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Population Fund and the United
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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for North Macedonia

Proposed indicative UNFPA assistance: \$3.6 million: \$1.7 million from regular resources and \$1.9 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Second

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.9	0.5	1.4
Outcome 3	Gender equality and empowerment of women	0.3	0.8	1.1
Outcome 4	Population dynamics	0.3	0.6	0.9
Programme coordination and assistance		0.2	0	0.2
Total		1.7	1.9	3.6

I. Programme rationale

1. North Macedonia is a landlocked upper middle-income country in Southern Europe of 25,713 km², with a population of 2,022,547 (2002). Poverty in rural areas is 30 per cent, in urban areas, 17 per cent, and is higher among women and ethnic minorities. The Common Country Analysis highlights exclusion and inequalities as overarching development challenges. The 2019 Human Development Report ranks North Macedonia at 82 with a HDI of 0.76. In March 2020, North Macedonia became the 30th member of NATO, and the European Union opened accession negotiations with the country. The recent parliamentary elections provide an opportunity for boosting the Sustainable Development Goals (SDGs) and the International Conference on Population and Development (ICPD) agenda by 2030. The country is part of a Western Balkans' regional cooperation – on youth, peacebuilding and reconciliation, rule of law and fundamental rights.
2. The demographic situation is characterized by low fertility (1.3 in 2019), population ageing (21 per cent above age 60 in 2020), and increasing outmigration, especially among young people.
3. Lack of disaggregated demographic data on vulnerable groups challenges the statistical system to monitor the ICPD and SDG indicators. The weak coordination among institutions and the poor utilization of data impede sound policies. A quality 2021 Census is important for reliable data.
4. Employment rates (2019) revealed a large gender gap, with only 48.4 per cent for women, compared to 69.7 per cent for men. Over 62.3 per cent of women were inactive due to caring responsibilities compared to only 6.7 per cent of men.
5. As detailed in the Common Country Analysis, the youth (aged 15-24 years) unemployment rate in 2016 was 34.9 per cent, while youth (aged 15-29 years) not in education, employment or training was at 31.2 per cent. These rates were much higher for Roma community (81 per cent women, 67 per cent men). Women, youth and ethnic minorities are more likely to be out of the labour force, unemployed or in precarious employment.
6. Some 6.3 per cent of the gross domestic product is spent on health (2017). Out of pocket expenses account for approximately one-third of total expenses. The health insurance coverage was 90.3 per cent in 2016; however, 20.5 per cent of those have still difficulty using the healthcare services. The fragmented and non-disaggregated data on sexual and reproductive health (SRH) services and the poor accountability mechanisms impede the development of efficient and tailored response to the needs of women, especially from vulnerable groups.
7. Promotion of maternal and newborn health has become a priority for the Government. Anecdotal evidence shows underreporting and misreporting of maternal deaths. Emergency obstetrics and neonatal care faces an inefficient referral system, inadequate numbers of skilled staff.
8. Evidence-based protocols, standards and guidelines are either not adapted or not implemented. Antenatal care stands at 96 per cent, and 99 per cent of births take place in health facilities (86.7 per cent in public facilities). Access is satisfactory, but the quality of services lacks standardization. In 2018, the preventable cervical cancer incidence among the female population, ranked fifth, with breast cancer first.
9. Family planning services are weak and provide limited choices, particularly for vulnerable groups. Limited supply, coupled with low demand, justifies the low modern contraceptive prevalence rate of 14.0, and even lower, at 8.6, among the Roma population in 2019. This also results from misconceptions on contraception among health providers and women; high costs and poor accessibility of contraception, especially for ethnic minorities, rural, poor and Roma women. The Government recognizes the importance of contraception; however, adequate allocation and utilization of public resources to high-quality SRH services and commodities are still lacking.

10. The adolescent birth rate in 2019 was 29 per 1,000 women aged 15-19 years, and almost four times higher among Roma. Early marriage is at 7,5 per cent (nationally) and 45.1 per cent in Roma settlements. Nationally, 0.3 per cent (15.5 per cent in Roma settlements) get married before the age of 15. Absence of innovative, age appropriate, culturally sensitive comprehensive sexuality education in schools and out of schools, combined with conservative beliefs and patriarchal stereotypes within the families and communities, contribute to unhealthy and risky behaviours among young people.

11. The HIV prevalence rate is low, with a total of 469 reported cases since 1987. Evidence shows control of the epidemic among injecting drug users and female sex workers. However, in the past 5 years the proportion of men who have sex with men among newly diagnosed HIV is 72.8 per cent. The Government has a dedicated national preventive programme for HIV/AIDS; it enables anonymous testing and free-of-charge antiretroviral therapy; however, funding for HIV and AIDS and efficiency of the programmes require strengthening.

12. The country has prioritized gender equality and women empowerment. The enacted policies addressing discrimination, violence against women, SRH further enshrined the human rights dimension into the national legal framework. Ratification of the Istanbul Convention and opening of the first-ever sexual assault referral centres underscores the national commitment to addressing gender-based violence (GBV). The country ratified most international human rights instruments; however, implementation and monitoring lack efficient coordination, capacity and resources. The Universal Periodical Review of Human Rights in 2019 recommends prevention and combating of all forms of discrimination, including those based on gender, ethnicity, sexual orientation and age.

13. Over 50 per cent of women have experienced some kind of violence since the age of 15. More than two thirds do not know what to do in case of violence. Almost 40 per cent of women experience psychological violence, and 10 per cent of women nationally and 18.6 per cent of women in Roma settlements justify abusive behaviour of husbands. There are few shelters, mostly managed by the State, with uneven national distribution and low utilization. Prevention and response to GBV still faces inadequate resource allocation; poor quality of services for survivors; fragmented data collection systems; weak collaboration and coordination among sectors; insufficient utilization of data, and low awareness of GBV within communities.

14. The country is prone to natural disasters, such as fire, floods and earthquakes, and was part of the Balkan refugees and migrants' route in 2015-2016. The national response with provision of SRH and GBV services to the affected population was efficient. The ongoing COVID-19 pandemic exposed the weak points of the health system, such as inadequate distribution of health resources, limited expertise for crisis needs assessment, shortage of skilled health professionals, weak risk communication capacities and poor referral mechanisms. This further aggravates the vulnerability of women, young girls and older persons. With UNFPA support, national authorities quickly addressed the immediate and midterm needs of SRH and GBV services. UNFPA established a new partnership with the Government of the United Kingdom to ensure safe services to victims of GBV.

15. The previous country programme contributed to the advancement of SRH care and gender equality, expansion of youth participation and recognition of comprehensive sexuality education in formal education; and strengthening of the quality of population data. The country programme evaluation emphasizes the progress made in the area of SRH, specifically the reduction of over 50 per cent of neonatal mortality and significant drop of maternal mortality in only one year. Noteworthy are the achievements of institutionalization of SRH services during emergencies.

16. The country programme evaluation recommends: (a) targeting particularly vulnerable population groups, such as Roma, people with disabilities and young adolescent girls; (b) addressing harmful practices, child marriages and unwanted pregnancies of young girls, through comprehensive gender-sensitive and age-appropriate sexuality education; (c) supporting the State Statistical Office and other statistical system entities to enhance knowledge and instruments for data collection, analysis and dissemination; (d) building

capacities for delivering high-quality integrated SRH services on antenatal and perinatal care, national maternal death surveillance, reproductive health contraceptive security; and (e) supporting national authorities to address gender equality.

17. The new country programme is fully aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) , 2021-2025. The United Nations is committed to collectively supporting its vision for the country – that the people of North Macedonia achieve, by 2030, equality and prosperity in all opportunities for equitable growth; that gender equality and human rights are respected; and that communities work together peacefully. UNFPA supports the vision of the UNSCDF and the achievement of SDGs in North Macedonia. Within the United Nations, UNFPA is a key advocate and a lead partner with the Government on sexual and reproductive health and rights, gender-based violence, and data. It is seen as the agency that contributed to the improving maternal and newborn outcomes. UNFPA supports the implementation of the Convention on the Rights of Persons with Disabilities in the country, and brings innovation in addressing the needs of persons with Autism Spectrum Disorder, through digital solutions for comprehensive sexuality education. UNFPA supported the provision of SRH and GBV services to women and girls in humanitarian contexts, such as floods, refugee/migrant crises and the COVID-19 pandemic response. UNFPA partnered with UNDP in operationalizing the sexual assault referral centres. UNFPA is the key partner of the State Statistical Office and entities of the State statistical system on data management. This makes UNFPA uniquely positioned to convene the United Nations agencies and partners to lead the agenda of sexual and reproductive health and rights, GBV and population issues, focusing on youth (aged 15-30 years) and vulnerable populations. This will be achieved by expanding strategic partnerships, knowledge sharing, brokering of expertise and innovation, to position SRH, gender equality and youth engagement within the demographic context.

II. Programme priorities and partnerships

18. The overall vision of the second country programme is that by 2030, all women and men, young people, adolescents, vulnerable young people, women with disabilities, residents of impoverished settlements and rural areas, and older people in North Macedonia can fulfil their rights, and everyone has equal opportunities to be well educated, employed and access high-quality health services.

19. The new programme will transform the lives of women, women with disabilities, older persons, residents of impoverished settlements and rural areas and young people (aged 10-24 years), especially the vulnerable, by empowering them to be free from violence and make informed reproductive choices. More specifically, it commits to reduce adolescents' birth rates by 30 per cent by 2025.

20. The country programme strategies derive from the consultative process with key stakeholders including with people with disabilities, young people, women, young key populations, older persons, and government partners. The programme will be implemented at the national and local levels.

21. The country programme contributes to the achievement of the three UNFPA transformative results. It will directly contribute to achievement of SDGs 3, 4, 5 and 10.

22. The programme will support the strategic priorities of the Government Programme 2020-2024: European Union membership, good neighbourly and interethnic relations, social cohesion, combating the COVID-19 pandemic and new energy, determination for accelerated economic growth, sustainable development, modern education, efficient and just governance, and strong institutions. UNFPA participates in the Council for Sustainable Development and will engage with the Government in setting priorities in line with the 2030 Agenda, putting the principle of 'leaving no one behind' at its core.

23. UNFPA will support revision of the Strategy on Demography, 2015-2024, to include aspects of population dynamics, and advocate for the development of national strategies and policies in the areas of SRH that are expiring in 2020.

24. UNFPA will apply different modes of engagement, advocacy and policy dialogue, capacity development for an enabling environment, partnership and coordination, and knowledge management to deliver the country programme.

25. The country programme will support the Government and national partners to achieve the Nairobi Commitments, approved by the Government in 2019, aimed at accelerating the ICPD Programme of Action and the 2030 Agenda. The commitments include: (a) provision of a budget to support SRH services, including in emergencies, particularly for the most vulnerable and marginalized groups; (b) maintenance of low HIV prevalence among people at risk of HIV infection; (c) holding of a population and housing census to enable proper evidence-based population policy development; (d) co-financing for reduction of preventable maternal and newborn mortalities; (e) reduction of unmet need for family planning; (f) ensuring access to comprehensive abortion care in line with World Health Organization safe abortion guidelines and the national legal framework, and prevent unsafe abortion and unintended pregnancies through comprehensive family planning services and post-abortion care; (g) opportunities that enable fulfilling young people's potential, taking into account gender equality; (h) introducing comprehensive sexuality education, in line with the United Nations guidelines; (i) ending harmful practices, such as child marriage and sexual and gender-based violence, including against persons with disabilities and minorities; (j) strengthening demographic resilience by promoting active participation of older persons, supporting human capital development, and encouraging positive aspects of migration through respective policies. The youth peer education network (Y-PEER) committed to meaningful youth participation, especially those from rural areas, youth with disabilities and not in education, employment or training, in accessing, implementing, monitoring and evaluating youth-related processes and policies.

26. The following principles will guide the country programme: (a) protecting and promoting human rights; (b) prioritizing 'leaving no one behind'; (c) ensuring gender responsiveness; (d) reducing risk and vulnerabilities and building resilience; (e) strengthening cooperation and complementarity among development and humanitarian action; and (g) improving accountability, transparency and efficiency.

27. The new programme is fully aligned with the 2030 Agenda principle of 'leaving no one behind'. UNFPA ensures a people-centred and human-rights approach by engaging vulnerable populations in the design and implementation of interventions; advocating for utilization of disaggregated data for policies and programmes; ensuring protection of rights, empowerment of women and girls, as well as universal access to gender-transformative SRH education and services. Sustainability of program results will be ensured by their integration into the existing national policies, programs and practices; and building a supporting environment for transforming social norms at community level.

28. The programme will benefit from South-South and triangular cooperation, in areas of comprehensive sexuality education (CSE), intergenerational solidarity, migration, older persons, maternal health and youth civic engagement. UNFPA will continue to collaborate with the established network of national partners, such as government ministries and their bodies, the national bank, health institutions (at all levels of care), professional associations, intergovernmental bodies, the State Statistical Office, Parliament, academia, the media, civil society organizations representing vulnerable groups, and regional networks.

29. The country programme will expand partnerships with municipalities, the private sector, sports and media influencers to create more opportunities for changing behaviours that will transform the lives of vulnerable women and youth, and increase accountability of duty-bearers. The European Union sees UNFPA and the United Nations agencies as crucial partners for health development; thus, UNFPA is uniquely positioned to advocate for support on maternal and newborn care, together with the World Health Organization and UNICEF. UNFPA works closely with the United Nations agencies on violence, with a focus on GBV and harmful practices, and will leverage the existing support from the Government of the United Kingdom on the same topic. UNFPA will support migration through Big Data, within the Joint Project funded by the Migration Multi-partner Trust Fund. Contribution to the

Western Balkans project – on reaching out to vulnerable youth and engaging them in peace-building with the Regional Youth Cooperation Office – will continue, UNFPA will lead national efforts on sexual and reproductive health and rights, and explore partnerships with European Union, Swedish and Dutch institutions. UNFPA will explore partnerships with the Swiss Government and be the convener for the development and implementation of people-centred population policies, while mainstreaming demographic intelligence into decision-making at all levels, especially for vulnerable women and youth.

30. The programme will address cross-boundary and regional issues that impact the country, such as migration, GBV, early marriages, youth, and peace and security.

31. UNFPA will contribute to the joint outputs of the cooperation framework.

A. Sexual and reproductive health

32. Joint Output 1. The health system is strengthened to provide universal access to affordable high-quality and people-centred services to promote healthy lifestyles and address population-specific health needs and risk factors, including in emergencies.

33. UNFPA will contribute to the joint output under UNSDCF Outcome 2 by ensuring adequate resource allocation, enhancing accountability mechanisms, increasing effectiveness of coordination within and among sectors, and ensuring mechanisms and capacities aimed at ensuring access and quality of rights-based SRH services, particularly for vulnerable groups. It will contribute directly to ending preventable maternal deaths and unmet need for family planning. To achieve this, it will: (a) provide support to the national authorities in developing strategic SRH policies with a special focus on girls, in line with the 2030 Agenda and a human-rights approach; (b) support the role of civil society in provision of SRH services, especially to vulnerable women and young people; (c) improve linkages between primary and secondary levels of healthcare, through capacity building, technical assistance and knowledge management; (d) improve access of services to those in underserved areas through engagement of community outreach workers and patronage nurses, and increased mobility of services; (e) support the development of evidence-based guidelines and protocols for improved maternal health outcomes; (f) improve supply-chain management for contraceptives and other SRH commodities, with a focus on vulnerable and young people, through technical assistance; (g) support capacity-building efforts for health workers on maternal health, family planning, cancer prevention youth-friendly SRH, through utilization of innovative and online approaches; (h) support key partners in improving availability and reliability of SRH data, through technical assistance; (i) support communities in creating demand for SRH services, through information campaigns, community outreach and advocacy; (j) advocate for adequate provision of HIV prevention and treatment services; (k) advocate for increasing resilience of vulnerable groups to climate change effects to be incorporated in the SRH policies; (l) strengthen a health education system that responds to gender and age needs and SRH and reproductive rights; (m) ensure sustainability of the national network of youth-friendly health services and access to distance health counselling and information, especially for adolescents from rural and remote areas; and (n) strengthen capacity of national partners in humanitarian preparedness and response and properly address SRH needs of women and young people in national policies and plans, with a focus on those left behind in emergency situations;

34. Joint Output 2. Increased access to high-quality and innovative health-related information and education, including age-appropriate school-based and out-of-school CSE, for women and girls as well as men and boys, especially among vulnerable populations.

35. The output directly contributes to UNSDCF Outcome 2. The country programme will contribute to the three UNFPA transformative results by introducing comprehensive sexuality education in and out of schools, particularly for vulnerable groups; building support from schools, local authorities, families, community leaders and faith-based organizations; and empowering youth to participate in the decision-making processes related to their education, health and livelihoods. This will be done through the following interventions: (a) support to youth peer educators to expand the network with peer educators from young people of

vulnerable populations; (b) continued mobilization of support from parents, municipalities, community leaders, older persons and other interested partners on comprehensive sexuality education; (c) increase capacities of school educators, the Ministry of Education and Science and other partners for implementation of high-quality comprehensive sexuality education; (d) support innovative digital learning tools for CSE; (e) support grassroots organizations to conduct community-based mobilization activities to increase awareness and support for youth SRH and CSE; (f) introduce a youth scorecard in selected municipalities, to serve as a monitoring and advocacy tool; (g) build the capacity of youth organizations to involve young people in the social development of their communities and strengthening intergenerational solidarity; (h) strengthen advocacy capacity of youth people to enable their greater participation in policy dialogues on youth SRH, the SDGs, gender equality and human rights, conflict prevention and the peace-building process; (i) partner with other United Nations agencies in implementing conflict prevention and peace-building initiatives, with a focus on women and young people; (j) generate and strategically utilize evidence on youth SRH to advocate for supportive policies for marginalized youth populations; (k) engage with other United Nations agencies and the private sector to pair the SRH segment to other skills and employability capacity programmes.

B. Gender equality and women empowerment

36. *Joint Output 3. Improved multisectoral response to prevent and address all forms of violence based, on a victim/survivor-centred approach, including harmful practices and discriminatory gender norms and stereotypes.*

37. The output contributes to Outcome 2 of the UNSDCF as well as to ending harmful practices. UNFPA will engage in ensuring adequate public resource allocation for GBV prevention and response; strengthening collaboration and coordination among sectors for high-quality prevention and services through a continuum approach; establishing integrated data collection systems and their utilization by policymakers; and increasing awareness so that the community is able to prevent GBV and early marriages. The following programme interventions are envisaged: (a) advocate for allocation of resources for implementation of national plans and policies for a multisectoral response to GBV; (b) strengthen cooperation and coordination of line ministries and civil society organization for preventing and responding to GBV, including in humanitarian settings, and harmful practices; (c) improve skills of service providers (health, social services, police, juridical); (d) strengthen specialized services (as defined in the Istanbul Convention) with regards to their quality, availability and accessibility, including in humanitarian settings; (e) integrate data collection to ensure intersectoral collaboration and response; (f) advocate for utilization of data/information on GBV in national/subnational plans and programmes; (g) support communities to change discriminatory social norms and gender stereotypes and abusive behaviours leading to GBV and early marriage, by engaging influencers (religious and opinion leaders, most influential family members like mother-in-law, male partners, elderly and young people); (h) adapt information to the needs of targeted communities, and provide information on what GBV and harmful practices are, its consequences and availability of GBV services.

C. Population dynamics

38. *Joint Output 4. Increased utilization of high-quality and disaggregated data for improved forward-looking, evidence-based, results-oriented and transparent policymaking, responsive to the rights of women, men, girls and boys, and vulnerabilities of the groups left behind, at all levels and in all contexts, including humanitarian.*

39. The country programme output contributes to UNSDCF Outcome 4 and the three UNFPA transformative results. It will support implementation of a census, increase utilization of reliable and disaggregated administrative data for decision-making; strengthen exchange of data among national institutions; strengthen a human rights-based approach in policy development and strengthened monitoring of population policy implementation within the framework of the SDGs. The programme will address it with the following interventions:

(a) support with expertise, advocacy, communication and dissemination of census and survey data (data analysis with focus on vulnerable populations), to ensure that the census and surveys are conducted in line with international standards; (b) strengthen the capacity of policymakers at all levels to use administrative data for developing evidence-based strategies and policies, with a focus on demography (migration, ageing) and health; (c) support the State Statistical Office to ensure that the available population data are reliable and disaggregated; (d) strengthening health data management as a pillar of health systems and advocacy for administrative data on SRH and gender to be publicly available, by promoting innovative approaches to administrative data use; (e) evidence-based advocacy for rights-based policy mix to address ageing, low fertility, migration and shrinking population at national and local levels; (f) support the development of an accurate, human rights-based demographic strategy, based on existing population trends; (g) facilitate a dialogue among national institutions, the State Statistical Office and various ministries to exchange data and support the improvement of exchange platforms; (h) support active ageing in centres, elderly homes, and other older persons organizations, and increase their engagement in policy development; (i) advocate for increasing resilience of vulnerable groups to climate change effects to be incorporated in family policies; (j) promote intergenerational solidarity as a means of changing social norms; and (k) support national surveys and policies on topics related to violence against women and girls, gender equality, youth, low fertility and migration.

III. Programme and risk management

40. UNFPA will be part of the UNSCDF coordination mechanisms led by the Joint National Steering Committee, co-chaired by the Resident Coordinator and the designated Government representatives. UNFPA will contribute to results groups and other relevant interagency groups as internal country team coordination mechanisms towards the achievement of the SDGs and supporting the agenda for the European Union accession.

41. The country office will strengthen its technical capacity in population and development, migration, gender, communications and resource mobilization for efficient programme delivery. The office realignment will include revision of the existing posts and introducing new programme, communication and resource mobilization staff positions.

42. The programme implementation will benefit from UNFPA regional and global expertise on demographic intelligence, sexual and reproductive health and harmful practices, and engage national partners working with vulnerable women (poor urban and rural women, women with disabilities, violence survivors, Roma women), key populations, people living with HIV, and older people and youth. UNFPA will maintain effective partnerships, while reaching out to new, non-traditional partners.

43. UNFPA will advocate for increased financing for the Nairobi commitments and the SDGs from the private sector and local self-governments. To leverage resources and scale up the results, UNFPA will proactively look for joint initiatives with United Nations organizations, strengthen relationships with donors in North Macedonia and intensify resource mobilization efforts with the Government.

44. UNFPA will regularly assess operational and programmatic risks identified in the theory of change and make required adjustments. The key risks, such as change of high-level and mid-level officials, post-COVID-19 budgetary cuts and political sensitivity to UNFPA issues, will be closely followed. UNFPA will support the Government and partners in assessing critical information about public health emergencies and in evaluating the capacities of the health systems to manage potential health crises. The key mitigation strategies will include: creation of demand from communities; referral to the Nairobi commitments, encouraging cost sharing by the Government, regular engagement of technical-level staff; working with parliament and its bodies; improving efficiency of the existing dedicated programmes, strengthening partnerships with development partners and mobilizing support and resources; pursuing alternative financing and funding options; exploring and enhancing low-cost, innovative implementation of programme activities aimed at reaching vulnerable women and

youth, regular monitoring and revision of the UNSDCF and CPD results matrices to reflect changes in national priorities.

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

IV. Monitoring and evaluation

46. UNFPA, together with the Government and the United Nations country team, will establish a framework to monitor and evaluate the UNSDCF implementation.

47. UNFPA will take an active role in the United Nations Communications Group, Monitoring and Evaluation Group and participate in the Common Country Analysis, development of joint workplans, and reporting on achievements.

48. UNFPA will conduct annual programme reviews in collaboration with stakeholders, based on the expected results and indicators in the results framework, which are aligned with the integrated results framework of the UNFPA strategic plan, and linked to the UNSDCF monitoring and evaluation framework.

49. UNFPA will support implementing partners to conduct regular monitoring in the field, monitor their performance and periodically adjust implementing arrangements, if needed. UNFPA shall support the national statistical and monitoring capacities to produce disaggregated population data and ensure effective monitoring and evaluation of the achievements of the sustainable development goals and particularly provide visibility to those furthest behind. UNFPA will support analysis and dissemination of census data, as well as improved health data collection and exchange among institutions.

50. The country programme milestones and results will be tracked using UNFPA reporting mechanisms and by incorporating the country programme measures into UN INFO system.

51. UNFPA will contribute to the UNSDCF evaluation through the country programme. As part of the UNSDCF evaluation, separate analyses will be conducted by utilizing participative approaches to generate evidence for the design of the next programming cycle, ensure accountability for the relevance and performance of the programme, and promote a learning culture.

52. UNFPA will continue to provide inputs and comments related to periodical national reports to the Inter-sectoral Body for Human Rights, as part of the Ministry of Foreign Affairs.

RESULTS AND RESOURCES FRAMEWORK FOR NORTH MACADONIA (2021-2025)

<p>NATIONAL PRIORITY: EU membership, good neighbourly and interethnic relations, social cohesion, addressing the global COVID-19 pandemic; accelerated economic growth, sustainable development, modern education, efficient good governance and strong institutions. SDCF Strategic priority 1 directly contributes to the following Government strategic priorities: Economic transformation, accelerated growth and higher living standard; COVID-19 is not only a health challenge; Care for all.</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 2: By 2025, people in North Macedonia have universal access to rights-based quality social services – healthcare, education, and necessary social and child protection – rooted in systems resilient to emergencies.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicator</p> <ul style="list-style-type: none"> • Modern contraceptive prevalence rate <i>Baseline:</i> 14 (2019); <i>Target:</i> 20 (2025) <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Maternal mortality ratio (deaths per 100 000 live births) <i>Baseline:</i> 7 (2017); <i>Target:</i> 4 (2025) • Adolescent birth rate (aged 15-19 years , births per 1,000 women in that age group) <i>Baseline:</i> 21 (2019); <i>Target:</i> 13 (2025) 	<p>Joint Output 1 (UNSDCF Output 2.1)</p> <p>The health system is strengthened to provide universal access to affordable high-quality and people-centred services to promote healthy lifestyles and address population-specific health needs and risk factors, including in emergencies.</p>	<ul style="list-style-type: none"> • Number of hospitals that cover at least 70% of all deliveries have strengthened perinatal care through improved evidence-based practices and capacity building provided by UNFPA <i>Baseline:</i> 2 (2020); <i>Target</i> 8 (2025) • Continuous support by UNFPA provided for the operationalization of the Government programme to ensure access of contraception to vulnerable groups (Roma women, women with disabilities, survivors of gender-based violence and youth, including young key populations) <i>Baseline:</i> No (2020); <i>Target:</i> Yes (2025) • Percentage of maternal mortality and morbidity cases recorded in disaggregated manner are managed through the obstetrics surveillance and response system <i>Baseline:</i> 0 (2020); <i>Target:</i> 70% (2025) 	<p>Government, United Nations entities and partners on both national and subnational levels: relevant Ministries (Health, Labour and Social Policy, Education), E-Health Directorate, Institute of Public Health, Safe Motherhood Committee, Bureau for Development of Education, State Statistics Office, President’s Office, relevant health facilities at all levels of care, civil society organizations working on SRH and youth, NGOs of persons with disabilities, Roma and other minorities; Parliament, academia, faith-based organizations, professional associations, media, private sector</p>	<p>\$1.4 million (\$0.9 million from regular resources and \$0.5 million from other resources)</p>
	<p>Joint Output 2.</p> <p>Increased access to quality and innovative health-related information and education, including age-appropriate school-based and out-of-school CSE, for women and girls as well as men and boys, especially among vulnerable populations.</p>	<ul style="list-style-type: none"> • Percentage of schools that completed piloting of CSE <i>Baseline:</i> 0 % (2020); <i>Target:</i> 75% (2025) • [Joint indicator] Number of initiatives and innovative approaches created in partnerships with communities and influencers to mobilize support for healthy lifestyles, family planning, gender equality, violence prevention and tolerance <i>Baseline:</i> 0 (2020); <i>Target</i> 15 (2025) • [Joint indicator] Percentage of municipalities implementing youth scorecard <i>Baseline:</i> 0 (2020), <i>Target</i> 30% (2025) 		
<p>NATIONAL PRIORITY: EU membership, good neighbourly and interethnic relations, social cohesion, addressing the global COVID-19 pandemic; accelerated economic growth, sustainable development, modern education, efficient good governance and strong institutions. UNSDCF Strategic priority 1 directly contributes to the following Government strategic priorities: Economic transformation (MK Restart), accelerated growth and higher living standards. COVID-19 is not only a health challenge. Care for all.</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 2:By 2025, people in North Macedonia have universal access to rights-based quality social services – healthcare, education, and necessary social and child protection – rooted in systems resilient to emergencies.</p>				

RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.				
<p>UNSDCF Outcome indicator:</p> <ul style="list-style-type: none"> (Joint output indicator from UNSDCF) Integrated data collection system on GBV established Baseline: system fragmented (2020); Target: system integrated (2025) <p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> Proportion of women aged 20-24 years who were married or in a union before age 18 Baseline: 7.5 total; 45.1 Roma (2020); Target: 5.0 total; 30 Roma (2025) 	<p>Joint Output 3: (UNSDCF Output 2.4): Improved multisectoral response to prevent and address all forms of violence based on a victim/ survivor-centred approach, including harmful practices and discriminatory gender norms and stereotypes</p>	<ul style="list-style-type: none"> Percentage of shelters that use protocols ensuring safe services for survivors of gender-based violence Baseline: 15% (2020); Target 100% (2025) Number of awareness-raising efforts on gender-based violence and gender equality initiated by UNFPA, with a focus on vulnerable groups Baseline: 2(2020); Target: 15 (2025) Monitoring mechanism for tracking the implementation of the SOP in the three sexual assault referral centres established Baseline: No (2020); Target: Yes (2025) 	<p>Government, United Nations entities and partners on national and subnational levels: relevant Ministries (Labour and Social Policy, Health, Interior, Justice, Education), State Statistics Office, E-Health Directorate, Centre for Continuous Medical Education of Family Doctors, Clinic of Psychiatry, Centres for Social Work, municipalities, President's Office, CSOs working in SRH and youth (HERA, National Network to End Gender-based Violence and Domestic Violence, NGOs of persons with disabilities, Roma and other minorities); Parliament, academia, faith-based organizations, professional associations, media, private sector, and the British Embassy.</p>	<p>\$1.1 million (\$0.3 million from regular resources and \$0.8 million from other resources)</p>
NATIONAL PRIORITY: Justice and rule of law. EU accession. Care for all.				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 4: By 2025, people in North Macedonia benefit from improved rule of law; evidence-based, anticipatory and gender-responsive policies; greater social cohesion; and effective service delivery by transparent, accountable and responsive institutions.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.				
<p>UNSDCF Outcome indicator:</p> <ul style="list-style-type: none"> Percentage of official statistics aligned with EU acquis Baseline: 67.1 (2019); Target: 95 (2025) 	<p>Joint Output 4 (UNSDCF Output 4.3) Increased utilization of high-quality and disaggregated data for improved forward-looking, evidence-based, results-oriented and transparent policymaking, responsive to the rights of women, men, girls and boys and vulnerabilities of the groups left behind, at all levels and in all contexts, including humanitarian.</p>	<ul style="list-style-type: none"> [Joint indicator] By 2025, the State Statistics Office has complete set of SDG indicators and associated data to measure SDG progress Baseline: No (2020); Target: Yes (2025) Number of SRH and GBV related-analysis conducted using rights-based approach Baseline: 1 (2020); Target: 4 (cumulative) (2025) [Joint indicator] Number of services designed for older persons with UNFPA support Baseline: 1 (2020); Target: 3 (2025) 	<p>Government, United Nations entities and other partners on both national and subnational levels: relevant Ministries (Labour and Social Policy, Health, Interior, Finance), State Statistics Office, municipalities, President's Office, CSOs working in population issues: National Anti-poverty Platform, Pensioners' Association, NGO Humanost, the Red Cross, Parliament, academia, professional associations, media, private sector, the Migration Multi Partner Trust Fund.</p>	<p>\$0.9 million (\$0.3 million from regular resources and \$0.6 million from other resources)</p>