

## Format for the Country Programme Performance Summary

<b>A. Country Information</b>		
Country name: <b>Republic of North Macedonia</b>		
Category per decision 2013/31: <b>Pink</b>	Current programme period: <b>2016-2020</b>	Cycle of assistance: <b>1st</b>

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>
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<b>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</b>			
Indicators	Baseline	Target	End-line data
☐ 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	<i>0</i>	<i>5</i>	<i>21</i>
☐ National maternal death surveillance and response system established and operational at local and national levels	<i>No</i>	<i>Yes</i>	<i>No</i>
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	<i>1</i>	<i>5</i>	<i>15</i>
A functioning tracking and reporting system exists to follow up on the implementation of the international human-rights mechanisms recommendations regarding reproductive rights	<i>No</i>	<i>Yes</i>	<i>Yes</i>

<b>Key Achievements</b> <i>(input also from the last CP evaluation)</i>
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UNFPA’s advisory and policy work was focused on 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 through a range of significant interventions, such as preparatory work for the introduction of 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 on effective perinatal care (EPC). The latter contributed to impact level results, such as reduction of over 50% of newborn, newborn and maternal mortalities since 2018 and reduction of over 60% of stillbirths that ranks North Macedonia third in the recently published report: <https://data.unicef.org/resources/a-neglected-tragedy-stillbirth-estimates-report/>. UNFPA supported activities in family planning, such as capacity building and establishment of sustainable mechanisms for continuous medical education of health professionals/service providers, who in addition to being service providers, are also the most reliable source of information for the clients aimed at reducing unmet needs for modern contraception. UNFPA supported work on the organized cervical cancer screening, which has included drafting of guidelines and standard operating procedures.

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 achievements such as the first ever Standard Operation Procedure (SOP) for multi-sectoral approach to GBV in emergencies; Government approval of the National Preparedness and Response Plan of the Health Sector in Emergencies that includes a Chapter on SRH in emergencies; a clinical guideline on victims of sexual violence; and a protocol for the mobile SRH clinics. Thanks to UNFPA’s prior national “investment” on SRH, these services were made available to refugees/migrants before other health services.

Another key achievement is the contribution to the establishment of the first Sexual Assault Referral Centers in the country, in partnership with UNDP, and within the frameworks of a comprehensive national effort to address gender equality and violence against women.

**Output 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**

Indicators	Baseline	Target	End-line data
Number of interventions targeting vulnerable youth that are included in the national youth strategy and related action plans  ☐	0	10	8
Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth within development and health policies and programmes	1	2	4

**Key Achievements** *(input also from the last CP evaluation)*

The National SRH Strategy 2010-2020, SRH Action Plan 2018-2020 and other strategic documents, such as the National Youth Strategy 2016-2025 recognize that adolescents and youth have the right to access age-appropriate education and information related to sexual and reproductive health services. Still, a number of significant social, cultural and legal barriers continue to impede sharing sexual and reproductive health information, limiting their access to a full-range of information and services for contraception. Despite these obstacles, UNFPA continued its advocacy and engagement of all stakeholders (CSOs, Ministries, etc) in raising visibility and importance of their needs and rights. Among the key are: representation at the Nairobi Summit with youth representatives and a commitment made by YPEER; government approval of national commitments that directly affect youth (early marriages, contraception, CSE, GBV, etc); leading the youth consultations on the first Voluntary National Review in 2020; support youth consultations on their contribution to the SDGs; youth involvement and needs during COVID-19 pandemic; engagement of marginalized youth in peace and security in cooperation with RYCO. UNFPA has also made significant progress over the last two years of the CPD in relation to the piloting and introduction of CSE at schools. In addition, UNFPA is working on developing an innovative digital toolkit for CSE for persons with Autism Spectrum Disorder, in line with the LNOB, UNFPA is now well positioned to expand its work and advance the broader A&Y agenda as articulated in the SDGs,

**Output 3: Strengthened national capacity to formulate and monitor implementation of rights based policies that integrate evidence on population dynamics, gender, sexual and reproductive health,**

<b>HIV and their links to sustainable development, including in humanitarian settings</b>			
<b>Indicators</b>	Baseline	Target	End-line data
Functional national tracking system for monitoring and evaluation of implementation of population policies  □	<i>No</i>	<i>Yes</i>	<i>Yes</i>
Number of population databases accessible by users through web-based platforms that facilitate mapping of socioeconomic, gender and demographic inequalities	<i>0</i>	<i>1</i>	<i>1</i>
<p><b>Key Achievements</b> <i>(input also from the last CP evaluation)</i></p> <p>UNFPA has supported the SSO in the preparations for the 2020 census, through provision of technical expertise, supporting the communications activities of the SSO related to the Census, and by partnering with the Macedonian Anti Poverty Platform (network of NGOs), to increase the awareness and understanding among the general public about the Census as a statistical operation, and the importance of quality data for evidence-based policy making. It should be noted that the Census is extremely politicized in the country, and this has been the key reason why the country has not had a Census since 2002. The 2021 Census will be based on a combined method - it will rely on both admin data (the SSO will be able to access all administrative databases for statistical purposes) and data collected in the field. It will be a transition toward a fully register-based Census in the future. UNFPA remains the key partner to SSO in this process, and the Census remains as one of the key priorities for the second CPD.</p> <p>Furthermore, in close cooperation with UNICEF, UNFPA supported the MICS survey (2018-2019), which collects valuable data, especially for SRH.</p>			

<b>C. National Progress on Strategic Plan Outcomes<sup>1</sup></b>	<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
<b>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</b>					
Modern contraceptive prevalence rate	12.8%	2011	14%	2018-2019 (MICS)	Data released in May 2020
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	No	2016	Yes	2020	Sexual and reproductive health is funded by several national budget sources: allocations to the Ministry of Health, National Preventive

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

					<p>Programs (Mother and Child Health, Public Health, HIV/AIDS, Cancer Prevention) and the State insurance Fund. In 2018, increased support and budget was provided by the government within the co-funding with UNFPA for effective perinatal care initiatives that resulted with reduction of the neonatal, infant, perinatal and maternal deaths in the country.</p>
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**Summary of National Progress**

The Government has demonstrated strong interest and support for areas of work of UNFPA. Priority was given to improvement of the effective perinatal care, resulting with budgetary allocation for UNFPA (co-financing), to urgently address the issue of perinatal and neonatal mortality, which resulted with significant improvement of the maternal and neonatal outcomes within a very short period of time.

The government approved the first ever National SRH Action Plan 2018-2020, developed in a participatory manner and aligned with the WHO regional SRH Action Plan, SDGs and other global initiatives.

The country has also achieved commendable results in addressing SRH issues in emergencies, by integrating the Minimum Initial Service Package (MISP) in the National Plan for Response of the Health Sector in Emergencies. Furthermore, family planning is introduced in the curriculum for continuous education of medical doctors, as well as modules for addressing GBV. SRH needs and GBV issues with special focus on persons with disabilities are also incorporated in these educational materials, which further complements the strong commitment of the Government to implementation of the Convention on the Rights of the Persons with Disabilities.

The Government approved national commitments, presented at the Nairobi Summit in 2019, aimed at accelerating achievements of the ICPD goals in all areas.

**UNFPA’s Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

The UNFPA program activities in the field of SRH focused on ensuring sustainability of the critical interventions through fostering formal ownership by the key stakeholders, such the MoH, Agency for Quality and Accreditation, Cathedra of Family Medicine, professional associations and other partners.

One of the key contributions of UNFPA was in the field of development and adaptation of a number of clinical guidelines and protocols, as well as in the development of policies in accordance with the international standards set by WHO, in partnership with WHO other international reputable sources, such as the Royal College of Obstetricians and Gynaecologists and the South East European University on Reproductive Health.

UNFPA supported the Government in drafting the 2018-2020 Action Plan for the SRH Strategy 2010-2020. It also initiated the process for introduction of the MISPP concept in the national policies, resulting with an incorporation of a Chapter on SRH in emergencies in the National Preparedness and Response Plan of the Health Sector in Emergencies.

UNFPA’s proposed solution and support for addressing the increasing newborn and maternal deaths through effective perinatal care is among the key highlights of the CP. Investment in skills of health professionals on effective perinatal care yielded impact level results, such as decrease of over 50% of newborn and maternal deaths. From the nationally born efforts, it’s also worth highlighting the development of family planning training package and conducting a key analysis, Emergency Obstetrics and Neonatal Care in all facilities. A significant number of professionals were trained based on evidence-based practices in the fields of family planning; MISPP; clinical management of rape and for the prevention and management of GBV; clinical guidelines development, adaptation and audit; and obstetrics surveillance. UNFPA is a strong advocate through its memberships in the SafeMotherhood Committee, National HIV/AIDS Committee, National Working Group on SRH in Emergencies, National Cervical Cancer Prevention Working Group, National Working Group on drafting of the Law on Prevention and Protection of Violence Against Women and Victims of Family Violence, etc.

**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**

Number of laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services Baseline: 0; Target: 2	0	2016	2	2020	
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**Summary of National Progress**

Following several years of advocacy by UNFPA and CSOs, there is finally a certain progress with regards to the introduction of gender-sensitive and age-appropriate CSE in the school curricula. Even though at present we are at the stage of piloting CSE in certain schools, this is a major break-through taking into account all the obstacles over the past years (less favourable political environment).

Furthermore, the National SRH Action Plan 2018-2020, dedicates a special area on Adolescent SRH.

**UNFPA’s Contributions**

UNFPA has supported a series of interventions aimed at young key populations (MSM and sex workers), ensuring youth voice is heard and their rights represented. UNFPA supported the national consultations on the Voluntary National Review, Nairobi Summit participation and commitments formulation and approval, etc. In addition to the continuous advocacy and engagement with CSOs and the Ministry of Education for introduction of CSE at school curricula, guided by the LNOB principle, and as part of a corporate effort to introduce innovation in its work, UNFPA is working on the development of an innovative digital solution for CSE for persons with Autism spectrum disorder, which would also be suitable for use by persons with intellectual disability.

<b>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</b>					
Number of new national and local development plans that consider population dynamics in setting development targets	1	2016	2	2020	
<b>Summary of National Progress</b>					
<p>The last Census in the country was held almost 2 decades ago. Over the past years, it has been continuously postponed due to political reasons; however, there has been some progress over the past couple of years, resulting with the pilot Census being carried out in 2019, with the intention to hold the Census in 2020. Due to the early elections (July 2020), and the outbreak of the COVID-19 pandemic, the Census was postponed once again, for 2021. At present, the Law on Census is going through the parliamentary proceedings.</p>					
<b>UNFPA's Contributions</b>					
<p>UNFPA is a longstanding key partner of the State Statistical Office with regards to the Census - it has provided technical assistance in the preparation for the 2020 round of Census (scheduled for 2021), as well as in the development of communications outline for the SSO communication with the general public, also media, on issues related to the Census.</p> <p>UNFPA contributed to conducting the MICS 2018-2019 which is the only source of data for key SRH indicators. This was used for the development of the UNSCDF 2021-2025 and other plans.</p> <p>Furthermore, national capacities for population data collection, analysis, dissemination and use for informed policy development and utilization of the data were strengthened. In addition, support has been provided for the formulation of programs in line with the Madrid International Plan of Action on Ageing, as well as in the implementation of the MICS 2018-2019.</p>					

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b>	<b>Regular Resource (Planned and Final Expenditure)</b>		<b>Others (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
<b>Choose only those relevant to your CP</b>						
Increased availability and use of integrated sexual and reproductive health services	1,100,000	1,134,068	700,000	132,879	1,800,000	1,266,947
Youth policies and programmes, and increased availability of comprehensive sexuality education	100,000	65,840	200,000	45,733	300,000	111,573
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	100,000	93,119	100,000	0	200,000	93,119
Programme coordination and assistance	200,000	142,937	0	0	200,000	142,937
<b>Total</b>	<b>1,500,000</b>	<b>1,435,964</b>	<b>1,000,000</b>	<b>178,612</b>	<b>2,500,000</b>	<b>1,614,576</b>