country does not have this document. These plans were assessed using the same evaluation criteria as listed for Evaluation Component 1.

Table 1 Country Programme Evaluation Components and Evaluation Criteria

Evaluation Component 1	Evaluation Component 2
Analysis of CPD by Focus Area	Analysis of UNFPA CO positioning within country
Evaluation Criteria	Evaluation Criteria
Relevance	Coordination with the UNCT
Effectiveness	Value Added
Efficiency	
Sustainability	

Evaluation Questions and Evaluation Matrix: As outlined in the evaluation TOR, 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 1.3.2 presents the proposed evaluation questions by evaluation component. As required by the evaluation CPE handbook, a detailed evaluation matrix has been prepared which explains which data sources and methods will be used to address each of these questions. All the questions in evaluation matrix were answered and served as a ground for elaboration of the findings, conclusions and recommendations (Annex 2).

Focus of the Evaluation: The evaluations covered the entire CP programme period 2012 to date, but was focused on the outcomes and outputs within the most recent updated UN Development Framework.

Methods overview: The collection of evaluation data was carried out through a variety of techniques that range 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.[1]

The evaluation was based on seven key activities:

1. Desk review of documents and financial and other pertinent program data.
2. Site visits to UNFPA targeted areas.
3. Semi-structured group and individual interviews with stakeholders (including national counterparts, IPs and development partners)
4. Interviews with UNFPA Country program Clients/beneficiaries for all four focus areas[2].
5. Training follow-up interviews with trainees in UNFPA supported training events.
6. Focus group discussions (FGDs) with a limited number of small, homogeneous groups of stakeholders and beneficiaries.
7. Direct observation.

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 of key programme stakeholders (national governmental and non-governmental counterparts, Evaluation Manager from the UNFPA Country Office). The primary functions of the ERG were to advise on the drafting of the TOR, provide relevant information and documentation, facilitate access to key informants and provide feedback on the content and quality of the CPE report.

Selection of Program Sites: Visits were made to implementation agencies at the National and regional level. There were visits to the University Gynaecological and Obstetrics Clinic in Skopje, the Specialized Gynaecological and Obstetrics Hospital in Chair (Skopje), Clinical Hospital in Tetovo and the Hospital in Kumanovo. The selection of cities was made independently in accordance with objective selection criteria given in the Design Report.[3] The selection of a limited number of cities resulted from a lack of options given that the UNFPA activities are mostly focused in the capital.

Desk review and synthesis by the four 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 Evaluation TOR (Annex 1) criteria for the two evaluation components: 1) the analysis by focus areas (Relevance, Effectiveness, Efficiency and 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 was employed to assess the two plans implemented in programm: 1. Partnership Plan; and 2. Communications/ advocacy plan.

[1] UNEG Ethical Guidelines for Evaluation. UNEG, March 2008.
[2] Four Focus Areas in Republic of North Macedonia are: Sexual and Reproductive health (SRH), Youth and Adolescent (Y&A), Gender (GE - as a part of other focus areas) and Population Dynamic (PD)
[3] Criteria: i.. good balance of programme sites for each intervention and CP programme focus area, ii. client/beneficiaries in major regions of the country. Sites were finalized from inputs from stakeholders,

Semi-structured interviews with stakeholders : These interviews were conducted with a consistent set of precautions for informed consent and confidentiality. See attached the site visit planning calendars for each programme in Annex 3. Table 1. All interviews were done in local language or with translation. As outlined in the section on the development of the sampling frame in the Design Report, a purposive selection was made of key informants, with an attempt to achieve a balance according to region, focus area and female versus male respondents. In addition, key informants were selected from donor agencies and UN Agencies. As shown below in Table 1.3.2, a total of 78[4] representatives of different ministries, institutions, organizations, IP and similar were interviewed. Some of them were included in two or three programs, so according to the results presented in Table 1.3.2. **78 interviews** which cover all program areas were implemented. Out of all participants, 72% were women.

Table 2. Sample of stakeholder interviews by program area and gender

Stakeholder interviews	Planned	Interviewed[5]		
		Total	Male	Female
RHR/SRH	**12**	**34**	11	23
A&Y	**12**	**15**	4	11
Gender	**12**	**5**	1	4
PD	**12**	**14**	4	10
UNFPA/UNCT	**16**	**8**	1	7
Donor Agency staff	**6**	**0**	0	0
Total	**70**	**78**	**21**	**55**
			28%	**72%**

Training Follow-up Assessment: With the kind assistance of CO UNFPA, a data base was developed for all training events sponsored by the UNFPA in the last years (See Annex 4). This data base covers 19 types of trainings attended by around 767 persons (57% of trainees were women: 436 women, and 15% were men; 111 men). Additionally, the IP sent contacts from trainees in youth program area, which were supported by UNFPA, technical support only. The purposive sample of training activities was selected from this data base to achieve balance on trainings conducted within the four focus areas (RHR, Youth, GE and PD) in major training category areas. To save time, these participants in UNFPA-supported trainings were interviewed in small groups by using a standardized anonymous self-administered questionnaire (SAQ). After all participants completed the SAQ, there was a debriefing that followed a standard discussion guide.

Table 3. Sample of trainees interviews by Program Area and gender

Training follow-up	Planned	Interviewed		
		Total	Male	Female
SRH	**12**	**24**	7 (6=30-50y.,1=over 50y.)	17 (10=30-50y.,7=over 50y.)
A&Y	**12**	**8**	6 (all age 18-29)	2 (all age 18-29)
Gender	**12**	**0**		
PD	**12**	**0**		
UNFPA/UNCT	**12**	**0**		
Total	**48**	**32** (67%)	**13**	**19**
			41%	59%

[4] The total number of persons interviewed is 60. Out of them some were representing two or three Program areas (this can be seen in the Annex 3. Schedule of Field Work Activities)

[5] There was a lack of information about the age of the participants as there were no questions inquiring their age. In the process of selection of participants their age of 18+ has been taken care of. Nevertheless, in the component A&Y most of the participants were younger, but still over 18.

This debriefing discussion guide probed for gaps in training, preferred training approaches and recommendations for future UNFPA supported trainings. Per the design report, the target sample size was proposed to be **twenty completed interviews** with a reasonable balance across the four focus areas. As shown in Table 1.3.3., training follow-up interviewees attended sessions, which met the overall target but was not distributed evenly by focus area (they completed a total of 32 SAQs, which were entered in Google drive form). 59% of these respondents were women. 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. In Annex 3, Table 2, the information about interviewed trainees is presented. Research team members administered the interviews and were available to answer questions, if participants need clarification on questions. The SAQs was translated into local languages. If needed, the debriefing discussions were carried out with translation.

Client/Beneficiary Interviews Using a qualitative semi-structured interview questionnaire, interviews were conducted with client/beneficiaries of activities conducted within each of the four focus areas. These interviews were designed to assess client satisfaction with the services they have received from implementing agencies working within each of the four focus areas. In Annex 3, table 3, the list of 16 Clients/Beneficiaries interviewed are presented. 44% were women, one was transgender and 50% were male.

Table 4. Sample of Client/Beneficiary interviews by Program Area and gender

Client/Beneficiary	Planned	Total number of Client/Beneficiary			
		Total	Male	Female	Transgender
SRH	**8**	**5** (all 30-50)	1	3	1
A&Y	**8**	**2** (all 18-29)		2	
Gender	**8**	**4** (1=18-29, 3=30-50)	4		
PD	**8**	**5** (all 30-50)	3	2	
Total	**32**	**16 (50%)**	**8**	**7**	**1**
			50%	44%	6%

FGDs: Using tailored FGD Guides, a FGD was conducted with beneficiaries from A&Y program (group of trainers and trainees in peer education). In Annex 3, Table 4 the list of participants in FGD is presented.

Table 5. Sample of trainees interviews by Program Area and gender

FGD	Planned FGD	Implemented FGD	Total number of FGD participants		
			Total	Male	Female
SRH	**1**	**0**			
A&Y	**1**	**1**	**7**	3	4
Gender	**1**	**0**			
PD	**1**	**0**			
	4	**1 (25%)**		**43%**	**57%**

The evaluation team worked closely with UNFPA CO staff to identify suitable opportunities to arrange FGDs in each of the regions visited, attempting to get at least one FGD for each program area. Despite repeated efforts, due to logistical problems and unavailability of client beneficiaries at the times the team was visiting different institutions and regions, it was not feasible to set up FGDs for other program area

except for Y&E. Table 1.3.5. presents the sample of participants in the FGD. There are 57% young female participants.

Direct observation: In November 2018 the evaluation team attended the meeting at the State Statistics Office with NGO sector and media related to the census. On 10th of April 2019 the launching of the State of World Population Report 2019 organised by the UNFPA was attended by the evaluation team.

1.3.2. Selection of the sample

Intensive effort was made to ensure that a wide range of stakeholders were consulted during the CPE, with a good balance for each of the activities within all four of the CP focus areas at the National and Regional and below. The criteria used on selecting the areas for field work included a detailed mapping of UNFPA country programme activities by area in coordination with the Country office. Extra attention was given to the larger programme area components, especially SHR. Based on the stakeholder framework developed, the sample of participants in the interviews, while purposive and non-random, provided a reasonable range of information and perceptions among most of the implementing agencies (See the Site visit Planning Schedule and the listing of stakeholders interviewed in Annex 3).

The sampling for interviews was done independently, without influence from the Country Office, taking into consideration the following specific aspects:

- The Evaluation team initially received the list of proposed participants from the CO organised according to the program area.
- After that, the Evaluation team selected the stakeholders/ trainees/ beneficiaries to ensure diversity among the Program Areas.
- During this process, a need for additional interviews with some stakeholders which were not proposed by the Country Office team was identified. For example, some of selected participants related to the A&Y program, related to Comprehensive Sexuality Education (CSE), were interviewed to provide greater understanding of issues related to this topic.
- The selection of the cities was also done independently from the proposed list provided by the CO. This was done to ensure greater access to UNFPA supported activities.

1.3.3. Availability assessment, limitations and risks

Limitations and possible biases of the approach: In view of the critical need to ensure that an adequate number of stakeholder interviews were completed in each program areas, where is possible in different region, targets for some other types of respondents were not met. The team did not achieve the desired balance by region and program area. In addition, only five client/beneficiary interviews were conducted for the SHR programme area. There were other important limitations in the methods. First, due to time and resources it was not feasible to collect representative samples. While there was some opportunity for a randomization process for the training follow-up interviews, all other samples were purposive and not truly representative of the target populations of stakeholders, trainees and client/beneficiaries. The short time frame permitted to field the evaluation was the main cause of the low response rates for certain interview categories: 50% of planned interviewed with Client/Beneficiaries, 67% of Training follow-up interviews, and 25% of planned FGDs (see tables 1.3.3., 1.3.4., 1.3.5. beyond). There are possible biases in the selection of respondents, due to the fact that locations were selected by the evaluation team on a purposive non- random basis. To avoid the possibility of bias from the presence of UNFPA staff, all interviews were conducted by the evaluation team in private without any UNFPA staff present.

In conclusion, *purposive sampling* was used based on the identification and selection of respondents that met the predetermined criteria of importance: Program Area, Location and/or Level of influence in policy making process.

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, Republic of North 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
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

Table 6. Evaluation Questions for Components 1 and 2 for the Four UNFPA CPEs

CHAPTER 2: Country context

2.1 Development challenges and national strategies

Republic of North Macedonia was one of the six republics of the SFR of Yugoslavia which gained its independence peacefully in 1991. It is an upper-middle-income country, with around 2 million population (data from Census of 2002) that has gone through major social and political changes since gaining independence. The total area of the country is 23,713 square kilometers. It is organized in eight statistical regions which exist solely for legal and statistical purposes: Eastern, Northeastern, Pelagonia, Polog, Skopje, Southeastern, Southwestern and Vardar region. Additionally, it is divided into 80 municipalities with equal status, and the capital, the City of Skopje, regulated with a separate law. The ethnic composition consists of: Macedonian 64.2%, Albanian 25.2%, Turkish 3.9%, Romani 2.7%, Serb 1.8%, other 2.2%. Minority languages are co-official with Macedonian in municipalities where they are spoken by at least 20% of the population. The Median age is 37.9 years, more precisely 30,6% are 0-24 years old, 56% are 25-64 years and 13% are 65 years and over. According to gender, there is a balance between male (49.8%) and female (50.2%). (2002 est.[6]).[7]

An analysis of **material deprivation, poverty and social inclusion** identified that 30.8% of all surveyed households are materially deprived, as they cannot provide at least four of nine basic items. Only 22% of all households report being able to provide all nine items[8].

Table 7. Selected data for the former Republic of North Macedonia.

Republic of North Macedonia[9]	**2017**
Population, million	2.08
GDP, current US$ billion	11.3
GDP per capita, current US$	5.2
School Enrollment, primary (%gross)	93.2
Life Expectancy at birth, year (2017)	75.5

Current gross domestic product (**GDP)** is US$ billion 11.3. While the gross domestic product per capita in 2013 was US$ 4.8, current GDP per capita is US$ 5.2. The gross national income (GNI) per capita increased by about 31.3 percent between 1990 and 2017.

The human development index (HDI) for 2013 ranked Republic of North Macedonia 84 out of 187 countries, and the gender gap index ranked it 70 out of 142 countries. The HDI value for 2017 reached 0.757, which puts the country in the higher human development category - positioning it at 80 out of 189 countries and territories. This rank is shared with Azerbaijan and Lebanon.

Between 1990 and 2017, the **life expectancy at birth** increased by 4.7 years, reaching years 75.5 in 2017. As in many other countries, the gap between female and male life expectancy is substantial - the difference of 4.6 years in 1991 widened to 5.7 years in 2005, but had narrowed to 3.9 years in 2012. **The primary school enrolment** in 2017 is 93.2 %, while mean years of schooling increased by 3.1 years and expected years of schooling increased by 3.0 years.[10]

[6] It is an estimated number because is based to the last conducted census in 2002. All the data in this paragraph refers to data from the census.
[7] Republic of North Macedonia Health system review Health Systems in Transition Vol. 19 No. 3 2017
[8] Republic of North Macedonia Health system review Health Systems in Transition Vol. 19 No. 3 2017
[9] The World Bank in the Republic of North Macedonia Country Snapshot. April 2018.
http://pubdocs.worldbank.org/en/942631524171033683/Macedonia-Snapshot-Spring2018.pdf
[10] World Bank Snapshot 2018 http://pubdocs.worldbank.org/en/942631524171033683/Macedonia-Snapshot-Spring2018.pdf

During the period 2014–17, the country experienced an extended and serious political crisis. A political dialogue among main political parties, facilitated by the international community, resulted in to the "**Przhino Agreement**" which set the date for the new parliamentary elections. The **elections** were held in December 2016, resulting in the formation of a new Government in June 2017. The ambitious reform agenda outlined in the Government Program 2017–2020 focuses on economic growth, job creation, fair taxation, support to small and medium enterprises (SMEs), and reform of social protection for the most vulnerable.

In addition, the Government adopted the **3-6-9 Action Plan**, which includes a set of measures to be implemented in the three, six, and nine months to accelerate the process of EU and NATO accession, with the aim of securing a date for the start of EU accession negotiations by the next European Commission Progress Report in spring 2018.

Growth slowed to 2.4% in 2016 and turned negative in the first half of 2017, as political uncertainty affected investment. It was expected to recover to 1.5% by the end of the year, supported by consumption and growing investor confidence after the new Government took office in June 2017.

Unemployment eased in 2016 and early 2017, helped by public investment and employment programs, but labor force participation fell to its lowest since 2012. Female participation in the labor market is 42.5 percent compared to 67.6 for men. The labor market distortions restrain growth potential. The decrease in unemployment partly reflects the low and declining activity rates. Moreover, the gender gap remains significant, with about 78% of men participating in the labor market, compared to 52% of women. The overall employment rate has increased gradually, from 48% in 2012 to about 53 % in 2016 (age 20-64), but remains at a low level. Given the low female participation rates, women of working age are less likely to be in employment than men. Long-term unemployment has been declining somewhat in the last five years, but remains high, at 19.2 % of the labor force (2016). Youth unemployment (15-24 year olds) has been slowly, but steadily declining in recent years, but remains high, at some 46% in the last quarter of 2017. Large-scale emigration of skilled workers and low levels of enrolment in post-secondary education have left the economy struggling to rebuild a qualified young workforce. This holds back potential growth and delays the structural transformation of the economy, as it impedes the reallocation of resources towards sectors with higher productivity.

The significant economic gains have been unevenly distributed, with the bottom quintile receiving less than one twentieth of equalized income and the top quintile receiving almost half. **The total unemployment rate** in 2014 was 28 per cent. **The youth unemployment rate** was 53.1 per cent (52 per cent for men and 55 per cent for women). People with education below the secondary level, those living in large households or in rural areas, women with multiple pregnancies in their early reproductive life and people with disabilities are the most disadvantaged.[11]

Some 83 per cent of children in the general population have attended **secondary school** compared to only 38 per cent of Roma children. Among Roma children**,** 58 per cent do not attend secondary school at all, and their access to information is limited.[12] The social norms, practices and cultural

[11] United Nations Population Fund. Country programme document for the Republic of North Macedonia. (2016-2020)
[12] UNFPA Country programme document for the Republic of North Macedonia. (2016-2020)

values of the Roma perpetuate stigma, neglect and discrimination of service providers against these communities.

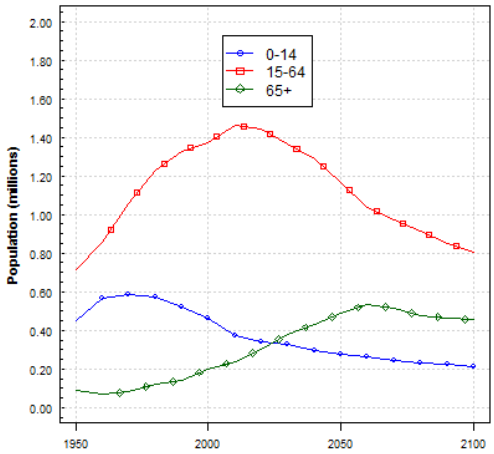
Population Dynamics: The last **census was carried out in 2002,** the preparations for the next Census, scheduled for June 2020, are underway; reliable population data is scarce and the statistics system needs harmonizing with international standards. According to data from the last Census of the population, households and housing units in 2002, in Republic of North Macedonia there were 2,022,547 inhabitants, representing an increase of 3.9% in comparison with the Census in 1994 and 43%, compared to the 1948 Census. On the basis of results from censuses and data for natural and mechanical population growth in inter-census periods, population estimates are being calculated on annual basis (situation on June 30 and December 31). According to the **last population estimation (December 31, 2015), there are 2,071,278** inhabitants in Republic of North Macedonia which represents 13,994 persons or 0.7% more in comparison with 2010 when the population amounted to 2,057,284 inhabitants. The percentage share of women and men in the total population is almost equal, 49.9% of the population are women and 50.1% are men. The population density in 2015 was 80.5 inhabitants per km², thus putting the country in a relatively favorable position. However, bearing in mind the territorial distribution of the population, figures are less favorable. The most densely inhabited regions are the Skopje region (340 inhabitants per km²) and the Polog region (132 inhabitants per km²), whereas the least densely populated area is the Vardar region with approximately 38 inhabitants per km².

Table 8 Republic of North Macedonia Population Structure by Age

	0-14	15-64	65+	Unknown
2005	396,351	1,414,995	226,272	896
2010	358,971	1,456,785	241,060	468
2015	344,909	1,457,092	268,997	280

Source: UNFPA. Country programme document for Republic of North Macedonia. (2016-2020)

Figure 1: Total Republic of North Macedonia population by broad age group

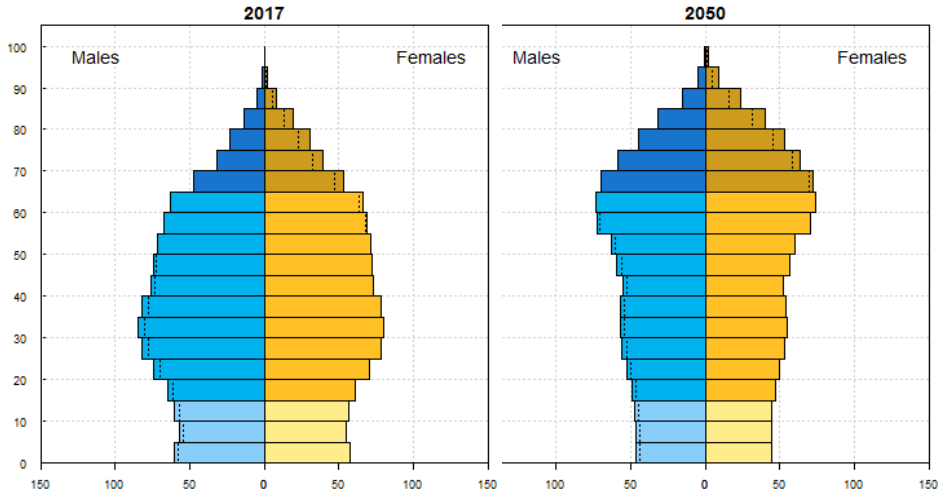


Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.

Regarding the age structure, the population of Republic of North Macedonia is getting older, i.e. the percentage of the old population rises and so does its share in the total population. In the period from 2005 to 2015, the percentage of the younger population (0-14 years) in the total population

decreased from 19.4% to 16.7% and the percentage of the old population (65 and above) increased from 11.1% to 13.0%. The country now exceeds the limit of 12% of old population and has entered the group of countries which are demographically characterized as countries with older populations.

Figure 2. Republic of North Macedonia Population Division according to the age/gender in 2017 and projected for 2050[13]



Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision. https://population.un.org/wpp/Graphs/Probabilistic/EX/FMCOMP/

Potential **pressure, changes and problems that the aging population** may cause are clearly depicted through values of certain demographic indicators. The average age of population shows a continuous increase and in 2015 it amounted to 38.5 years (37.6 for men and 39.3 for women). Having in mind the projections, the average age will increase in the following years as a result of the increased share of the old population. In the **field of economy, ageing influences** economic growth, saving, investments, production, labor force, pensions, taxes and intergeneration transfers. In a social sense, aging influences family structure and lifestyle, household demand, migration trends, epidemiology and health care. It can be stated that this period is a challenge for those who plan the public policy in the country because in order to redeem the consequences of aging, a lot of economic and social adjustments are needed. The total **fertility rate** stands at 1.52. The share of persons over 65 years of age is 11.7 per cent of the total population; it is expected to reach 26.7 per cent by 2050. Due to internal migration to urban areas, 58 per cent of the population now lives in cities. There is no in-depth demographic and health research to document fertility patterns and preferences or gender and intergenerational relations to inform evidence-based population policies, including for social inclusion. The national population strategy, 2015-2024, developed with UNFPA support, has been recently adopted.

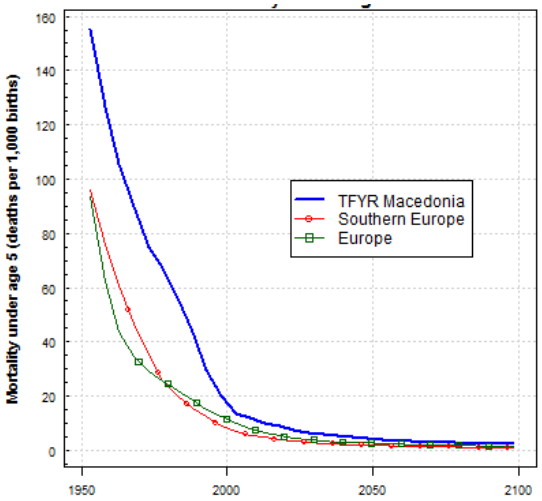
Sexual and Reproductive Health and Maternal and Child Health[14]

The law on health protection provides universal coverage. Public health expenditure is 4.58 per cent of the gross domestic product. Work on sexual and reproductive health is governed by the national strategy on sexual and reproductive health, 2010-2020, and the national strategy on safe motherhood, 2010-2015. The health information system needs improvement; currently it results

[13] The data are in thousands or millions; the dotted line indicates the excess male or female population in certain age groups.
[14] The largest portion of data originates from UNFPA Country programme document for the Republic of North Macedonia. (2016-2020). For practical reasons each part coming from this resource will be denoted with [1]

in poor evidence -based planning and monitoring of financing and standards of care. The health system response to the floods in February 2015 was generally adequate; support is needed to integrate reproductive health into the emergency response.

Figure 3. Republic of North Macedonia Mortality under Age 5



Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision

The **maternal mortality rate** has decreased, from 11 per 1 00,000 live births in 1991 to 4 per 100,000 live births in 2012, and rose to 12,7 per 100,000 live births in 2014[15], but reliability of data remains a concern. The infant mortality rate has increased, from 7.6 per 1,000 live births in 2010 to 10.2 in 2013 and reduced to 9.2 in 2017, with 59 per cent neonatal deaths. Accessibility and quality of emergency obstetrics and neonatal care is limited by a poor referral system and insufficient capacity of health-care providers. Although antenatal care is free of charge, regulations are unclear; some women are charged for services.

Table 9. Overview of the natural change of population in Republic of North Macedonia

year[16]	Mid-year population, in '000	Live births	Deaths		Natural increase	Marriages	Divorces	Per 1000 inhabitants				Infant deaths per 1000 live births
			Total	infants				live births	Deaths	natural increase	Marriages	
1995	1 966[1)]	32 154	16 338	729	15 816	15 823	710	16.3	8.3	8.0	8.0	22.7
2002	2 020[3)]	27 761	17 962	283	9 799	14 522	1 310	13.7	8.9	4.8	7.2	10.2
2004	2 032[3)]	23 361	17 944	308	5 417	14 073	1 645	11.5	8.8	2.7	6.9	13.2
2012	2 061[3)]	23 568	20 134	230	3 434	13 991	1 926	11.4	9.8	1.7	6.8	9.8
2013	2 064[3)]	23 138	19 208	237	3 930	13 982	2 045	11.2	9.3	1.9	6.8	10.2
2014	2 067[3)]	23 596	19 718	233	3 878	13 813	2 210	11.4	9.5	1.9	6.7	9.9
2015	2 070[3)]	23 075	20 461	198	2 614	14 186	2 200	11.1	9.9	1.3	6.9	8.6
2016	2 072[3)]	23 002	20 421	273	2 581	13 199	1 985	11.1	9.9	1.2	6.4	11.9
2017	2 075[3)]	21 754	20 318	201	1 436	13 781	1 994	10.5	9.8	0.7	6.6	9.2
[1)] 1994 Population Census data												
[2)] The estimates were made on the basis of the total population from the 1994 Census.												
[3)] The estimates were made on the basis of the total population from the 2002 Census.												

[15] Information on mothers and child health in R.N. Macedonia in 2017, Institute of MCH, Health Home, Skopje, 2018

[16] Overview of the natural change in population. Source: Статистички годишник на Република Северна Македонија, 2018 (Population)

[4] The data on live births, deaths and marriages from 2004 are according to the new methodology for presenting the vital statistics data

Source: Статистички годишник на Република Северна Македонија, 2018.
http://www.stat.gov.mk/PrikaziPublikacija.aspx?id=34&rbr=735

The burden of disease has shifted to **non-communicable diseases**, with long-term implications for productivity and health system costs. The combination of an aging population and lifestyle changes contributed to this change and the most frequent causes of death are now circulatory diseases. The total fertility rate is currently below the replacement level (1.5), which means the population is projected to decline and age in coming years. By 2050, the population is projected to be only 1.8 million, and 35 percent of it will be over 60. In addition, elevated smoking rates, worsening dietary habits, and hypertension constitute the major risk factors in the country, which has one of the highest per capita rates of cigarette consumption in the world, with nearly 25 cigarettes smoked per day on average[17]. These demographic trends have significant implications for the provision of health care, and the sustainability of health financing.

As per the **status of the maternal and infant health**, certain maternal socio-demographic characteristics have a significant influence on the infant mortality rates, including education, place of residence, age, ethnicity, and marital status. The most important factor is education; among those with low and high levels of education, the mortality rates were 16.4 and 5.9 per 1000 live newborns, respectively. The lowest infant mortality was evidenced among the mothers in the age group of 20-29 years and the highest rates in those older than age 40 years. Adolescent mothers (15-19 years) had infant mortality rates higher than those in the age group 20-29 years. Infant mortality is slightly higher in the rural areas (10.7%) compared with urban (9.9%). According to ethnicity, the lowest infant mortality in 2013 was among the Turks (8.1%) and highest among the Roma (17.4%). Perinatal causes (73%) and congenital anomalies (10.5%) are the most common causes for infant mortality (0-12 months). Prematurity (78%) is the principal factor for perinatal mortality. Infant mortality is highest in the neonatal period (73% in the first month).[18]

Table 10. Indicators of maternal and infant health in Republic of North Macedonia (2010-2017)

	2010	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
Maternal mortality/100 000 live newborns	8,2	4.4	4.2	4.3	12.7			
Perinatal mortality/1000 deliveries	12,6	12.3	12.8	14.3	12,7	12.8	16.0	14.8
Infant mortality/1000 live newborns	7,6	7.5	9,7	10.2	9,9	8.6	11.9	9.2
Low birth weight (% newborns <2500 g)	7,8	7.0	7.2	7.4	7,2	7.6	8.2	8.5

Source: Infromation on mothers and child health in R.N. Macedonia in 2017, Institute of MCH, Health Home, Skopje, 2018

The total contraceptive prevalence rate increased from 13.5 per cent among women aged 15-49 years in 2006 to 40.2 per cent in 2011. While the modern contraceptive prevalence rate has increased among women aged 15-49 years, from 9.8 per cent in 2006 to 12.8 per cent in 2011, the rates are lower among

[17] World Bank, 2013. Getting Better: Improving Health System Outcomes in Europe and Central Asia. Washington, D.C.
[18] The Child Health Care System of Republic of North Macedonia. Velibor Tasic, MD1, Dragan Danilovski, MD2, and Zoran Gucev, MD1. The Journal of Pediatrics. www.jpeds.com. October 2016.

rural, poor and low-educated women, and have decreased for Roma women from 9.5 per cent in 2006 to 7.2 per cent per cent in 2011. Unmet need for family planning stands at 17.2 per cent in the total population and 22.2 per cent among the Roma. Supply and demand for modern contraceptives is low; this is due to (a) poor quality of family planning services, with insufficient numbers of trained service providers and uneven distribution among urban and rural areas; (b) prejudices against contraception among medical practitioners and the general population; (c) lack of sexuality education, cultural barriers, stigma and discrimination, especially for the Roma and other marginalized groups; and (d) high market prices and lack of free-of-charge contraceptives for socially marginalized groups due to their exclusion from the Positive List of Drugs. [1]

The adolescent birth rate is 13 per 1,000 women aged 15-19 years and 94 per 1,000 women among the Roma (MICS 2011). The adolescent pregnancy rate is 19.5 per 1000 in 201619. Some 31 per cent of boys and 3 per cent of girls initiate sexual life before the age of 14; and 11 per cent of women aged 20-49 years were married before the age of 18. (Country CPD) The country lacks intersectoral protocols for cooperation to prevent girls from entering into early marriage and to support those who already have married.

The HIV prevalence rate is below 0.1 per cent; the epidemic mostly affects injecting drug users, sex workers, men having sex with men and prisoners. Some 239 cases of HIV were registered by 2014, with 90 persons currently on antiretroviral therapy. Nearly half (49.7 per cent) of youth aged 15-24 years reported using condoms consistently in the last 12 months; 19.4 per cent correctly identified ways of preventing HIV sexual transmission, but only 2.5 per cent had taken an HIV test in the past 12 months (Country CPD). Youth sexual and reproductive health needs are not prioritized in the health system and comprehensive sexuality education is insufficiently incorporated in school curricula.

The breast cancer incidence rate was 111.7 per 100,000 women in 2013, with a mortality rate of 28.7 per 100,000 women. The cervical cancer incidence rate was 16.6 per 100,000 women in 2013, with a mortality rate of 14.4 per 100,000 women (UNFPA CPD). Cancer prevention strategies and action plans lack implementation frameworks and sustainability.

Gender Equality and Gender Based Violence

Discriminatory customs, traditions and stereotypes significantly affect the status of women. While there are supportive legislative changes, widespread domestic violence and gender-based violence remain underreported, with almost half of the surveyed women experiencing at least one form of violence in their lifetime. The recently ratified Council of Europe's Convention on preventing and combating violence against women and domestic violence, known as the Istanbul Convention (2008), establishes the link between achieving gender equality and the eradication of violence against women. It recognizes the structural nature of violence against women reflected in historically and persistently unequal power relations between women and men. To ensure effective implementation of its provisions the Convention sets up a special monitoring mechanism.

Early marriage remains a concern; the sex ratio at birth was 109 males per 100 female births in 2013 and 106 males per 100 female births in 2014, pointing to possible gender-biased sex selection. The integrated system of data collection on gender-based violence is underutilized. The health system insufficiently addresses gender-based violence; counseling services and long-term reintegration programmes for survivors of violence are both lacking. The recently established inter-sectorial body for

[19] Health System Investment and Cost-savings of Modern Contraceptive Provision in Macedonia, Nicu Fota, December 2017

human rights needs to be strengthened to monitor sexual and reproductive rights and gender-based violence.

The role of external assistance

The role of external assistance varies considerably over time. As shown below in Table 2.2.1, the overall disbursements for the four entities have declined since 2008 and 2009 when they were at their highest levels, (ranging from $134 million for Republic of North Macedonia) to a more constant lower levels in 2016 (ranging from $52 million for Republic of North Macedonia)20. When taking into account the size of the populations, the annual per capita size of the disbursements is $29 for Republic of North Macedonia).

Table 2.2.2, shows total annual UNFPA contributions to the four programmes from 2008 through 2017 (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 programmes, with the exception of 2013 when it dropped to just 0.97 million.

Table 11. Total Official Development Assistance Disbursements to Four Programmes 2008 to 2016.

Donor	DAC Countries, Total								
Aid type	ODA: Total Net								
Part	1 : Part I - Developing Countries								
Amount type	Constant Prices								
Unit	US Dollar, Millions, 2016								
Year	2008	2009	2010	2011	2012	2013	2014	2015	2016
Recipient									
Bosnia and Herzegovina	285.82	265.62	231.24	245.94	195.24	168.68	189.54	147.23	164.62
Former Yugoslav Republic of Macedonia	134.84	127.38	89.23	67.62	73.09	96.87	79.54	45.4	51.88
Kosovo	..	438.81	180.95	177.22	281.26	254.89	241.54	185.7	177.26
Serbia	506.51	269.2	299.31	225.97	149.4	129.8	136.83	146.78	175.44

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.

Table 12.Total UNFPA contributions to four programmes from 2008 through 2017 (excludes funds from other sources for UNFPA activities).

Donor: UNFPA										
Aid type: ODA: Total Net										
Part 1: Part I - Developing Countries										
Amount type: Constant Prices										
Unit: US Dollar, Millions, 2016										
Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Recipient Countries										
Bosnia and Herzegovina	0.43	0.41	0.53	0.42	0.37	0.37	0.59	0.52	0.42	0.4
Former Yugoslav Republic of Macedonia	0.15	0.24	0.23	0.19	0.2	0.23	0.28	0.41	0.29	0.3
Kosovo	..	0.45	..	..	..	0.24	0.23	0.25	0.3	0.29
Serbia	0.6	0.11	0.65	0.65	0.44	0.13	0.27	0.35	0.36	0.63
Total	1.18	1.21	1.41	1.26	1.01	0.97	1.37	1.53	1.37	1.62

Data extracted on 15 Oct 2018 19:15 UTC (GMT) from OECD.Stat

Source: Dataset: Aid (ODA) disbursements to countries and regions [DAC2a]

[20] Official Development Assistance Disbursements (ODA) include all 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.

CHAPTER 3: UN / UNFPA response and programme strategies for all four countries

3.1 UN and UNFPA response

Republic of North Macedonia has been a member of the United Nations for more than two decades. In this period the country has worked closely with the UN system, as an active member of the international community (most recently as a member of the UN Human Rights Council) as well as a recipient of technical assistance and aid. UN agencies and entities have been present in the country since its independence, focusing on inclusive and sustainable development based on national priorities, in partnership with the Government and the people of Republic of North Macedonia.

The current **Partnership for Sustainable Development**, United Nations Strategy 2016-2020, agreed between the Government and the UN agencies on 24 October 2016, provides a strategic and legal framework for UN activities in the country for the 2016-2020 period. The UN activities during the period 2010-2015 were carried out within the framework of the previous UNDAF, which has set three broad strategic priorities for the UN agencies in Republic of North Macedonia; these are social inclusion, local governance and environmental protection. More specifically, the UNDAF has set the UN Agencies' shared outcomes towards which the UN agencies in the country agreed to work [UN Development Assistance Framework 2010-2015 for Republic of North Macedonia, p.4)

1. Socially excluded people will have gained increased access to improved quality services and greater opportunities to enjoy full and productive lives;
2. Local and regional governance will have been enhanced to promote more equitable development and greater inter-ethnic and social cohesion;
3. Authorities will have developed improved capacities to integrate environment and disaster risk reduction within national and local development frameworks.

As part of the preparations of the new five year strategy for the UN in the country, starting in 2014, a review of the achievements was conducted to inform about the progress under the UNDAF at that point in time. The conclusions of the review suggested that the main strategic goals have been realistic and that in most of the areas substantial progress towards meeting these goals has been achieved. One apparent adjustment has been recommended, notably adding stronger scrutiny to the gender implications of all UN activities, as a cross-cutting requirement, and to the complex of gender issues as set of policies to be further enhanced and endorsed accordingly in the national systems.

Due to the continuity of many of the goals and activities from the previous UNDAF, they have re-appeared in the Partnership for Sustainable Development, United Nations Strategy 2016-2020. In addition, there has been another process which intertwined and was reflected in the formulation of the new Partnership. Namely, while in 2014, the UNDAF 2010 – 2015 was extended to align with the National Sustainable Development Strategy 2013 – 2017, and to reflect the key MDG achievements, the new UNDAF (Partnership Strategy) 2016-2020, suggests that the legacy and achievements of the MDGs are the beginning of the work on the new 17 interconnected Sustainable Development Goals (SDGs), endorsed by the UN General Assembly Document entitled Transforming Our World: The 2030 Agenda for Sustainable Development, in September 2015. It is particularly important to stress their linkages with the key national development goals such as, inter alia, full gender equality, improving health services, getting every child into school beyond primary, etc.

The United Nations Development Assistance Framework (UNDAF) 2016-2020, has been formulated in collaboration with the UN Country Team (UNCT) with the Government of Republic of North Macedonia. In defining the new strategy, close alignment with national goals was a priority. Here preparatory work sought to align the strategy with national, regional and global goals. Drawing on the UN agencies' mandates and associated comparative advantages, and the needs, challenges and opportunities identified by national partners, five priority areas of cooperation have been agreed: employment, social inclusion, good governance, environmental sustainability and gender equality. In line with such consultations and with Government consent, the UN Country Team embraced the One UN approach with the start of the new program. Delivering as One enables UN agencies to engage in more strategic, integrated planning and to strengthen mutual accountability and shared delivery of results, including through joint programming. It also enables the UN team, including the UNFPA, to work together under the umbrella of the "One Programme", even where agencies remain governed by bilateral agreements with the Government. Naturally, the goals and targets of the Sustainable Development Goals (SDGs), which the Government has endorsed, as well as other national strategies and programs, have become the integral and indivisible segment of the new UNDAF. The planning process took into account the three most significant national priorities stated in the Government program, shown below (The Government's four-year Programme (2014-2018) quoted in Revised Indicative Strategy Paper for the Republic of North Macedonia (2014-2020), p. 6).

1. Increased economic growth and employment, as a precondition for improved standards of living and quality of life for citizens;
2. Integration into the EU and the North Atlantic Treaty Organization (NATO);
3. An uncompromising fight against corruption and crime and efficient law enforcement through deep reforms in the judiciary and public administration.

While working with Government and other partners, UN agencies have committed to work towards the achievement of the following five outcomes (Partnership for Sustainable Development United Nations Strategy for 2016-2020, p.9).

1. By 2020, more women and men are able to improve their livelihoods by securing decent and sustainable employment in an increasingly competitive and job-rich economy;
2. By 2020, national and local institutions are better able to design and deliver high-quality services for all users, in a transparent, cost-effective, non-discriminatory and gender- sensitive manner;
3. By 2020, more members of socially excluded and vulnerable groups are empowered to exercise their rights and enjoy a better quality of life and equitable access to basic services;
4. By 2020, individuals, the private sector and state institutions base their actions on the principles of sustainable development, and communities are more resilient to disasters and environmental risks; and
5. By 2020, state institutions are fully accountable to gender equality and anti-discrimination commitments, and more women and girls lead lives free from discrimination and violence.

The above five outcomes indicate that the UN agencies support to Republic of North Macedonia in five strategic areas, each of them contributing to the achievement of the most relevant national development goals, the country's goal towards integration into EU, and aligning with both the Sustainable Development Goals (SDGs) and EU accession criteria.

3.2 UNFPA response through the country programme

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

The UNFPA programmatic response in Republic of North Macedonia is presented through a sequence of activities posted in hierarchical order and with causal interlinkages between conditions and results formulated as the goal of the UNFPA at global level. This goal is defined as "**achievement of universal access to sexual and reproductive health, the realization of reproductive rights, and the reduction in maternal mortality to accelerate progress on the International Conference on Population and Development (ICPD) agenda, to improve lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality"** (UNFPA Strategic Plan 2014-2017, p.4).

Following the **theory of change logic**, the results chain from the above cited overarching goal leads to the sequence of *outputs* and *outcomes* of the UNFPA strategic plan (2014-2017) at the global level, followed by the most recent UNFPA strategic plan 2018-2021. The outcomes of the Strategic plan contributes to all 17 SDGs, but most directly refer and align to the SDG3, SDG5, SDG10 and SDG17.

3.2.2. Current UNFPA country programme

The next (top down) level of the UNFPA programmatic response is presented by the Country Program Document (CPD) and the implementation instruments, the Annual Work Plans (AWPs).

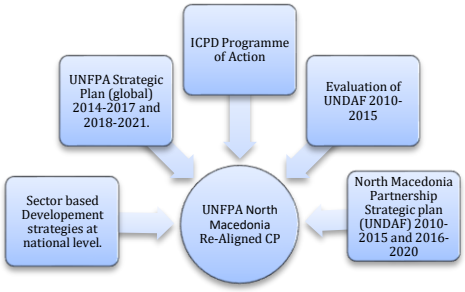


Figure 4. UNFPA Republic of North Macedonia Re-Aligned Country Program linkages with National Strategy and Global Strategic Plans

The UNFPA has been working in Republic of North Macedonia since 2007, on implementation of projects focused on (a) sexual and reproductive health, including youth sexual and reproductive health; (b) gender equality and violence against women; and (c) development of evidence -based population strategies.

Currently, the UNFPA implements its first Country Program, within the 2018-2021 strategic framework set at the global level. The current five-year Country Program Document (CPD) 2016-2020 was developed in cooperation with the Government and other development partners. This program was approved by the Executive Board in 2015. The Country Program applies the human rights based approach and aligns with the national priorities, EU integration requirements, the SDGs, the Program of Action of the International Convention on Population and Development (ICPD), the UNDAF and other international and national documents reflecting the UNFPA underlying goals and principles. The guiding principles include access to affordable, high-quality integrated sexual and reproductive health

services, strengthened accountability, and elimination of all forms of discrimination; and empowerment of marginalized groups, with a focus on the beneficiaries of social transfers, Roma and rural women, adolescents and youth, particularly girls, and key populations at risk of HIV infection.

An evaluation of previous program activities has highlighted a number of achievements such as the high relevance of the program to the population needs, successful leverage of funds, contribution and interactions with the United Nations country team, the Government and other partners, improvement of the national capacity for sexual and reproductive health evidence-based policy formulation and implementation, and national capacity to formulate policies that take into consideration population dynamics (UNFPA Country Program Document for the Republic of North Macedonia (2016-2020), 30 June, 2015,p.3).

In addition to these achievements, the evaluative evidence of the previous program implemented prior to the ongoing CPD pointed out a number of challenges in the program implementation, such as the equitable access to quality reproductive health for marginalized groups, especially Roma, which needs improvement; gender-based violence and early marriage which remain widespread and underreported; and, in absence of Census since 2002, the questionable reliability of population data which also remains a continued concern[21].

Based on lessons learned, the evaluation recommended that the program could (a) prioritize the most vulnerable by ensuring equitable access to integrated sexual and reproductive health services; (b) integrate and mainstream youth, gender and humanitarian issues; (c) ensure sustainability and ownership through active partnership with the Government, civil society, United Nations agencies and other development partners; (d) address the data gap and provide evidence-based policy advice; and (e) ensure functional links between program components.

In implementing its interventions, the UNFPA is guided by three underlying principles (UNFPA Country Program Document for Republic of North Macedonia (2016-2020), 30 June, 2015, p.3):
(a) access to affordable, quality integrated SRH services that meet human rights standards;
(b) the need for strengthened accountability in order to eliminate all forms of discrimination;
(c) the aim of empowering the most marginal groups, with a focus on women, adolescents and youth (particularly girls), and marginal and key populations at higher risk of HIV.

The results chain of the CPD, in line with the UNFPA strategic direction, follows the sequence of four[22] desired outcomes aimed to be achieved through a set of four outputs. It is as follows:

CPD Outcome 1: Sexual and reproductive health
Output 1: Increased national capacity to formulate and implement rights-based policies on integrated sexual and reproductive health services, including in humanitarian settings.

In line with the national strategy on sexual and reproductive health, 2010-2020, the concluding observations of the United Nations Committee on the Elimination of Discrimination against Women (CEDAW), aiming to reduce inequities and increase equal access to quality sexual and reproductive health services, particularly maternal care and family planning, UNFPA, together with partners, will

[21] The preparations for the next Census, scheduled for June 2020, are underway.
[22] The Gender Equality has not been a separate Focus area in the UNFPA country CPD. It has appeared as a theme during the outbreak of the migrant/refuges crisis.

provide advocacy, policy advice and technical support in the following areas: (a) 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; (b) strengthening the health information system to monitor transparent financing and quality standards of maternal health and family planning services, including in humanitarian settings; (c) strengthening reproductive health commodity security; (d) increasing knowledge and skills of service providers to deliver high-quality sexual and reproductive health services, including for vulnerable groups; (e) increasing knowledge and skills on safe sexual behavior and utilization of sexual and reproductive health services; (f) integrating the Minimum Initial Service Package for reproductive health in crisis situations in the health system response; and (g) strengthening the national human rights protection system to monitor reproductive rights.

CPD - Outcome 2: Adolescents and youth
Output 1: Strengthened national capacity to incorporate adolescents and youth and their human rights and needs in laws, policies and programmes, including in humanitarian settings.

UNFPA will partner with the United Nations Development Programme, the United Nations Children's Fund and the World Health Organization to provide advocacy, policy advice and technical support in the following areas: (a) 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; (b) establishment of participatory advocacy platforms for increased investment in marginalized adolescents and youth; (c) strengthening youth peer-education programming, including gender-transformative programming; and (d) revision of school curricula to incorporate comprehensive gender -sensitive and age-appropriate sexuality education.

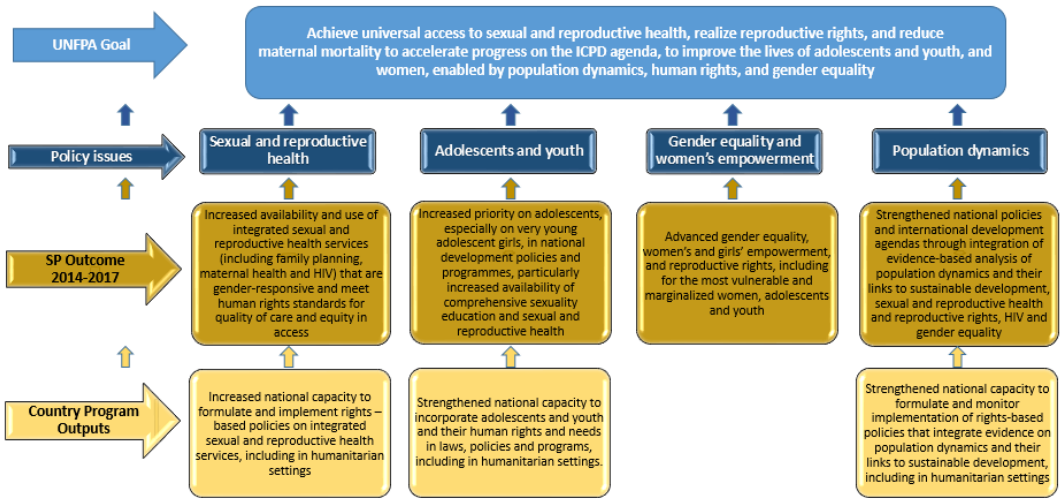


Figure 5. Simplified Logic Model for Republic of North Macedonia 2018 Aligned CP Framework

CPD - Outcome 4: Population dynamics
Output 1: Strengthened national capacity to formulate and monitor implementation of rights-based policies that integrate evidence on population dynamics and their links to sustainable development, including in humanitarian settings.

UNFPA will focus on advocacy, policy advice and technical support, and will partner with United Nations agencies and relevant development partners to strengthen (a) national capacities for population

data collection, analysis, dissemination and use for informed policy development; (b) utilization of data to identify social and economic inequalities that affect women, adolescents, youth, the elderly and marginalized populations; and (c) national capacity to formulate comprehensive programmes, in line with the Madrid International Plan of Action on Ageing, and promote intergenerational solidarity.

3.2.3. The financial structure of the programme

Republic of North Macedonia: $2.5 million: $1.5 million from regular resources and $1 million through co-financing modalities and/or other resources, including regular resources. **Programme period**: Five years (2016-2020) **Cycle of assistance:** First **Category per decision 2013/31**: Pink

Table 13. Planned budget SP 2016-2020

Strategic plan outcome areas		**Regular resources**	**Other resources**	**Total**
Outcome 1	Sexual and reproductive health	1.1	0.7	**1.8**
Outcome 2	Adolescents and youth	0.1	0.2	**0.3**
Outcome 4	Population dynamics	0.1	0.1	**0.2**
Programme coordination and assistance		0.2	–	**0.2**
Total		**1.5**	**1.0**	**2.5**

The Table 3.2.3.2. indicates the expenses made in the period from 2016 to 2018 where 70% of the envisaged regular budget was expended. The highest portion of the budget funds was spent on SRH (76%), then on PD (71%), PCA (54%) and the lowest portion on Youth (45%). Given that 2018 is the third year of implementation, the expected expenses would be in the amount of 60%. A very small percentage of the funds provided by other sources was spent, i.e., only 11% of the allocated funds, which are mostly related to SRH.

Table 14. Comparison among planned budget and expended for the period 2016-2020

	Planned budget SP 2016-2020 (Percent out of total planned)			**Expended Atlas 2016-2018 (Percent out of total expended)**			**Percent of Expended out of planned**		
Resources	Regular	Other	Total	Regular[23]	Other[24]	Total	Regular	Other	Total
SRH	1,100,000 (73%)	700,000 (70%)	1,800,000 (72%)	833,754 (79%)	108,772 (98%)	942,526 (81%)	76%	16%	52%
Youth	100,000 (7%)	200,000 (20%)	300,000 (12%)	45,013 (4%)	2,000 (2%)	47,013 (4%)	45%	1%	16%
PD	100,000 (7%)	100,000 (10%)	200,000 (8%)	70,995 (7%)		70,995 (6%)	71%	0%	35%
PCA	200,000 (13%)		200,000 (8%)	107,381 (10%)		107,381 (9%)	54%		54%
Total	**1,500,000 (60%)**	**1,000,000 (40%)**	**2,500,000**	**1,057,143 (91%)**	**110,772 (9%)**	**1,167,915**	**70%**	**11%**	**47%**

Regarding the costs incurred within the various programme activities, it can be noticed that the highest percentage of the allocated funds were spent on SRH (81% of the total budget from regular and

[23] FPA90/UNFPA
[24] 30063/UNFPA EF, FPA80UNFPA, UQA63 UBRAF, UDC45/PWD TF, 3FPAZ/MK Gvt, NOA53/Norway

additional funds) and at lowest on Youth (4%).

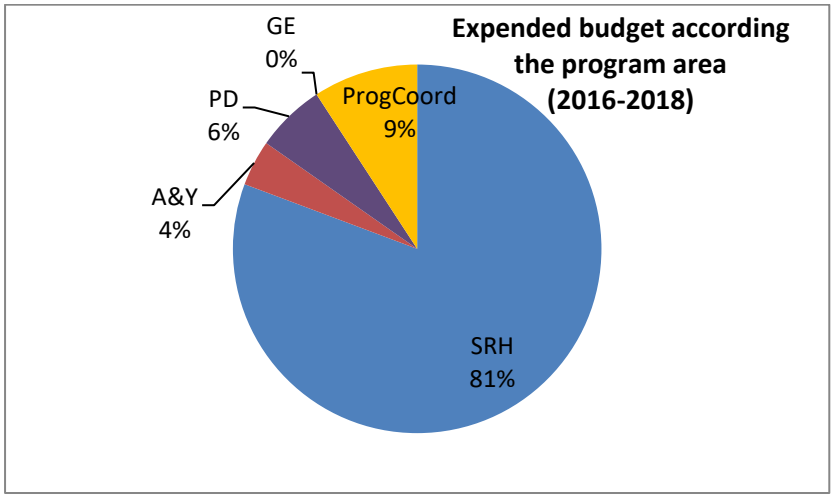


Figure 6. **Expended budget according to the program are (2016-2018)**

On the other hand, if a review of the budget for the period from 2012 to 2018 from Table 3.3.3.3., indicates that the total expenses amount to $USD 2.574.146, of which the highest percentage was spent in 2018 and 2015 (18% of the total budget). In 2015, because of the refugee migrant crisis (additional funding from core and non-core resources was provided to respond to the crisis) while 2018 there was additional resource mobilization through UNPRPD and co-financing project with the government. In 2016 and 2012 (16%), in 2017 and 2014 (12%) and the lowest percentage was spent in 2013 (9%). The Table 3.2.3.3. and the Figure 3.2.3.2. indicate that the highest percentage of the expenses are from the regular budget, then the funds received from other sources and the lowest percentage of the spent budget funds belongs to the UNFPA's regional office which are intended for crisis situations.

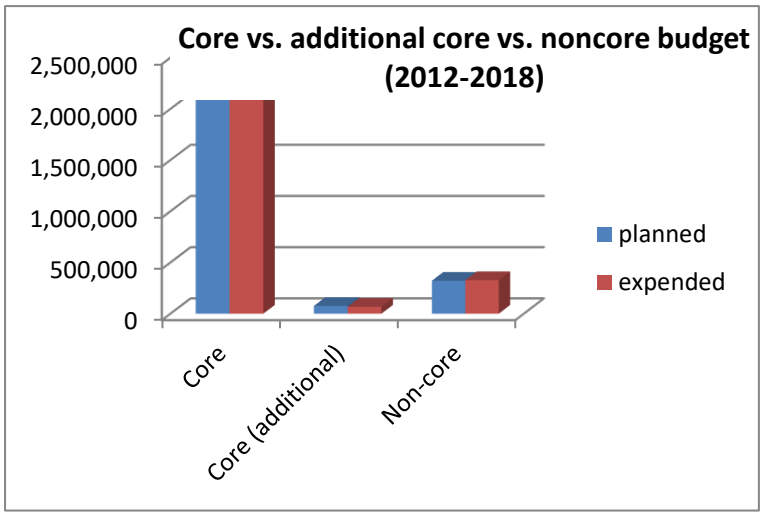


Figure 7. **Budget by funding source by year from 2012 through 2015**

If we compare this data with the Figure 3.2.3.2 we can see that the Core budget is extremely dominant in comparison with additional UNFPA budget and non-core budget.

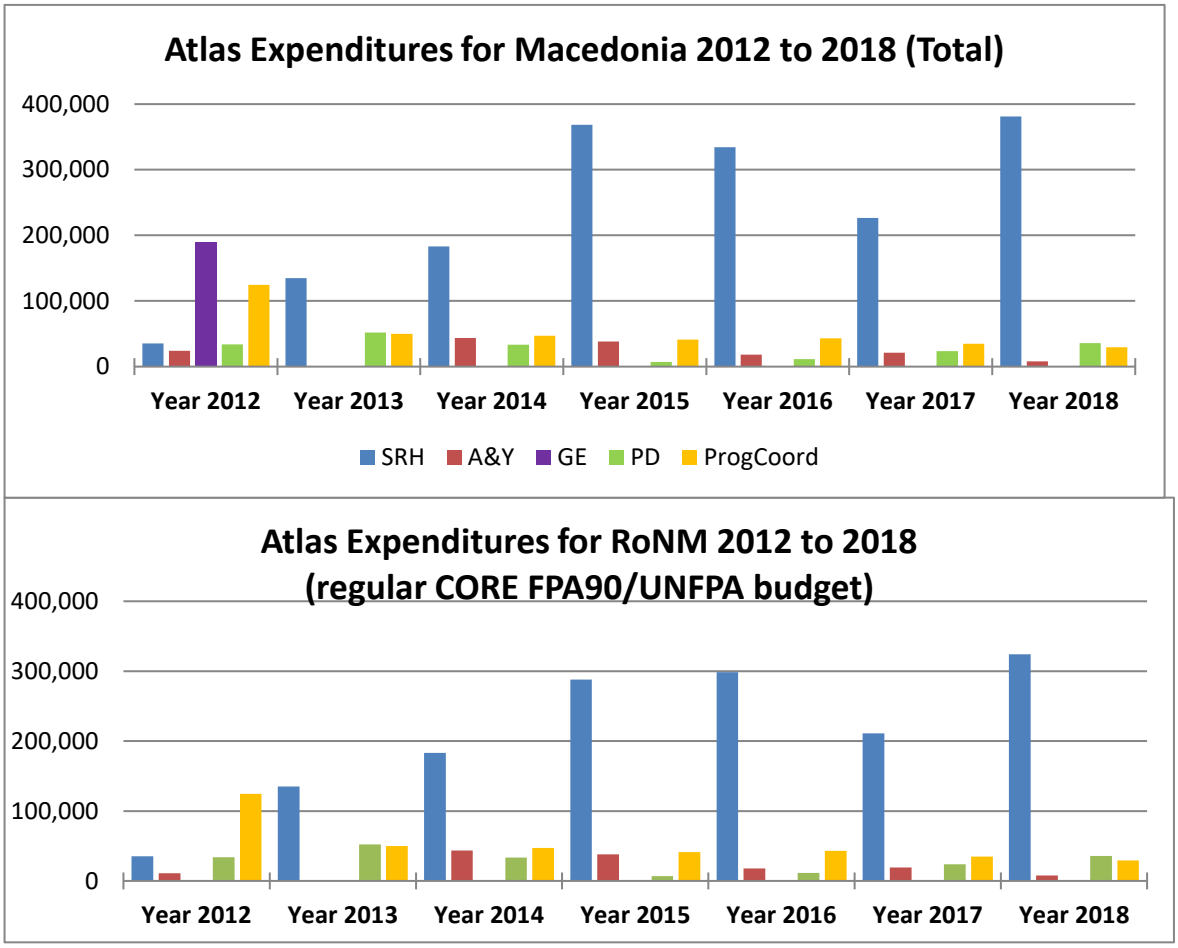
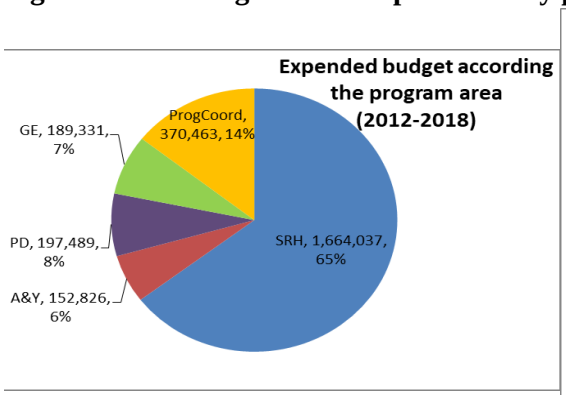
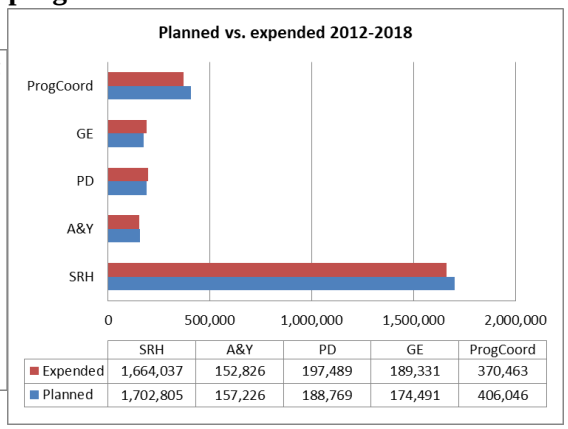


Figure 8. Summary of program expenses from 2012 till 2018 (all budget and Core regular budget FPA90/UNFPA budget)

(Atlas Expenditures for Republic of North Macedonia from 2012 till 2018. FPA90/UNFPA, 30063/UNFPA EF, FPA80UNFPA, UQA63 UBRAF, UDJ04/UNTF VAW, UDC45/PWD TF, 3FPAZ/MK Gvt, UDJ02/Netherlands, NOA53/Norway)

Figure 9. Percentage of total expenditure by program area for 2012-2018





	SRH	A&Y	PD	GE	ProgCoord
Expended	1,664,037	152,826	197,489	189,331	370,463
Planned	1,702,805	157,226	188,769	174,491	406,046

Table 15. Planned/expended budget according to the budget resource

Year	FPA90/ UNFPA, Regular fund (CPD)	30063/ UNFPA EF, Additional fund	FPA80/ UNFPA, Istanbul office fund	UQA63/ UBRAF [25]	UDJ04/ UNTF VAW[26]	UDC45/ PWD TF Trust fund	3FPAZ/ MK Gvt Matching fund	UDJ02/ Netherlands	NOA53 / Norway[27]	
Prog. area	All (all Y)	SRH (Y2015, Y2017)	SRH (Y2015, Y2017)	SRH (Y2015, Y2017)	GB (Y2012)	SRH (Y2018)	SRH (Y2018)	GB (Y2012)	SRH (Y2016)	All (all Y)
2012[28]	227,155		13,300		2,842			171,649		**414,946**
	204,697		13,300		2,692			186,639		**407,328 (16%)**
2013	236,917									**236,917**
	236,991									**236,991 (9%)**
2014	319,999									**319,999**
	307,163									**307,163 (12%)**
2015	370,089	44,892		40,000						**454,981**
	374,457	40,867		39,425						**454,749 (18%)**
2016	378,119								36,666	**414,785**
	371,190								36,064	**407,254 (16%)**
2017	295,290	15,200	2,000	5,000						**317,490**
	288,376	10,796	2,000	4,892						**306,064 (12%)**
2018	404,842					14,226	51,151			**470,219**
	397,577					11,386	45,634			**454,597 (18%)**
Total	**2,232,411**	**60,092**	**15,300**	**45,000**	**2,842**	**14,226**	**51,151**	**171,649**	**36,666**	**2,629,337**
	2,180,451	**51,663**	**15,300**	**44,317**	**2,692**	**11,386**	**45,634**	**186,639**	**36,064**	**2,574,146 (100%)**
	97.67%[29]	**85.97%**	**100.00%**	**98.48%**	**94.72%**	**80.04%**	**89.21%**	**108.73 %**	**98.36%**	**97.90%**

[25] Non-core budget intended for HIV from a variety of donor. This budget is managed form outside
[26] UN trust fund for ending violence against women
[27] Norwegian fund mobilized at the regional level to respond to the situation with the refugees
[28] The first line is the planned budget and the second is the expended budget
[29] Percent of expenditures

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

4.1 Sexual and Reproductive Health

4.1.1. RELEVANCE

Evaluation Question. 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? **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?

Summary of findings – Relevance of SRH Program Area

Overall, the evidence gathered from the desk review and stakeholder and beneficiary interviews indicates that the UNFPA program activities, during the period under evaluation, gradually started to provide a relevant response to the needs of the target population groups. The choice of the target groups is appropriate and the needs of those groups are largely responded to. However, the evaluative evidence gathered through desk research and stakeholder and beneficiary interviews, indicates a weakness regarding insufficient or delayed response to the needs of Roma and PwDs.

The interventions take into account the incremental achievements of the Millennial Declaration and the related Millennial Development Goals (MDGs), followed by the 2030 Agenda for Sustainable Development and the related Sustainable Development Goals (SDGs), particularly the SDG goals 3 and 5.

UNFPA has been fully recognized for its support and achievements in the country in its development efforts for the preparedness phase during the emergency resulting from the migrant/refugee crisis of 2015. The MISP Action Plan, the first of this kind, was considered to be the most solid in the region and RoNM's experience in the implementation of the Plan was presented at the 4th IAWG Forum. It is also worth noting that maternal health has been critical aspect of the UNFPA activities from the outset. Maternal health and the indispensably co-related health of the newborns, has been the centre piece of UNFPA's support in 2018. Efforts in support of this program are scattered under different areas of intervention supported by UNFPA in the last few years. The most prominent one has been capacity building on the application of evidence-based practices for effective perinatal care (EPC), co-funded by the Government and UNFPA.

In terms of the responsiveness of the UNFPA activities to the most vulnerable groups of population in the country, the evaluative evidence suggests that the needs of the target group of **Roma** have not been sufficiently addressed. This is despite the fact that this target group faces a multitude of barriers in access to sexual and reproductive health services, and suffers from a multitude of poor health outcomes. Notwithstanding the relevance of some interventions, such as support to Roma Health Mediators through the activities of the NGO HERA (2015), as UNFPA's implementing partner, and building the capacities of national youth representatives on peer education, advocacy and leadership, through training of Roma Youth Leaders, in cooperation with the UNFPA (Eastern Europe and Central Asia Regional Office), EECARO and the PETRI School in Bulgaria, the UNFPA activities targeting the

Roma, are limited and insufficient. The equitable access to the quality reproductive health for marginalized groups, especially Roma, raises concern and requires additional UNFPA effort.

Another population group which suffers from social exclusion, frequently from poverty, is **people with disabilities (PwDs).** UNFPA recognized this and joined other UN agencies, under the Social Inclusion Outcome of the current UN PSD, in ongoing work to support enhanced community based services for this target group and to prevent institutionalization. The work has started, however, only in 2017 when UNFPA has included in the joint UN program for PwDs activities to ensure fulfillment of SRHR for PwDs, especially for FP and GBV which are under implementation. The relatively late start of the activities aimed at meeting the needs of PwDs has occurred despite the fact that the RoNM has ratified the Convention on the Rights of People with Disabilities in 2012. The evaluative evidence suggests that the UNFPA's reaction to the achievements of the Convention on the Rights of People with Disabilities has been slow. This raises concern and requires UNFPA's effort towards urgent enforcement of the PwDs' rights.

On the other hand, the review of the available documentation and the feedback from the key stakeholder interviews clearly indicate the UNFPA's response to the humanitarian situation, which had emerged around the major refugee/migrant crisis in 2015. The UNFPA's response has been extremely relevant and timely to the needs of the country and the region and a valuable contribution to the global practice in the UNFPA's emergency preparedness and respective humanitarian response activities. It also points to possible directions of action in any future situation when the country needs to deal with an influx of large number of refugees/migrants from within or outside the region.

In formal terms and implicitly, the advocacy efforts and the technical support provided by the UNFPA CO, together with WHO, regarding the GBV-related services, and the valuable work on the integration of SRH into the National Preparedness and Response Plan of the Health System in Crises, adopted by the Government in 2017, are effectively aligned to UNFPA Strategic Plan 2014-2017, and to the goals and the scope of the ICPD PoA. Originally, the UNFPA CPD for RoNM (2016-2020) did not contain any explicit commitments in relation to GBV. It has not been among the CPD's outcome result areas, however it is an integral part of SRH Outcome 1.The SDGs had not been adopted at the time of the endorsement of the CPD. Nevertheless, the incremental achievements of the MDGs and the underlying principles that underpin the SDGs, including the centrality of health, gender equality and women empowerment to sustainable development (SDG 3 and 5), provide for the necessary flexibility and effective and timely response to changes in the national context and unforeseen emergencies.

The UNFPA's valuable work of advocacy, policy dialogue and advice, resulted in drafting and approval of the first ever Standard Operating Procedure (SOP) for a multi-sectorial approach to the gender based violence (GBV) in emergencies, the Clinical Guideline for Management of Victims of Sexual Violence; and a Protocol for the mobile SRH clinics for provision of services for women, girls, men and boys refugees/migrants. The Clinical Guideline for Management of Victims of Sexual Violence was key to ensuring operationalization of the three Sexual Assault Referral Centers in line with the UN standards, established in collaboration with the UNDP, as part of the implementation of the Istanbul Convention. This increased coordination and monitoring capacity of the health system and the GBV-related services in emergency situations, which has been performed by the UNFPA CO, during the refugee/migrant crisis in 2015 and in the aftermath, demonstrates the quality and the timeliness of the UNFPA capacity to implement SRH activities in response to the emergencies. The UNFPA has ensured available, accessible, acceptable and quality SRH services to women and girls refugees/migrants, but also to all other marginalized groups whose SRH rights and needs are underserved.

4.1.2. EFFECTIVENESS

Evaluation Question. 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? **EQ 2.B.** To what extent has UNFPA contributed to an improved emergency preparedness in BiH, Republic of North Macedonia, the Republic of Serbia, and Kosovo (UNSCR 1244), and in the area of maternal health / sexual and reproductive health including MISP? **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?

Summary of findings – Effectiveness of SRH Program Area

During the period under evaluation monitoring, for the first several years, 2012-2015, the results achieved were based mostly on qualitative assessments of the level of the achievement of the expected results. A proper monitoring results framework was constructed only when the Country Program Document (CPD) for the period 2016-2020 was adopted. The level of achievement against the objectives and planned results (as outlined in CP monitoring framework) over time within the SRH program area suggests a well performing country program. Indicators have been well formulated but are not always consistently well aligned with actual programming priorities. Targets are not always measurable and comparable, or they are missing.

The volume of outputs generated as result of the UNFPA supported SRH activities has been considerable. It includes UNFPA's advisory and policy work aimed at assisting the national partners in upgrading the clinical care and coverage of antenatal, delivery and postnatal care and preventing maternal mortality and morbidity. A considerable number of protocols and standards have been developed. Maternal health and reduction of preventable causes of maternal death related to pregnancies and childbirth have been addressed under different areas of intervention supported by UNFPA such as introducing the Obstetrics Surveillance and Response System (OSRS) aimed at analysis of causes of maternal morbidities and mortalities, assessment of all maternities on Emergency Obstetrics and Neonatal care, and significant capacity building efforts as an application of evidence-based practices on effective perinatal care (EPC). UNFPA supported activities in family planning, as capacity building of health professionals, as service providers, but also the most reliable source of information for clients, aimed at reducing unmet needs for modern contraception. This work is pending ensuring availability, accessibility and acceptability of FP services and RH commodities, which also means inclusion of at least one modern contraceptive in the health insurance package. UNFPA supported work on the organized cervical cancer screening, which has included drafting of guidelines and standard operating procedures: both are pending finalization.

The migrant/refugee crisis in 2015 triggered UNFPA's major contributions to the improved emergency preparedness of the country in the area of maternal health and sexual and reproductive health services including MISP. The valuable advocacy work and advice resulted in drafting and approval of several major outputs such as the first ever Standard Operation Procedure (SOP) for multi-sectoral approach to GBV in emergencies, a clinical guideline on victims of sexual violence and a protocol for the mobile SRH clinics.

SRH - (SP 2014-2017) **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**; (Results Framework CDP 2016-2020)

Country program output 1: Increased national capacity to formulate and implement rights-based policies to deliver high quality integrated sexual and reproductive health services, including in humanitarian settings

Output indicator 1: 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, Achievement: Overachieved: 18 (2018)

The work on the development of protocols and standards which are CDP output 1, was initiated in 2014. In 2015, the adaptation of the clinical guideline for Postpartum Hemorrhage, as the leading cause of maternal death, was finalized. In 2016, the following two clinical guidelines in the field of sexual and reproductive health have been adapted: (1) Risk management in the antenatal period; (2) Cervical cancer Prevention and early detection. In 2017, the following clinical guidelines and standards have been drafted: 1) Clinical Guideline for Management of Victims of Sexual Violence; 2) Standards for Gynecological /Obstetrics inpatient care. Finally, in 2018, three of the adapted guidelines, the Post Partum Hemorrhage, the Detection of Risky Conditions during Pregnancy, and Management of Victims of Sexual Violence have been approved by the Ministry of Health and the Government. In addition, Ob/Gyn Standards for secondary and tertiary level of hospital care and 15 protocols for strengthening maternal and newborn perinatal care were finalized. Based on the document review and stakeholder interviews, the Output indicator 1, by 2018, has been overachieved.

Output indicator 2: National maternal death surveillance and response system established and operational at local and international levels.

Baseline – No; Target: Yes; Achievement: Not yet

This output originates from the need to ensure improvement of maternal health and reduction of preventable causes of maternal death related to pregnancies and childbirth. UNFPA has advocated for placing maternal health higher on the agenda of the government. It has used newborn health, a priority focus of the government, as an entry point for addressing maternal health care. UNFPA, through exposure of national partners to evidence, workshops, knowledge sharing sessions, has continuously persuaded the government on the strong linkage between maternal and newborn health. Strong and persistent advocacy has led to introducing a line item in the national preventive programs of the Ministry of Health on three activities: Family Planning, the Beyond the Numbers (BtN) methodology and Gender Based Violence. Hence, the efforts aimed at this Output Indicator are scattered under different areas of intervention supported by UNFPA in the last few years. Introduction of the Obstetrics Surveillance and Response System (OSRS) is aimed at clinical governance for improved quality of maternal care by supporting the analysis of causes of maternal morbidities and mortalities. This intervention is based on the WHO Beyond the Numbers methodology, but is further strengthened with the experience and practice of Western European countries and is in its initial stages of implementation in the country. Additional activities aimed at improving maternal health include: 1) assessment of all maternities on Emergency Obstetrics and Neonatal care, which was carried out twice in an interval of five years, aimed at identifying the main issues maternities are facing, and 2) capacity strengthening and introduction of evidence-based practices on perinatal care, using the WHO Effective Perinatal Care package.

The latter included significant capacity building effort for application of evidence-based practices on effective perinatal care, co-funded by the Government and UNFPA. Building national expertise in effective perinatal care (EPC), in two major maternities in the country, is one of the key successful activities of the UNFPA in 2018. This activity includes the training of 8 multidisciplinary teams in each maternity with additional participants from two other maternities; 60 national experts in various fields were engaged and a number of reputable international experts developed over 15 protocols for perinatal care; carrying out an analysis of perinatal statistics in the country (who, what, when, how, why, to whom) with recommendations for improvement; as well as the development and piloting of Ob/Gyn standards for hospital care. Based on document review and stakeholder interviews, there is reasonable

likelihood that the Output indicator 2 will be achieved by the end of the current CPD. This is with a caveat that the quality of the reporting system is not sufficiently reliable and its improvement requires concerted action on the part of all institutions involved, such as Institute of Public Health, Electronic Health Authority, Safe Motherhood Committee, Institute of Mother and Child Health with a view to create a thorough and reliable research system in response to the underreported/misreported but still preventable maternal deaths and related deaths of newborns.

Output indicator 3: Number of national policies that address reproductive health needs of women, adolescents, youth and elderly, including survivors of sexual violence in crisis situations and people living with HIV

Baseline: 0; Target: 5. Achievement: Overachieved with a total of 13 policies

UNFPA's effective advocacy, policy dialogue and advice, and support to strengthening national capacity to make the reproductive health services available, accessible, acceptable and of quality, has contributed to the development of a number of national strategic policy documents and activities including:

In 2016: 1) Mid-term review of the National SRH Strategy 2010-2020 – " Assessment of policy, services and capacities related to SRH efforts in RoNM 2011 – 2016"; 2) A SOP for multisectorial response to GBV in humanitarian settings, 3) The Protocol for SRH Mobile Clinics; and 4) The Annual MISP Action Plan.

In 2017: The CO has contributed and supported the following national policies and policy documents: 1) The Annual MISP Action Plan; 2) The National Plan for Preparedness and Response of the Health System in Emergencies;

In 2018: The CO contributed to: 1) The National SRH Action Plan 2018-2020, based on the mid-term review of the National SRH Strategy 2010-2020; 2) The Annual MISP Action Plan; 3) The SOP for multisectorial response to GBV; 4) The Clinical Guideline on Post Partum Hemorrhage; 5) The Clinical Guideline for Detection of Risky Conditions during Pregnancy; 6) The Clinical Guideline for Management of Victims of Sexual Violence; 7) The Clinical Guideline for Prevention of Cervical Cancer; 8) The Clinical Guideline for Management of High Risk Conditions in Pregnancy; and 9) The Standards for Gynecological/ Obstetrics inpatient care.

Output indicator 4: 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. Result: Has not been met and the likelihood that it will be achieved prior to the expiration of the current CPD is uncertain.

This indicator relates to the UNFPA advocacy, policy dialogue and advice to the Government to adopt and implement the legislative and regulatory framework that reflects international human rights norms and standards and advances the ICPD goals. To accomplish this, UNFPA acts based on several specific factors such as cultural sensitivity, gender responsiveness and human rights. The respect for these factors makes the UNFPA unique, among other UN agencies, in the way in which it promotes the human rights, values and standards. This has been confirmed by the following statement of a representative of a stakeholder institution: *"UNFPA addresses the issues related to reproductive rights in a sensitive, transparent, participatory and multi-sectorial way, through people with an already developed awareness about the human rights aspects and the centrality of health. During the last 10 years the taboo topics, such as condoms and other contraceptives, gender-transgender issues, and alike, were raised by UNFPA, particularly during the migrant crisis. I really consider the UNFPA a leader when it comes to breaking stereotypes, prejudices, particularly at times when nobody else would do that."* (interviewed stakeholder). In line with this feedback, UNFPA and the IP HERA supported and organized a workshop on SRH recommendations from international human rights mechanisms.

Representatives of various Ministry of Health's departments (EU integration, international department, PHC), NGOs, Institute for Public Health and Public Health Center of Skopje had an opportunity to learn about the recommendations and how the country is organizing reporting. The main goal was to reaffirm the role and the obligations which the health sector should assume, and which should be explicitly presented in the country reports to the international HR mechanisms. The latest CEDAW recommendations (2018), however, reflect some concerns regarding the persisting discriminatory gender stereotypes related to the roles and responsibilities of women and man in the family, education system and in the society. The ongoing work around enforcement of the provisions of the Istanbul Convention, ratified in July 2018, is expected to speed up the elimination of discriminatory and harmful practices against women and girls and improve the reporting mechanisms in the health sector. Nevertheless, the output 4, a functioning tracking and reporting system to follow up on the implementation of the international human rights mechanisms and recommendations regarding reproductive rights, has not been met and the likelihood that it will be achieved prior to the expiration of the current CPD is uncertain.

In the context of the **effectiveness of the SRH program activities**, activities undertaken under Family Planning, suggests the following trends towards achievement of intended results. With the support of UNFPA and in partnership with IP HERA (IPPF Partner), national consultants were engaged to develop training curricula for Family planning (for in-service and pre-service training of gynecologists, family medicine doctors and patronage (visiting) nurses. The main materials used for developing these curricula were the four WHO Family Planning Cornerstone manuals. Over 150 family doctors, patronage nurses and Roma health mediators were trained in family planning. Furthermore, the CO organized comprehensive training for developing and auditing of SRH related evidence-based clinical guidelines. This training was necessary in order to enable development and/or revision of guidelines. There has been significant progress in family planning services in the country. A curriculum for family doctors that meets human rights standards has been developed with a collaborative effort of national and international consultants, and 20 Family Planning Trainers have already been trained. This curriculum was 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 2013-2014.

The technical assistance support which UNFPA has extended to the Ministry of Health in establishing Reproductive Health Commodity Security includes the assessment of the continuous provision of RH commodities under the Family planning (FP) program, as part of the FP package of services. Prior to this assessment, in 2013, UNFPA CO supported RH commodities market segmentation research[30]. This activity identified four categories of priority groups that North Macedonia, as a "pink" middle income country, needs to focus on in providing RHC services. These are: youth, rural women, post abortion women and beneficiaries of social protection programs. Furthermore, the UNFPA CO, together with a group of key stakeholders in pre-service and in-service training for health care service providers has worked on development and adoption of training curricula and inclusion of FP topics in the training of: visiting nurses, GPs, gynecologists and Family Doctors (FDs), all supported with the translation of the World Health Organization guidelines for FP service provision. As follow up, the UNFPA CO supported an assessment for establishing, developing, and implementing a dedicated logistics system for RH commodities. This work falls under the technical assistance activities that UNFPA CO conducts in support of the implementation of key documents such as the Governmental Action Plan for reducing maternal, perinatal and infant mortality 2013-2014 and the National Strategy for Reproductive Health 2010 – 2020, related to the goal 6.2: Family Planning and Contraception, Objective 2, which includes increasing knowledge about modern contraceptive methods among target/at risk population and service providers, as well as their use, and increasing access to services and improving quality of RH services. UNFPA's assessment has built on the governmental logistics systems for drug supply already in place,

[30] Walker G, Jovanovski B, Sazdovska S, Pavlovska V, Report of Reproductive Health Commodity Market Segmentation Research, Skopje, September 2013.

and has upgraded it for developing a functional logistics system to distribute RH commodities under the FP program.

The progress in achieving the expected results of UNFPA program activities follows a longer term strategic outlook which includes the following CPD outcomes:

SRH - (SP 2014-2017) **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;** (Results Framework CDP 2016-2020)
Outcome indicator 1: Modern contraceptive prevalence rate Baseline: 13%; Target:16% Achieved: Not yet, 2011 modern contraceptive prevalence was 12.8%. 2019 MICS data not yet available.

This outcome addresses the unmet need for family planning, particularly ensuring contraceptive security. This is important given the high infant mortality rate (11.9 per 1000 live births in 2016) of which a high proportion (84%) are associated with low birth weight and pre-term birth, a high adolescent pregnancy rate of 19.5 per 1000 in 2016, and among the highest adolescent pregnancy rates in Europe (11%, among age 15-19), and around 10% of all pregnancies in the country considered high-risk.[31]
UNFPA has continuously advised and provided technical assistance regarding the increased access to family planning services, preferred contraceptive methods and use of modern contraception. It has supported carrying out of several analyses to support it with evidence, such as: The Market Segmentation Analysis for RHC, Logistics Management Information System Assessment and the Social Marketing Assessment. In addition, UNFPA supported the first ever conducted cost-benefit analysis on contraceptive use to inform the importance of introduction of contraception, particularly to the vulnerable groups. Based on the cost analysis, there is high likelihood that the outcome indicator of a contraceptive prevalence rate of 16% will be achieved, under the following specific conditions.[32] These are: 1. Oral contraceptives are provided for free to the age group 15-49, while at the same time consider the age group 15-24 as high priority group with the highest unmet needs for contraception. 2. For the free provision of the OCs and IUDs to use the centralized UNFPA procurement or, if procurement is done through the MoH/HIF, the most vulnerable group of women who are beneficiaries of social assistance should be added.

Outcome indicator 2: Increase in the national budget for sexual and reproductive health by at least 5% ***Baseline: No; Target: Yes*** Achievement: not measurable.
This outcome indicator is well formulated but has no baseline, which makes the indicator non-measurable and non-comparable. Prior to formulating an indicator it is necessary to identify the source of data and its baseline value. It is clear that in this case the baseline value is missing. Redress can be sought in possible reconstructing of the baseline based on the historical budgets for sexual and reproductive health starting from 2015 onwards. The target can be devised based on a trend.

Reference to Logical Framework regarding the effectiveness of the SRH program:

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*

[31] MICS, 2011
[32] This approach compares costs and potential benefits of (scenario 1) free and (scenario 2) subsidized oral contraceptives (OCs) and intrauterine devices (IUDs) provision in the country for the period 2018 – 2020, and given that the low contraceptive use is mostly due the fact that it is a costly out of pocket expenditure, uncovered by health insurance, which makes young and social assistance beneficiaries particularly vulnerable,

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

Output indicators, baselines and targets	Year of implementation (baseline/target/achievements)					
	2012	2013	2014	2015	2016	2017
• 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**[33]	**No/yes/yes**[34]	**0/2/2**	0/3/3
• National maternal death surveillance and response system established and operational at local and national levels *Baseline: No; Target: Yes*				**No/no/no**[35]	**No/no/yes**	**No/no/no**
• 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**
• A functioning tracking and reporting system exists to follow up on the implementation of the international human-rights mechanisms recommendations regarding reproductive rights		**0/0/0**[36]		**No/yes**	**No/no/no**	**No/no/no**

[33] **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)
[34] **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)
[35] **Indicator 5: (SP Output 3 Indicator 4):** National system for Maternal Death Surveillance and Response has been established in the country. (Y 2015)
[36] **Indicator 1.2 (SP OP 1 Ind. 2.1.):** A functional logistics management information system for forecasting and monitoring reproductive health commodities in place

Baseline: No; Target: Yes: 1 system				**/yes**[37]		
Indicator 1 Emergency Response						
• **Indicator 1:** Number of monitoring/ coordination missions organized.					**0/96/100**	
• **Indicator 2:** GBV SOPs in place by end of March 2016.					**No/yes/yes**	
• **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 %**	
• **Indicator 5:** Number of shifts at transit centers covered by NGO HERA (as complementary to MoH gynecological clinics).					**0/30/100 %**	

4.1.3. EFFICIENCY

Evaluation Question. 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?

Summary of findings – Efficiency of SRH Program Area

Based on review of financial documents, stakeholder interviews, review of Annual Work Plans, and Standard Progress Reports, the SRH Program Area has made good use of its resources. Stakeholders were consistently supportive of the approach of UNFPA that took to manage its staff, funds and technical resources. The range of activities employed to achieve outputs, especially the diverse mix of activities related to Advocacy/policy dialog and advice and trainings were found to be highly appropriate. The use of a multi-sectorial approach for different type of activities, including trainings with follow up supportive activities was felt to be very effective. In a time of limited resources, the UNFPA RoNM approach to sharing agency funds and expertise has significantly extended the scope and impact to achieve the CP outputs for the SRH program area.

Based on review of financial documents (Atlas), stakeholder interviews, review of Annual Work Plans, and Annual Reports, the SRH Program Area has made good planning and use of its resources to implement the activities for Output related to SRH. From the Atlas data, but also from the analysis of the implemented activities and the achieved success, it can be concluded that the SRH is the area that takes up the largest percentage of the costs incurred in the period 2012-2018 (65% of the total costs allocated to the programs - see the chart at the beginning (Table 3.2.3.2. Comparison among planned budget and expended for the period 2016-2020 page. 26**)**. This can also be concluded from the table below which shows that 81% of the expenditures in the period from 2016 to 2018 refer to SRH, of which 88% are from regular and 12% from other donors.

	Planned budget SP 2016-2020 (Percent out of total planned)			**Expended Atlas 2016-2018 (Percent out of total expended)**			**Percent of Expended out of planned**		
Resources	Regular	Other	Total	Regular[38]	Other[39]	Total	Regular	Other	Total

[37]**Indicator 3: (SP Output 2 Indicator 1):** Functional logistics management information systems for forecasting and monitoring reproductive health commodities are in use. (Y2015)

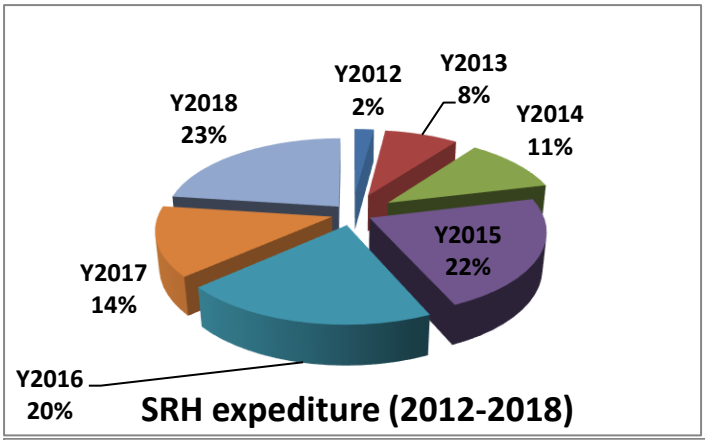
[38] FPA90/UNFPA

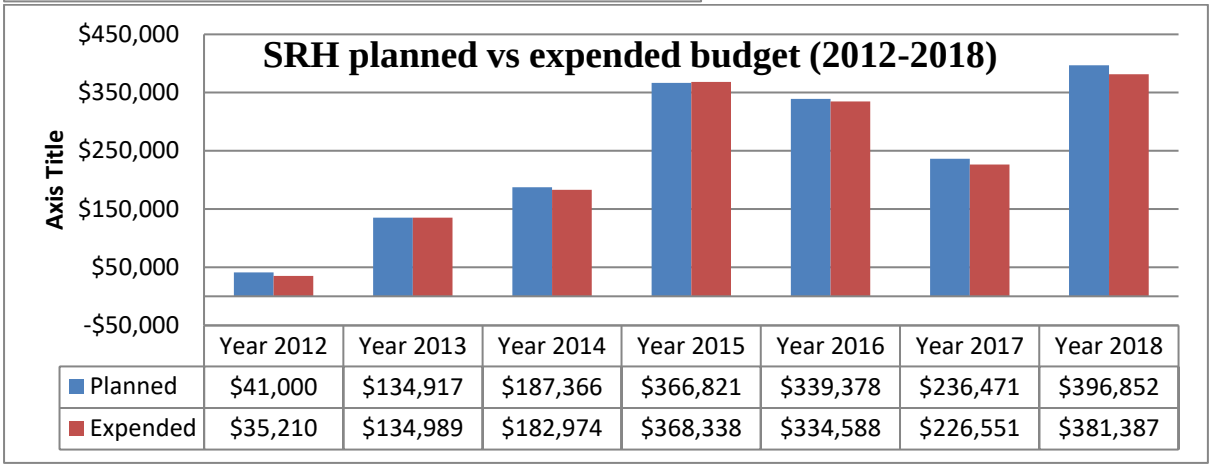
[39] 30063/UNFPA EF, FPA80UNFPA, UQA63 UBRAF, UDC45/PWD TF, 3FPAZ/MK Gvt, NOA53/Norway

SRH	$1,100,000 (73%)	$700,000 (70%)	$1,800,000 (72%)	$833,754 (79%)	$108,772 (98%)	$942,526 (81%)	76%	16%	52%

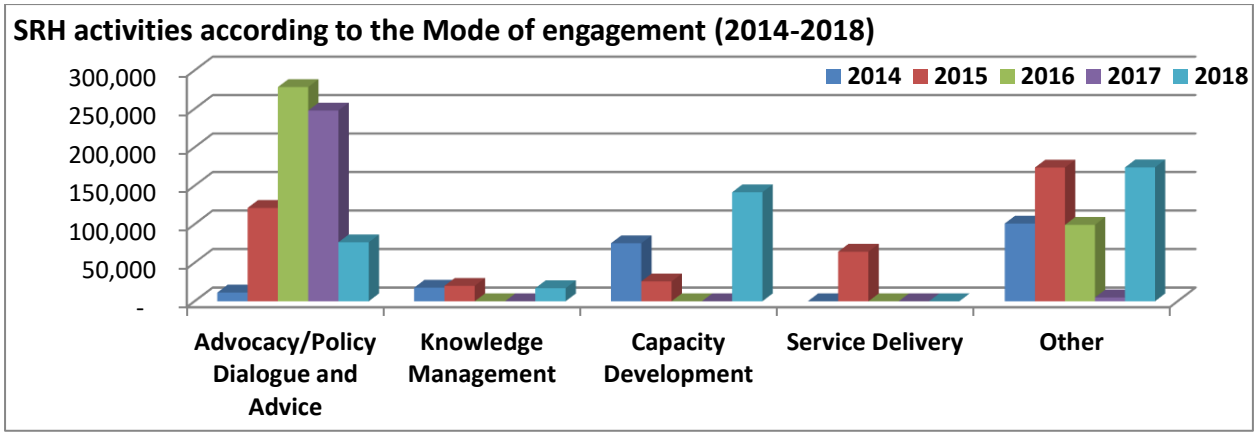
As can be seen from the charts for the SRH expenditure, the Y2018 and Y2015 have the highest average cost of SRH, namely 23% and 22% of the total spent US$1,664,037. This is due to increased availability of funds related to emergency in 2016 and increased matching funds with UNFPA partners in 2018.

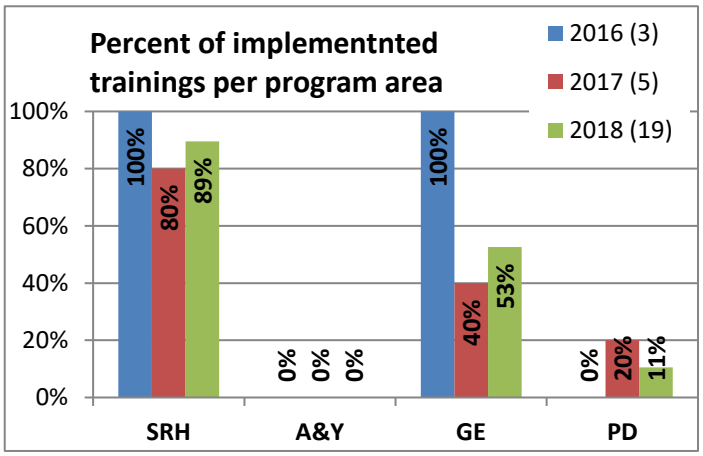
On the other hand, in the table shown the below it can be concluded that each year the planned budget and spent funds amounted to 96-100%, except in 2012 when the amounts were lower, i.e., 86% of the planned budget. Furthermore, it can also be concluded that a total of 98% were used of the total planned (US$1,702,805) and spent (US$1,664,037) budget funds for the period from 2012 to 2018.These data indicate that the planning of the SRH budget has been properly done and managed accordingly during the spending period.





If we observe the budget in terms of what mode of engagement is most prevalent, it can be seen that in the period between 2014 and 2018, the "Advocacy / policy Dialog and advice" was the most predominant mode of engagement. In the last year the mode of engagement "Other", which is also included in the PCA activity in the function of "Advocacy / policy dialogue and advice", took over the leading position. However, the Capacity Building activity had a visible increase in 2018 since to the new Global SP, where the limitation of modes of engagement for PINK countries was lifted/relaxed. (See Annex 6. Description of the activities – Mode of engagement).





The data from the Chart about the percent of trainings per program in the period between 2016 and 2018, shows that the highest percentage of trainings refers to the SRH, which is often combined with the Gender; they usually appear simultaneously.

Stakeholders were often unwilling to comment on the UNFPA's efficiency, due to the fact that they were unaware of how the funds were spent. However, they were nonetheless consistently supportive of the UNFPA's approach in managing its staff, funds and technical resources.

Apart from the fact that the participants are aware of the UNFPA's mandate for supporting activities and the benefits resulting from those activities, an expectation exists that more should be done. This includes additional opportunities for technical and financial support that would contribute to improvement of the working conditions. For example, one respondent stated:

I have not received an extra salary or additional compensation of any kind, but yes, I have received support. For example, I was sent abroad to attend a training that is very important for my personal and professional development, and at the same time, for my work within the University Gynaecology Hospital.

4.1.4. SUSTAINABILITY

Evaluation Question. EQ 4.A. Are programme results sustainable in short and long-term perspectives? **EQ 4.B.** To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

Summary of findings – Sustainability of SRH Program Area

The UNFPA program activities in the SRH focus area address the sustainability of the critical interventions through ensuring that these interventions are formally owned and sustained by the key stakeholders, such the MoH, Agency for Quality and Accreditation, when approval is required for enactment of some of the adapted guidelines. UNFPA's advocacy and policy dialogue work led to

adaptation of a number of clinical guidelines and updating protocols and policies in accordance with the international standards set by WHO and other international reputable sources. These formal acts coupled with the integration of the SRH chapter into the National Preparedness and Response Plan of the Health System in Crisis, adopted by the Government in 2017, represent good practice of ensuring the sustainability of the UNFPA assisted interventions.

While the UNFPA intervention regarding the introduction of the Reproductive Health Commodity Security is an important technical assistance support extended by UNFPA to the Ministry of Health, the sustainability of this effort has not yet been achieved. Sustainability will be achieved as soon as the Government approves at least one contraceptive in the Positive List and the Health Insurance Fund picks up the cost (total or partial) for this commodity. Nevertheless, it is important to note that the UNFPA supported activities became part of the National Preventive Program for Mother and Child Health. More specifically, these activities which are now financed by the national budget include training of FP – completely funded by MoH, some activities of the Obstetrics Surveillance and Response System (OSRS) known as BTN - Beyond the Numbers program, GBV (analysis), implementation of the SRH action plan, operation of the three Sexual Assault Centers has been integrated into the existing services of the respective health facilities.

The durability and long-term sustainability of the UNFPA supported SRH program activities are ensured by the national ownership over the results of the process of updating the guidelines, policies and procedures by the key national stakeholders (such the MoH, Agency for Quality and Accreditation). The ownership is acquired through the direct involvement of the national key stakeholders who themselves are responsible for development of protocols and standards set by WHO or other global organizations. The work on the development of protocols and standards which are CDP output 1, started in 2014, followed by adaptation of the clinical guideline for Postpartum Hemorrhage, as the leading cause of maternal death, was finalized in 2015. In 2016, the following two clinical guidelines in the field of sexual and reproductive health were adapted: (1) Risk management in the antenatal period; (2) Cervical cancer Prevention and early detection. In 2017, the following clinical guidelines and standards were drafted: 1) Clinical Guideline for Management of Victims of Sexual Violence; 2) Standards for Gynecological /Obstetrics inpatient care. Finally, in 2018, three of the adapted guidelines, for Post Partum Hemorrhage, the Detection of Risky Conditions during Pregnancy, and Management of Victims of Sexual Violence have been approved by the Ministry of Health and the Government. In addition, Ob/Gyn Standards for secondary and tertiary level of hospital care and 15 protocols for strengthening maternal and newborn perinatal care were finalized. This large body of adapted medical regulations confirms institutionalization and sustainability of the UNFPA supported activities.

The capacity development in the area of family planning (FP) activities, supported by UNFPA and in partnership with HERA, fostered building national capacity for in-service and pre-service training of health professionals such as gynecologists, family medicine doctors and patronage (visiting) nurses, for which the funding was taken over by the National Preventive Program of Mother and Child Health of the Ministry of Health. In effect, over 150 family doctors, patronage nurses and Roma health mediators were trained in family planning by using a curriculum for family doctors, developed by local and international consultants, that meets human rights standards. The curriculum was included in the system for continuous medical education of family doctors, and in the curriculum of the Family Medicine Department the Faculty of Medicine in Skopje, ensuring and in this way the durability and the sustainability of the related FP activities.

In contribution to this process, UNFPA participated in the effort led by UNICEF and the SSO to implement the MICS06 survey, an extremely important survey which collects data that no other institution does, especially for SRH. These data are of exceptional importance for the mandate and work of UNFPA. Following this line, UNFPA allocated considerable amount of its core budget in amount of US$ 45,000 for this joint effort on the MICS06 (2019).

The desk research and the feedback from the interviews clearly indicate that the UNFPA CO and its IP HERA have identified the YKP for the targeted activities and have used some state of the art tools, particularly in the case of the activities implemented by the CSO Star- Star. Star-Star contributes to strengthening the human rights protection system for monitoring the reproductive rights of the sex workers and the MSMs through implementation of community engagement tools for service provision, MSMIT (men who have sex with men Implementation Tool) and SWIT (Sex Worker Implementation Tool).

4.2 Youth

4.2.1. RELEVANCE

Evaluation Question. 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? **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?

Summary of findings – Relevance of A&Y Program Area

Over the period of evaluation, UNFPA support for adolescents and youth has been aligned with the UNFPA strategic plans, with ICPD Beyond 2014 review of the PoA, with the commitment to the Agenda 2030, with the UNPSD, and other outcome documents reflected in the CPD and the component activities. UNFPA has prioritized activities aimed at increasing capacities of Adolescent and Youth implementing partners who have provided useful support to the A & Y work under the CDP. To that end, UNFPA actively contributed to building the leadership capacity of young people by strengthening adolescent and youth networks and organizations including the young key populations at risk.

The desk research of available documents and stakeholder interviews indicate, however, that the particularly vulnerable A&Y group, young adolescent girls, have not been addressed by the UNFPA programs as a target group. The evaluative evidence suggests that, apart from some initial communications recently established between UNFPA and the Ministry of Education, there has not been concerted action on the part of UNFPA towards the goal of institutionalization of comprehensive gender sensitive and age appropriate sexuality education (CSE) in the North Macedonian education system.

The desk research of available documents and stakeholder interviews indicate that the UNFPA meets the Strategic Plan's goals related to the interventions in support of the SRH rights of at risk young key populations (YKP), such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. UNFPA has been establishing participatory advocacy platforms for increased investment in marginalized Adolescents and Youth. It also supports strengthening of youth peer–education programming, including gender transformative programming. Support for advocacy and advice have been extended to the YKP aimed at addressing the needs of these vulnerable groups through

partnerships with implementation partners such as HERA, STAR-STAR, Stronger Together and through workshops and training sessions in various areas such as in MISP, Capacity strengthening of health care workers for response to GVB WAVE, Clinical management of rape, Family planning, and the Human rights reporting mechanism in health. These activities have been conducted mostly by HERA, but also other IPs, such as STAR STAR. A special area of engagement aimed at directly contributing to the goals stated in the Strategic Plan is the revision of the school curricula and incorporation of comprehensive gender-sensitive and age-appropriate sexuality education. In reality, however, the intended interventions related to the comprehensive sexuality education have not been launched yet, although the initial activities have been started.

UNFPA CO has not been sufficiently focused on the A&Y interventions, nor has it provided sufficient support for interventions targeting adolescent girls. With the relatively high adolescent pregnancy rate of 19.5 per 1000 in 2016, and its risky interdependence with a high infant mortality rate of 11.9 per 1000 in the same year (2016) of which a high proportion are associated with the low birth weight, pre-term birth and related complications, the incidence of unwanted pregnancies among adolescent girls, represents a problem which deserves urgent attention. According to stakeholder interviews, the rate of registered child marriages (legally allowed with the parental consent for the 16-18 age group), is between 11 and 13 per 1000. A fact sheet, published by UNFPA in 2013, provides initial general information about the incidence and the harmful effects of child marriages. The complexity and severity of the problem of child marriages warrants advocacy and policy dialogue with the Government. UNFPA has supported the efforts of the NGOs for changes in the legal framework which governs child marriages (the Criminal Code, the Family Law, the Law on Secondary Education, and related provisions).

The most reputable international human rights mechanisms (CEDAW, Committee on Economic, Social and Cultural Rights) addressing the international obligations of the State have issued important observations and findings related the need for institutionalization of the comprehensive gender sensitive and age appropriate sexuality education (CSE) in the North Macedonian education system. The CSE is fully consistent with the SP 2014-2017 Outcome 2 – Output 6, with the UNFPA business model, and with the CDP Outcome 2 - Output 1. It builds on the wealth of information provided by the UNFPA supported Health Behavior in School-aged Children (HBSC) as a cross national longitudinal research of young people's physical, social, and emotional health and wellbeing.

As indicated by the desk review and the stakeholder interviews, the CO has supported some initial qualitative work on child marriages (factsheets in 2013) and initial support to discussion about CSE with the Ministry of Education (2019). Yet, the small UNFPA CO is not fully equipped to move forward on these complex activities. There is an indication that additional regionally based expertise could be helpful.

4.2.2. EFFECTIVENESS

Evaluation Question. 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? **EQ 2.B.** To what extent has UNFPA contributed to an improved emergency preparedness in BiH, Republic of North Macedonia, the Republic of Serbia, and Kosovo (UNSCR 1244), and in the area of maternal health / sexual and reproductive health including MISP? **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?

Summary of findings – Effectiveness of A&Y Program Area

UNFPA has contributed to increased availability and use of SRH services for Adolescents and Youth by building national capacities for delivering youth friendly health services based on international standards, by advocating and providing policy advice and creating knowledge for supporting program implementation. UNFPA contributed to the goals stated in the UNFPA Strategic Plan through its work focused on the leadership, participation and empowerment of adolescents and youth. Realization of the effectiveness of the expected outputs and activities has been achieved through related interventions in support of the SRH rights of young key populations (YKP) at risk, such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. UNFPA contributed to establishing participatory advocacy platforms for increased investment in marginalized Adolescents and Youth, and strengthening youth peer–education programming, including gender transformative programming. To this end, advocacy and advice have been extended by UNFPA to the YKP aimed at addressing the needs of these vulnerable groups.

It should be noted, however, that there is no specific focus on the very young adolescent girls, which is required as per the goals stated in the UNFPA Strategic Plan and other strategic frameworks with which the UNFPA program activities align. Apart from publishing a brief on child marriages (2013), UNFPA has not attached sufficient attention to the situation faced by girls at risk of child marriage, which qualifies as a harmful practice in terms of the negative effects on their rights and their psychophysical development.

There are critical observations and findings of reputable international human rights tracking mechanisms addressing the international obligations of the State in the area of comprehensive sexuality education. The evaluative evidence suggests that the UNPFA guidance regarding the incorporation of the comprehensive gender-sensitive and age-adjusted sexuality education into the national systems has not been sufficiently explored by the UNFPA CO.

Some sections of the Result Framework in the CDP related to the A & Y Program area show the results chain of outputs and outcomes; however, these results chains have unclear and weak cause-effect linkages. This lack of clarity is reflected in some of the indicators. The formulation of indicators does not clearly capture the outcomes or outputs. The baseline and the targets for selected outputs or outcomes tend to be absent or immeasurable. With these observations in mind, the status of the progress of achievement of the A & Y outputs and outcome is outlined below:

Adolescents and Youth - (SP 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**

Country Program Output 1: **Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programs particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

CSE is fully consistent with the SP 2014-2017 Outcome 2 – Output 6, with the UNFPA business model, and with the CDP Outcome 2 - Output 1. It also builds on the wealth of information provided by the UNFPA supported HBSC, as cross-national longitudinal research of young people's physical, social, and emotional health and wellbeing. The evaluative evidence suggests that there has not been any concerted action on the part of UNFPA towards the goal of CSE for young adolescent girls, apart from

some initial communications have been established between UNFPA and the Ministry of Education in 2018/2019.

Output indicator 1: Number of interventions targeting vulnerable youth that are included in the national youth strategy and related action plans Baseline: 0 Target: 10
Comment: Baseline - absent - undefined; Target – unclear. Achievement: Not achieved.

The National Strategy for Sexual and Reproductive Health (2010-2020), SRH Action Plan 2018-2020 and the National Youth Strategy (2016-2025) are the two strategic documents which refer to the international documents on human rights as the foundation on which they were developed. The National SRH Strategy defines as strategic goals the protection of SRH rights and interventions which provide legal application of the SRH rights and prevent discrimination in exercising the rights. The National SRH strategy and SRH Action Plan 2018-2020 dedicates a section on the Adolescent Sexual and Reproductive Health. The Strategy points out at the scarcity of relevant data on the A&Y SRH. At the same time, it indicates at the existence of risky sexual behavior, insufficient knowledge of adolescents as to how to preserve their SRH and the insufficient use of the SRH services. Based on data, mainly collected by research, which depicts a rather poor status of the A&Y SRH, the Strategy sets an agenda centered on several key objectives. Among its three key objectives, the Strategy makes reference to the need for improved access to information and education of adolescents and young people on sexual and reproductive health, access to services and quality of care for the sexual and reproductive health of adolescents and young people and making such services and care youth-friendly and adapted to the needs of the young people, and particularly to address the issue of unwanted teenage pregnancies and related issues such as contraception, safe-unsafe abortions, early marriages, and STDs. The anticipated interventions are supported by formulated indicators but without baseline values or targets, since it is a strategic document. The other major strategic document, the Youth Strategy, adopted in 2017 and covering period until 2025, has much more limited reference to the A&Y SRH. It briefly addresses the need for inclusion of evidence-informed comprehensive sexuality education in formal and non-formal education.

Output indicator 2: 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; Achievement: Not achieved.

Members of young key populations feel that they are not integrated into society, because they experience unequal treatment, stigma, violation of their rights, discrimination and violence. The desk research of available documents and stakeholder interviews indicate that the UNFPA CO has not been sufficiently focused on A&Y interventions, nor has it provided effective support for high quality interventions targeting adolescent girls.

There is no specific focus on the very young adolescent girls, which is required as per the goals stated in the UNFPA Strategic Plan. Yet, the UNFPA meets the Strategic Plan's other goals through related interventions in support to the SRH rights of young key populations (YKP) at risk, such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. This could be done by establishing a participatory advocacy platform for increased investment in marginalized Adolescents and Youth, and strengthening youth peer –education programming, including gender transformative programming.
Note:

In December 2018, the UNFPA IP YPEER has organized an one day interactive workshop on the SDGs, aimed at opening the discussion about the transformational vision of the SDGs and associated youth programs with 15 representatives of youth organizations. Concluding observations of this UNFPA supported gathering have been related to the need of increased participation of young people in the process of decision making related to the issues and sectors covered by the SDGs.

Adolescent & Youth – (SP 2014-2017) **Outcome 2**: Increased priority on adolescents especially on very young girls, in national development policies and programs, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Outcome indicator 1: Number of laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services. Baseline: 0 Target: 2;
Although the SRH Strategy, SRH Action Plan 2018-2020 and other strategic documents recognize that adolescents and youth have the right to access age-appropriate education and information related to sexual and reproductive health services, many significant social, cultural and legal barriers continue to impede sharing sexual and reproductive health information, particularly in relation to unmarried adolescents, limiting their access to a full-range of contraceptive information and services. In effect, there is high adolescent pregnancy rate at 19.5 per 1000 in 2016, which is coupled with one of the highest abortion rates in Europe, 11% of women aged 15-49.[40] The Law on the termination of pregnancy was amended during the tenure of the former conservative government, to prolong the waiting period, which was against the WHO recognized standards. This law has now been revised and adopted by the Parliament, and these controversial provisions repealed. UNFPA is now well positioned to expand its work in the direction of furthering the broader A&Y agenda as articulated in the SDGs, including amending several additional laws and policies that allow improved access of adolescents to SRH youth-friendly services.
Reference to Logical Framework regarding the effectiveness of the A&Y program:

National priority: Undertaking reforms to increase efficiency, effectiveness and accountability; boosting the transparency and openness of the system; 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*

[40] Health System Investment and Cost-savings of Modern Contraceptive Provision in Macedonia, Nicu Fota, December 2017

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						
Output indicators, baselines and targets	**Year of implementation (baseline/target/achievements)**					
	2012	**2013**	**2014**	**2015**	**2016**	**2017**
• 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/??
• 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 [41]	NO TARGET	NO TARGET .	**0/1/1**	**0/1/1**	NO TARGET

4.2.3. EFFICIENCY

Evaluation Question. 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?

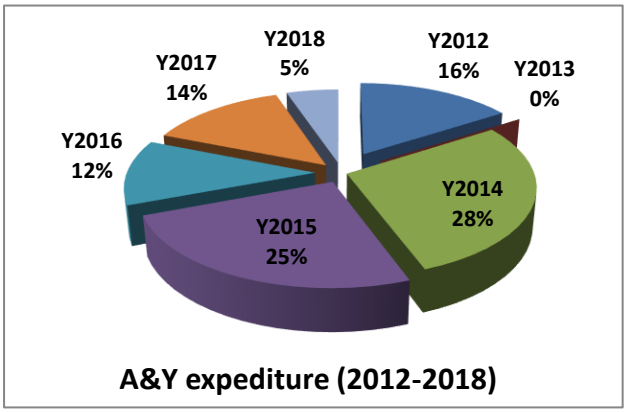
Summary of findings –Efficiency of A&Y Program Area

UNFPA CO has made solid use of human, financial and technical resources related to the A&Y program area. The evident challenge of the program is that it operates with very small amount of budget in comparison with other program areas, especially with SRH. As a result of this, there was extensive discussion with stakeholders on how to make available funds that can be used for this program. In addition, the need for additional activities to stimulate the development of this program was seen as an important issue.

	Planned budget SP 2016-2020 (Percent out of total planned)			**Expended Atlas 2016-2018 (Percent out of total expended)**			**Percent of Expended out of planned**		
Resources	Regular	Other	Total	Regular[42]	Other[43]	Total	Regular	Other	Total
Youth	100,000 (7%)	200,000 (20%)	300,000 (12%)	45,013 (4%)	2,000 (2%)	47,013 (4%)	45%	1%	16%

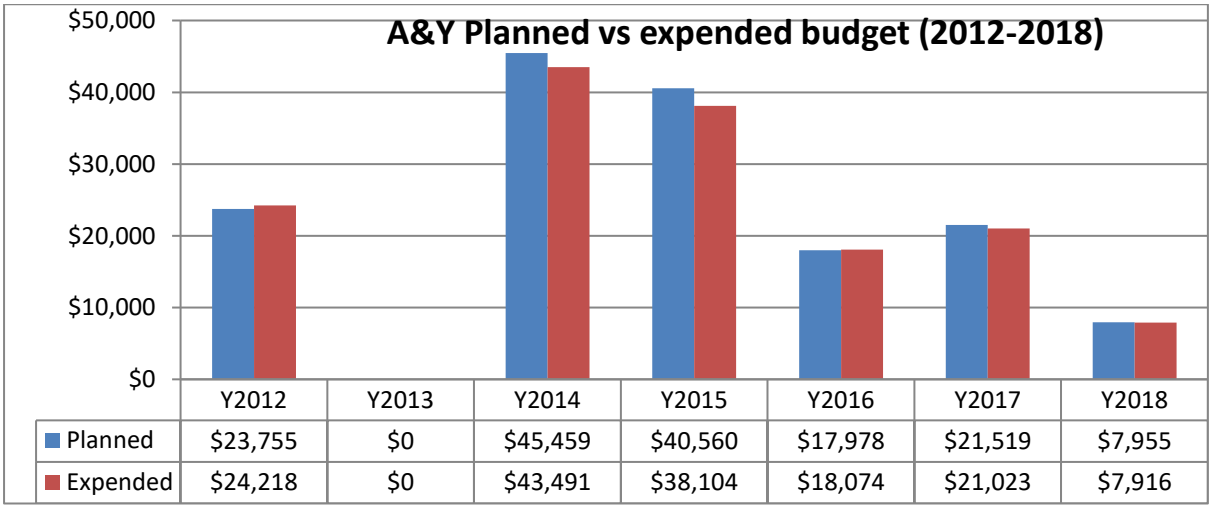
[41] INDICATOR 15.2: Number (and percentage) of countries supported by UNFPA to design and implement comprehensive programs to reach marginalized adolescent girls (Y2012, 2013)
[42] FPA90/UNFPA
[43] 30063/UNFPA EF, FPA80UNFPA, UQA63 UBRAF, UDC45/PWD TF, 3FPAZ/MK Gvt, NOA53/Norway

Based on review of financial documents, stakeholder interviews, review of Annual Work Plans, and Standard Progress Reports, the Youth Program Area has, to a great extent, made good use of its human, financial and technical resources to implement the activities to achieve the Output related to this program. During stakeholder interviews, while some respondents stated that they were not able to comment on UNFPA's financial management, there was an IP organization which said that for smaller organizations there are *"to many [reporting] requirements which cannot be fulfilled"* (interviewed stakeholders).



As shown below in the above table, the total expended budget for the period 2016-2018 is 45% out of the total planned regular budget for SP 2016-2020. Youth activity was planned to be 7% out of total per year, but it was spent only 4% out of total per year. Additionally, there are very little additional funds from other sources (only 2%). As can be seen from charts about the A&Y expenditure, it can be concluded that the highest average cost of A&Y are in Y2014 and Y2015. In this period preparations and implementation of peer education activities and implementation of HBSC research were the main activities.

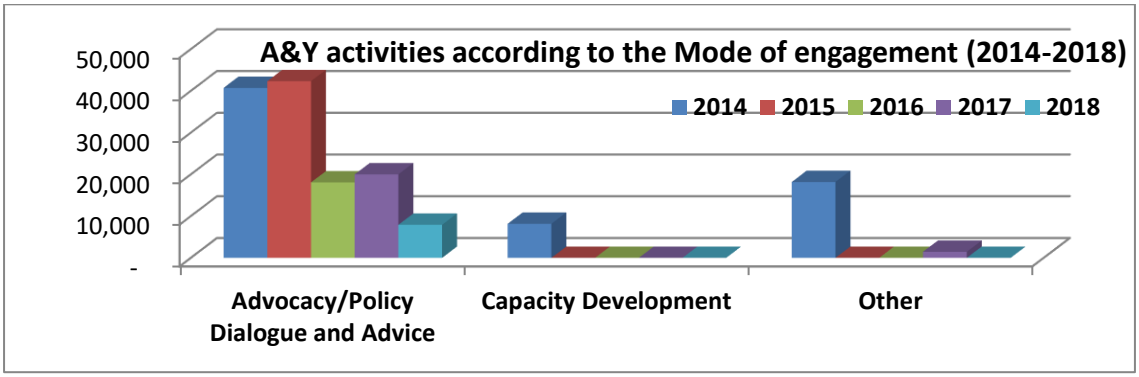
On the other hand, as shown below in the graphic, where **A&Y planned vs expended budget (2012-2018) are** presented it can be concluded that the expenditures for each year are around 94-100%. Out of planned US$157,226 budget for the period 2012-2018 US$152,826 are expended, which means around 97% of planned budget are spent. This implies that the planning of the budget for A&Y is managed in an appropriate way. Not shown in the table below is an expectation for the last year of implementation (Y2018), when a budget for study visit for CSE has been allocated for the next year (2019).



	Y2012	Y2013	Y2014	Y2015	Y2016	Y2017	Y2018
Planned	$23,755	$0	$45,459	$40,560	$17,978	$21,519	$7,955
Expended	$24,218	$0	$43,491	$38,104	$18,074	$21,023	$7,916

The analysis of youth related activities according to the Mode of engagement shows that most dominant activities are the Advocacy Policy dialog and advice. This has been confirmed by the feedback from interviewed which indicates that most of the resources were allocated to research, preparation of guidelines for peer trainings, the establishment of participatory advocacy platforms for increased investment in marginalized adolescents and youth, and the strengthening youth peer-education programming, including gender-transformative programming. There was one Capacity building activity in 2014 (Training of educators on RH PE) which was supported by UNFPA. According to the interview with youth activity stakeholders and participants in the training, and also with the participants in the

focus groups, there were several activities implemented for youth issues. Most of them were financially supported from the regional office or other donors, and technically supported by UNFPA CO. They were using the UNFPA facilities, were helped by the CO to find the adequate expert for trainings and similar activities). (See Annex 6. Description of the activities – Mode of engagement).



Since 2018, UNFPA has started to put a larger focus on activities centered on A&Y. Based on discussion of this issue with MoES and BDE related to CSE there is an implication that the budget for A&Y will increase in the next period to cover more diverse activities.

4.2.4. SUSTAINABILITY

Evaluation Question. EQ 4.A. Are programme results sustainable in short and long-term perspectives? **EQ 4.B.** To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

Summary of findings – Sustainability of A&Y Program Area

UNFPA has made significant contributions to the sustainability of its interventions in the A & Y focus area through increased national capacity for delivering youth friendly health services based on international standards and through selecting well placed, knowledgeable and reliable implementing partners such as YPEER, HERA, STAR-STAR, and Stronger Together. The proper choice of partners in the very sensitive areas of A & Y is a very important factor, which ensures the long-term sustainability of the programming and policy making in this focus area. The UNFPA contributed to the sustainability of these organizations by coping with the challenges of the youth transformative programming in support of the SRH rights of young key populations (YKP) at risk, such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. The sustainability of these interventions has been reinforced by UNFPA support for establishing participatory advocacy platforms for increased investment in marginalized Adolescents and Youth, and strengthening youth peer–education programming, including gender transformative programming.

In the case of the unfinished agenda related to the CSE, UNFPA has missed an opportunity to engage in a fully sustainable intervention, which necessarily requires institutionalization of comprehensive gender sensitive and age appropriate sexuality education (CSE) in the North Macedonian education system. Should the recently initiated communication with the Ministry of Education start to accrue positive results regarding the introduction of the CSE, its institutionalization through integration in the curricula would lead to full-fledged sustainability.

The evaluative evidence indicates limited effectiveness of the results framed as CDP Adolescents and Youth Output 1 given that two critical aspects of the overall content of the expected results, (i) an

increased priority on very young adolescent girls, and (ii) an increased availability of comprehensive sexuality education (CSE) and sexual reproductive health, have not been addressed. Their achievement remains doubtful unless UNFPA stays involved in the policy dialogue and commits human and financial resources to the opening and developing a policy agenda around the complex of issues related to the very young adolescent girls, and commits special attention, human and financial resources to continuing the initiated policy dialogue with the key national stakeholders on the introduction of the CSE in the North Macedonian education system. Should the recently initiated communication with the Ministry of Education and the Bureau for Development of Education start to accrue positive results regarding the introduction of the CSE, it could lead to institutionalization through integration in the curricula. In such case, there is high likelihood that the full-fledged sustainability of such action will be achieved.

At the same time, there was a positive finding for the sustainability of the other aspects of the CDP A&Y Output 1. This is related to increased national capacities for delivering youth friendly health services based on international standards through partnerships established by UNFPA with organizations of young key populations (YKP) at risk, such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. The sustainability of these interventions has been reinforced by UNFPA support for establishing participatory advocacy platforms for increased investment in marginalized Adolescents and Youth, and strengthening youth peer–education programming, including gender transformative programming.

4.3 Population and Development

4.3.1. RELEVANCE

Evaluation Question. 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? **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?

Summary of findings – Relevance of PD Program Area

The Population Dynamics related activities in the CPD include work on the improvement of the statistical data on population dynamics, with focus on the fertility, aging and migration, some of the most critical aspects of the demographic policy under consideration.

UNFPA supports the population and housing census as primary sources of population counts and relevant population data disaggregated by multiple population characteristics. RoNM has not had a Census since 2001. The preparations for the next Census, scheduled for June 2020, are underway. Throughout the ongoing CDP 2016-2020, UNFPA has maintained consultations with stakeholders, predominantly with the SSO and MoLSP, by providing international technical assistance support.

In the context of the most recent SP 2018-2021, for achieving Outcome 4, referring to the need for improving national population data systems to map and address inequalities, the National strategy for sustainable development has been adopted. In the context of the SDGs, national population data with improved quality are needed to allow development planning and to address the needs of marginalized and vulnerable populations.

UNFPA's activities in support of the upcoming 2020 Census align with the Global indicators framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development. Adherence to this Global indicators framework requires the disaggregation of the population data by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics.[44] Clear and coherent data are essential for identification and targeting of the vulnerable or excluded populations in programming. As a process, it is particularly relevant for the SDG implementation.

As part of the support to the process of revision of the National strategy for population and development, UNFPA provided technical assistance with an objective to analyze key population trends in the country presented through policy briefs, with emphasis on low fertility, migration trends and ageing policies. In cooperation with UN Department for Economic and Social Affairs (UNDESA), UNFPA CO organized a workshop on the topic of Madrid International Plan of Action on Aging (MIPAA), with participants representing wide variety of government institutions and CSOs. Furthermore, UNFPA continued its advocacy work and support to the MoLSP in PD policy making. The UNFPA CO supported the MoLSP in the development of the National Action Plan to implement the Strategy for demographic development (2015-2024). The Action plan for PD policy was adopted by the Government. The costed Action plan prioritizes the activities from the Strategy based on the capacity of the country to respond the population trends, particularly to Aging policy and related improvement of medical and social services for older people through increased access to services in rural areas, increased capacities for institutional care for vulnerable elderly, and community care in general. It also refers to bringing public services closer to the older people by mapping their needs, increasing information sharing, and securing conditions for lifelong learning, active ageing and inter-generational solidarity.

A positive experience has been taken from Bosnia and Herzegovina (BiH) whereby the two countries, supported by UNFPA, worked together on the Program for Healthy Ageing Centers (PFHAC) based on the model developed in BiH. The PFHAC was submitted to the Government to be budgeted in 2019. As a follow up of the MIPAA Conference and visit of the Government counterparts to BiH, the MoLSP and the NGO PPH (Partnership for Public Health Association) from BiH, enabled and facilitated by UNFPA country offices in Skopje and Sarajevo, conducted capacity building events where positive practices and experience from BiH were conveyed to the counterparts in the RoNM. The exchange of experience and a handbook developed by the NGO PPH for establishing new healthy ageing centers supported opening of two such centers that serve as a nucleus of future network of healthy ageing centers.

Notably, this experience represents an example of good practice of South-South and triangular cooperation in which UNFPA plays a role of a convener of expertise. The UNFPA serves as a catalyst for knowledge exchange to strengthen national capacities and support national institutions' ability to implement the ICPD agenda and related SDGs. In this case, it means implementation of the pledges to "Leave no one behind" confirming the strong momentum for inclusion of older people as contributors to the development process and policies.

4.3.2. EFFECTIVENESS

Evaluation Question. 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? **EQ 2.B.** To what extent has UNFPA contributed to an improved emergency preparedness in BiH, Republic of North Macedonia, the Republic of Serbia, and Kosovo (UNSCR 1244), and in the area of maternal health / sexual and

[44] Resolution adopted by the General Assembly on 29 January 2014 [without reference to a Main Committee (A/68/L.36 and Add.1)] 68/261. Fundamental Principles of Official Statistics

reproductive health including MISP? **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?

Summary of findings – Effectiveness of PD Program Area

UNFPA's programs and activities under the **PD focus area** made contributions to highly relevant PD issues such as preparations for the population and housing census scheduled for April 2020 and improving national population data systems to map and address inequalities and statistical gaps on vulnerable groups. While the European Commission, through the EU Delegation and the EUROStat, is the main partner of the government in census related activities, the UN agencies led by UNFPA, and UNICEF, contribute in exploring opportunities for creation of a user-friendly web-based database on population trends that enables mapping of socio-economic and demographic disparities. This process is particularly important for the SDG implementation. The UNFPA's advocacy and policy dialogue with the State Statistical Office, as the key stakeholder, mobilized public support and participation in the Census.

UNFPA's activities, their implementing partners' activities and its partnering with other UN agencies, have contributed to enhancing the national capacities for population data collection and analysis, dissemination and use of data for informed policy development.

The old National strategy for sustainable development, was passed in 2010, before the Agenda 2030. It has been updated as a vision up to 2030. The scope of coverage of the SDG agenda, with 17 SDGs and numerous targets and indicators with considerable complexity, represents a challenge for a small office such as the UNFPA CO.

The Result Framework in the CDP related to the PD program area has a results chain of outputs and outcomes that are rather distantly related to each other. A lack of clarity is reflected in some of the indicators. The formulation of indicators does not clearly capture the outcomes or outputs. The baseline and the targets for selected outputs or outcomes tend to be absent or unmeasurable. With these observations in mind, the status of the progress of achievement of the PD outputs and outcome can be summarized as follows below:

Population Dynamics - (SP 2014 – 2017) Outcome **4** is framed as**: 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.** The SP Outcome 4 is explicitly translated into the CDP Output 1 and as such it defines a wide scope of possible interventions under the CDP.

Country Program Output 1: 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.

UNFPA has contributed to the process of moving towards achieving the Output 1, by supporting the SSO, in partnership with the NGO Macedonian Anti-Poverty Platform, in policy dialogue which resulted in creation of the Program for statistical surveys (2018-2022). Through the series of workshops, the SSO acquired the opportunity to discuss the needs of statistical data of NGOs and adjust the survey program accordingly. In contribution to this process, UNFPA participated in the effort led by UNICEF and the SSO to implement the MICS06 survey, an extremely important survey which collects data that

no other institution does, especially for SRH. These data are of exceptional importance for the mandate and work of UNFPA.

Output indicator 1: Functional national tracking system for monitoring and evaluation of implementation of population policies Baseline: No Target: yes Achievement: No

The Output indicator 1 is aimed to follow the intervention logic of a higher level result (SP Outcome 4). The expected result, however, is based on requirement of achieving a "Functional national tracking system". The evaluative evidence suggests that with the absence of a Census for almost two decades, the fragmentation of the existing administrative databases persists and the integration of the evidence on population dynamics, particularly in their relation to sustainable development, has not been achieved. There is still no functional national system to monitor and evaluate the implementation of respective population policies.

Output indicator 2: Number of population databases accessible by users through web-based platforms that facilitate mapping of socioeconomic, gender and demographic inequalities Baseline: 0; Target: 1 Achieved: With the 2020 Census this will be achieved.

There are a large number of population databases based on administrative and register data such as the new but not yet operational electronic register of population at the Ministry of Information Society and Administration (MISA), the citizen registry at the Ministry of Interior, the Address register at the Cadaster Agency, registers of the Employment agency, Health insurance fund, "Moj Termin" - National e-Health System, Pension and Disability fund, Ministry of Education, business register, tax register, registers at the Ministries of Defense and Foreign Affairs. In the context of the upcoming Census in 2020, the SSO can access, based on the Law on Statistics, all administrative databases for statistical purposes. The 2020 Census Combined method will be used as a transition toward a fully register-based Census in the future. The Combined method will use available administrative data from the specially configured "Census database", developed with support of MISA and building on nine different administrative databases in combination with information collected during the Census enumeration from individuals and households in the field.

Population Dynamics - (SP 2014-22017**) Outcome 4**: 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 2: **Number of new national and local development plans that consider population dynamics in setting development targets Baseline: 0; Target: 1; Achieved: No**

In 2016, the National strategy for sustainable development was updated as a vision up to 2030. The process is coordinated by the Deputy PM in charge of the economic activities. The process is still in an initial stage. The evaluative evidence and the stakeholder interview responses indicate that there is a need for additional clarification of the UNFPA's program activities related to the SDGs, which are of a general development nature with respect to the PD focus area. These are UNFPA activities which do not relate to sexual and reproductive health and rights or to gender, but rather to broad development. They require thorough analysis of the national strategic framework, and reaching to various strategies, action plans and other documents. This will request the identification of gaps and assessing what would be needed for the existing strategies/action plans to be aligned with the SDG agenda, and further integrated into those national plans. The UNFPA CO may need additional assistance to cope with this extremely ambitious plan.

Reference to Logical Framework regarding the effectiveness of the PD program:

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

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[45]	**No/no/n o**
• 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/ 2/0**			NO TARGE T [46] .	

4.3.3. EFFICIENCY

Evaluation Question. 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?
Summary of findings – Efficiency of PD Program Area The PD Programme Area has made good use of available human, financial and technical resources to achieve its Output. All budgeted funds have been fully expended, and, in some cases, over-expended. According to the analysis of CP 2016-2020 it can be concluded that there has been a very limited planned budget for this program area. There is suggestion of a need to ensure an addition to

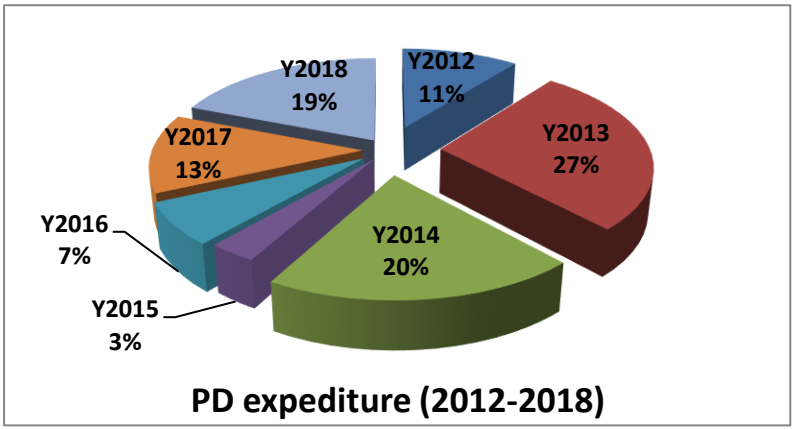
[45] **Output 13 MTR Indicator** Country has the capacity to generate, map and use sub-national estimates of population, health and social data to advance policies and programmes to redress sub-national inequalities (Y2017)

[46] 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.

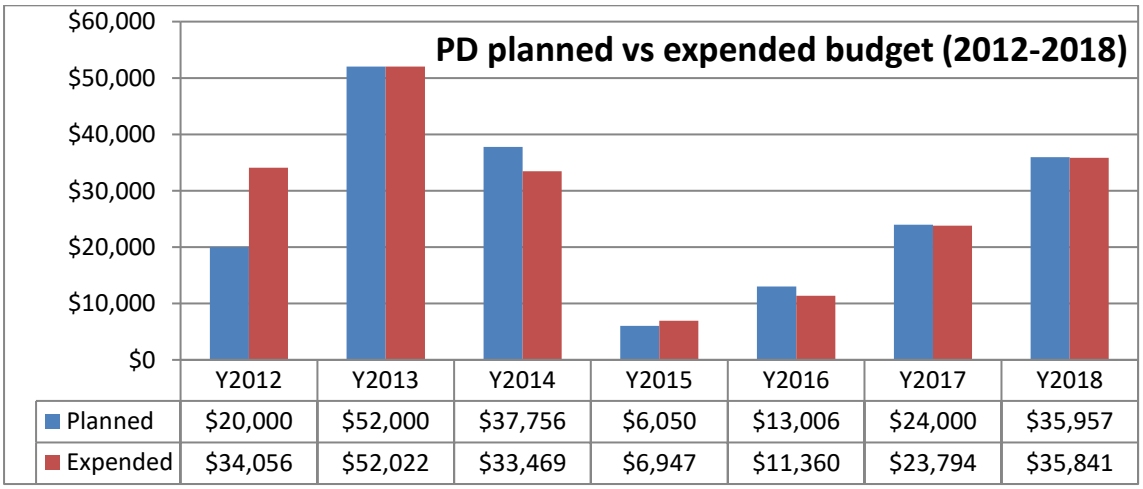
the PD budget, which may be challenging for the CO.
Feedback from stakeholders on efficiency was very satisfactory. For example, it was noted that the State Statistic office is satisfied from UNFPA's support on communication of data with the beneficiaries, and has expressed a readiness and willingness to continue with this activity, which was evaluated as very useful.

Based on stakeholder interviews, review of financial documents, review of Annual Work Plans, and Standard Progress Reports, the PD Program Area has, to a very high extent, made good use of available human, financial and technical resources to achieve outputs intended for Population dynamics program area. As is presented in table below in the period 2016-2018, 71% of the planned budget for CP 2016-2020 was expended from the regular budget. It is evident that other resources were not mobilized and expended despite of the planned budget of US$100,000.

	Planned budget SP 2016-2020 (Percent out of total planned)			Expended Atlas 2016-2018 (Percent out of total expended)			Percent of Expended out of planned		
Resources	Regular	Other	Total	Regular[47]	Other[48]	Total	Regular	Other	Total
PD	100,000 (7%)	100,000 (10%)	200,000 (8%)	70,995 (7%)		70,995 (6%)	71%	0%	35%



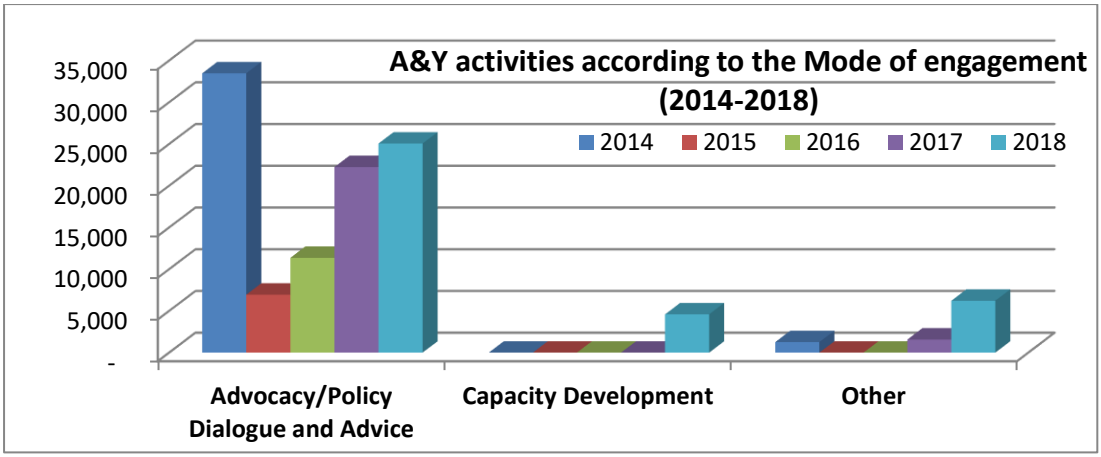
According to the graph, the percentage of expediture per year are presented. It can be concluded that in 2013 and 2014 the percentage of expended budget is higher (27% and 20%). In 2015, the lowest budget, was only 3% out of total for the period 2012-2018. In 2018 the budget started to be higher, mostly as a result of the activities related to Census, Aging and Communication strategy for sharing and using data.



[47] FPA90/UNFPA
[48] 30063/UNFPA EF, FPA80UNFPA, UQA63 UBRAF, UDC45/PWD TF, 3FPAZ/MK Gvt, NOA53/Norway

As it can be noted in the graph above, the planned and expended budget for each year is almost each year in the same line, except in 2012 and in 2015 when it was higher as a result of higher additional cost of P&E activity.

According to the Mode of engagement, most of implemented activities are in an Advocacy/Policy dialogue and Advice field. In the graph below it can be noted the steep decrease of the budget in 2015, which has smoothly been growing year by year. Most of the implemented activities in this field are related to strengthening the national capacities for population data collection, analysis, dissemination and use for informed policy development and utilization of the data. There has also been strengthening the National capacity to formulate comprehensive programs in line with the Madrid International Plan of Action on Ageing, and support of the implementation of Census in the country through improving the communication strategy of the need of data, the way of collecting and the usage. (see Annex 6. Description of the activities – Mode of engagement).



4.3.4. SUSTAINABILITY

Evaluation Question. EQ 4.A. Are programme results sustainable in short and long-term perspectives? **EQ 4.B.** To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?

Summary of findings – Sustainability of PD Program Area

Sustainability in the PD focus area is related to the Government/SSO role in the interventions which UNFPA fosters in this focus area. UNFPA has been involved in supporting activities focused on the importance of population data collected through the population and housing census, through the prism of the SDGs. As such, the UNFPA-extended technical assistance support is complementary to the high priority census related activities of the SSO and shares their sustainability perspective.

UNFPA's joint support, extended together with other UN agencies, in the creation of a user-friendly web-based database on population trends that enables mapping socio-economic and demographic disparities, once it has been completed, will allow access to information for better understanding of social inequalities and implementation of development programs.

The evaluative evidence indicates limited effectiveness of the results framed as CDP PD Output 1, which may affect their sustainability perspective. The potential for achieving sustainability depends on progress with the following assumptions.

The Output 1 relates to UNFPA's advocacy, policy advice and technical support activities and its partnering with other UN agencies and relevant development partners, to enhance the national capacities for population data collection and analysis, dissemination and use of data for informed policy development, inclusion of data relevant to the SDG indicators, and for identification of social and economic inequalities affecting women, adolescents, youth, elderly and marginalized populations. It also supports the national capacity for formulation of comprehensive programs in line with the Madrid International Plan of Action on Ageing and intergenerational solidarity. This output reflects a broader understanding of sustainable development, which adds complexity in the monitoring of the prospects for its achievement. The output indicators specify how the UNFPA program activities contribute to the expected improvements in the national PD capacities. As far as the preparations for the 2020 Census are concerned, UNFPA has so far extended substantial international technical assistance support (Census related communication campaign including a communications strategy).

In addition, another output indicator shows progress in the use and consolidation of various population data in one single unified electronic register of population, to be fully operation prior to the start of Census. Assuming that the 2020 Census is prepared and conducted as planned, the prospect for achieving the sustainability of the PD outcome will be significantly enhanced.

4.4 UNCT Cooperation and Value added

UNCT Cooperation question: EQ5.A. To what extent did UNFPA contribute to coordination mechanisms in the UN system at country level**? EQ5.B.** To what extent does the UN Development Framework reflect the interests, priorities and mandate of UNFPA? **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?
Added Value questions: EQ6.D What is the main UNFPA added value in the area context as perceived by UNCT, government and civil society organizations?

Summary of findings

The UNFPA activities in the RoNM, since the opening of the office in 2007, have been carried out in the context and in coordination with UN Country Team (UNCT), currently composed of ten agencies.
Based on the feedback from the stakeholder interviews, UNFPA has been an active contributor at all levels of UNCT coordination and to various joint activities and programs identified and implemented or under implementation within the inter-agency partnerships and cooperation. An example of good practice of program complementarity, concerted action and multi-sectorial work was in the aftermath of the refugee/migrant crisis when UNFPA, together with the WHO, succeeded having a whole chapter on SRH inserted and finalized into the National Preparedness and Response Plan of the Health System in Crises. In all activities, feedback from the interviews and the perceptions of the UNFPA being part of the UNCT are positive. These was a note from some of the agencies that there is room for improvement of the inter-agency coordination by improved information sharing with a view to avoiding overlaps and improving the coordination.

The evaluative evidence shows that UNFPA performs value added activities in the country through promotion of the ICPD agenda. The feedback from the interviews confirms that the UNFPA is recognized as a leading international development partner in the country which promotes very sensitive aspects of SRH and rights, particularly SRH and rights of the most vulnerable groups of population including young key population at risk, as well as Roma, people with disabilities. The role performed by the UNFPA in the emergency preparedness and response activities is perceived by the UNCT, government and the civil society organizations as unique and serves as a catalyst for the

emergency and GBV-related activities addressing the needs of migrants/refugees and the needs of the marginalized population groups in the country.

The UNFPA activities in the RoNM, since the opening of the office in 2007, have been carried out in the context and in coordination with UN Country Team (UNCT), currently composed of ten agencies. The UNCT is headed by an UN Resident Coordinator (UN RC) and supported by the UN RC Office. The strategic and legal framework for the UN activities in the country during the period 2016-2020 are defined under the Partnership for Sustainable Development: UN Strategy 2016-2020 (UN PSD).

Based on the feedback from the stakeholder interviews, UNFPA has been an active contributor at all levels of UNCT coordination and to various joint activities and programs identified and implemented or under implementation within the inter-agency partnerships and cooperation. Complementarities between the UNFPA and other partner agencies within the UNCT serve as a ground for implementation of the joint collaborative interventions. Complementarities and synergy among the UNCT members, including UNFPA, are also indicative of the great potential for promotion of multi-sectorial work in line with a coordinated response to the SDGs. A good practice of program complementarity, concerted action and multi-sectorial work was in the aftermath of the refugee/migrant crisis when UNFPA, together with the WHO, succeeded having a whole chapter on SRH inserted and finalized into the National Preparedness and Response Plan of the Health System in Crises. Similarly, based on the complementary efforts of UNFPA in effective partnership with WHO, UNICEF and UNDP, and national institutions and IPs, the MISP Action Plan was successfully implemented, reflecting the multi-sectorial response to the GBV.

Other examples of complementarities and programmatic cooperation of UNFPA with other UN agencies include WHO in a number of joint activities addressing the SRH, including maternal and child health and family planning, with UNICEF on population data and particularly on the MICS06 roll out, UNDP on GBV in emergencies and multi-sectorial response to GBV through the Sexual Assault Referral Centers, UN Women – improving the multi-sectorial coordination on GBV and VaW work, and with the UNRC Human Rights Advisor on ensuring that the HRBA (Human Rights Based Approach) is included in all activities. A positive programmatic inter-agency cooperation is currently ongoing under the Social Inclusion Outcome Area of the UN PSD, among UNFPA, UNICEF, UNDP, and UN Women, founded by the UN Partnership to promote the Rights of Persons with Disabilities Multi-Donor Trust Fund (UNPRPD MDTF). The program focuses on the people with disabilities, as one of the most vulnerable populations in the country, ensuring their inclusion in wider social development. Feedback from the interviews and the perceptions of the UNFPA being part of the UNCT are positive. However there was a note from one of the agencies that there is room for improvement of the inter-agency coordination by improved information sharing with a view of avoiding overlaps and improving the coordination.

The evaluative evidence shows that UNFPA performs comparable strengths and value added activities in the country through promotion of the ICPD agenda. The value added content of UNFPA activities is partially determined by its institutional mandate and by its active adherence, promotion and support to the implementation of international standards and international human rights instruments. The feedback from the interviews confirms that the UNFPA is recognized as a lead international development partner in the country which promotes very important aspects of the SRH and rights, particularly SRH and rights of the most vulnerable groups of population including young key population at risk, as well as Roma, people with disabilities. The staff of the UNFPA Country Office succeeded, systematically, patiently and with dedication, to maintain the complex and multifaceted issues that are not always very well taken by the governments in the past due to then prevailing conservatism and intolerance.

The UNFPA CP's value-added activities particularly involved increased coordination and monitoring of the health system and the GBV-related services in the emergency situation. The GBV-related services

were performed by the UNFPA CO during and in the aftermath of the refugee/migrant crisis in 2015. It demonstrated the quality and the timeliness of the UNFPA capacity to implement SRH activities in response to the emergencies and ensuring available, accessible, acceptable and quality SRH services to refugee/migrant women and girls, but also to all other marginalized groups whose SRH rights and needs are underserved. The role performed by the UNFPA in the emergency preparedness and response activities is perceived by the UNCT, government and the civil society organizations as unique and serves as a catalyst for the emergency and GBV-related activities addressing the needs of migrants/refugees and the needs of the marginalized population groups in the country.

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

4.5.1. Resource Mobilization

While UNFPA North Macedonia does not currently have a resource mobilizations plan. It would seem appropriate for the UNFPA North Macedonia to draft such a plan to guide future efforts to raise funds.

4.5.2. Partnership

UNFPA is functioning based in several types of partnerships:

- Functional partnership of UNCT with UN agencies and other possible development partners
- Another partnership is established based of delegated implementation or implementation which needs to be delegated to other organizations, notably to CSOs.

The desk review shows that there is developed partnership plans started form Y2014 till 2018. For the purpose of the evaluation special focus is given to the period 2016-2018. In addition partnership table with reported achievements for each year was prepared (Annex 7. Partnership plan).
According to the data from the table it can be concluded that UNFAP has partnerships with following partners:

- UN System mostly related to SRH CP outcome 1, including WHO (Action plan 2018-2020 and other joint programs), UNICEF (MISC 6 rollout and similar), UNDP, UN Women and Human rights Office/ Advisory.
- The Government including Prime Minister Offices (MoH, MSLP, MPs) in line with SRH and health in general related to SRH CP outcome 1, SP outcome 2 and/or SP Outcome 4. Starting form 2018 UNFPA have managed to ensure matching fund with the MoH for EPC.
- National institutions: National Committee on Safe Motherhood, Institute of Child health, Institute of Public Health, Institute of Public Health, Center for continuous Medical Education on Family Planning, Inter-sectorial Group on Human Rights, Agency for Quality Accreditation and Standardization of Health Institution and State Statistical office,
- CSOs: IP HERA, Association of Gynecologist, Y-PEER, IP MAPP, IP ARNO and South-East European Health Network.

Findings related to **Relevance and Efficiency**
Based on review of documents and interviews with key stakeholders, it is clear that the long term strategic partnership with the Ministry of Health (MoH) as the major government stakeholder has been materialized through the funded partnership agreement, which culminated in the signing of the Small Contribution Agreement between both parties in amount of USD 53,671 matched by the same amount by the UNFPA. The main goal of this funded partnership has been reducing the death rate of mothers and newborns by improving the performance of the existing health workforce and moving towards evidence based and people centered approaches, team based delivery of care and strengthening appropriate use of medicines and health technologies. In brief, the strategic

partnership with the MoH and the Agency for Accreditation and Standardization of the HCIs promotes the Effective Perinatal Care in accordance with the latest protocols and standards of the WHO. In addition, evidence based on the review of financial data shows the high level of efficiency of this type of strategic partnership.

Effectiveness,
While there is clear evidence of some effective partnerships at both levels (with UN agencies, Government and National institutions and with CSOs) there is room for improvement particularly of the relations with the Ministry of Labor and Social Policy (MoLSP) as one of the two major government stakeholders particularly in relation to the demographic polices and population dynamic issues. Nevertheless, UNFPA's partnership with the Ministry of Labor and Social Policy, yields important results of the South South cooperation and triangular knowledge exchange acts as a follow up of the Madrid process on Aging. In effect, under the South South cooperation, the UNFPA CO and the MoLSP, promoted establishing Centers for Active Aging based on the Bosnian model and respective technical assistance support by a Bosnian expert.

Sustainability
UNFPA North Macedonia clearly benefits from these partnerships for sustainability and needs to make additional efforts to develop them. For example The durability and long-term sustainability of the UNFPA supported SRH program activities are ensured by the national ownership over the results of the process of adaptation of the guidelines, policies and procedures by the key national stakeholders (such the MoH, Agency for Quality and Accreditation). The ownership is acquired through the direct involvement of the national key stakeholders who themselves are responsible for adaptation of protocols and standards set by WHO or other global organizations. The work on the development of protocols and standards which are CDP output 1, started in 2014, followed by adaptation of the clinical guideline for Postpartum Hemorrhage, as the leading cause of maternal death, which as finalized in 2015. In 2016, the following two clinical guidelines in the field of sexual and reproductive health were adapted: (1) Risk management in the antenatal period; (2) Cervical cancer Prevention and early detection. In 2017, the following clinical guidelines and standards were drafted: 1) Clinical Guideline for Management of Victims of Sexual Violence; 2) Standards for Gynecological /Obstetrics inpatient care. Finally, in 2018, three of the adapted guidelines, for Post Partum Hemorrhage, the Detection of Risky Conditions during Pregnancy, and Management of Victims of Sexual Violence have been approved by the Ministry of Health and the Government. In addition, Ob/Gyn Standards for secondary and tertiary level of hospital care and 15 protocols for strengthening maternal and newborn perinatal care were finalized. This large body of adapted medical regulations confirms institutionalization and sustainability of the UNFPA supported activities.

Based on interviews with key informants, there is high level of cooperation with UNFPA country offices, both UNFPA North Macedonia but also other UNFPA offices including, UNFPA B&H. The government institutions perception is that UNFPA is helping to increase and sustain multi-sectorial communication and collaboration, which is still perceived as challenging issue.

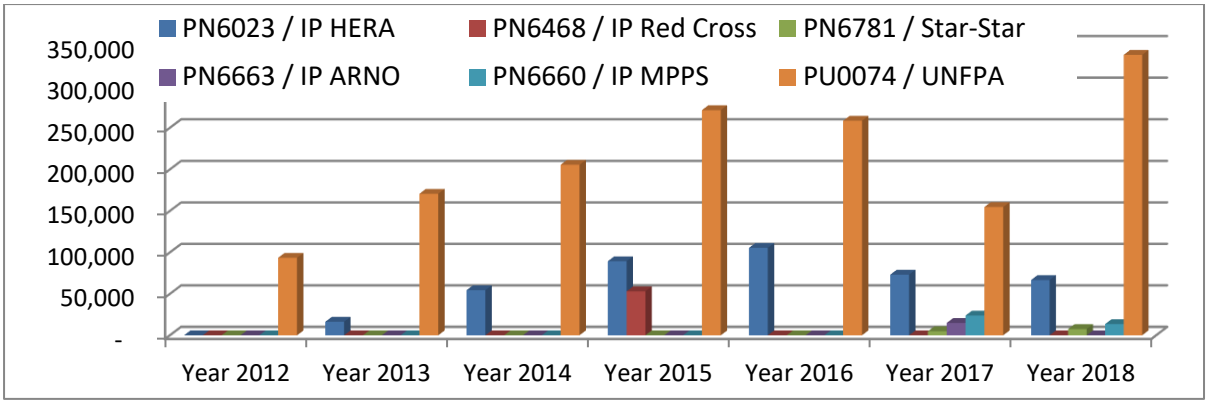


Figure 4.5.1.Budget allocated according to the implementer (UNFPA) and Implementing Partners (HERA, ARNO, Red Cross, MPPS and Star Star) for the period 2012-2018

4.5.3. Communications/advocacy

In 2014 Communications Strategy (2015-2017) was prepared. This document covered the period of 2015–2017 by following most of the *Advocacy efforts activities*. The objective of the communications strategy was to promote the work and impact of the UNFPA in the country. The audiences detected in this strategy are:

- the Government of the country with aim to build strong network of professionals within different governmental bodies that has understanding and willingness to contribute to the country overall development demonstrated strong leadership and commitment to the UN values,
- the country general public where the awareness raising of the impact that UNFPA support in the country is the main focus,
- the Civil society sector with purpose to increase the understanding and support of civil society for the UNFPA country activities, and establishing partnerships for advocacy and program implementation purposes,
- the media which is considered as key partners for the UNFPA CO, and
- the Social media which are seemed as a public relations tools for the UNFPA.

Apart from general audience, the UNFPA strategy is aimed to specific audiences like international development agencies, donors, academia, embassies, international organizations, etc, The Traditional and Social Media are channels for delivering the messages to the audiences, and not the audience itself.

Despite the regular action plans for implementation of the Communication Strategy, there is only one short report for Y2016. Apart from the feedback from direct participants or beneficiaries in the UNFPA's programs, the response received from the key informants suggests that they had no or very little information about UNFPA, its mandate and respective program activities.

Lately, in 2018 the situation has changed. The UNFPA typical themes coming from SRH, Youth and PD focus areas received wider media coverage, despite the fact that there has been no specifically assigned budget allocation for this purpose. According to the interview with the UNFPA staff in 2018, the percentage of UNFPA visibility increased more than double in comparison to 2017. The various partnerships became more visible especially because of several media campaigns within the cooperation with the Government bodies. The budget for these campaigns had been allocated and had been spent accordingly.

CHAPTER 5: Conclusions

Conclusion 1. Criteria: Relevance, Effectiveness

The evidence clearly suggests the need for more concerted and continuous action and more comprehensive UNFPA programmatic response to the following population groups considered particularly vulnerable:

Roma: Needs of the target group of Roma have not been sufficiently addressed despite the fact that this target group faces a multitude of barriers in the access to sexual and reproductive health services, and suffers from a multitude of poor health outcomes (ex. adolescent birth rate for non-Roma in the NoRM is 13% for 1000 women, while for the Roma is 94% per 1000 women; modern contraceptive prevalence rate has increased among women aged 15-49 years, from 9.8 per cent in 2006 to 12.8 per cent in 2011, the rates are lower among rural, poor and low-educated women, and has decreased for Roma women from 9.5 per cent in 2006 to 7.2 per cent per cent in 2011; unmet need for family planning stands at 17.2 per cent in the total population, while it is 22.2 percent among the Roma.

People with disabilities: The relatively late start of the activities aimed at meeting the needs of PwDs has occurred despite the fact that the RoNM has ratified the Convention on the Rights of People with Disabilities in 2012 (adopted at the UN HQ in New York in December 2006, and entered into force in May 2008). Late planning in the program cycle runs the risk of bunching of activities to the end of the program which translates into delayed achievement of the expected results.

Adolescent girls: While the UNFPA meets the Strategic Plan's goals related to the need to adapt to the needs of the young key populations (YKP) at risk such as people living with HIV (PLHIV), young sex workers, MSM and transgender people, and establishing of participatory advocacy platform for increased investment in marginalized Adolescents and Youth, there is no reference to the young adolescent girls whatsoever.

Conclusion 2. Criteria: Relevance, Effectiveness

SRH programs related to work on developing of the clinical guidelines lead to gradual adaptation of international standards of quality of maternal care and their introduction in the clinical practice.

The work on the development of protocols and standards which are CDP output 1, was initiated in 2014. The clinical guideline for Postpartum Hemorrhage, as the leading cause of maternal death has been adapted in 2015. Two more clinical guidelines in the field of sexual and reproductive health, 1. Risk management in the antenatal period; 2. Cervical cancer prevention and early detection; have been adapted in 2016, while in 2017, the following clinical guidelines and standards have been drafted: 1) Clinical Guideline for Management of Victims of Sexual Violence; 2) Standards for Gynecological /Obstetrics inpatient care. Finally, in 2018, three of the adapted guidelines, the Post Partum Hemorrhage, the Detection of Risky Conditions during Pregnancy, and Management of Victims of Sexual Violence have been approved by the Ministry of Health and the Government. In addition, Ob/Gyn Standards for secondary and tertiary level of hospital care and 15 protocols for strengthening maternal and newborn perinatal care were finalized.

In the last few years, improvement of maternal health and reduction of preventable causes of maternal health related to pregnancies and childbirth have been addressed under different areas of intervention supported by UNFPA. These included: (1) intervention with cluster approach in the Balkan countries

introducing the Obstetrics Surveillance and Response System (OSRS) aimed at analysis of causes of maternal morbidities and mortalities (based on WHO Beyond the Numbers methodology); (2) assessment of all maternities on Emergency Obstetrics and Neonatal care which was carried out twice in an interval of five years, aimed at identifying the main issues maternities are facing, and (3) a significant capacity building effort as an application of evidence-based practices on effective perinatal care (EPC), co-funded by the Government and UNFPA.

Conclusion 3. Criteria: Relevance, Effectiveness

Since 2013 there has been continuing work on the unmet needs for family planning, more specifically technical assistance regarding the increased access to family planning services, preferred contraceptive methods and use of modern contraception. In addition, UNFPA supported the first ever cost-benefit analysis on contraceptive use to provide evidence about the importance of introduction of contraception, particularly to the vulnerable groups. The analysis and recommendations from the Report of Reproductive Health Commodity Market Segmentation Research, the Cost Benefit analysis and the Budget impact of contraceptive provision in the country, serves as a solid ground for initiating policy dialogue with the Government and the follow up advocacy work. The expectation is that the right choice of policy options will lead to an increased prevalence rate of modern contraceptives.

Conclusion 4. Criteria: Relevance, Effectiveness,

UNFPA CO has performed increased coordination and monitoring of the health system interventions and the GBV-related services in emergency situations, during the refugee/migrant crisis in 2015 and in the aftermath. Such experience underscores the quality and the timeliness of the UNFPA capacity to implement SRH activities in response to the emergencies, and the capacity to ensure available, accessible, acceptable and quality SRH services to women and girls refugees/migrants, but also to all other marginalized groups whose SRH rights and needs are underserved

In addition to considerable investment support, valuable work of advocacy, policy dialogue and advice, resulted in drafting and approval of the first ever Standard Operating Procedure (SOP) for multi-sectorial approach to the Gender Based Violence (GBV) in emergencies, and the Clinical Guideline for Management of Victims of Sexual Violence; a Protocol for the mobile SRH clinics for provision of services for women, girls, men and boys refugees/migrants.

Conclusion 5. Criteria: Relevance, Effectiveness

The combination of high fertility rates among young populations and the low prevalence in use of contraception, underscored by a lack of information, leads to adolescent unwanted pregnancies and generating harmful practices among this population group. There is evidence collected from interviews which suggests that child marriages may cause potential violation of the rights of the child; hence this situation requires urgent action. UNFPA CO has not been sufficiently focused on the A&Y interventions, nor has it provided effective support for interventions targeting adolescent girls.

Conclusion 6. Criteria: Relevance, Effectiveness, Sustainability

The most reputable international human rights mechanisms addressing the international obligations of the State have issued very important observations and findings. They refer to the UNFPA's guidance and associated program activities related to the institutionalization of the comprehensive gender sensitive and age appropriate sexuality education (CSE) in the North Macedonian education system. The CSE is fully consistent with the SP 2014-2017 Outcome 2 – Output 6, with the UNFPA business model, and with the CDP Outcome 2 - Output 1 and builds on the wealth of information provided by

the UNFPA supported Health Behavior in School-aged Children (HBSC) as a cross-national longitudinal research of young people's physical, social, and emotional health and wellbeing. Nevertheless, the evaluative evidence suggests that there have not been any concerted action on the part of UNFPA towards the goals of CSE, apart of some initial communications recently established between UNFPA and the Ministry of Education.

Despite its undisputable relevance as rights based and gender focused approach to sexuality education which meets internationally agreed standards, the CSE is still not institutionalized in the education system of the country. The need for initiation of work with the Government - Ministry of Education and the Bureau of Development of Education to implement comprehensive sexuality education is evident.

Conclusion 7. Criteria: Relevance, Effectiveness, Efficiency, Sustainability

In the past, the CO has supported some initial groundwork and prepared factsheets on child marriages (2013) and provided very initial support to the opening of the discussion about the CSE (2019). Although these attempts can be considered as a good start, it is not sufficient to set in motion the advocacy and policy dialogue on issues of such strategic relevance and potential for future programming. There is a need for enhanced capability of the CO to ensure the quality of advocacy to advance the CSE agenda and its gradual institutionalization. Potential use of additional regionally based expertise to assist these pending endeavors would be very useful.

Conclusion 8. Criteria: Relevance, Effectiveness, Efficiency, Sustainability

The kind of support extended by UNFPA to activities implemented by the CSO Star Star contributes to strengthening the human rights protection system for monitoring the RH rights of the sex workers and the MSMs through implementation of community engagement tools for service provision such as MSMIT (men who have sex with men Implementation Tool) and SWIT (Sex Worker Implementation Tool).

Conclusion 9: Criteria: Relevance, Effectiveness

The population and housing census remains the primary source of population counts which should provide relevant population data disaggregated by multiple population characteristics such as age, sex, marital status, educational attainment, occupation, ethnicity, migration status, household composition and other characteristics relevant for the population policies and purposes. RoNM did not have a Census since 2001. The preparations for the next Census, scheduled for June 2020, are underway. The 2020 Census, different from past efforts, is planned to be conducted as purely a statistical operation under the leadership of the SSO and with full adherence to international recommendations and standards of the UN, including UNFPA, and the EU. Throughout the ongoing CDP 2016-2020, UNFPA has maintained consultations with stakeholders, predominantly with the SSO, by extending international technical assistance support. Lately, UNFPA support has been focused on the Census related communications campaign, including a comprehensive communication strategy.

Conclusion 10: Criteria: Relevance, Effectiveness

The National strategy for sustainable development was updated in 2016 as a vision up to 2030. The process was assigned to the Deputy PM in charge of the economic activities. The work has lagged behind during and after the government transition, but now it is resumed. The Government reconfirmed its adherence to the Agenda 2030 and therefore established a National committee for sustainable development. It selected five out of 17 SDGs and assigned priority to their implementation (SDGs 1, 4, 8, 13, 16). In the context of the SDGs, national population data with improved quality are needed to

allow development planning and to address the needs of marginalized and vulnerable populations for the allocation of infrastructure needed for human development. Barriers arising in the measurement of different indicators originate from the unequal capacities of responsible institutions (some are in a more advanced phase compared to others when it comes to data collection), as well as from the fact that at moment the institutions are obliged to collect data on three different sets of indicators: SDGs, Eurostat indicators 2030, as well as a separate set of specific indicators for Southeast Europe.

Conclusion 11: Criteria: Relevance, Effectiveness

UNFPA's advocacy, policy advice and technical support activities and its partnering with other UN agencies and relevant development partners, aim to enhance the national capacities for population data collection and analysis, dissemination and use of data for informed policy development, inclusion of data relevant to the SDG indicators, and for identification of social and economic inequalities affecting women, adolescents, youth, elderly and marginalized populations; it also supports the national capacity for formulation of comprehensive programs in line with the Madrid International Plan of Action on Ageing and intergenerational solidarity. In summary, UNFPA PD activities reflect a broader understanding of the data requirements for sustainable development.

Conclusion 12: RESOURCE MOBILIZATION

UNFPA CO makes good use of available financial resources as far its regular core resources are concerned, by achieving 70% of spending of the total planned budget for the original CPD for 2016-2020. It has attracted, however, only 11% of other non-core resources out of planned for the original CPD. The UNFPA CO has no distinct resource mobilization strategy plan to attract other donor funding and thus contribute to increased needs and partnerships. The lack of a distinct resource mobilization strategy or plan widens the gap between the core and the non-core resources and affects the scope, effectiveness and efficiency of program activities.

Conclusion 13: UNFPA - Government Co-financing scheme (MATCHING FUNDS)

UNFPA has successfully triggered provision of additional resources from the Government for addressing effective perinatal care (EPC) through development of protocols for introduction of recommendations of WHO for EPC, based on a number of published articles and guidelines with a significant level of highly relevant evidence. UNFPA supported work also includes EPC training in two major maternity facilities in the country and concerted effort towards strengthening of perinatal statistics aimed at defining perinatal definitions, sources of data collection and further analysis. The undisputable priority of improved maternal and newborn health needs to be addressed by the comprehensive program on EPC has been subject of a co-financing arrangement culminated with signing of an Agreement for Small Contributions in amount of US$ 53,671 matched with the same mount by UNFPA.

Conclusion 14: Advocacy work with Ministry of Labor and Social Policy

UNFPA' engagement in policy advocacy and dialogue in Population Dynamics and in Gender, requires close interaction with the Ministry of Labor and Social Policy (MoLSP), as the lead Government agency with a unique role in policy making in the area of labor and social policy, including population development and gender issues. The relevance of the MoLSP for determining the advocacy priorities of UNFPA for the country in PD and Gender puts the MoLSP in a position of a key government stakeholder. The UNFPA CO's substantial and frequent consultation with the

MoLSP is essential for national ownership and for progress in achieving the outputs and outcomes in the PD and Gender focus areas moving forward.

Conclusion 15: SOUTH - SOUTH AND TRIANGULAR COOPERATION

There is a clear interest for South - South cooperation which implies introducing, learning, training and sharing of innovative approaches and methodologies and transferring solutions that are working in one country of the South to another country of the South where such solutions are not available or accessible. The South South cooperation (perhaps provide an example, such as the joint program with BiH and Northern Macedonia) promotes inter-regional exchange and supports the regional level advocacy and policy advice. UNFPA North Macedonia CO could expand its successes to other countries of the region and "export" its know-how and expertise to other countries.

Conclusion 16: CAPACITY DEVELOPMENT

The UNFPA business model, based on both strategic plans (SP 2014-2017; SP 2018-2021), endorses advocacy and policy dialogue, knowledge management, capacity development, and service delivery as a modes of institutional engagement. In the case of middle-income countries (MICS), where RoNM qualifies, the advocacy and policy dialogue, and knowledge management are prioritized while capacity development as mode of engagement is less preferred. UNFPA needs to provide innovative and integrated policy support to prevail in this areas There is a need for further capacity development which, coupled with knowledge management, provides strategic support to the advocacy and the policy dialogue (ex. Effective Perinatal Care - advocacy and policy dialogue with the MoH plus training plus knowledge management - work on the guidelines).

CHAPTER 6: Recommendations

Recommendation 1 (linked to conclusion 1):
High Priority

UNFPA should improve targeting of the UNFPA programs in terms of closer adaptation to the needs of certain population groups who are particularly vulnerable; these population groups include Roma, people with disabilities and very young adolescent girls.

Recommendation 2 (linked to conclusion 12, 13):
High Priority

UNFPA CO needs to develop a resource mobilization strategy and plan to contribute to its core budget and reduce the current gap between core and non-core resources. The specific focus of Resource mobilization strategy should aim to attract additional donor funding to increase the scope of Adolescent and Youth, and Population Dynamics programmatic areas. UNFPA should use the model of the Agreement for Small Contributions for addressing maternal health, including ending preventable maternal deaths, as one of the three main transformative and people-centered results (Agenda 2030), as an example for an entry point for triggering additional resources from the Government and, potentially, from other development partners, for high priority SRH, A&Y and PD activities.

Recommendation 3 (linked to conclusion 1, 5, 6, 7):
High Priority

UNFPA should further strengthen programme for young and adolescents with a focus on i. understanding of the causes and determinants, as well as the harmful effects of unwanted pregnancies and child marriages, ii. intensify its support for work with the Ministry of Education and the Bureau for Development of Education on the revision of school curricula to incorporate comprehensive gender sensitive and age appropriate sexuality education, and explore other forms of sensitizing youth, iii. build capacity of youth leaders (Y-PEER) to enhance young people's access to education and particularly to comprehensive sexuality education. iv. seek UNFPA internal (Regional Office) or external expert support in launching the advocacy and policy dialogue with the government to prioritize CSE in the national programme

Recommendation 4 (linked to conclusion 2, 3, 4, 5, 7, 8, 16):
High Priority

Considering very low modern contraceptive prevalence rate, high unmet need for family planning, and relatively high rate of unwanted teen pregnancies, UNFPA should consider commissioning research studies to get in-depth knowledge and possible causes or barriers and addressing it in the next programme, and also focus on its unfinished work in building national capacities for delivering high quality integrated SRH services, particularly by addressing the evidence-based guidance on antenatal and perinatal care and national maternal death surveillance and response systems, and the RH contraceptive security.

Recommendation 5 (linked to conclusion 16)
Medium Priority

The UNFPA should continue to promote capacity development, as a mode of engagement in the program activities in the RoNM, as an approach to support effective policy and advocacy activities. Moreover, to maximize effectiveness, the UNFPA CO should develop a country capacity development strategy which will ensure a more strategic vision and development of national capacities and ensure sustainability of the outcomes of the Program.

Recommendation 6 (Related to conclusion 4):
Medium Priority

The humanitarian/ emergency program, which consisted of its emergency preparedness and emergency response aspects that were integrated into the National Preparedness and Response Plan of the Health System in Crises, adopted by the Government in 2017, proved to be extremely useful approach for meeting the needs in emergency. This program should be maintained for use in any other unforeseen emergencies in the region or wider.

Recommendation 7 (Related to conclusion 1, 8):
Medium Priority

UNFPA should maintain and expand effective work in providing advocacy, policy advice and technical support to Adolescents and Youth, with focus on the marginalized groups and raising awareness about the needs and SRH rights of young key populations (YKP) at risk such as people living with HIV (PLHIV), young sex workers, MSM and transgender people, and establishing a participatory advocacy platform for increased investment in marginalized Adolescents and Youth.

Recommendation 8 (Related to conclusion 9)
Medium Priority

UNFPA should continue to extend advisory support to the national partners, notably the SSO, regarding enhancing the knowledge and the instruments for collection and dissemination of data relevant to the upcoming census and for improved national population statistics in general.

Recommendation 9 (Related to conclusion 10)
Medium Priority

There is a need for additional clarification of the UNFPA's program activities related to the SDGs, which are of general development nature as an aspect of the PD focus area. These are UNFPA's activities which do not relate to sexual and reproductive health and rights or to gender (SDGs 3 and 5), but rather to much broader understanding of sustainable development and with much stronger focus on people, such as marginalized, vulnerable, discriminated, at-risk, etc., than on the traditional focus areas of development.

In the context of the universality and the sheer scope of coverage of 17 SDGs, with numerous targets and associated indicators, clear references to the new SP (2018-2021), the small UNFPA Country Office

may encounter difficulties while trying to respond to the demanding requirements under implementation of vast and ambitious 2030 Agenda. To facilitate implementation of activities and to resolve complexities of of the new Agenda, temporary deployment of additional regional senior expertise can be helpful. Therefore, the UNFPA Regional Office should assign a senior PD specialist to assist the CO on short term basis (minimum of six months) in expanding its capacity in the PD, in launching advocacy and policy dialogue with the Government and initiating the groundwork in the relevant PD program activities.

Recommendation 10 (Related to conclusion 14)
Medium Priority

UNFPA should put additional efforts and attention in engaging in substantial and frequent policy dialogue and consultations with the Ministry of Labor and Social Policy, in particular in the focus areas of PD and Gender, which are sectors under direct mandate of this Ministry.

Recommendation 11 (Related to conclusion 15)
Medium priority

The UNFPA CO and the RO should broker and facilitate South South and triangular cooperation through fostering interregional exchange on common issues (ex. Workshop in Romania with participants from four countries from the Balkans who met to review and exchange experiences in implementing the methodology of preventing maternal deaths and making pregnancy safer).

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Annexes

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[49]. 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 Republic of North 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 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[50]. 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 sexual and reproductive health are low use of modern contraception, underreported,

[49] 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.

[50] 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

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.

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 Republic of North 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 System51 for assessing the equity and vulnerability, gender equality52, human rights in development and humanitarian programme53.
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.

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

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

53 Equity focused evaluation: https://mymande.org/sites/default/files/EWP5_Equity_focused_evaluations.pdf

D. EVALUATION CRITERIA AND EVALUAITON QUESTIONS

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-Ukraine 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* - *TOR for international evaluator* - *TORs for local evaluators, experts and assistants* - *TOR for the Evaluation Reference Group(s)*	July 2018
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

UNFPA Cluster CPE Design Report Evaluation Matrix (Draft 0.5) 19 December 2018 Draft – For Internal Review

This evaluation represents an assessment of the UNFPA activities in the Republic of North Macedonia (RoNM) during the period between 2012 and 2018 within each of the major program focus areas including Reproductive Health and Rights, Reproductive Health and Righst of Adolescents and Youth, Gender Equality and Population Dynamics. It is based on increasing global, regional and national interdependencies and cause-effect linkages in the theory of change that underpins the UNFPA program activities in the RoNM. The evaluation sets the stage for assessing the progress and performance in achieving the expected results of UNFPA program activities embedded in the anticipated theory of change and its respective intervention logic which follows a longer term strategic outlook reflected in the two consecutive UNFPA strategic plans (2014-2017 and 2018-2021). It takes into account the incremental achievements of the Millennial Declaration and the related Millennial Development Goals (MDGs), followed by the 2030 Agenda for Sustainable Development and the related Sustainable Development Goals (SDGs). By adopting the SDG indicators in the UNFPA Strategic Plan's integrated results framework, the UNFPA, and the member states, including RoNM, confirm commitments to the SDG targets under goals 3 and 5 and particularly to the following targets[54]:

Target 3.1. By 2030, to reduce the global maternal mortality ratio to less than 70 per 100,000 live births;

Target 3.2. By 2030, to end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality t at least s low as 25 per 1,000 live births;

Target 3.7 to "ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs by 2030" ;

Target 5.6 to "ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the ICPD Program of Action".

In addition, the ICPD Program of Action (PoA)[55], which has set forth an ambitious population and development strategy back in 1994, highlights the key areas of synergy between the ICPD PoA and the achievement of the SDG targets, and reaffirm commitments to elimination of preventable maternal mortality and morbidity as urgently as possible by strengthening health systems and thereby ensuring universal access to quality prenatal care, skilled attendance at birth, emergency obstetric care and postnatal care for all women and newborns.

At national level, the evaluation looks at the UN assistance framework, more specifically at the two successive UNDAFs, the UNDAF document 2010 – 2015, and the Partnership for Sustainable Development – UN Strategy for 2016-2020. Finally, the evaluation concentrates on the first Country Program Document for the RNM for the period 2016-2020[56], while taking into account the achievements and some challenges highlighted by the previous evaluation of the UNFPA program activities covering the period between 2010 and 2015.

The above background of global development initiatives sets the stage for assessing the progress and performance of the UNFPA program activities considering the evaluation criteria of relevance, effectiveness, efficiency and sustainability. A key focus of the evaluation is on lessons learned for future projects and on the development of recommendations that support future innovative and pragmatic interventions.

COMPONENT 1: ANALYSIS BY FOUR FOCUS AREAS

[54] Transforming Our World: The 2030 Agenda for Sustainable Development, p.13 -15

[55] Report of the Secretary General on Monitoring of population programs, focusing on the review and appraisal of the PoA of the ICPD and its contribution to the follow-up on and review of the 2030 Agenda for Sustainable Development, February 2019

[56] Country Program Document for the FYR Macedonia (2016-2020), September 2015

(Reproductive Health and Rights (RHR), Youth, Gender Equality (GE), Population and Development (PD)			
RELEVANCE (APPLIES TO ALL FOCUS 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?			
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?			
Assumption to be assessed	**Indicator/Criteria**	**Source of information**	**Method and tools for data collection**
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).	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.	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	1.1 Document review 1.2 Staff interviews 2.1 Document review 2.2 UNFPA and IP staff interviews 3.1 Document review 3.2 Staff interviews 3.3 Beneficiary interviews
EQ1.A Assumption 1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD. Overall, the evidence gathered from the desk review and stakeholder and beneficiary interviews indicates that the UNFPA program activities, during the period under evaluation, gradually started to provide a relevant response to the needs of the target population groups such as women, adolescents and youth, people at risk of HIV infections, people with disabilities (PwDs), older persons and Roma, as beneficiaries of these program activities. More specifically, and based on the review of the UNFPA program and planning documents in the RNM, during the different stages of the period under evaluation, the targeted groups have included: • SRH: Health professionals at all levels of care (gynecologists/obstetricians, neonatologists, nurses, patronage nurses, midwives), hospital managers, ministry employees, women aged 15-49, women refugees/migrants, men refugees/migrants, people with disabilities (PwDs).			

- Adolescents and Youth: Young people including the key young populations, sex workers, PLHIV, policy makers, decision makers from ministries and other public servants.
- GE : Women and girls, women refugees/migrants , men refugees/migrants, health professionals
- PD: National institutions, and the general population, decision makers from the government and public servants, older persons, PwDs, people leaving in poverty, social benefit recipients, socially excluded.

The needs of the target groups were well taken into account during the different stages of two consecutive programming cycles of two UNFPA Global strategic plans (2014-2017 and 2018-2021) and the two UNDAFs (2010-2015 and the UN PSD 2016-2020) for RoNM, including the Country Program Document (CPD) 2016-2020 and associated annual work plans (AWPs), for the given timeframe. The choice of the target groups are appropriate and the needs of those groups are largely reflected, however, the evaluative evidence gathered through desk research and stakeholder and beneficiary interviews, indicate a few concerns:

- The evidence suggests that the needs of the target group of **Roma** have not been sufficiently addressed despite the fact that this target group faces a multitude of barriers in the access to sexual and reproductive health services, and suffers from a multitude of poor health outcomes. The fact the adolescent birth rate for non-Roma in the NRM is 13 per 1000 women, while for the Roma is 94 per 1000 women, suggests a need for a more concerted, continuous and more comprehensive UNFPA programmatic response. Likewise, while the modern contraceptive prevalence rate has increased among women aged 15-49 years, from 9.8 per cent in 2006 to 12.8 per cent in 2011, the rates are lower among rural, poor and low-educated women, and has decreased for Roma women from 9.5 per cent in 2006 to 7.2 per cent per cent in 2011. Unmet need for family planning stands at 17.2 per cent in the total population, while it is 22.2 per cent among the Roma. The UNFPA activities targeting the Roma, have been limited to activities aimed at supporting the Roma Health mediators through the activities of the NGO HERA (2015), as UNFPA implementing partner, building the capacities of national youth representatives on peer education, advocacy and leadership, through training of Roma Youth Leaders, in cooperation with the UNFPA (Eastern Europe and Central Asia Regional Office), EECARO and the PETRI School in Bulgaria. Notwithstanding the relevance of these activities for the improved overall position of Roma, the lack of equitable access to the quality reproductive health for marginalized groups, especially Roma, and the UNFPA response raises concern.
- Another population group which suffers from social exclusion, and hence, frequently from poverty, are the **people with disabilities (PwDs).** UNFPA recognized this and joined other UN agencies, under the Social Inclusion Outcome of the current UN PSD (UNDAF), for ongoing work to support enhanced community based services for this target group and to prevent institutionalization. The work has started, however, only in 2017. The relatively late start of the activities aimed at meeting the needs of PwDs has occurred despite the fact that the RNM has ratified the Convention on the Rights of People with Disabilities in 2012 (adopted at the UN HQ in New York in December 2006, and entered into force in May 2008). Moreover, the Convention itself follows the new development paradigm which requires a focus on respect of rights and empowerment. It clarifies how all categories of rights apply to PwDs and identifies areas where adaptations have to be made for PwDs to effectively exercise their rights and to identify areas where their rights have been violated, and where protection of rights must be reinforced. The evaluative evidence suggests that the UNFPA's reaction to the achievements of the Convention on the Rights of People with Disabilities, has been slow which raises concern from the viewpoint of Relevance, but also from the viewpoint of Efficiency.
- At the same time, the UNFPA has contributed to awareness raising about the needs and sexual and reproductive health rights of some **other particularly vulnerable population groups** such as sex workers, lesbians, men who have sex with men (MSMs), transgender individuals, young populations at risk, who face multiple and unique obstacles to adequate service provision. Evaluative evidence coming from respective desk research

and the beneficiary interviews with the members of the target groups indicate that the UNFPA sponsored activities implemented by the CSOs Star-Star, during 2017, contributed to strengthening the human rights protection system for monitoring the reproductive rights of the sex workers and the MSMs through implementation of community engagement tools for service provision MSMIT (men who have sex with men Implementation Tool) and SWIT (Sex Worker Implementation Tool).

The design of the country program (CP) has been determined by the international and national strategic frameworks, but also it evolves out of the country based reviews which provide detailed descriptions and summarize the needs, gaps and recommendations regarding the main issues under the four major focus areas. Along these lines, the **National Health 2020 Strategy**, constituting a fundamental health policy document in the country, was adopted in December 2016, under the purview of the WHO's European Policy Framework for Health and Wellbeing 2020, supported by the WHO. By establishing the key links to SDGs, the National Health 2020 Strategy localizes the SDGs and confirms commitments endorsed by SDG goals 3 and 5. It contains chapters which ensure full alignment of the UNFPA health sector related program activities with the national health sector strategic framework of the RNM. The most recent publication of the European Observatory on Health Systems and Policy, the Health Systems in Transition[57], provides particularly instructive information originating from the thorough country based reviews supporting the policy makers and the analysts in the development of the health systems in Europe.

Following the intervention logic of the UNFPA program activities, and prior to the identification of the causes of the CP outcomes, as part of the ultimate objective of the CP design, each of the specific focus areas have been subjected to assessments. Some of the most instructive assessments during the time under evaluation include the following work presented chronologically:

- ✓ After entering **several different letters of agreement, in 2012,** with the MoLSP (Ministry of Labour and Social Policy), as one of the two major government stakeholders, **UNFPA CO supported the national capacity development to address population dynamics issues** in relevant national plans and programs, and **the revision of the existent strategy for demographic development**. A relevant input into the design of the CP was developed through the preparation of the statistical data on population dynamics, with focus on the fertility, aging and migration, as the most critical aspects of the demographic policy under consideration. Population dynamics issues were further promoted and advocated through the **policy dialogue with MoLSP**, through the **active youth participation and representation in the ICPD** - Beyond 2014 process and through the **family planning assessment.** The technical assistance in assessing the key population dynamics was very timely as the Government has identified low fertility as one the most important priorities of the Government due to the decreasing fertility rate of 1,4 %. The review of the Strategy underwent a national inclusive and integrative process involving all relevant stakeholders, NGOs, professional associations, academia and media. The relevance of the UNFPA CO support to this process was confirmed in the stakeholder interviews with the State Statistics Office's management and its technical teams (Population Statistics and Public Relations departments).

- ✓ In 2012, relevant **inputs into the design of the CP** were also ensured through strengthening the national capacity for development of national health policies and plans for improved integrated sexual and reproductive health services (including family planning). The latter was ensured through

[57] HEALTH 2020 STRATEGY OF THE REPUBLIC OF MACEDONIA. Ministry of Health. WHO. www.zdravje2020.mk

UNFPA's partnership with the Ministry of Health. The assessment, "Improving national response to Sexual and Reproductive Health and Rights in RoNM 2008 – 2011"[58], supported by the UNFPA with mobilised resources from the Dutch Government, and a country assessment of SRH education and healthy lifestyle promotion were completed.

- ✓ In 2013, UNFPA commissioned a major **Reproductive Health Commodity Market Segmentation Research** by engaging international and national consultants and partnering with NGO HERA[59]. The report contributed to increased capacity of national stakeholders, to understand cost effectiveness of comprehensive family planning (FP) program and provision of reproductive health commodities. Later, UNFPA contributed to identifying issues related to maternal care by engaging one international and three national consultants in conducting the **Emergency Obstetric and Neonatal Care (EmONC) assessment** of one third of maternities[60]. The report serves as basis for regionalization and certification of EmONC services. Upon request by the National Committee on Safe Motherhood, the assessment was expanded to the remaining 70% of the facilities. Although recommendations of these assessments entailed recommended interventions at both facility and national levels, their implementation didn't move forward. Evaluation of some of the indicators, particularly those related to the maternal and neonatal mortality, suggested weaknesses in the reporting system and need for the record keeping improvements.

- ✓ UNFPA supported a **mid-term review of the National SRH Strategy 2010-2020[61]** aimed at triggering the national authorities to address SRH in a more systemic manner. At the same time, the review meant to ensure aligning the policy with the regional and global initiatives, such as SDGs and the WHO European Action Plan for Sexual and Reproductive Health. This is the only comprehensive and participatory SRH assessment conducted in the country in the last 20 years. The main purpose of the assessment was to align the national policies with the SDGs and other global and regional initiatives. The process was led by the Ministry of Health and supported by UNFPA through an international consultant from the Eastern European Institute for Reproductive Health, in close cooperation with IP HERA and seven national consultants with expertise from relevant fields. Through a jointly defined methodology, the following key areas were identified and assessed: family planning, safe abortion, cervical and breast cancer prevention, maternal and neonatal health, GBV, adolescent SRH, HIV/AIDS. The recommendations of the assessment were unanimously endorsed by the SRH National Working group appointed by the Ministry of Health[62]. These recommendations served as grounds for the development of an Action Plan 2018-2020 adopted by the Government in 2018.

The CP design benefited or has been further upgraded from other studies and needs assessments including:

[58] UNFPA CO's Annual Report 2012
[59] Report of Reproductive Health Commodity Market Segmentation Research. Prepared by: Godfrey Walker, UNFPA Consultant, Bojan Jovanovski, HERA, Sanja Sazdovska, Ministry of Health, and Valentina Pavlovska, Ministry of Labor and Social Policy. September 2013
[60] Report from the Rapid Assessment of Reproductive Health Facilities and Services in Gevgelija, Kumanovo and Veles, Jul 10, 2015
[61] UNFPA CO's Annual Report 2017
[62] АКЦИСКИ ПЛАН ЗА СЕКСУАЛНО И РЕПРОДУКТИВНО ЗДРАВЈЕ НА РЕПУБЛИКА МАКЕДОНИЈА. 2018 - 2020 ГОДИНА. СКОПЈЕ 2018

- ✓ T**he situational analysis of Cancer Breast, Cervical and Prostate (2015)[63],** supported by the UNFPA, has depicted the situation in RoNM and identified the gaps and proposed feasible measures for the progressive building of the capacities needed to implement organized screening programs. It also informs the follow up UNFPA supported activities centred on the adaptation of a respective clinical guideline.

- ✓ The vital role of the **UNFPA in humanitarian context**, internationally acknowledged by its membership in the Inter-Agency Standing Committee, as a primary mechanism for inter-agency coordination of humanitarian assistance, became particularly important during the refugee crisis from January until November 2015 when Europe witnessed massive movements of around 1 million refugees, from Syria, Afghanistan, Iraq, and some African countries seeking refuge in some of European countries. The majority of refugees/migrants traveled from Turkey and Greece and made their way through the RNM. As an immediate reaction to the new situation on the ground, a five member team from the UNFPA, UNHCR and the Women's Refugee Commission (WRC) carried out a joint assessment mission to understand the protection risks facing women and girls in this crisis. The objective of the assessment was to develop concise and practical recommendations to inform protection responses by the EU institutions, relevant governments, humanitarian actors and CSOs to respond to the assistance needs of women and girls fleeing to Europe.

- ✓ UNFPA commissioned a **Social Marketing Assessment, undertaken in 2015[64]**. The assessment provided an analysis of the availability and the continuing use of selected reproductive health products and services and of expansion of the social marketing efforts in RoNM. The assessment was done in partnership with the Implementing Partner (IP), the NGO HERA. This initiative was an attempt to test the potential of the latest practices with innovations and approaches in social marketing programs as a remedy for preventing unplanned pregnancies and sexually transmitted diseases, including the HIV AIDS. Despite the expected positive effects for creating safer behaviour and motivating youth to seek and use the reproductive health services and products, like condoms, the initiative failed to generate follow up activities. The failure to promote the concept of social marketing as a combination of health promoting efforts with features of a commercial advertising campaign suggests insufficient internalization of the innovative concepts by the stakeholders and the potential beneficiaries.

- ✓ In 2017, UNFPA initiated another study in the format of a **policy brief** with the objective to **compare costs and potential benefits of free or subsidized oral contraceptives (OCs) and intrauterine devices (IUDs) provision in RoNM in 2018-2020**. The study looked at two scenarios: (1) OCs and IUDs are provided free to women 15-49 year old and (2) OCs and IUDs are provided free to women 15-24 year old and 50% subsidized to women 25-49 year old. In both scenarios the costs of services related to avoided abortions, deliveries and low birth weight new-borns versus investment costs of OCs, IUDs procurement and distribution create cost savings.

- ✓ The design of the CP focus area on the Adolescents and Youth has been informed by the **periodical conduct of the study of Health Behaviour in School-aged Children (HBSC)**, a cross national longitudinal research study carried out in 43 countries in cooperation with the WHO Regional office

[63] Situation Analysis of Cancer Breast, Cervical and Prostate Cancer Screening in Macedonia. Philip Davies, Vera Dimitrievska. UNFPA, Macedonia, Country Office. 5 May, 2015

[64] Final Report. Assessment of Social Marketing – Macedonia, 2015

for Europe[65]. The HBSC surveys examine the young people's health in it broadest sense, encompassing physical, social and emotional well-being of a sample of about 5000 children aged 11, 13 and 15. It provides insights into the social context, including family, school and peers. Since 2014, the HBSC in the RNM, included a set of questions related to the sexual and reproductive behaviour of the target group. The added value of this survey is that the data gained can be cross sectional analysed with linkages to urban/rural, and different social well-being levels, etc.

- ✓ Maternal health has been critical aspect of the UNFPA activities from the outset. **Maternal health and the indispensably co-related health of the newborns**, has been the centre piece of UNFPA's support in 2018. Efforts in support of this are scattered under different areas of intervention supported by UNFPA in the last few years. The most prominent one being capacity building on the application of evidence-based practices for effective perinatal care, co-funded by the Government and UNFPA. The intervention, with a cluster approach in the Balkan countries, was the introduction of the **Obstetrics Surveillance and Response System (OSRS)** aimed at clinical governance for improved quality of maternal care through the analysis of causes of maternal morbidities and mortalities. This intervention is based on the WHO Beyond the Numbers methodology, but was further strengthened with experience and practices of Western European countries and is in its initial stages of implementation in the country. An assessment of all maternities on Emergency Obstetrics and Neonatal care was carried out twice in an interval of five years, aimed at identifying the main issues maternities are facing. The two studies were the basis for designing interventions for improved care[66]. Considering the lack of clarity, accuracy and inter-linkages with regard to perinatal statistics, UNFPA initially intended to support an analysis of this topic in collaboration with IP HERA. Later in the year this initiative was combined with a joint project of UNFPA and the Government and resulted in an analysis of sources, ways, definitions, institutions, quality, frequency of perinatal data collection..

- ✓ UNFPA has made substantial contributions both financially and technically in joining efforts with UNICEF, and other UN agencies, for **conducting the Multiple Indicator Cluster Survey (MICS)** in 2019. The MICS methodology allows globally comparable detailed data, which encompasses indicators on socially excluded and vulnerable groups. The UNFPA has contributed to the selection of better quality indicators to be used for tracking inequities and deficiencies in service provision, including sexual and reproductive health service provision, to the most vulnerable and hard to reach populations in the RoNM, such as Roma, disabled, and other disadvantaged population groups.

UNFPA supports capacity building with a view to increase the capacities of stakeholders and partners, and intermediary beneficiaries such as health professionals at all levels of care (gynaecologists/obstetricians, neonatologists, patronage nurses, midwives), hospital managers, ministry employees, and other institutional partners. The capacity building takes form of: (1) training of trainers (ToT) delivered mostly by external experts, (2) training of local experts by international and national experts, (3) on-the-job training and (4) attendance of international courses. These are the regular means for strengthening the capacities of the stakeholders and beneficiaries. From the data received from the project office and from the information in the reports, there are different types of trainings implemented in SRH, GE and PD, but also trainings for the youth component. The most common trainings are for SRH that contribute to capacity building and advocacy policy dialog. The interviewed stakeholders and beneficiaries, as well as, participants in the

[65] "Health Behaviour in School-Age Children (HBSC) Study in R. Macedonia" (Contract No: UNFPA MKD/2015/02). Brief report on the ongoing follow up activities of the HBSCM 2014

[66] Evaluation of the Emergency Obstetric and Neonatal Care Availability, Use and Quality, March 2018

trainings express great satisfaction from the participation in the trainings, especially in the aspect that the external expertise has been adapted to the local context and sending individuals from the country to attend professional development trainings and transfer of knowledge in RoNM upon their return. The fact that the trainings are being conducted on the grounds of the results obtained from comparative assessments in different sectors, is perceived as an advantage and as a practice that should continue in the future.

UNFPA has organized numerous trainings involving various stakeholders, multisectoral representatives (from different institutions and with different levels of expertise) which is highly appreciated by many of the training participants. The trainings also include internship trainees who see the trainings as very useful tool for their professional development. Several aspects of the topic on family planning are included in the curricula of the Family Medicine Department at the Faculty of Medicine in Skopje.
Based on interviews, it was reported that "these trainings are professionally very important to us i.e. for our education; this topic (sexual health of the woman) is not commonly accepted in our society, we are trying to talk about it in order to raise awareness."

The trainings that were initially aimed for migrants proved very useful. The experience of these trainings is adapted and used in the everyday operation. Based on interviews, the training was perceived as a *"quite new area on which we have not worked before, certain aspects of that training were not very familiar to us and we did not make distinction between the SRH in humanitarian crises and SRH in normal conditions." "It is my first time to attend a training for women and girls who need medical assistance after rape."* (Interview of trainee)

The interviews with the participants of the trainings also included discussion on trainings which enable initiation of the SDGs (on the topic of SRH for youth). The participants believe that these trainings help them to develop advocacy skills, they open many possibilities, respond to many questions that are in principle "taboo" and are usually not discussed with young people, due to the fact that it is considered that is still early to discuss those topics with them. The provision of on-the-job trainings is perceived as very useful because they allow the positive practices to be adapted to the conditions provided by the national institutions. Furthermore, the stakeholders recommend more frequent, similar trainings. This is because taking into account the conditions in the institutions, they see the trainings as the best tool to receive appropriately adapted lessons learned. Some of the participants in one of the trainings said that the trainings gave them the opportunity to learn how to behave when they meet people with disabilities. *"These trainings are very useful because I work with persons with disabilities and after the training I learned how to work on recognizing the sexual rights of the persons with disabilities."* (Interview of trainee)

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)	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

and implementation (e.g. targeting/selection of beneficiaries)			

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

Based on the review of the international and national policy frameworks and the interviews with the stakeholders and the UNFPA CO staff, it is clear that the UNFPA priorities which have been translated into UNFPA RoNM's annual work plans (AWPs) during the period 2012- 2016 were in correlation with the Integrated results and resource framework for implementation of the UNFPA (global) Strategic Plan 2014-2017, including the goals of the ICPD and the MDGs while at the same time were aligned to the existing national strategic framework.

After the endorsement of the first UNFPA Country Program Document (CPD) for 2016-2020, the correlation has been established between the UNFPA priorities integrated into the CPD, and the UNFPA (global) SP 2018-2021, including the SDGs within the respective national strategic framework. The evaluative evidence indicates that the UNFPA managed to ensure alignment with the two consecutive global strategic plans but also to provide support to the government stakeholders using specific modes of engagement in implementation of the national strategic framework for a middle-income, "a pink" country, either through bringing in expertise, promoting advocacy and systematically strengthening the capacities of local implementing partners. Per the program areas, some of the most important UNFPA program alignments with the national strategic framework are the following:

SRH: Outcome 1- Increased availability and use of integrated sexual and reproductive health services (including family planning , maternal health and HIV), Output 1 - Increased national capacity to deliver integrated sexual and reproductive health services; with the National Strategy for Sexual and Reproductive Health 2010-2020, Strategy for Health 2020 and the Action Plan 2020. Both national strategies, the Health 2020 strategy at more general, and the SRH strategy at more specific level, endorse an obligation for investing in RH and for providing quality family planning services accessible to all. The latter implies contributing to the improving health care services and providing cost-effective interventions that address needs of women and newborns in the course of the continuum of care provided before, during and in the aftermath of the time of birth. Other key points of alignment include Safe Motherhood Strategy of the Republic of Macedonia with its Action Plan (2010-2015), Action Plan for Reduction of Maternal, Perinatal and Infant Mortality (2013-2014) , and National HIV/AIDS Strategy Development (2017-2021).

Youth: Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programs, particularly increased availability of comprehensive sexuality education and sexual and reproductive health, Output 2.1 Increased national capacity to conduct evidence based advocacy for incorporating adolescents and youth and their human rights in national laws, policies, programs including in humanitarian settings, with the National Youth Strategy 2016-2020 ; Comprehensive Education Strategy 2016-2020, which upgrades education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all ;

Population Dynamics: Outcome 4: 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, Output 1: 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, with the National

Strategy for Demographic Development 2014-2020, National Strategy for Equal Rights of the Persons with Disability (Revised 2010-2018); Gender Equality Strategy 2013-2020 - core strategic document which strives to provide a system, functionality and effective mechanisms to elevate the level of gender equality and to raise the awareness and culture about the gender equality; National Action Plan for implementation of the Law on Prevention and Protection against Discrimination 2015-2020.

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

The desk review of available documents and the stakeholder interviews clearly indicate that during the evaluation period, the UNFPA programs of activities, including the CDP (2016-2020), have been aligned with the UNFPA policies and strategies and the two subsequent UNDAFs in all four focus areas. Issues associated with the coordination of the goals and activities of the UNFPA with those of the UNDAF 2010-2015, in the light of the different planning period, have been harmonized by the endorsement of the United Nation Partnership for Sustainable Development UNPSD (UNDAF) for 2016-2020 and the first UNFPA CPD for the Country covering the same period (2016-2020). Therefore, under the Social Inclusion Outcome of the current UNPSD (2016-2020) Outcome 3. ("By 2020, more members of socially excluded and vulnerable groups are empowered to exercise their rights and enjoy a better quality of life

and equitable access to basic services"), the focus of UN agencies, including the UNFPA, is to support provision of essential, quality services for all people – health, education and social services accessible to people across the country. In 2017 and 2018, UN partners clustered under Social Inclusion outcome group, which allowed the UN agencies, including the UNFPA, as part of the UN Country Team (UNCT) in the RoNM to focus action on the most vulnerable populations in the country, ensuring their inclusion in the wider context of development opportunities. Despite the very wide interpretation of the label of 'most excluded', in the current UNPSD, the UN has prioritised people experiencing economic exclusion from poverty, children and adults with disabilities, who are often excluded from development opportunities, people from the Roma population who are the most likely, statistically, to suffer from poverty and social exclusion, and the refugees and migrants who entered the country, in order to escape violence and conflict in their home countries, with the hope of reaching Western Europe.

In the **focus area of Adolescents and Youth**, UNFPA has continuously provided support to the related issues. Good practice in alignment with the UNPSD is illustrated by its commitment to the Agenda 2030, more specifically to the SDG target 3.7 , which recognises the rights of adolescents and youth to sexual and reproductive health education, information and services, aimed at creating an environment friendly to the exercising of the respective rights of this population cohort, and to the SDG target 5.6 (Ensuring universal access to sexual and reproductive health and reproductive rights of adolescents and youth as agreed in accordance to the ICPD goals and activities, and other outcome documents) reflected in the CP and component activities. It is necessary to be noted, however, that the evaluative evidence suggests that the UNPFA guidance regarding the incorporation of the comprehensive gender-sensitive and age-adjusted sexuality education into the national systems has not been sufficiently explored by the UNFPA CO.

UNFPA's programs and activities under the **PD focus area** are aligned to a considerable extent to the UNPSD output 3.1. (Statistical data generated to support evidence-based policies and programs aimed at vulnerable and socially excluded groups), particularly to the 3.1.1: Number of new data tools or systems developed to address statistical gaps on persons with disabilities and other vulnerable groups and 3.1.2: Creation of user-friendly web-based database on population trends that enables mapping socio-economic and demographic disparities. The alignment to the output 3.1.2 is illustrated by the fact that UNFPA organized consultation with national partners to explore opportunities for creation of a user-friendly web-based database on population trends. Clear and coherent data is essential for identification and targeting of the excluded populations in the programming. As a process it is particularly relevant for the SDG implementation. This web-based population database is also linked to the preparation of the next census in 2020. Preparatory work for the census entails advocacy and policy dialogue support to the State Statistical Office to mobilise key stakeholders and public for support and participation in Census. Over 100 representatives from CSOs, media, academia and institutions, participated in the initial dialogue and the consensus for Census implementation is underway. The evaluative evidence supported by the interim UN Social Inclusion Outcome Group indicates that the process is on track although there is need for further investments in digitalization, and mapping of institutional capacities and gaps. The alignment to the output 3.1.1. is illustrated through the UNFPA contribution to the UN joint program aimed at support to enhanced community based services for the PLwDs, although the progress in the implementation is still pending.

UNFPA's **alignment to the major international and national framework and planning documents**, including the current UNDAF, has been demonstrated through hits strong commitment to multi-stakeholder partnerships with UN, bilateral and government partners. It is also demonstrated through systematic investments into development of national capacities and increasing the national ownership and knowledge and skills of service providers to deliver high-quality SRH services. Examples: With a view to strengthen segments of the health care system focused on maternal and child health, the UNFPA

has supported:

- Capacity development of the MoH Safe Motherhood Committee to increase access to quality of maternal and neonatal care across the country;
- Health system capacity development and systems strengthening for perinatal care and safe motherhood, including assessment of all maternities in the country for emergency obstetrics and neonatal care.
- Strengthening of national capacities to further educate health professionals on perinatal care, by UNFPA and through support of training the trainers (ToT) based on WHO standards.

The above examples indicate commitment of both the UNFPA and the Government partners to decrease the level of dependency on international expertise for these capacity building efforts and to strengthen the pool of national expertise.

In the light of the UNFPA's **commitments to South- South and triangular knowledge exchange**, the evaluative evidence confirms that the UNFPA guidance led to mainstreaming of some of the activities from South-South cooperation in the country program. The triangular knowledge exchange, as a main principle of South-South cooperation and learning, aimed at transferring solutions that are working, constitute an innovative approach. Such practices are still rare and hence are not yet endorsed regularly at the UNFPA CO level. Nevertheless, as a good practice of South-South cooperation, the UNFPA CO promoted establishment of Centers for Active Aging, based on a Bosnian model and respective technical assistance support, under implementation of the IP Macedonian Platform Against Poverty. Another relevant example of South-South and triangular knowledge exchange are the sub-regional workshops which involve UNFPA as a key development partner who supports and facilitates the inter-country cluster based cooperation, brings international expertise and the governments of the participating countries in the sub-region thus reflecting the practice of triangular cooperation. This type of workshop took place in November 2018, in Romania, when participants included stakeholders from Bosnia and Herzegovina, Serbia, Kosovo and RoNM. They met to promote improvements in maternity care through implementation, evaluation and acting on the recommendations of analysis of severe maternal complications in line with the WHO methodology entitled "Beyond the Numbers – Reviewing maternal deaths and complications to make pregnancy safer" (BTN) . Participants discussed and worked to agree on the methodology for the two maternal near miss cases of postpartum, haemorrhage and eclampsia, as major causes of maternal death.

Evidence of mainstreaming gender equality and women's empowerment

The **mainstreaming of the gender equality** stems directly from the use of the Human rights based approach, a system based approach that it is clearly cross-cutting. It is underscored by the centrality of the position of gender in the UNFPA program activities, since women and girls are among the key beneficiaries of its support. The UNFPA program activities in the RoNM align with a number of SDGs, but particularly contribute to SDG 5, which promotes gender equality and empowerment of all women and girls. It contributes specifically to SDG targets, such as:

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation, and

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences (Indicator 5.6.1: Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations and contraceptive use and reproductive health care; and Indicator 5.6.2: Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education).

Mainstreaming of the gender equality is used to map the key categories of stakeholders and beneficiaries in the UNFPA interventions disaggregated by the human rights based roles and subsequent gender analysis, where relevant. The clear link of the UNFPA program activities to SDG5, and advancing the gender equality and related systems building through gender mainstreaming, suggests existence of close and effective coordination with other partners, predominantly the UN Women as a mandated UN agency for system- wide coherence on gender equality and empowerment of women. As per the strategic and programmatic alignment of the UNFPA activities to SDG5.3, the evaluative evidence suggests a rather sporadic focus by the UNFPA CO on the child, early and forced marriage issue, despite the fact that these forms of harmful practices requires a more concerted effort.

Human rights are inherent to the UNFPA mandated role and activities. The human rights based approach is central to the overall objective of the UNFPA's mission which is the achievement of universal access to sexual and reproductive health, realization of reproductive rights and the reduction of maternal mortality. Although universally recognized, their practical implementation requires a delicate integration of complex issues such as gender, human rights and culture. The evaluative evidence suggests that the UNFPA CO in its program activities takes care of the application of a human rights-based approach within its portfolio and performs cultural sensitivity and gender responsiveness in the specific development processes in all of its focus areas. The interplay among factors such as cultural sensitivity, gender-responsiveness and human rights, lie at the foundation of all UNFPA programmes and policies and contributes to the intended uniqueness of the UNFPA among other UN agencies.

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.

UNFPA planned interventions, during the period under evaluation, largely reflect the goals stated in the **two consecutive UNFPA Strategic Plans,** while the activities planned and implemented under the CPD 2016-2020 take into account the ICPD beyond 2014 review outcomes and the post-2015 strategic development framework, particularly the Agenda 2030 and the ensuing SDGs.

The UNFPA planned interventions particularly contribute to the increased focus on the women's reproductive health and rights and the three areas of work being the family planning, maternal health and cervical cancer. The achievements from the pre-2015 period centered around the MDGs, particularly the MDG5, on improvement of maternal health, have not resolved maternal and newborn mortality, which remains high. Therefore, the UNFPA interventions continuously address the need for improvement of maternal and new-born care, including capacity building of health professionals on effective perinatal care, development of protocols/algorithms for effective perinatal care, initiating improvements in collection and analysis of perinatal statistics, and assessment of maternities on emergency obstetrics and perinatal care. The UNFPA interventions have included the Plan of action for improving Emergency Obstretic and Newborn Care (EmONC) for the period 2016-2019. Furthermore, it works out models of introduction of obstetrics surveillance and response

system (OSRS), by developing a training of trainers package, conducting such training packages and developing generic models aimed at reviewing maternal morbidities. UNFPA has designed information materials for both health professionals and mothers for safe motherhood, all jointly supported by UNFPA and the Government. A special achievement was made through the appointment of the National Steering Committee on Clinical Guidelines which endorses the national commitment to quality of care. UNFPA has extensively invested in strengthening the capacities of this committee on the adaptation, implementation and auditing of evidence-based clinical guidelines.

As per Adolescents and Youth, UNFPA contributes to the goals stated in the UNFPA Strategic Plan through its work increase focus on the leadership, participation and empowerment of adolescents and youth. It should be noted, however, that there is no specific focus on the very young adolescent girls, which is required as per the goals stated in the UNFPA Strategic Plan. The UNFPA meets the Strategic Plan's other goals through related interventions in support of the SRH rights of young key populations (YKP) at risk, such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. UNFPA contributes to establishing a participatory advocacy platform for increased investment in marginalized Adolescents and Youth, and strengthening youth peer–education programming, including gender transformative programming. To illustrate the above, advocacy and advice have been extended to the YKP aimed at addressing the needs of these vulnerable groups through partnership with implementation partners such as HERA, STAR-STAR, Stronger Together and through workshops and training sessions in various areas such as in MISP, Capacity strengthening of health care workers for response to GVB WAVE, Clinical management of rape, Family planning, Human rights reporting mechanism in health. These activities have been conducted mostly by HERA, but also other IPs such as STAR STAR. A special area of engagement is aimed at directly contributing to the goals stated in the Strategic Plan is the revision of the school curricula and incorporation of comprehensive gender-sensitive and age-appropriate sexuality education. In reality, however, the intended interventions related to the comprehensive sexuality education have not been launched yet, although the initial activities have been started.

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?

EQ2.A To what extent has the country office been able to respond to changes in the national development context?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ2.A Assumption 1: The UNFPA country office has a mechanism in place to facilitate responses to changes in the national development context.	1. Evidence of a UNFPA mechanism to facilitate a response to changes in national development context.	1. UNFPA country program documents. 2. UNFPA and IP staff	1. Document review 2. Staff interviews.

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

The evaluative evidence indicates that the UNFPA CO demonstrated a high level of capacity in providing a rapid response to the sudden changes in the national development context and in reorienting the objectives set by the country planning documents and programs. More specifically, during 2013, the countries in the region started to be confronted with the challenges stemming from the potential incoming movements of populations from the conflict areas of Syria, Iraq, Afghanistan, and some African countries. In response to these challenges, UNFPA Regional and Country Office held a regional training of trainers (ToT) in the Minimum Initial Service Package (MISP), in May, 2013, in which the UN Country Team participated.

UNFPA & WHO, as members of the UN CT with specific mandates in this area, discussed possible actions for revision of the Crisis Preparedness Planning for the Health System (CPRHS) in the RoNM, by which the SRH component would be incorporated. WHO signed a Biannual Country Agreement with the Ministry of Health (2014-2015) that included formal revision of the CPRHS in 2014. UNFPA, Ministry of Health and WHO agreed to prepare a draft SRH component to be included in the CPRHS. Workshop for drafting the SRH component of the CPRHS, which was planned for the end of the year. Main considerations were focussed on the introduction of the Minimum Initial Service Package (MISP) and putting in place programs to prevent and respond to gender based violence, to prevent excess newborn and mother illness and death, to reduce HIV transmission, and, ultimately, to ensure comprehensive RH services, leading to their integration into the PHC.

WHO, UNFPA and the Ministry of Health, agreed on the policy and administrative steps needed to ensure official integration of SRH into the CPRHS. The Country Team actively participated in planning and implementation of all MISP SRH activities. The MISP, with SRH integrated, was planned to become part of the Crisis Preparedness Planning for the Health System in RoNM, by 2014. This plan materialized in 2017, when it became part of the CPRHS and was consequently approved by the Government.

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

The UNFPA CO did manage to rapidly respond to the changes which occurred during 2015 at the outset of the migrant/refugee crisis caused by the massive movements of refugees and migrants, (women, girls, men and boys) seeking refuge in Europe from the ongoing armed conflict and/or eruption of violence in their societies in Syria, Afghanistan, Iraq, and Nigeria and other African countries.

Evaluative evidence indicates that UNFPA has been fully recognized for its support and achievements in the country in its development efforts for the preparedness phase during the emergency resulting from the migrant/refugee crisis of 2015. Initially, UNFPA's advocacy efforts and technical support, the MISP Action Plan for 2014-2015 was drafted. The SRH section had been drafted and inserted into the National Preparedness and Response Plan of the Health System in Crises at a workshop held on February, 2015. The effort was a true partnership with the WHO and representatives of all relevant institutions, such as the Ministry of Health, Crises Management Center, the NGO HERA, the Red Cross, National Institute for Public Health, and Health professionals (Gynecologists/Obstetricians). The MISP Action Plan, the first of this kind, was considered to be the most solid in the region and RoNM's experience in the

implementation of the Plan was presented at the 4th IAWG Forum. Later in 2016, the MISP Action Plan has undergone revisions based on the experience and lessons learned from the refugee/migrants crisis.

With UNFPA support for the MISP roll-out training (May 18-21, 2015 in Strumica), 40 representatives from various institutions, such as the Institute of Public Health, hospitals, Crises Management Center, Red Cross, Ministry of Health, relevant NGOs, and UN agencies, participated and were sensitized on MISP for SRH during emergencies. This training was highly valued by the participants and it has certainly raised the awareness and understanding of the importance of SRH during emergencies. A prominent activity of the MISP Action Plan 2014 – 2015 was the development of the first ever Standard Operating Procedure (SOP) for multi-sectorial approach to the gender based violence (GBV) in emergencies. This effort was timely and corresponded perfectly with the needs of the ongoing refugee crisis. Its next steps followed in 2016. During 2016, UNFPA continued working with WHO in supporting the Ministry of Health to finalize the National Plan for Preparedness and Response Plan of the Health System in Crises, where one entire chapter is dedicated to SRH. In addition, the set of annexes to the National Plan include Protocol for Security Risk Management (SRM) Mobile Clinics, MISP Action Plan for 2016, and SOPs for Multi-sectoral response to GBV.

The **MISP Action Plan was revised in early 2017** to further reflect the needs related to preparedness. Most of the MISP Action Plan activities were implemented successfully. All these complementing efforts were examples of true partnerships with the WHO and representatives of all relevant institutions, such as the Ministry of Health, Ministry of Labor and Social Policy, Ministry of Justice, Ministry of Interior, Public Prosecutors, Crises Management Center, NGO HERA, Red Cross, National Institute for Public Health, Health Professionals (Gynecologists/Obstetricians), UNICEF, and the UNDP. After four years, RoNM was re-elected to chair the Steering Committee of IAWG and received the greatest support from all EECA countries, as an example country of good practices for both preparedness and response to emergencies. Efforts were invested into further strengthening the skills and knowledge on the MISP, which was achieved by organization of two consecutive workshops for 40 additional service providers in 2016 and 2017. In the next stage of capacity strengthening of service providers on MISP in 2017, 21 participants have been capacitated. Also in 2018, 28 health providers completed training on clinical management of rape, primarily from the three hospitals in which the sexual referral centers have been established.

In 2018, the MISP Action Plan for 2018-2019 was further developed through a participatory process. The participants highlighted the importance of having a tool for management and follow-up of SRH in crises that would serve for tailoring future actions during a crisis. Further capacity strengthening of service providers on MISP was carried out and 29 participants have enhanced their capacities. This training was conducted by UNFPA and IP HERA and the participants of the planned simulation exercise strengthened their knowledge and understanding on MISP. Later in the year, UNFPA supported the implementation of a Simulation Exercise in partnership with WHO, MoH, Red Cross, the Emergency Unit of the Institute of Public Health, Directorate for Protection and Rescue, Crisis Management Center. Due to UNFPA's advocacy efforts and technical support, together with WHO, a whole chapter on SRH has been inserted and finalized into the National Preparedness and Response Plan of the Health System in Crises. This Plan has a set of annexes produced with the support of UNFPA: Protocol for SRH Mobile Clinics, MISP Action Plan for 2016, and SOPs for Multi-sectorial response to GBV.

Most of the MISP Action Plan activities were implemented successfully. These complementary efforts were examples of effective partnerships with the WHO and representatives of relevant institutions, such as the Ministry of Health, Ministry of Labor and Social Policy, Ministry of Justice, Ministry of Interior, Public Prosecutors, Crises Management Center, NGO HERA, Red Cross, National Institute for Public Health, Health Professionals

(Gynecologists/Obstetricians), UNICEF, and UNDP, reflecting the multisectoral response to the GBV. After four years, Macedonia was re-elected to chair the Steering Committee of IAWG and received support from all EECA countries, as an example country of good practices for both preparedness and response to emergencies.

During the migrant refugee crisis the following results have been accomplished with UNFPA support:

- Increased coordination and monitoring capacity of the health system and the GBV-related services in countries crossed by refugees/migrants. UNFPA placed 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.
- In coordination with the Ministry of Health and hospitals in Gevgelija and Kumanovo, where the two major migrant transit centers are situated, a monitoring tool for tracking and monitoring the adequate storage, distribution and utilization of UNFPA donated RH kits and supplies was developed.
- Full participation of UNFPA was ensured at the UNHCR- led Protection Coordination Meetings, extremely important for the GBV component.
- Additionally, UNFPA engaged a Regional GBV Expert who brought a wealth of knowledge and experience in responding to GBV in emergencies, particularly in tailoring a culturally appropriate response. This expertise ensured that the key principles and international standards are incorporated in the development of the SOPs for a multi-sectorial response to GBV in emergencies.

The nearly six-month development process was done through IP HERA, with the organization of two workshops, and series of group and individual working meetings with key experts from various institutions and organizations. The developed SOP is a product of a genuine multi-sectorial collaboration, led and coordinated by the Ministry of Health, with contributions from over 22 representatives from various governmental institutions, relevant NGOs and UN agencies. The main characteristics of the SOP are: a multi-sectorial approach, health sector response, psychosocial support, security and justice. It is comprised of a long version, that contains all key principles and standards, and short versions specifically tailored for the two Transit Centres.

UNFPA and the IP HERA put more efforts to increase the availability of technical skills for SRH and GBV services. The brochure "What we should know about sexual and gender-based violence in emergency settings" was developed in collaboration with the working Group members involved in the preparation of the SOP for GBV in Emergencies. The existing Guidelines and Protocols of the Inter-Agency Working Group for SRH in Crisis, UNFPA, UN Women and WHO were used as reference materials for its development. Moreover, the brochure has been contextualized for the actual migrant crisis, in order to be best used by the service providers and organizations dealing with the refugees and migrants in both Transit Centres and state institutions.

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.	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,	1. Document review 2. Key stakeholder interviews. NB: The above for each of the four program areas).

[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.]		UNCT and development partners.	

EQ2.B Assumption 2:

The current CPD concurs with the UNFPA SP 2014-2017 by adhering to the strategic commitment to integrate the MISP for reproductive health in crisis situations in the health sector response. It aligned to the MDG Framework with respect to gender equality (MDG3), while after the endorsement of the SP 2018-2021, it becomes aligned to the SDG framework with respect to gender equality (SDG5). Both SPs, hence the CPD also, have as an overall objective – achievement of policies, strategies and goals of the ICPD Plan of Action, and the CEDAW.

The review of the available documentation and the feedback from the key stakeholder interviews clearly indicate that the UNFPA's response to the humanitarian situation which has emerged around the major refugee/migrant crisis in 2015, has been extremely relevant to the needs of the country and the region at that point in time and valuable contribution to the global practice in the UNFPA's emergency preparedness and respective humanitarian response activities. It also points out the possible directions of action in any future situation when the country needs to deal with an influx of a large number of refugees/migrants from within or outside the region. This finding has the following ramifications:

In formal terms and implicitly, advocacy efforts and the technical support provided by the UNFPA CO, together with the WHO, regarding the GBV-related services, and the valuable work on the integration of SRH into the National Preparedness and Response Plan of the Health System in Crises, adopted by the Government in 2017, are effectively aligned to UNFPA Strategic Plan 2014-2017, and to the goals and the scope of the ICPD PoA. The UNFPA CPD for RoNM (2016-2020) has not contained any explicit commitments in relation to GBV. It has not been among the CPD's outcome result areas. In addition, the SDGs had not been adopted at the time of the endorsement of the CPD. Nevertheless, the incremental achievements of the MDGs and the underlying principles that underpin the SDGs , including the centrality of health, gender equality and women's empowerment to sustainable development (SDG 3 and 5), open room for the necessary flexibility and effective and timely response to changes in the national context and the unforeseen emergencies .

The UNFPA's valuable work on advocacy, policy dialogue and advice, resulted in drafting and approval of the first ever Standard Operating Procedure (SOP) for multi-sectorial approach to the gender based violence (GBV) in emergencies, as well as the Clinical Guideline for Management of Victims of

Sexual Violence; a Protocol for the mobile SRH clinics for provision of services for women, girls, men and boys refugees/migrants.

The increased coordination and monitoring capacity of the health system and the GBV-related services in the emergency situations, which has been performed by the UNFPA CO, during the refugee/migrant crisis in 2015 and in the aftermath, underscores the quality and the timeliness of the UNFPA capacity to implement SRH activities in response to the emergencies. The UNFPA CO's work has ensured available, accessible, acceptable and quality SRH services to women and girls refugees/migrants, but also to all other marginalised groups whose SRH rights and needs are underserved.

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.

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	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

	within each of the four program areas: SRH, Youth, Gender and PD 3. Good practices (strategy, achievement etc.)		

EQ3.A Assumption1: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.

The results chain of the UNFPA program activities during the period under evaluation, spanning from 2012 until 2018, reflects the theory of change which underpins the UNFPA activities planned to be implemented in the RoNM. The results chain and the underlying theory of change indicate the reasons why, how and when the specific program activities lead to outputs, how those outputs are interlinked to the desired outcomes, and ultimately to the anticipated impact of the CP interventions, which in longer run lead to the overall objective formulated. The overall formulated objective is "Achieving universal access to sexual and reproductive health, realizing the reproductive rights, and reducing maternal mortality, to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality".

During the period under evaluation the monitoring of the results achieved was somewhat random and based mostly on qualitative assessments of the level of the achievement of the expected results. A proper monitoring results framework was constructed only when the Country Program Document (CPD) for the period 2016-2020 was adopted. It outlines the intervention logic, the activities, outputs, outcomes of CPD and establishes its inter-linkages with the higher strategic goals such as those set in UNDAF, two (global) UNFPA strategic plans, the ICPD agenda particularly the ICPD beyond 2014, the 2030 Agenda and associated SDGs.

Overall, the level of achievement against the objectives and planned results (as outlined in CP monitoring framework) over time within each of the four program areas: SRH, Youth, Gender and PD, suggests a well performing country program. Indicators have been well formulated but are not always consistently well aligned with actual programming priorities. Targets are not always measurable and comparable, or they are missing. Below is the status of the achievement of the intended outputs and outcomes within each of the focus areas:

SRH - (SP 2014-2017) **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**; (Results Framework CDP 2016-2020)

Country program output 1: Increased national capacity to formulate and implement rights-based policies to deliver high quality integrated sexual and reproductive health services, including in humanitarian settings

Output indicator 1: 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, Achievement: Over-achieved: 18 (2018)

The work on the development of protocols and standards which are CDP output 1, was initiated in 2014. In 2015, adaptation of the clinical guideline for Postpartum Hemorrhage, as the leading cause of maternal death, had been finalized. In 2016, the following two clinical guidelines in the field of sexual and reproductive health were adapted: (1) Risk management in the antenatal period; (2) Cervical cancer Prevention and early detection. In 2017, the following clinical guidelines and standards were drafted: 1) Clinical Guideline for Management of Victims of Sexual Violence; 2) Standards for Gynecological /Obstetrics inpatient care. Finally, in 2018, three of the adapted guidelines, for Post Partum Hemorrhage, the Detection of Risky Conditions during Pregnancy, and Management of Victims of Sexual Violence have been approved by the Ministry of Health and the Government. In addition, Ob/Gyn Standards for secondary and tertiary level of hospital care and 15 protocols for strengthening maternal and newborn perinatal care were finalized. Based on the document review and stakeholder interviews, the Output indicator 1, by 2018, has been significantly over-achieved.

Output indicator 2: National maternal death surveillance and response system established and operational at local and international levels.

Baseline – No; Target: Yes ; Achievement: Not yet

This output originates from the need to ensure improvement of maternal health and reduction of preventable causes of maternal death related to pregnancies and childbirth. UNFPA has significantly advocated for placing maternal health higher on the agenda of the government. It has used newborn health, a priority focus of the government, as an entry point for addressing maternal health care. UNFPA, through exposure of national partners to evidence, workshops, knowledge sharing sessions, continuously persuades the government on the strong linkage between maternal and newborn health. Strong and persistent advocacy has led to introducing a line-item in the national preventive programs of the Ministry of Health on three activities: Family Planning, Beyond the Numbers methodology and Gender Based Violence. Hence, the efforts to achieve this Output Indicator are scattered under different areas of intervention supported by UNFPA in the last few years. This is an intervention with cluster approach in the Balkan countries. It represents an introduction of the Obstetrics Surveillance and Response System (OSRS) aimed at clinical governance for improved quality of maternal care by improving the analysis of causes of maternal morbidities and mortalities. This intervention is based on the WHO Beyond the Numbers methodology, but further strengthened with experience and practices of Western European countries and is in its initial stages of implementation in the country. Additional activities aimed at improving maternal health include the assessment of all maternities on Emergency Obstetrics and Neonatal care which was carried out twice in an interval of five years, which aimed at identifying the main issues maternities are facing.

A significant capacity building effort has been the application of evidence-based practices on effective perinatal care, co-funded by the Government and UNFPA. Building national expertise in effective perinatal care (EPC), in two major maternities in the country, one of the key success activities of the UNFPA in 2018 includes training of 8 multidisciplinary teams in each maternity with additional participants from two other maternities; 60 national experts in various fields were engaged and a number of reputable international experts developed over 15 protocols for perinatal care. They are carrying out an analysis of perinatal statistics in the country (who, what, when, how, why, to whom) with recommendations for improvement and developing and piloting

of Ob/Gyn standards for hospital care. Based on the document review and stakeholder interviews, there is reasonable likelihood that the Output indicator 2 is expected to be achieved by the expiration of the current CPD, with a caveat that the quality of the reporting system is not sufficiently reliable and its improvement requires concerted action on the part of all institutions involved, (such as the Institute of Public Health, Electronic Health Authority, Safe Motherhood Committee, Institute of Mother and Child Health), with a view to create a thorough and reliable research system in response to the underreported/misreported but still preventable maternal deaths and related deaths of newborns.

Output indicator 3: Number of national policies that address the reproductive health needs of women, adolescents , youth and elderly, including survivors of sexual violence in crisis situations and people living with HIV
Baseline: 0; Target: 5. Achieved: Over-achieved with a total of 13 policies.

UNFPA's effective advocacy, policy dialogue and advice, and support to strengthening the national capacity to make the reproductive health services available, accessible, acceptable and of quality, has contributed to the development of a number of national strategic policy documents and activities including:

- ✓ In 2016 : 1) Based on the National SRH Strategy 2010-2020, the Assessment of policy, services and capacities related to SRH efforts in RoNM 2011 – 2016; 2) SOP for multisectorial response to GBV in humanitarian settings, 3) Protocol for SRH Mobile Clinics; 4) Annual MISP Action Plan.
- ✓ In 2017: The CO has contributed and supported the following national policies and policy documents: 1) Annual MISP Action Plan; 2) National Plan for Preparedness and Response of the Health System in Emergencies;
- ✓ In 2018 : The CO contributed to and supported: 1) National SRH Action Plan 2018-2020; 2) Annual MISP Action Plan; 3) SOP for multisectorial response to GBV; 4) Clinical Guideline on Post Partum Hemorrhage; 5) Clinical Guideline for Detection of Risky Conditions during Pregnancy; 6) Clinical Guideline for Management of Victims of Sexual Violence; 7) Clinical Guideline for Prevention of Cervical Cancer; 8) Clinical Guideline for Management of High Risk Conditions in Pregnancy; and 9) Standards for Gynecological/ Obstetrics inpatient care

Output indicator 4: 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

This indicator relates to the UNFPA advocacy, policy dialogue and advice to the Government to adopt and implement the legislative and regulatory framework that reflects international human rights norms and standards and advance the ICPD goals. In doing this, UNFPA acts based on several specific factors: cultural sensitivity, gender responsiveness and human rights. The respect for these factors makes the UNFPA unique, among other UN agencies, in the way in which it promotes human rights values and standards. The latter has been confirmed by the following statement of a representative of a stakeholder institution: *"UNFPA addresses the issues related to the reproductive rights in a sensitive, transparent, participatory and multi-sectorial way,*

through people with an already developed awareness about the human rights aspects and the centrality of health. During the last 10 years the taboo topics such as condoms and other contraceptives, gender-transgender issues, and alike, were raised by UNFPA, particularly during the migrant crisis. I really consider the UNFPA a leader when it comes to breaking stereotypes, prejudices, particularly at times when nobody else would do that." (interviewed stakeholder) In line with this feedback, UNFPA and the IP HERA supported and organized a workshop on SRH recommendations from international human rights mechanisms.

Representatives of various Ministry of Health's departments (EU integration, international department, PHC), NGOs, the Institute for public health and Public Health Center of Skopje had an opportunity to learn about the recommendations and how the country is organizing reporting. Main goal was to reaffirm the role and the obligations which the health sector should assume, and which should be explicitly presented in the country reports to the international HR mechanisms. In spite of the this progress, however, the latest CEDAW recommendations (2018) reflect some concerns regarding the persisting discriminatory gender stereotypes about the roles and responsibilities of women and man in the family, education system and in the society. The ongoing work around enforcement of the provisions of the Istanbul Convention ratified in July 2018 is expected to speed up the elimination of discriminatory and harmful practices against women and girls and improve the reporting mechanisms in the health sector. Nevertheless, the output 4, a functioning tracking and reporting system to follow up on the implementation of the international human rights mechanisms recommendations regarding reproductive rights, has not been met and the likelihood that it will be achieved prior to the expiration of the current CPD is uncertain.

Overall, in a more general context of the **Effectiveness of the SRH program activities** , activities undertaken under the area of Family Planning, as a specific focus area of the CDP/SRH, suggests the following trends towards achievement of the intended results: With the support of UNFPA and in partnership with IP HERA (IPPF Partner), national consultants were engaged to develop training curricula for Family planning (for in-service and pre-service training of gynecologists, family medicine doctors and patronage (visiting) nurses). The main materials used for developing these curricula were the 4 WHO Family Planning Cornerstone manuals. In effect, over 150 family doctors, patronage nurses and Roma health mediators were trained in family planning. Furthermore, the CO organized comprehensive training for developing and audit of SRH related evidence based clinical guidelines. The latter was necessary in order to enable development and/or revision of guidelines. There has been significant progress in family planning services in the country. A curriculum for family doctors, that meets human rights standards, has been developed with a collaborative effort of national and international consultants, and 20 Family Planning Trainers have already been trained. This curriculum was 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 2013-2014.

An important input into the technical assistance support which UNFPA has extended to the Ministry of Health in establishing Reproductive Health Commodity Security, has been the assessment of the continuous provision of RH commodities under the Family planning (FP) program, as part of the FP package of services. Prior to this assessment, in 2013, UNFPA CO supported RH commodities market segmentation research67. The activity identified four categories of priority groups that the North Macedonia,, as a "pink" middle income country, needs to focus on in the effort of providing RHC services.

[67] Walker G, Jovanovski B, Sazdovska S, Pavlovska V, Report of Reproductive Health Commodity Market Segmentation Research, Skopje, September 2013.

These are: youth, rural women, post abortion women and beneficiaries of social protection programs. Furthermore, the UNFPA CO, together with a group of key stakeholders in pre-service and in-service training for health care service providers has worked on development and adoption of training curricula and inclusion of FP topics in training of: visiting nurses, GPs, gynecologists and FDs, all supported with translation of World Health Organization guidelines for FP service provision. As follow up, the UNFPA CO supported an initial assessment for establishing the basis of developing and implementing a dedicated logistics system for RH commodities. This falls under the technical assistance activities that UNFPA CO conducts in support of the implementation of key documents, such as the Governmental Action Plan for reducing maternal, perinatal and infant mortality 2013-2014 and the National Strategy for Reproductive Health 2010 – 2020. These activities and documents are related to the goal 6.2 : Family Planning and Contraception, Objective 2, which includes increasing knowledge about modern contraceptive methods among target/at risk population and service providers, as well as their use, and increasing access to services and improving quality of RH services. An assessment has built on the governmental logistics systems for drug supply already in place, and upgraded according to the needs of developing a functional logistics system for the distribution of RH commodities under the FP program.

Adolescents and Youth - (SP 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**

Country Program Output 1: **Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programs particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Output indicator 1: Number of interventions targeting vulnerable youth that are included in the national youth strategy and related action plans Baseline: 0 Target : 10 Comment: Baseline – absent – undefined; Target – unclear Acheivement: Not achieved

The National Strategy for Sexual and Reproductive Health (2010 -2020), and the National Youth Strategy (2016-2025) are the two strategic documents which refer to the international documents on human rights as the foundation on which they were developed. The National SRH Strategy defines as strategic goal protection of SRH rights and the interventions which provide legal application of the SRH rights and prevent discrimination in exercising the rights, and dedicate a section of the Strategy (2.4.)68 to Adolescent Sexual and Reproductive Health. The Strategy points out at the scarcity of relevant data on the A&Y SRH although, at the same time, indicates the existence of risky sexual behavior, insufficient knowledge of adolescents as to how to preserve their SRH and the insufficient use of the SRH services. Based on the data mainly collected by research, which depict a rather poor picture of the status of the A&Y SRH, the Strategy sets an agenda centered on several key objectives of the A&Y SRH. Within its three key objectives, the Strategy makes reference to the need for improved access to information and education of adolescents and young people on sexual and reproductive health, access to services and quality of care for the sexual and reproductive health of adolescents and young people and making such services and care youth-friendly and adapted to the needs of the young people. It also addresses the issue of unwanted teenage pregnancies and related issues such as contraception, safe-unsafe

[68] National Strategy and Action Plan for Sexual and Reproductive Health

abortions, early marriages, and STDs. The anticipated interventions are supported by formulated indicators, but with no baseline values nor targets, since it is a strategic document. The other major strategic document, the Youth Strategy, adopted in 2017 and covering period until 2025, makes a more limited reference to the A&Y SRH by briefly addressing the need for inclusion of evidence-informed comprehensive sexuality education in formal and non formal education.

Output indicator 2: 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 Achieved: No

Members of young key populations feel that they are not integrated into society, because they experience unequal treatment, stigma, violation of their rights and radical examples of discrimination and violence. The desk research of available documents and stakeholder interviews indicate that the UNFPA CO has not been sufficiently focused on the A&Y interventions, nor has the UNFPA CO provided effective support for high quality interventions targeting adolescent girls.
What needs to be noted is that there is no specific focus on the very young adolescent girls, (ages 10 to 14) which is required as per the the goals stated in the UNFPA Strategic Plan. Yet, the UNFPA meets the Strategic Plan's other goals through related interventions in support to the SRH rights of young key populations (YKP) at risk, such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. This includes establishing of participatory advocacy platform for increased investment in marginalized Adolescents and Youth, and strengthening youth peer –education programming, including gender transformative programming.
The desk research of available documents and stakeholder interviews indicate that the UNFPA CO has not been sufficiently focused on the A&Y interventions, nor has it provided effective support for high quality interventions targeting adolescent girls.

Population Dynamics - (SP 2014 – 2017) **Outcome 4: 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**

Country Program Output 1: 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
This output relates to UNFPA's advocacy, policy advice and technical support activities and its partnering with other UN agencies and relevant development partners, to enhance the national capacities for population data collection and analysis, dissemination and use of data for informed policy development, inclusion of data relevant to the SDG indicators, and for identification of social and economic inequalities affecting women, adolescents, youth, elderly

and marginalized populations. This output also supports the national capacity for formulation of comprehensive programs in line with the Madrid International Plan of Action on Ageing and intergenerational solidarity. This output reflects a broader understanding of sustainable development.

Output indicator 1 : Functional national tracking system for monitoring and evaluation of implementation of population policies
Baseline: No; Target: Yes; Achieved: No

The population and housing census remains the primary source of population data, which should provide all kind of relevant information supposedly disaggregated by multiple population characteristics such as age, sex, marital status, educational attainment, occupation, ethnicity, migration status, household composition and other characteristics relevant for the population policies and purposes. UNFPA has supported activities focused on the importance of population data, collected though the population and housing census, through the prism of the SDGs, and guided by the motto "no one left behind". The situation in the RoNM has been peculiar given that the country did not have a Census since the last Census in 2001. The subsequent planned census for 2011 was cancelled due to some political and technical complexities. The preparations for the next Census, scheduled for June 2020, are underway. The 2020 Census, different than in the past, is intended to be conducted as purely a statistical operation under the leadership of the SSO and with full adherence to international recommendations and standards of the UN, including UNFPA, and the EU. Throughout the ongoing CDP 2016-2020, UNFPA has maintained consultations with stakeholders, predominantly with the SSO, by extending international technical assistance support. In the past couple of years the UN Human Rights mechanism related to population data and census in the country, recommended work with the Macedonian Platform Against Poverty, a platform comprised of more than 100 NGOs working on poverty reduction in the country. Understanding population dynamics and data and social inequalities is the key for successful fight against poverty and development work of NGOs together with the Government. Recently, UNFPA support has been focused on the Census related communications campaign, including a comprehensive communication strategy.

Output indicator 2 : Number of population databases accessible by users through web-based platforms that facilitate mapping of socioeconomic, gender and demographic inequalities
Baseline: 0; Target: 1 Achieved: With the Census 2020 will be achieved

There are a large number of population databases based on administrative and registration data such as new electronic register of population of the Ministry of Information Society and Administration (MISA) (not yet fully operational), the citizen registry of the Ministry of Interior, the Address register of the Cadaster agency, registers of the Employment agency, Health insurance fund, "Moj Termin" - National eHealth System, Program Pension fund, Ministry of Education, business register, tax register, registers of the Ministries of Defense and Foreign Affairs. In the context of the upcoming Census in 2020, the SSO can access, based on the Law on Statistics, all administrative databases for statistical purposes. For the purposes of the 2020 Census, a Combined method will be used as a transition towards a fully register-based Census in the future. The Combined method will use available administrative data from the specially configured "Census database", developed with support of MISA and building on nine different administrative databases in combination with information collected during the Census enumeration from individuals and households in the field.

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

SRH - (SP 2014-2017) **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;** (Results Framework CDP 2016-2020) **Outcome indicator1: Modern contraceptive prevalence rate Baseline: 13%; Target:16% Achieved: Not yet**

The outcome addresses the unmet needs for family planning, particularly ensuring the contraceptive security given the high infant mortality rate (11.9 per 1000 live births in 2016) of which high proportion (84%) are associated with low birth weight and pre-term birth, high adolescent pregnancy rate (APR) of 19.5 per 1000 in 2016, and among the highest adolescent pregnancy rates in Europe (the APR for Europe is 11% (ages 15-19). Around 10% of all pregnancies in the country considered high-risk.

UNFPA has continuously advised and provided technical assistance regarding the increased access to family planning services, preferred contraceptive methods and use of modern contraception. In addition, UNFPA supported the first ever conducted cost-benefit analysis on contraceptive use to inform through evidence about the importance of introduction of contraception, particularly to the vulnerable groups. Based on the costs analysis, which compares costs and potential benefits of (scenario 1) free and (scenario 2) subsidized oral contraceptives (OCs) and intrauterine devices (IUDs) provision in the country for the period 2018 – 2020, and given that the low contraceptive use is mostly due the fact that it is a costly out of pocket expenditure, uncovered by health insurance, which makes young and social assistance beneficiaries particularly vulnerable, there is high likelihood that the outcome indicator of 16% will be achieved, under the specific conditions. Those are: 1. Oral contraceptives are provided for free to the age group 15-49, while at the same time consider the age group 15-24 as high priority group with the highest unmet needs for contraception. 2. For the free provision of the OCs and OIDs to use the centralized UNFPA procurement or if procurement is done through the MoH/HIF the most vulnerable group of women who are beneficiaries of social assistance should be added.

Outcome indicator 2: Increase in the national budget for sexual and reproductive health by at least 5% *Baseline: No; Target: Yes* --

This outcome indicator is well formulated but has no baseline which makes the indictor non measurable and non comparable. Prior to formulating an indicator it is necessary to identify the source of data and its baseline value. It is clear that in this case the baseline value is missing. Redress can be sought in possible reconstructing of the baseline based on the historical budgets for sexual and reproductive health starting from 2015 onwards. The target can be devised based on a trend.

Adolescent & Youth – (SP 2014-22017) **Outcome 2**: Increased priority on adolescents especially on very young girls, in national development policies and programs, particularly increased availability of comprehensive sexuality education and sexual and reproductive health
Outcome indicator 1: Number of laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services Baseline: 0 Target: 2 Achieved: No
Although SRH Strategy and other strategic documents recognize that adolescents and youth have the right to access age-appropriate education and information related to sexual and reproductive health services, many significant social, cultural and legal barriers continue to impede sharing sexual and reproductive health information, particularly in relation to unmarried adolescents, limiting their access to a full-range of contraceptive information and services. In effect, there is a high adolescent pregnancy rate at 19.5 per 1000 in 2016, which is coupled with one of the highest abortion rates in Europe, 11%of women aged 15-49, and around 10%of all pregnancies in RoNM considered high risk pregnancies.[69] The Law on the termination of pregnancy which was amended, during the tenure of former conservative government, to prolong the waiting period, against the WHO recognized standards, is now revised (May 2019), and the controversial provisions repealed. UNFPA is now well positioned to expand its work in the direction of furthering the broader A&Y agenda as articulated in the SDGs, including amending several additional laws and policies that allow improved access of the adolescents to SRH youth-friendly services.

Population Dynamics - (SP 2014-22017**) Outcome 4**: 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 2: **Number of new national and local development plans that consider population dynamics in setting development targets Baseline 1; Target: 4 Achieved: No?**
In 2016, the National strategy for sustainable development was updated as a vision up to 2030. The process is coordinated by the Deputy PM in charge of the economic activities. The evaluative evidence and the stakeholder interview responses indicate that there is a need for additional clarification of the UNFPA's program activities related to the SDGs which are of general development nature, and not directly related to the PD focus area. These are UNFPA's activities which do not relate to sexual and reproductive health and rights or to gender, but rather to broad development issues which the national authorities will have to address moving forward. .

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?

[69] Health System Investment and Cost-savings of Moden Contraceprive Provision in Macedonia, Nicu Fota, December 2017

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.A 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 The UNFPA CO has contributed to a large degree to the improved emergency preparedness in relation to the humanitarian crisis which had erupted in 2015, and has distinguished itself in its respective response to the crisis. The initial steps towards emergency preparedness were undertaken in the advent of the crisis, prior to any deterioration of the situation, when the UNFPA CO through its advocacy effort and technical support came up with the Minimal Initial Service Package – MISP for 2014-2015. In a joint effort with the WHO and the Ministry of Health, a whole chapter on SRH has been inserted into the National Preparedness and Response Plan of the Health System in Crises with a set of annexes produced with support of UNFPA. The annexes include a Protocol for SRH Mobile Clinics, MISP Action Plan for 2016, and the first ever SOP for Multi-sectorial response to GBV in emergencies with clear definition of the roles in the health sector. There has been increased GBV related service delivery to migrants/refugees through increased provision of mobile services and reinforced provision of contraceptives, drugs and equipment. The follow up activities included revisions of the MISP Action Plan for 2017, and other complementing efforts aimed at improving the emergency preparedness, increased coordination and monitoring capacity of the health system and the GBV-related services, distribution and utilization of UNFPA donated RH kits and supplies, full participation of UNFPA at the UNHCR led protection coordination meetings (particularly important from the aspect of the GBV component). In summary, and based on the feedback from the stakeholder interviews, UNFPA continues to be recognized for its support and achievements in the country in its efforts for the preparedness phase during emergencies as well as the response phase, particularly for matters related to the SRH response. With increased availability of technical skills for SRH services and the response to the influx of migrants/refugees and the incidence of sexual and other forms of gender based violence, including treatment and basic counselling, UNFPA significantly contributed to advancement of the gender-based violence program aspects during emergencies, particularly the multi-sectorial approach to this issue, including the health sector response.			
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

The contribution of the UNFPA to the preparedness for the MISP originates from the global practice of UNFPA in addressing the GBV and other harmful practices as well as work with the WHO and other partner (UN) agencies in implementation of the Minimum Standard for Prevention and Response to GBV in Emergencies. It had been planned under the CPD 2014-2017, as an option for integrating the MISP for reproductive health in crisis situations in the health system response, under the SRH section of the CPD. Budget wise, the contribution of around $45,000 allocated for preparedness for MISP came from the UNFPA's Emergency Fund dedicated for the follow-up MISP plan activities (2015). The activities have been initially conducted by UNFPA, while later most of the activities were assigned to IP HERA. Feedback from stakeholder interviews indicates that IP HERA was perceived as one of the key factors in the implementation of the SRH including MISP activities.

Both UNFPA and the IP HERA have invested significant effort in increasing the availability of technical skills for SRH and GBV services. The brochure "What we should know about sexual and gender-based violence in emergency settings" was developed in collaboration with the working Group members involved in the preparation of the SOP for GBV in emergencies. Existing Guidelines and Protocols of the Inter-Agency Working Group for SRH in Crisis, UNFPA, UN Women and WHO were used as reference materials for its development. Moreover, the brochure has been contextualized for the actual migrant crisis, in order to be best used by the service providers and organizations dealing with the refugees and migrants in the two existent Transit Centers and in the state institutions.

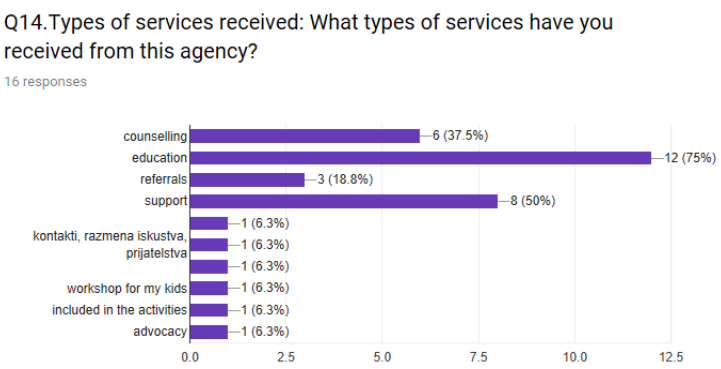
Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ4.B Assumption 2 : The activities and outputs have contributed to a measurable and meaningful extent to the achievement pertinent to emergency preparedness, maternal health and SRH including MISP.	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. 3. Client/beneficiary qualitative perceptions on impact of activities and output impacts on outcomes (It is acknowledged	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).

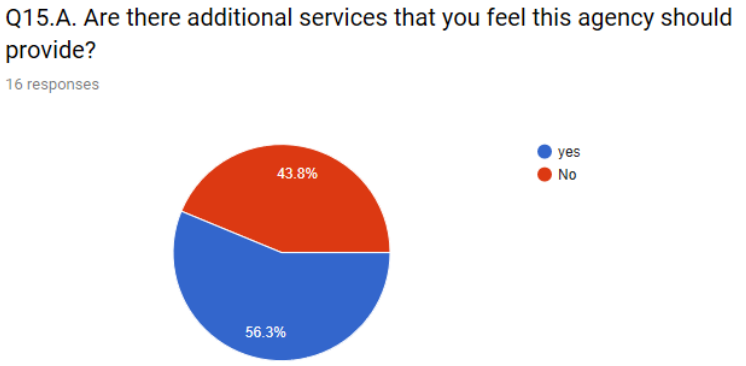
	that that there is no direct UNFPA work with beneficiaries.)		

EQ4.B Assumption 2:

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.

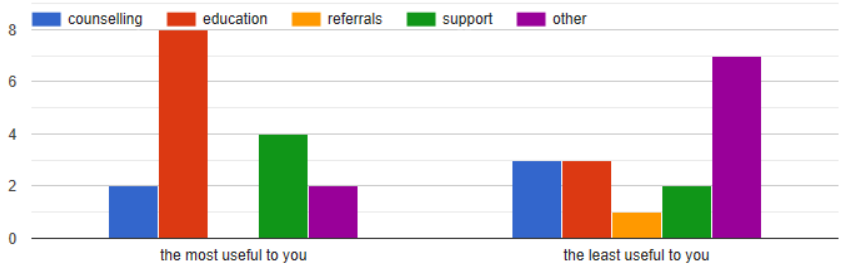
According to the interviews with beneficiaries, the most frequent support/services that they received from UNFPA was education (training), counseling and support in implementation of some concrete activity. But there are still some expectations to have additional support from UNFPA, for example, to include more lawyers in the trainings, so they can help participants to see things from their perspective (when they prepare important documents for Advocacy and similar purposes), to include more disability aspects, not only on violence topics, but in others also, to continue with trainings of representatives from different sectors (in this case, nurses- they expressed satisfaction that they were included in the trainings, something that happens very rare according to interviewed nurses), to continue with supporting of different initiatives coming from youths, to include more activities related to aging and similar recommendations coming from the participants in the interviews with beneficiaries.





On the question which is the most useful activities, most of the interviewed beneficiaries were very satisfied with the trainings (education), than expressed satisfaction form the support in implementation of some type of activities and also from the counseling which was in lower degree.

Q16/17. Of the services you mentioned, which ones are the most/least useful to you?



One of the interviewed beneficiaries declared that the UNFPA supported her workin the SRH program through working in the field by organising events related to the topic… "*this was very good experience for me, I was working in the field in diferent topics like peer education, distribution of preservatives and similar topic. The concept of the event was great and very usefull for breaking stereotypes related to the topic…".*

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

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?

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?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ5.A Assumption 1: UNFPA is able to respond to emergency situations if they are declared.	1. Measures of UNFPA emergency response preparedness.	1. UNFPA and UNDAF documents. 2. Government ministry documents pertaining to emergency response.	1. Document review and 2. Stakeholder interviews

		3. UNFPA, UNDAF and Government staff familiar with emergency response.	

EQ5.A Assumption 1: Findings including analysis for all pertinent program areas, but primarily to SRH, ASRH and GE

There is evaluative evidence which suggests that the UNFPA CO has succeeded in responding to an emergency situation in a most comprehensive way. In terms of measuring the UNFPA emergency response, although it is not an easily measurable assumption, the health sector clinical response does provide clear evidence of the UNFPA' s contribution to the provision of quality accessible SRH and GBV related services . In the first half of 2016, the response included provision of fixed and mobile health facilities (3 mobile SRH Clinics & 2 hospitals in Gevgelija and Kumanovo & 1 University Clinic for Gynecology and Obstetrics). The staff of these facilities underwent training for health professionals, such as nurses, midwives, gynaecologists, neonatologists, at various levels. 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, and crash trainings on RH kits.A total of 48 health professionals were trained on CMR, while 35 service providers were trained on MISP.
As complementary support for the MoH gynaecological clinics, the IP HERA, supported by UNFPA, organized shifts (94) at the mobile clinics providing SRH services to refugee/migrant women in two Transit Centers, Vinojug and Tabanovce, as well as in the asylum seeker centre, Vizebgovo. 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.

EQ5.B What was the quality and timeliness of the response?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ5.B Assumption 1: If UNFPA was asked to respond to an emergency situation, it responded with quality and in a timely fashion.	1. Evidence of the nature of a UNFPA response to an emergency situation.	1. UNFPA and UNDAF documents. 2. Government ministry documents pertaining to emergency response. 3. UNFPA, UNDAF and Government staff familiar with emergency response.	1. Document review and 2. Stakeholder interviews.

EQ5.B Assumption 1: Findings including analysis for all pertinent program areas, but primarily to SRH, ASRH and GE

UNFPA was working persistently and patiently, relying on its own potential and expertise, but also engaged regional GBV experts who brought in a wealth

of knowledge and experience in responding to the GBV in emergencies. As the knowledge of health professionals on the UNFPA RH kits (purpose and composition) was limited, UNFPA, through skilled health professionals, supported on the job training of health professionals providing SRH and GBV services to refugees/migrants. Presentations of each kit were conducted, together with instructions for storage, use and tracking of stock.
Additionally, UNFPA supported one-day workshops for service providers in the field on key principles and components of multi-sectorial GBV response in emergencies, aimed at sensitization and strengthening the poor understanding of GBV as a concept.
Furthermore, UNFPA in consultations with the health authorities and experts, invested in adjustments of the interior of the Mobile Gynaecological Clinics to a more client-friendly and confidential environment.
All these activities clearly indicate that UNFPA responded to the migrant/refugee crisis with quality and in a timely fashion.

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).

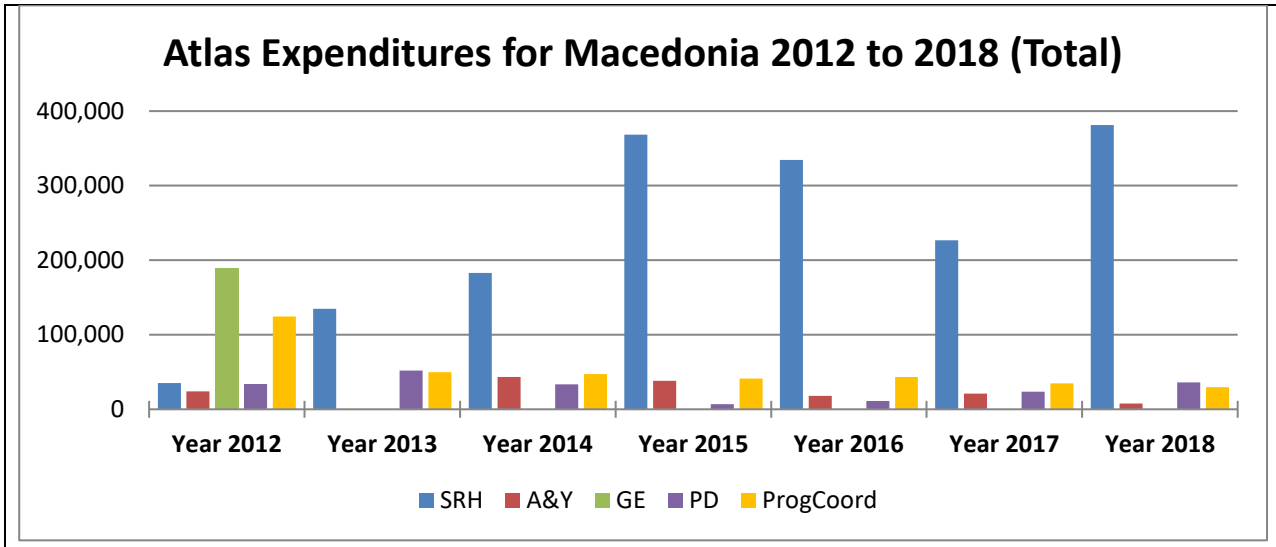
EQ5.B Assumption 2:

Facilitating factors: In close cooperation, coordination and partnership with the Government in the time of the crisis, the National Plan for Preparedness and Response of the Health Sector in Emergencies has been approved by the Government in April 2017. This success is particularly important for several reasons:

1) Due to UNFPA's persistent advocacy on the importance of SRH and GBV in emergencies, it became an integral part of the Plan, where out of three Chapters, one is dedicated to SRH and GBV in emergencies;
2) It was a three-year partnership effort of many stakeholders, which involved a wide range of partners through various consultations;
3) It was Jointly supported by WHO and UNFPA, with input from other UN agencies (UNHCR, UNDP, UNWomen, Human Rights Advisor);
4) UNFPA was the first in the region that included SRH and GBV in the national policies related to emergencies;
5) The plan has several annexes that were approved in this same package and they present products of UNFPA supported efforts: SOPs for Multi-sectorial Response to GBV in Emergencies, Protocol for Mobile Gynaecological Clinics, Annual MISP Action Plan, etc..

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. 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	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.	1. Key stakeholder interviews 2. Document review 3. Budget review.
EQ6.A Assumption 1: Findings including analysis for all pertinent program areas			



UNFPA has made good use of its human, financial and technical resources to pursue the achievement of results defined in UNFPA programme documents, with the following remarks. If the total planned budget for the original CPD (2016-2020), approved by the Executive Board, is US$ 2.5 and consisted of US$ 1.5 million (60%) regular resources and US$ 1 million (40%) other resources and the expended budget for the period 2016-2018 (source: Atlas) it can be concluded that the budget expended for the three focus areas, SRH, A&Y, PD, including Project coordination (PCA) is US$ 1,167,915 out of which 91% regular resources and 9% are other resources. Other resources are those received and mobilized from other sources, internal (for ex. RO) or external donors are:

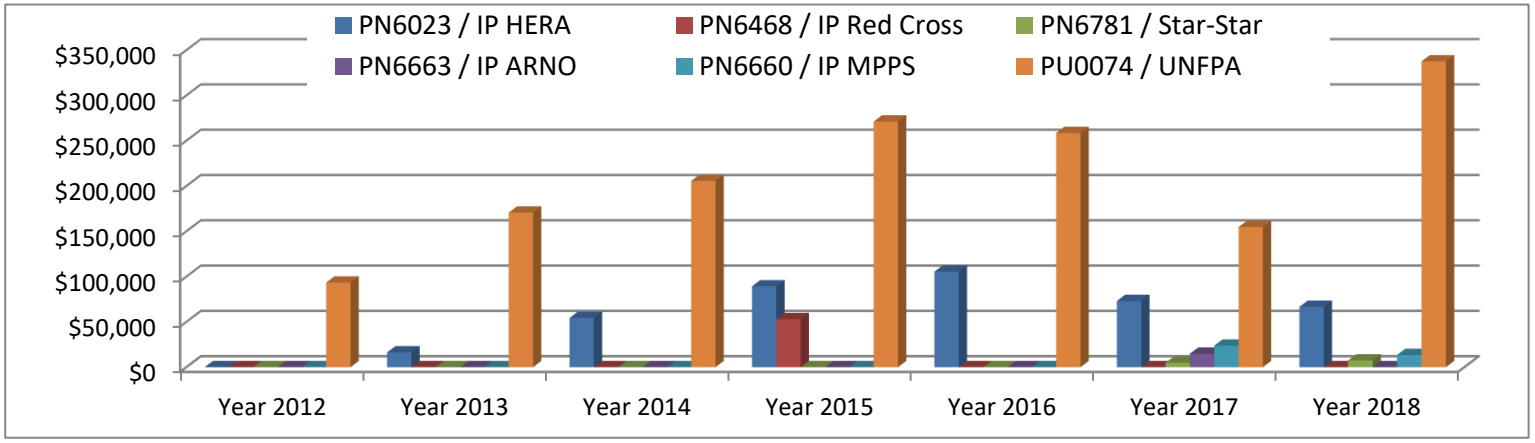
- 30063/UNFPA EF (additional fund for SRG Y2015, 2017),
- FPA80UNFPA (Istanbul office fund for SRG Y2012, 2017),
- UQA63 UBRAF (non-core budget intended for HIV from a variety of donor managed form outside of CO for SRG Y2015, 2017),
- UDJ04/UNTF VAW (UN trust fund for ending violence against women for GB Y2012),
- UDC45/PWD TF (trust fund for SRH Y2018),
- 3FPAZ/MK Gvt (Matching fund with MoH for SRH 2018),
- UDJ02/Netherlands (for GB Y2012),
- NOA53/Norway (Norwegian fund mobilized at the regional level to respond to the situation with the refugees for SRH Y2016).

The results show that mobilizing resources is a challenge in which the Office can be more engaged in the future in order to generate them. For this purpose, there is a need for preparation of a plan for mobilizing resources through mapping of all national and local potential donors.

The planned inputs and resources were received as set out in the AWPs and agreements with partners.

The table below shows that the planned budget of UNFPA and its partners is actually spent appropriately with minor differences between the planned and used budget (97% - 100%). The highest percentage of the programme activities' budget for the period from 2012 until 2016 is planned and used by the UNFPA (76%), followed by IP HERA (18%) which mostly operates in the field of SRH and partially youth, IP Red Cross (2 %) funds allocated for the crisis, MPPS (2%) funds allocated for the Population Dynamics, and 1% of the budget was planned for IP ARNO which operates in the field of youth and Star-star which operates in the field of sexual workers.

Planned vs. expended according to the Implementer/Implementing Partner				
	Planned	**Expended**	**% of expended**	**% out of total**
PU0074 / UNFPA (All years)	$1,688,531	$1,681,018	**100%**	**76%**
PN6023 / IP HERA (Y2013-2018)	$416,467	$405,126	**97%**	**18%**
PN6468 / IP Red Cross (Y2015)	$53,000	$53,000	**100%**	**2%**
PN6660 / IP MPPS (Y2017, 2018)	$37,506	$37,273	**99%**	**2%**
PN6663 / IP ARNO (Y2017)	$15,119	$14,889	**98%**	**1%**
PN6781 / Star-Star (Y2017, 2018)	$12,668	$12,377	**98%**	**1%**
Total	**$2,223,291**	**$2,203,683**	**99%**	**100%**

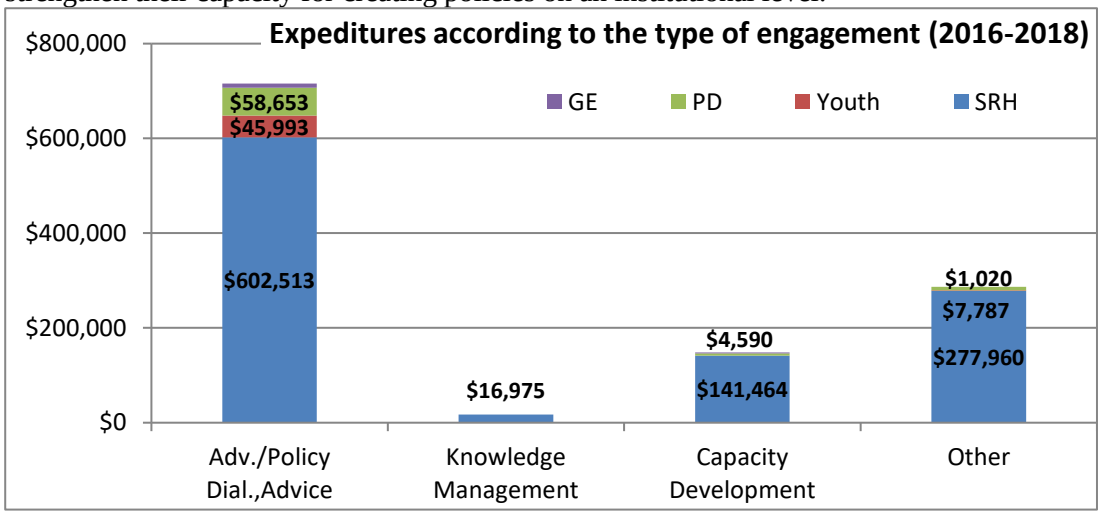


According to the documentation received and the interviews with the partners, it can be concluded that the funds were received in accordance with the

contracts and in accordance with the quarterly reports submitted by the partners.

According to the received documents on budget lines amendments, several minor budget line amendments were noticed which were made in accordance with the prescribed approval procedures and an adequate explanation. The general impression is that the funds reallocation does not significantly affect the structure of the budget, but allows for proper budget spending.
The smaller partner organizations point out that the procedures for obtaining and managing the funds are quite complicated and require a very large engagement on their part. (ARNO).

If a comparison is made between the type of engagement, showed in graphic below, in the period from 2016 to 2018 and the corresponding outputs/outcomes. It can be seen that *Advocacy Policy Dialog Advice* is the most dominant type of engagement, with a total budget of US$602,513 (2016-2018). These activities include: support for the preparation of guidelines, protocols, standards, action plans, monitoring and reporting, raising awareness among stakeholders and beneficiaries, MISP, monitoring of existing policies, as well as existing policy interventions. All of this has been done in a participatory manner, by including all sectors relevant to a particular issue. Another high pillar is signified as *"other"* includes activities for supporting different types of modes of engagement (US$277,960), mostly related to the first one (Advocacy Policy Dialog and Advice). There is also a certain level of capacity building activities (US$141,464) which includes training for representatives of various institutions (doctors, nurses, trainees, social workers, youth, etc.), in order to strengthen their capacity for creating policies on an institutional level.



Within the UNFPA's Office, there are individuals assigned to perform various activities oriented towards achieving the results, both at the project level and at the level of the institutions / partners with whom they cooperate. Despite the fact that both the stakeholders and the beneficiaries indicate that their access

and involvement is at the maximum level, the small number of office employees is very challenging, given the complexity of the activities they need to perform.

In terms of the technical resources, UNFPA works towards strengthening the capacities of its partners, NGOs and institutions by means of organization of trainings, supporting the preparation of different strategic documents (action plans, protocols, standards) that are very useful for the performance of the everyday operation of these institutions / NGOs. Solid partnerships with the NGOs engaged in the implementation of the programme activities are established and the quality of those partners is, in general, professionally and technically acceptable. The selection of the implementing partners is well done. A good selection of partners who are experts in the required field has been made.

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). 3. Feedback on quantity and quality of TA provided to implementing agencies. 4. Atlas data.	1. Key stakeholder interviews, 2. Document review, 3. Budge review.

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

The general impression is that UNFPA uses the human, financial and technical resources in an appropriate manner. A conclusion can be drawn out from the interviews with the stakeholders that there is general satisfaction with the manner in which these resources are managed by the UNFPA's Office. UNFPA's support in the aspect of human and technical resources is especially emphasized here. Furthermore, the support provided for the preparation of protocols, standards and similar important strategic documents by assigning external consultants, as well as organizing trainings for the national experts who can share their experience with their colleagues, is highly appreciated. It is considered that in this way a contribution is also made towards the support of the end users.

The support provided through the implementation of on-the-job trainings, which contributes towards adaptation of external experiences to the national standards and opportunities offered by the institutions, is also considered very useful.

If we review the budget for the 2016-2018 period from the table below, we can see that the largest percentage of the budget is allocated to the "Output 01: SRH Policies and Services", which corresponds with the statements of the interviewed parties. One of the aspects that the stakeholders think that should be improved is the possibility to obtain financial support for the implementation of specific activities or supply of certain materials. At the same time, the stakeholders are really understanding of this aspect, due to the fact that they know that UNFPA does not provide this type of support. This corresponds with the agenda led by the UNFPA, which, with the support of other partners, manages to combine and provide the appropriate type of logistical and technical support.

Planned vs. expended according to the SP Output (2016-2018)				
SP Output 2016-2018	**Planned**	**Expended**	**% of expend**	**% of expend per activity**
Output 01: SRH Policies and Services	966,475	940,379	97%	81%
Output 03: Maternal Health	25,265	24,851	98%	2%
Output 04: HIV	5,000	4,892	98%	0%
Health workforce capacity	10,685	10,274	96%	1%
Accountability for SRH	38,474	35,040	91%	3%
Output 05: SRH in Emergencies	23,280	23,476	101%	2%
Output 06: Adolescents and youth	38,054	38,077	100%	3%
Youth policies	7,955	7,916	100%	1%
Social Norms	2,400	2,319	97%	0%
Output 09: Protection systems	10,500	8,631	82%	1%
Output 12: Data on Population and Development	13,006	11,360	87%	1%
Output 13: Analysis on population dynamics	24,000	23,794	99%	2%
Demographic intelligence	35,957	35,765	99%	3%
	1,201,051	**1,166,774**	**97%**	**100%**

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	1. Amount of resources used to achieve the activities, outputs as compared to the standard	1. Key stakeholders;	1.Key stakeholder interviews, 2.Document review

norms for the cost of implementing program activities in each of the four program areas.	norms for the cost of achieved outputs.	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.	3.Budget review of sentinel activities vs budget in AWPs. (NB: The above for each of the four program areas).

EQ6.B Assumption 2:

According to the desk research of the documents, in particular of the Annual work plans, it can be concluded that the UNFPA country office has used good planning for the resources related to consultancy/trainers/experts engaged. Usually international expertise has been engaged for strengthening the capacity of national experts. This is useful, firstly financially because the expertise from the country has lower costs (maximum US$120) in comparison with the international (maximum US$450) plus higher travel and DSA costs. From the other side, the National experts can adapt the training within the country context, which was evaluated as a good practice from the interviewed stakeholders and participants in the trainings.

SUSTAINABILITY (APPLIES TO ALL FOUR FOCUS AREAS)

EQ7 Are programme results sustainable in short and long-term perspectives? NB: 3 years or less = short term. More than 3 years = long term.

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.

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.

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

			collection
EQ7 Assumption 1: The UNFPA CP 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.	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 over time.	1. CCA 2015 2. UNFPA CP COARs, AWPs, 3. Implementing agency reports. 4. Training data. 5. Stakeholders in management positions within Ministry and IPs 6. Client beneficiaries.	1.Key stakeholder interviews, 2.Training follow-up interviews 3.Client/beneficiary interviews 4.Document review 5.Budget review. (NB: The above for each of the four program areas).

EQ7 Assumption 1:

SRH :The durability and long-term sustainability of the UNFPA supported SRH program activities are ensured by the national ownership over the results of the process of updating the guidelines, policies and procedures by the key national stakeholders (such the MoH, Agency for Quality and Accreditation). The ownership is acquired through the direct involvement of the national key stakeholders who themselves are responsible for development of protocols and standards set by WHO or other global organizations. The work on the development of protocols and standards which are CDP output 1, started in 2014, followed by adaptation of the clinical guideline for Postpartum Hemorrhage, as the leading cause of maternal death, finalized in 2015. In 2016, the following two clinical guidelines in the field of sexual and reproductive health were adapted: (1) Risk management in the antenatal period; (2) Cervical cancer Prevention and early detection. In 2017, the following clinical guidelines and standards were drafted: 1) Clinical Guideline for Management of Victims of Sexual Violence; 2) Standards for Gynecological /Obstetrics inpatient care. Finally, in 2018, three of the adapted guidelines, for Post Partum Hemorrhage, the Detection of Risky Conditions during Pregnancy, and Management of Victims of Sexual Violence have been approved by the Ministry of Health and the Government. In addition, Ob/Gyn Standards for secondary and tertiary level of hospital care and 15 protocols for strengthening maternal and newborn perinatal care were finalized. This large body of adapted medical regulations confirms institutionalization and sustainability of the UNFPA supported activities. Procedures established with the adapted medical regulations are covered by the budgets of the health care institutions, which warrant the long-term sustainability of the activities supported by the UNFPA advocacy and policy dialogue.

On the other hand while the UNFPA intervention regarding the introduction of the Reproductive Health Commodity Security is an important technical assistance support extended by UNFPA to the Ministry of Health, the sustainability of this effort has not yet been achieved. Sustainability will be achieved as soon as the Government approves at least one contraceptive in the Positive List and the Health Insurance Fund picks up the cost (total or partial) for this commodity.

The capacity development in the area of family planning (FP) activities, supported by UNFPA and in partnership with HERA, fostered building national capacity for in-service and pre-service training of health professionals such as gynecologists, family medicine doctors and patronage (visiting) nurses.

In effect, over 150 family doctors, patronage nurses and Roma health mediators were trained in family planning by using a curriculum for family doctors, developed by local and international consultants, that meets human rights standards. The curriculum was included in the system for continuous medical education of family doctors, and in the curriculum of the Family Medicine Department the Faculty of Medicine in Skopje, ensuring and in this way the durability and the sustainability of the related FP activities. While this is an example of good practice of institutionalization of the UNFPA supported knowledge transfer which confirms it long-term sustainability, the status of the Roma health mediators raise concern given the volatility of their work status which is still not regulated and which runs high risk of staff turnover or simple attrition of their positions.

Adolescents & Youth: UNFPA' contributions to the sustainability of its interventions in the A & Y focus area can be positively evaluated in respect to the specific aspects of the CDP A&Y Output 1. Namely, UNFPA contributed to the increased national capacities for delivering youth friendly health services based on international standards through partnerships established by UNFPA with organizations of young key populations (YKP) at risk, such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. The desk research and the feedback from the interviews clearly indicate that the UNFPA CO and its IP HERA have identified the YKP for the targeted activities and to that end have used some state of the art tools, particularly in the case of the activities implemented by the CSO Star- Star. Star-Star contributes to strengthening the human rights protection system for monitoring the reproductive rights of the sex workers and the MSMs through implementation of community engagement tools for service provision MSMIT (men who have sex with men Implementation Tool) and SWIT (Sex Worker Implementation Tool). The sustainability of these interventions has been reinforced by UNFPA support for establishing participatory advocacy platforms for increased investment in marginalized Adolescents and Youth, and strengthening youth peer–education programming, including gender transformative programming. Budget wise, it is important to note that UNFPA allocates comparably rather modest amount of budgets to the NGOs who are UNFPA implementing partners in the A & Y program activities. These budgets are not necessarily sufficient to entirely sustain the implementation of the UNFPA guided policies nor there is such expectation. Yet from the sustainability angle, some balance between the financial resources invested and expected outputs an outcomes need to be established, particularly in the case of smaller partner organizations.
In the case of the unfinished agenda related to the CSE, UNFPA has missed an opportunity to engage in a fully sustainable intervention which necessarily requires institutionalization of the comprehensive gender sensitive and age appropriate sexuality education (CSE) in the North Macedonian education system. Should the recently initiated communication with the Ministry of Education start to accrue positive results regarding the introduction of the CSE, its institutionalization through integration in the curricula would lead to full-fledged sustainability.
PD: Sustainability in the PD focus area is directly interrelated to the Government/SSO role in the interventions which UNFPA fosters in this focus area. UNFPA has been involved in the longer run in supporting activities focused on the importance of population data collected through the population and housing census, through the prism of the SDGs. As such, the UNFPA-extended technical assistance support is complementary to the high priority census related activities of the SSO and shares their sustainability perspective. Meanwhile UNFPA has engaged in the implementation of the MICS06 rollout, a joint endeavor of UNICEF and SSO and an extremely important survey which collects specific population data that no other institution does. The sustainability of this statistical operation, which UNFPA supports, together with UNICEF and the Government counterpart, is clearly warranted. In summary, should the 2020 Census be prepared and conducted as planned, the prospect for achieving the sustainability of the PD outcome will be significantly enhanced.

SUSTAINABILITY (APPLIES TO ALL FOUR FOCUS AREAS)			
EQ8 To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?			
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.			
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.			
Assumption to be assessed	**Indicator/Criteria**	**Source of information**	**Method and tools for data collection**
EQ8 Assumption 1: The UNFPA CP 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.	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 over time (evidence of Ministry or other entity buy-in).	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.	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 four program areas).
EQ8 Assumption 1: **SRH :** From the sustainability angle, and based on the self-reports of the partnership stakeholders, one the best performing SRH programs ever set up as a partnership between the UNFPA and the Government/MoH plus Accreditation Agency, has been the clinically focused work on the Effective perinatal care (EPC), in two major maternities in the country . The partnership which took format of a bilateral Agreement for Small Contributions, represents one of the key success activities of the UNFPA in 2018. As the Government determined the maternal and newborn health as a priority , it started negotiations with UNFPA for the definition of the activities and budgets central to this partnership arrangement . The negotiations led to signing of the Agreement between			

the two parties in an amount of US$ 53,671 to be matched with a same amount by UNFPA. The partnership covers training of eight multidisciplinary teams in each maternity with additional participants from two other maternities; 60 national experts engaged in various fields and a number of reputable international experts who developed over 15 protocols for perinatal care. They have been carrying out an analysis of perinatal statistics in the country (who, what, when, how, why, to whom) with recommendations for improvement, developing and piloting of Ob/Gyn standards for hospital .
This intervention meets all major sustainability requirements: national ownership, building national expertise in a high priority area of effective perinatal care (EPC) with significant capacity building effort on the application of evidence-based practices in effective perinatal care, and financial independence ensured by central budget allocations framed under a co-financing arrangement by the Government and UNFPA.

Adolescents & Youth: UNFPA has made significant contributions to the sustainability of its interventions in the A & Y focus area by increased national capacities for delivering youth friendly health services based on international standards and by selecting well placed, knowledgeable and reliable implementing partners such as HERA, YPEER, STAR-STAR, Stronger Together. The proper choice of partners in the very sensitive areas of A & Y proves as very important factor, which ensures the long-term sustainability of the programming and policy making in this focus area. The UNFPA contributed to the sustainability of these organizations by coping with the challenge of the youth transformative programming in support of the SRH rights of young key populations (YKP) at risk, such as people living with HIV (PLHIV), young sex workers, MSM and transgender people. The sustainability of these interventions has been reinforced by UNFPA support for establishing participatory advocacy platforms for increased investment in marginalized Adolescents and Youth, and strengthening youth peer–education programming, including gender transformative programming.

PD: The UNFPA CO makes important contribution to the sustainability of its PD program and good use of the limited resources by linking its advisory and technical assistance support through its strategic partnerships with the SSO in support of the preparations of the upcoming population and housing census, scheduled for 2020. The ongoing partnership with the SSO involves UNFPA' support to the Census related communications campaign, including a comprehensive communication strategy.
In addition, in line with the Agenda 2030, UNFPA makes considerable efforts to contribute to the understanding of the population dynamics and data related from the SDG(1) prism, through a partnership arrangement with the NGO Macedonia Anti-Poverty Platform (MAPP). The MAPP is currently implementing an UNFPA supported program in line with the Madrid International Plan of Action on Ageing and promoting intergenerational solidarity. The strategic government stakeholder, the Ministry of Labour and Social Policy, has included the investments into the two centers for active aging in the Central Budget for 2019 thus ensuring short-term sustainability of this intervention.

COMPONENT 2: ANALYSIS OF UNFPA Country Programme UNCT Cooperation 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 UNFPA CO has made consistent positive contributions to	Reported level of UNFPA CO staff participation in:	1. UNCT staff at senior management and theme	1. Stakeholder interviews with

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.	1. UNCT planning and coordination functions. 2. Pertinent UNCT theme groups 3. Other UNCT administrative bodies for coordination of activities. 4. Concrete examples of UNFPA CO participation in the process of consolidation of UNCT coordination procedures and programs.	group levels. 2. UNCT Theme group minutes	UNRC and members of UNCT theme groups and UN agencies. 2. Document review of coordination of joint program activities (NB: The above for each of the four program areas).
EQ9 Assumption 1: The UN PSD (UNDAF) 2016-2020 aims to promote equitable and sustainable development, assist in the achievement of national priority goals and support the country's integration into the European Union. It focuses UN agency support to the country in five outcome areas, which each contribute to the achievement of important national development goals and are fully aligned with both the Sustainable Development Goals and EU accession criteria. The overall implementation of the UNDAF is managed by the UN Country Team (UNCT), under the leadership of the UN Resident Coordinator (UNRC). Consistency of the implementation of the UNDAF with the UN agencies, including UNFPA, is ensured by individual country programs, such as in the case of UNFPA the CDP 2016-2020, with the coinciding period of implementation with the UNDAF, which specifies how it contributes to the UNDAF objectives. There are five result groups/outcome technical working groups with roles and responsibilities directly related to the achievement of specific outcomes[70].			

[70] By 2020, more women and men are able to improve their livelihoods by securing decent and sustainable employment in an increasingly competitive and job-rich economy;
By 2020, national and local institutions are better able to design and deliver high-quality services for all users, in a transparent, cost-effective, non-discriminatory and gender- sensitive manner;
By 2020, more members of socially excluded and vulnerable groups are empowered to exercise their rights and enjoy a better quality of life and equitable access to basic services;
By 2020, individuals, the private sector and state institutions base their actions on the principles of sustainable development, and communities are more resilient to disasters and environmental risks; and

There is evaluative evidence confirming that UNFPA CO has continuously contributed to the consolidation and effectiveness of UNCT coordinating mechanisms. UNFPA has actively participated and contributed to the work of the Outcome groups on Social Inclusion, Governance and Environment. In addition, it chaired the Operations Management Team, and has also been included as member of the Steering Committee on SDG implementation (comprised of UN and Government representatives). UNFPA is also member of the Human Rights and Gender Theme Group.

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 being effectively 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 CP COARS	1. Document review, 2. Key stakeholder interviews with UNFPA CO staff as well as UNCT (UNRC and theme group members). (NB: The above for each of the four program areas).

EQ10 Assumption 1:

The UNFPA programmatic response to the needs of the country is determined by the theory of change logic which underpins the two consecutive UNFPA global strategic plans, the one of 2014-2017, followed by the most recent one of 2018-2021. The goal of the current SP 2018-2021 is to achieve universal access to sexual and reproductive health, realize reproductive rights and reduce maternal mortality, accelerate progress on the agenda of the PoA of the ICDP, improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality. The goal is the same as of the previous SP 2014-2017. It remains relevant and represents an effective entry point for contributing to the 2030 Agenda, the 17 SDGs and particularly to SDG3, SDG5, SDG10 and SDG17. The next top down level of the UNFPA programmatic response in the country is represented by the CDP 2016-2020, currently under UNFP CO's implementation. The CDP applies the human rights based approach and gender equality as cross-cutting principles and aligns with the national priorities, EU integration requirements and the SDGs. As such it is fully aligned with the UNDAF and other international and national documents reflecting the UNFPA global mandates and its underlying goals and principles which are shared values and

By 2020, state institutions are fully accountable to gender equality and anti-discrimination commitments, and more women and girls lead lives free from discrimination and violence.

include access to affordable, high-quality integrated sexual and reproductive health services, strengthened accountability, and elimination of all forms of discrimination; and empowerment of marginalized groups, with a focus on the beneficiaries of social transfers, Roma and rural women, adolescents and youth, particularly girls, and key young populations at risk . In practice, the convergence of the UNFP interests, priorities and mandates with the UNDAF strategic framework is clearly shown in the major contribution of UNFPA to the work on Social Inclusion Outome 3, and partially its contribution to the Good Governance Outcome 2 and Environmental Sustainability Outcome 4.

COMPONENT 3: ANALYSIS OF THE CP's STRATEGSDIC 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: Findings including analysis for all pertinent program areas: 1. Reproductive Health and Rights, 2. Youth, 3. Gender and 4. PD.

UNFPA is member of the UN Country Team (UNCT), which currently implements the UN PSD (UNDAF) for the period 2016-2020 . The UNFPA program activities are complementary to the program activities of other UN agencies within the UNCT. Those complementary activities are mainly grouped under the UNDAF's Social Inclusion Outcome 3 group which is aligned with five SDGs .Under the joint outcome group, the UN agencies, including UNFPA, assist the Government, particularly the MoLSP, in reducing the number of people at risk of poverty and social exclusion. Special focus is put on the enhancement of the capacities of the health and social protection systems to guarantee accessible, affordable and adequate health and social services to the most vulnerable and help develop participatory mechanisms that strengthen the voice of citizens and increase their awareness about available services.

Positioning of the individual agencies sometimes can be competitive and run the risk of being overlapping. Delineation of the mandates and introducing synergies among the agencies is used to avoid possible overlaps and duplications . Good example is the functional multi-sectorial response to gender-based violence, which continuously remain to be the focus of UNFPA, while special considerations are provided to the relevance of the health sector in the holistic approach to the GBV.

As part of the coordination of the program activities of the UN agencies active within the UNCT, and as part of the principle of "delivering as one", the UNFPA participates in a joint program on the Rights of Persons with Disability.

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ11.A Assumption 2: The UNFPA CP's core mandated activities, outputs and outcomes as implemented within the Country's UNDAF are recognized and acknowledged by UNCT.	1. Congruence of UNDAF and UNCT activities, outputs and outcomes with the 2018 - 2021 UNFPA Aligned CP framework. 2. Qualitative data on UNCT recognition of UNFPA CO contributions.	1. Senior UNFPA staff management, 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.	1. Document review, 2. Key stakeholder interviews with UNCT senior staff as well as UNFPA CO staff. (NB: The above for each of the four program areas).

EQ11.A Assumption 2:
Using the 2030 Agenda time span, UNFPA has designed its strategic plan to be the first of three consecutive strategic plans that will contribute cumulatively to the achievement of the SDGs. UNFPA is determined to use its strategic plan to mobilize and align its institutional strategies to the 2030 Agenda, and, throughout the period of its three strategic plans, will monitor the 17 UNFPA prioritized SDG indicators[71]. This approach warrants congruence of Country's UNDAF with UNFPA 2018-2021 strategic framework given that the achievement of the 2030 Agenda is common goal.
Stakeholders within the UNCT consistently recognize and acknowledge UNFPA contributions to the UNCT coordination and coherence of their activities with the outputs and outcomes of UNDAF.

ADDED VALUE

EQ12 What is the main UNFPA added value in the country context as perceived by national stakeholders?

Assumption to be assessed	Indicator/Criteria	Source of information	Method and tools for data collection
EQ12 Assumption 1: Assumes that UNFPA has added value in one or more areas within the country context.	1. Examples of activities that were influential for the results in a program area.	1. Senior stakeholders at GVT Ministries, UNCT, UNFPA CO, and IP agencies	1. Document review 2. Key stakeholder interviews

[71] UNFPA strategic plan 2018-2021, p.5

	2. The perceptions of key national stakeholders.	2. UNFPA program reporting documents. 3. Site Visits	

EQ12 Assumption 1:

The evaluative evidence shows that UNFPA performs comparable strengths and value added activities in the country and wider through promotion of the ICPD agenda. The value added content of UNFPA activities is partially determined by its institutional mandate and by its active adherence, promotion and support to the implementation of international standards and international human rights instruments. The feedback from the interviews confirms that the UNFPA is recognized as a lead international development partner in the country which promotes very sensitive aspects of the SRH and rights, particularly SRH and rights of the most vulnerable groups of population including young key population at risk, as well as Roma, people with disabilities. The staff of the Country Office succeeded, systematically, patiently and with dedication, to maintain the complex and multifaceted issues not always very well taken by the governments in the past due to then prevailing conservatism and intolerance.

The UNFPA CP's value added activities particularly involved increased coordination and monitoring of the health system and the GBV-related services in the emergency situation. The GBV-related services were performed by the UNFPA CO during and in the aftermath of the refugee/migrant crisis in 2015. It demonstrated the quality and the timeliness of the UNFPA capacity to implement SRH activities in response to the emergencies and ensuring available, accessible, acceptable and quality SRH services to refugee/migrant women and girls, but also to all other marginalized groups whose SRH rights and needs are underserved. The role performed by the UNFPA in the emergency preparedness and response activities is perceived by the UNCT, government and the civil society organizations as unique and catalyst for the emergency and GBV-related activities addressing the needs of migrants/refugees and the needs of the marginalized population groups in the country.

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	gender	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 Adviser, UNFPA focal point	MKD01RSH; MKD01SRH; UBRAFMKD, MKD01MRC; MKD01HRA; MKD01HER; MKD01YOU; MKD01YTH	FP, Action Plan SRH, MSR GBV	f	21.01.2019 Monday 14:00	Skopje	SHR	A&Y		
Ministry of Health	Ms Nermina Fakovikj	MKD01RSH; MKD01SRH; UBRAFMKD, MKD01HRA;	Maternal Care, Safe motherhood	f	21.01.2019 Monday	Skopje	SHR			

	Officer, Maternal care and GBV focal point	MKD01HER	Committee; SARC; MSR GBV; GBV SOPs migrants/refugees		11:00					
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	MKD01PAD; MKD01PDE	Census, SDGs, advocacy for evidence based population	f	22.01.2019 Tuesday 14:00	Skopje				PD

	public relations and dissemination		policies							
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 Platform	Mr Sashko Jordanov Program Director	MKD01PAD	UNFPA IP- Social Inclusion, anti-poverty, Census, SDGs, Ageing	m	18.02.2019 14:00	Skopje				PD

(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	3	UNCT member, HR adviser, Chair of the HRGTG,	f	26.03.2019 14:30	Skopje				

	the HRGTG									
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 Milosheviki	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

Title of activity	Type [72]	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**

2017
HERA

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

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 Sexual Assault Referral Centers	**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	

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,			**No/yes/no[73]**	**No/yes/yes[74]**	**0/2/2**	0/3/3	**2/5/19**

[73] **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)

[74] **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)

for delivery of high-quality sexual and reproductive health services, addressing violence against women *Baseline: 0; Target: 5*							
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: 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**[75]	**No/no/yes**	**No/no/no**	**No/no/no**

[75] **Indicator 5: (SP Output 3 Indicator 4):** National system for Maternal Death Surveillance and Response has been established in the country. (Y 2015)

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. **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							
• 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		**0/0/0**[76]		**No/yes/yes**[77]	**No/no/no**	**No/no/no**	**No/no/yes**
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 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		**No/yes/yes**[78]					**161/25/29**

[76] **Indicator 1.2 (SP OP 1 Ind. 2.1.):** A functional logistics management information system for forecasting and monitoring reproductive health commodities in place
[77] **Indicator 3: (SP Output 2 Indicator 1):** Functional logistics management information systems for forecasting and monitoring reproductive health commodities are in use. (Y2015)
[78] **Indicator 7.1:** Number of personnel trained on MISP through UNFPA support (Y 2013)

health service providers and managers trained on the minimum initial service package with support from UNFPA							
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. - 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							
• **Output 1 indicator 2.** Costed integrated national sexual and reproductive health action plan exists						**No/yes/no**	
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.							
• **Indicator 6** Country has and implements			**0/ (2015): 1 revised**			**No/yes/yes**	

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			**National Plan**[79]				
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: 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	**No activity is recognized**	Indicator Missing[80]	**0/2/0**	**0/5/0**			

[79] **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)

[80] **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

developed capacity for the upgrade of Emergency Obstetric and Newborn Care (EmONC) in sub-national health plans							
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							
• **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 [81]	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

[81] INDICATOR 15.2: Number (and percentage) of countries supported by UNFPA to design and implement comprehensive programs to reach marginalized adolescent girls (Y2012, 2013)

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 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**[82]	**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							

[82] INDICATOR 16.1: Number (and percentage) of countries supported by UNFPA to design and implement comprehensive ageappropriate sexuality education program

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 sexuality education curricula are aligned with international standard.				**0/1/0**			
2015 The 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							
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						No/yes/no[83]	**No/no/no**

[83] **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)

monitoring and evaluation of implementation of population policies *Baseline: No; Target: Yes*							
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 **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 [84] .	
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							

[84] 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	Program/Operations and related costs			FPA90	20,772

	costs					
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	Participation in knowledge sharing and other			FPA90	7,187

	sharing&other events	international events				
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	HR protection systems	Strengthening the national human rights protection			FPA90	9,730

HERA		system to monitor reproductive rights.				
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 (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.	Output 04: HIV	IA04-3 Sex worker-led organization	UBRAF	4,590
IP	Support Costs IP STAR-	Support Costs for IP Zdruzenie STAR-STAR	Output 04: HIV	IA04-3 Sex worker-led	UBRAF	302

STAR STAR	STAR	Skopje, 6.5%		organization		
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 comprehensive SRH data required for sound policy analysis will be provided.			FPA90	45,787
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. 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.	Output 05: SRH in Emergencies	IA05-03 MISP	UNFPA EF	26,316
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	Support costs for IP HERA IP Support costs				FPA90	1,701

HERA						
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			FPA90	1,337

		national reports on International Human Rights mechanisms adopted by the country, with accent on SRH.				
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 contracting HIV. For that purpose support will be provided for			FPA90	3,897

		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 prism of the SDGs, guided by the motto "no one left behind"	14 - Demographic intelligence	IA14-1 Demographic analysis	FPA90	5,056

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	14 - Demographic	IA14-3 Other	FPA90	

		CO to implement communication strategies and plans	intelligence			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	Number of joint SRH activities. Baseline: 20	2017: Fully achieved		

	implemented;		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,	Activities in support of UNFPA mandate are increasingly implemented	Number of sub-regional efforts implemented with UNFPA and	

regional experience sharing and dissemination of good practices		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