



TERMS OF REFERENCE

United Nations Population Fund (UNFPA) Serbia 2nd Country Programme (2021-2025)

Country Programme Evaluation

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Acronym

AIDS	Acquired Immunodeficiency Syndrome
CCA	Common country assessment/analysis
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
MICS	Multiple Indicators Cluster Survey
MMR	Maternal Mortality Ratio
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SORS	Statistical Office of Serbia
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
EECARO	Eastern Europe and Central Asia Regional Office
EU	European Union

1. Introduction

The United Nations Population Fund (UNFPA) Serbia Country Office is planning to conduct an independent evaluation of its Country Programme (2022-2025), in accordance with UNFPA 2024 Evaluation Policy. This evaluation will serve the following purposes: demonstrate accountability to the stakeholders on the contributions of the country programme (CP) to agreed results; generate evidence and lessons to support evidence-based programming in UNFPA and provide necessary evidence to design the next CP. This will be an external exercise conducted by an independent evaluation team in accordance with the UNFPA Evaluation handbook, United Nations Evaluation Group and UNFPA evaluation norms and standards.

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals".¹

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on "leaving no one behind", and emphasizing "reaching those furthest behind first".

UNFPA has been operating in the Republic of Serbia since 2006. The support that the UNFPA Serbia Country Office (CO) provides to the Government of the Republic of Serbia under the framework of the 2nd Country Programme (CP) (2021-2025) builds on national development needs and priorities articulated in:

Program of the Government of the Republic of Serbia, derived from the Prime Minister's manifesto, and operationalized through the Action Plans for the Implementation of the Government Program 2020-2022²

¹ [UNFPA Strategic Plan 2022-2025](#)

² <https://rsjp.gov.rs/wp-content/uploads/APSPV-2020-2022.pdf>

and 2023-2026³, Economic Reform Programme 2019-2021⁴, The National Priorities for Development Assistance (NPDA) 2014-2017, with Projections to 2020⁵ and a number of sectoral and cross cutting strategies relevant for the mandate of UNFPA, such as: National Programme on Sexual and Reproductive Health, National Youth Strategy, Gender Equality Strategy, Strategy for Birth Promotion, etc.

United Nations Common Country Analysis/Assessment (CCA), developed 2020⁶ and regularly updated 2023⁷ and United Nations Sustainable Development Cooperation Framework 2021-2025 (UNSDCF)⁸, formerly known as the United Nations Development Assistance Framework (UNDAF).

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.⁹ The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 2nd country programme (2021-2025) in the Republic of Serbia, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook [\(LINK\)](#). The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.¹⁰ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Serbia CO; (ii) the Government of Serbia; (iii) implementing partners of the UNFPA Serbia CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) The Eastern Europe and Central Asia Regional

³ <https://rsjp.gov.rs/wp-content/uploads/APSPV-2023-2026-1.pdf>

⁴ Economic Reform Programme 2019-2021, available at <https://www.mfin.gov.rs/dokumenti2/program-ekonomskih-reformi-erp>

⁵ National Priorities for Development Assistance 2014-2020 [http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20\(english\).pdf](http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20(english).pdf)

⁶ CCA 2020, available at <https://serbia.un.org/en/105912-common-country-analysis-serbia>

⁷ CCA 2023 updated, available at <https://serbia.un.org/en/258806-un-serbia-common-country-analysis-update-2023>

⁸ UNSDCF 2021-2025 <https://serbia.un.org/sites/default/files/2022-02/un-cooperation-framework-serbia-2021-2025.pdf>

⁹ UNFPA Evaluation Policy 2024, p. 22 [<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024>].

¹⁰ UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

Office (EECARO); and (vii) development partners/donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Serbia CO in close consultation with the Government of Serbia, particularly the Ministry of Foreign Affairs, that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the EECARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Country Context

Serbia is a landlocked country with a population of 6,664,449 people, based on the results of the 2022 Census of Population, Households, and Dwellings, and statistics on natural changes and internal migration. Of this population, 51.4% were women (3,423,627) and 48.6% were men (3,240,822).¹¹

Like many countries in the region, Serbia is facing a long term decrease in total population, which results from rapid aging and relatively low, but stable total fertility rate. In 2022, the natural increase rate in the Republic of Serbia was -7.0%, which represents a decrease of 3.9% compared to the rate in 2021. The total number of live births in 2022 was 62,700 which is slightly below the ten-year average, but still higher than in previous two years. The largest number of births, 19,173 was recorded among women aged 30 to 34. The average age of women at the birth of their child was 30.3 years, while the average age at the birth of their first child was 28.9 years. The total fertility rate, i.e., the number of live births per woman, slightly increased in 2022 to 1.63.¹²

Regarding population aging and change in population structure, the data indicates a decreasing share of young people and a continuously increasing share of older persons in the total population. In 2022, the share of persons aged 65 and over was 22.0% (male 19.6%, female 24.5%), while those aged under 15 accounted for 14.4%.¹³ The share of older persons has increased from 17.3% (male 15.1%, female 19.6%) measured ten years earlier. Additionally, the population of young people aged 15 to 24 decreased by 6,200 persons in the fourth quarter of 2023 compared to the same quarter of the previous year.¹⁴

The employment gains of the last three years were maintained in 2023, with the lowest unemployment rate in the second quarter of 2022 (8,9%) and the highest in the first quarter of 2021 (12,9%).¹⁵ At the

¹¹ Statistical Office of the Republic of Serbia 2022. [Estimated population](#).

¹² Statistical Office of the Republic of Serbia 2022b. [Vital statistics](#).

¹³ Ibidem.

¹⁴ Common Country Analysis Update 2023.

¹⁵ Statistical Office of the Republic of Serbia 2023. [Labour Force Survey](#).

same time, for specialized professions, workforce shortages were among the top concerns, with over 60% of businesses requesting that authorities deploy policies to retain workers¹⁶, which also led the government to take further steps to liberalize the work permit regime.¹⁷ An analysis of average net salaries in Serbia between 2021 and 2023 demonstrates a consistent upward trend of approximately 30.56%.¹⁸ The percentage of people living in poverty is estimated to have slightly decreased from 9.1 percent in 2021 to 8.5 percent in 2022. Projections suggested that poverty reduction may experience a gradual decline in 2023 and the subsequent years. While Serbia's economy is expected to continue to grow, contributing to income growth for households, the impact of inflation is expected to limit purchasing power.¹⁹ The at-risk-of-poverty or social exclusion rate has slowly been decreasing in the past 6 years, measuring 20.0% in 2022, 1.2% lower than in 2021.²⁰ The contraction in at-risk-of-poverty rates in 2022 follows the trend of previous years and puts Serbia's at-risk-of-poverty rates in alignment with the region's average. Observed by age, the at-risk-of-poverty rate shows that individuals aged 65 and over were the most exposed to the poverty risk – 22.6%, as well as individuals aged from 55 to 64 – 21.6%. The lowest at-risk-of-poverty rate was recorded for the group of persons aged from 25 to 54 – 17.9%. By the type of household, the highest at-risk-of-poverty rate was recorded for households composed of one adult 65 years or over – 37.5%, while the lowest at-risk-of-poverty rate was recorded for households composed of three or more adults – 15.4%.²¹ Moreover, it should be noted that the Social Inclusion and Poverty Reduction Unit is no longer functional, meaning continuous monitoring of absolute poverty rates in Serbia has been discontinued. Serbia's human development index (HDI) value for 2022 is 0.805, which puts Serbia in the *Very High* human development category, positioning it at 65 out of 193 countries and territories²², while the Gini coefficient²³ is at 35.0 measured in 2020.²⁴

During the last ten years the neonatal mortality has declined progressively, reaching 4.0 per 1,000 live births in 2021, approaching the EU average, while the under-5 mortality rate was 5 per 1,000 newborns. The Maternal Mortality Ratio (MMR) in Serbia was fluctuating in the period from 2010-2022, reaching the value of 22.5/100,000 live births in 2021²⁵, during the COVID-19 pandemic. It has since declined again, but to a level above pre-pandemic trends (11.2/100,000 live births in 2022). Although on a global level Serbia belongs to the category of countries with a low MMR, it has a twice as high MMR compared to the countries of the European Union (EU) 6/100,000 live births²⁶. Exclusive breastfeeding has increased since

¹⁶ Regional Cooperation Council 2023. [Balkan Barometer Business Opinion 2023](#).

¹⁷ The Serbian Parliament adopted amendments to [Law on Foreigners](#) and the [Law on the Employment of Foreigners](#) in July 2023 to shorten procedures for entering the job market, by introducing a "Single Permit", which covers both the work and the residence permit.

¹⁸ Statistical Office of the Republic of Serbia 2024. [Average annual net salaries through years](#).

¹⁹ The World Bank Data 2023. [Serbia MPO](#).

²⁰ Statistical Office of the Republic of Serbia 2022c. [People at risk of poverty or social exclusion](#).

²¹ Statistical Office of the Republic of Serbia 2022d. [Poverty and Social Inequality](#).

²² Human Development Report 2024. [Serbia](#).

²³ The Gini coefficient/index measures the extent to which the distribution of income or consumption among individuals or households within an economy deviates from a perfectly equal distribution. A Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.

²⁴ The World Bank Data 2020. [Gini index - Serbia](#).

²⁵ The IPH of Serbia. [Health Statistics Yearbook 2022](#)

²⁶ The World Bank Data MMR

2014 (by 13%) but remains low (24%), even if it is broadly on par with EU averages.²⁷ While the adolescent birth rate in the general population showed a decreasing trend, (19/1,000 women aged 15-19 years in 2019²⁸ and 15/1,000 women aged 15-19 years²⁹ in 2021), there was no improvement in the adolescent birth rate in the Roma population where the rate was 164/1,000 in 2019.

Almost all deliveries, nearly reaching 100 percent, were overseen by skilled personnel. Within the birthing population, 32% of women underwent a C-section procedure.³⁰ There are certain inequalities in regards to access to childbirth preparation programme as they exist mainly in urban and densely populated areas (21% of pregnant women in densely populated attended the childbirth preparation classes versus 11% in medium and 8% in sparsely populated areas and below 5% of Roma women.³¹) The National Health Insurance Fund's (NHIF) data³² show that in 2022, 17.07% of pregnant women had received advice on healthy lifestyle, 21% of pregnant women had targeted screening for the prevention of gestational diabetes, and only 8.4% of women between 15 and 49 of age had an examination related to pregnancy planning at their gynecologist in PHC level institutions. Recent analysis of the UNFPA Country Office Serbia about the experiences of women in maternity hospitals in Serbia during and after the COVID-19³³ pandemic, showed many areas for improvements, in relation to providing reliable and timely information to pregnant women, informed consent, communication with health professionals, participation in decision making about childbirth, availability of pain-free childbirth and support care for mothers and newborns in the first days postpartum.

Regarding sexually transmitted diseases, the untimely and inadequate reporting of laboratory-confirmed cases of STIs and the lack of laboratory reports on the causes of infection, both in the public and private sectors, make it difficult to have complete insight into the epidemiological situation in the country. As a result, it is assumed that the number of registered cases of STIs in Serbia per year is underestimated³⁴. There was an increase in all registered cases of STIs (syphilis, gonorrhea and chlamydia) in 2022, which could be related to the underreporting of cases in 2020 and 2021 due to the Covid-19 pandemic. The incidence rate of syphilis shows a slight upward trend and in 2022, it was the highest in the last decade (4.42/100,000). Among those infected, there are more men than women (assuming they are men who have sex with men) and younger people (30-39 and 20-29).³⁵ Regarding HIV infection Serbia belongs to a low prevalence country while HIV infection remains concentrated among key populations. According to UNAIDS estimates, there were 3,800 persons living with HIV in Serbia at the end of 2022, of whom 3,300 knew their HIV status (85% of the estimated number of persons living with HIV). As official data shows a

²⁷ Common Country Analysis Update 2023.

²⁸ Multiple Indicator Cluster Survey 2019. [Serbia](#).

²⁹ The World Bank Data 2021. [Adolescent fertility rate](#).

³⁰ Multiple Indicator Cluster Survey 2019. [Serbia](#).

³¹ UNICEF Serbia 2022. [Rural urban disparities in the situation of children and women in Serbia](#).

³² National Health Insurance Fund data, Capitation 2022. Available at: <https://www.rfzo.rs/index.php/davaocizdrusluga/kapitacija-actual-16>

³³ Pantovic Lj, Stankovic B, Ceriman J, Women experience in maternity wards in Serbia during and after Covid 19, UNFPA Serbia 2023, in preparation

³⁴ Rakić V, Šaponjić V, Lončarević G, Simić D, Dimitrijević D, Plavša D, and others Report on communicable diseases in the Republic of Serbia in 2022. Belgrade: Public Health Institute of Serbia "Dr Milan Jovanović Batut"; 2023.

³⁵ Rakić V, Šaponjić V, Lončarević G, Simić D, Dimitrijević D, Plavša D, and others Report on communicable diseases in the Republic of Serbia in 2022. Belgrade: Public Health Institute of Serbia "Dr Milan Jovanović Batut"; 2023.

total of 2,400 persons who are receiving antiretroviral therapy (which is 63% of the estimated number of persons living with HIV, i.e. 73% of the total number of persons diagnosed with HIV infection)³⁶. Cervical cancer is still a significant public health problem and Serbia remained in the group of countries with highest morbidity and mortality rates in Europe. According to data from the Institute for Public Health of Serbia "Dr. Milan Jovanović Batut", on average, 1,100 newly diagnosed women are registered in Serbia every year, and 447 women lose their lives. During 2021, there were 1085 newly diagnosed cases of cervical cancer (the standardized incidence rate was 24.1 per 100,000 women) while 424 women died from this type of cancer (the standardized mortality rate was 8.5 per 100,000 women). The Government showed the commitment to reducing cervical cancer related morbidity and mortality through primary and secondary prevention. Since June 2023, 9-valent vaccine against Human Papillomavirus (HPV) has been covered by health insurance for boys and girls aged 9-19. In addition, there is ongoing discussion among all relevant actors to improve the coverage and quality of screening for cervical cancer, including by piloting the HPV testing as a method for primary screening.

High-risk sexual behaviors among young people are continuously present, with slight variations. According to the 2019 The European health interview survey (EHIS) survey for Serbia, 26.8% of young people aged 15-19 were sexually active, young men (29.5%) more than young women (24.5%)³⁷. These findings are confirmed by the 2019 MICS survey, which found that 23% of young women aged 15-19 and one in two young women aged 15-24 were sexually active. Sexual activity increases with age—three in four young women aged 20-24 are sexually active (73.7%)³⁸. The median age of onset of sexual activity among young people of both genders aged 15-24 is around 18 (17 among young men, 18 among young women), while 2.9% of young people of both genders aged 15-24 have started sexual activity before the age of 15³⁹. However, other research suggests that this proportion of young people who started sexual activity before the age of 15 might be higher, (10.2%)^{40,41}. Sexual intercourse with casual partners is widespread among young people, although the use of condoms is inconsistent. According to the 2019 EHIS survey for Serbia, 55.6% of young people used a condom during intercourse with a casual partner in the last 12 months, young men (61.0%) more than young women (48.2%). Knowledge about preventing the sexual transmission of HIV and rejecting the prevailing misconceptions about HIV transmission in the

³⁶ UNAIDS. Country factsheets: Serbia 2022 [Internet]. UNAIDS; 2023 [updated 2023; cited 2023 13.8.]. Available at: <https://www.unaids.org/en/regionscountries/countries/serbia>

³⁷ Milić N, Stanisavjević D, Krstić M, Jovanović V, Brcanski J, Kilibarda B, and others Health survey of the Serbian population 2019. Belgrade: OMNIA BGD; 2021. Available at: <https://publikacije.stat.gov.rs/G2021/pdf/G20216003.pdf>.

³⁸ [MICS6 Report](#)

³⁹ Milić N, Stanisavjević D, Krstić M, Jovanović V, Brcanski J, Kilibarda B, and others Health survey of the Serbian population 2019. Belgrade: OMNIA BGD; 2021. Available at: <https://publikacije.stat.gov.rs/G2021/pdf/G20216003.pdf>.

⁴⁰ Stojanović B, Ivković A, Kaličanin B. Shadow report on the position and needs of young people in the Republic of Serbia - 2023. Belgrade: Serbian Youth Umbrella Organisation - KOMS; 2023. Available at: <https://koms.rs/wp-content/uploads/2023/08/Alternativni-Izvestaj-2023-Finalna-verzija-Aug7.pdf>.

⁴¹ Ministry of Family Welfare and Demography. National Study on Attitudes towards Marriage, Family and Reproductive Health and on Sexual Behaviour and Harassment among High School Students in the Republic of Serbia. Ministry of Family Welfare and Demography; 2023.

15-24 age group is unsatisfactory—only 31.2% of people have sufficient knowledge, and this percentage is significantly lower in the 15-19 age group (data not broken down by gender)⁴².

The education on sexual and reproductive health is still not a part of an educational system in Serbia. According to the available surveys, young people learn about reproductive health and rights mainly thanks to their own initiative and curiosity, from the Internet and their peers.⁴³ In 2021, the Ministry of Education, Science and Technological Development, the UNFPA and the Institute for the Improvement of Education developed a training programme to enable educational staff to develop a responsible attitude towards health and to protect the health and safety of students. Other learning materials (presentations, workshops, etc.) have been developed as part of this programme⁴⁴. However, there is no evaluation mechanism of the impact of this training programme, i.e. whether staff have integrated the acquired knowledge and skills into their regular educational work.

The use of modern contraceptives remains the challenge, as it is traditionally low. According to the most recent MICS round (2019), the use of modern contraceptives in Serbia is 21%, out of which 15% goes to the use of condoms, while use of oral contraceptives and intrauterine devices remains the same, around 3% and 2% respectively. Traditional methods remain the prevailing contraception at around 40%. The percentage of unmet needs for family planning among married women decreased between two rounds of MICS to 8,8%. However, the persisting inequalities remain, as in the Roma population, the use of modern methods remains lower (7%) and unmet needs much higher (14%) than in the general population. The absence of disaggregated data constrains further analysis of the demand for family planning among other population groups (young people, women with disabilities, etc). The main causes of the limited use of family planning are various: the cost of contraceptives, (only one oral product is fully and the other partially reimbursed by health insurance), limited choice (injectables and transdermal contraceptive patch are not registered and not available in the country), but also misconceptions about harmful effects of hormonal contraceptives among women and even among some medical professionals. Also, there is widespread misconception that higher contraceptive prevalence rate would further decrease the low fertility rate in the country, even among medical professionals, which makes the promotion of modern methods even more difficult.⁴⁵

The Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021 - 2025 cites a survey conducted in Serbia in 2018 with a sample of 2023 women, according to which gender-based violence was widespread among women over the age of 15 (62%). Two in five women (42%) have been sexually harassed, one in five women (22%) have survived physical or sexual violence, and one in ten women (11%) have experienced stalking. In intimate relationships, 45% of women survived some

⁴² Milić N, Stanisavjević D, Krstić M, Jovanović V, Brcanski J, Kilibarda B, and others Health survey of the Serbian population 2019. Belgrade: OMNIA BGD; 2021. Available at: <https://publikacije.stat.gov.rs/G2021/pdf/G20216003.pdf>.

⁴³ Korać-Mandić D. [Adolescents' access to sexual and reproductive health information: qualitative research](#). Novi Sad: Novi Sad Humanitarian Centre; UNFPA, 2019. available at

⁴⁴ Institute for the Improvement of Education. A responsible attitude to health: improving students' extracurricular competences [Internet]. Belgrade: Institute for the Improvement of Education; 2021 [cited 29.8.2023]. Available at: <https://zuov.gov.rs/zdravlje/>

⁴⁵ Multiple Indicator Cluster Survey 2019. [Serbia](#).

form of violence—mostly psychological (44%), followed by physical (17%) and sexual (5%)⁴⁶. According to the World Health Organisation estimates for 2018, in Serbia, 4% of women aged 15-19 who live/lived in an intimate relationship have survived physical and/or sexual violence by their current/former partner in the last 12 months (in Europe it is 6%), and 17% of women have experienced this at some point in their lives (in Europe it is 21%)⁴⁷.

The National Programme for Maintaining and Improving the Sexual and Reproductive Health of Citizens of the Republic of Serbia⁴⁸, adopted in December 2017, has the overarching goal of maintaining and improving the sexual and reproductive health of the population, while fully respecting the right to make informed decisions about sexuality and reproduction. Programme has three objectives related to empowerment for informed decision making, ensuring the highest attainable standard of sexual and reproductive healthcare and rights, and guaranteeing that all people have access to sexual and reproductive healthcare services. However, the Programme was adopted without the budgeted Action Plan and was never harmonized with the Law on the Planning System of Serbia(2018), which limited its implementation and relevance. In 2023, The Ministry of Demography and family welfare, with support from UNFPA initiated development of the first Comprehensive ***Reproductive Health Strategy of the Republic of Serbia***, with the Action Plan, which has 5 specific objectives related to maternal and infant health, prevention of reproductive cancers and sexually transmitted diseases, family planning, treatment of infertility, and promotion of reproductive health and rights among sensitive groups. Draft was completed in December 2023 and its adoption is expected in 2024. Development of the first Action Plan is ongoing.

The new Youth Strategy of the Republic of Serbia for the period 2023-2030 was adopted in January 2023, aimed at improving the quality of life of young people. The specific objectives of the Strategy are related to standardization of youth work, youth capacities and employability, dedicated youth spaces, youth safety, health, and wellbeing; and active youth participation. The first Action Plan for the first three years of the Strategy's implementation was developed with the UNFPA support and adopted by the Government In July 2023.

The Strategy for the Development of Education in the Republic of Serbia by 2030⁴⁹ emphasizes the importance of all levels of education, from preschool to university, as well as lifelong learning, while insisting on continuity in education. The development of a responsible attitude towards health and a healthy lifestyle is an integral part of education. In relation to pre-university education Strategy includes strengthening the role of educational institutions in the upbringing of young people, and prevention and protection against violence, abuse, neglect and discrimination on the one hand, and promotion of gender equality, mental health, the improvement of reproductive health and the prevention of high-risk

⁴⁶ Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021 - 2025, Official Gazette of the Republic of Serbia No. 47/21.

⁴⁷ World Health Organization. World health statistics 2023: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2023. Available at: <https://www.who.int/publications/i/item/9789240074323>.

⁴⁸ Available at (in Serbian): http://demo.paragraf.rs/demo/combined/Old/t/t2018_01/t01_0025.htm

⁴⁹ Available at (in Serbian): https://prosveta.gov.rs/wp-content/uploads/2021/11/1-SROVRS-2030_MASTER_0402_V1.pdf

behaviours on the other. In this way, reproductive health has been emphasized as an important topic in the field of health education.

The Birth Promotion Strategy⁵⁰ adopted in 2018 focuses on the demographic development of Serbia with the aim of increasing the total fertility rate to enable the replacement of the population. It introduced eight objectives: reducing the economic costs of raising children, achieving a balance between work and parenthood, reducing the psychological costs of parenthood, maintaining and improving reproductive health, solving the problem of infertility, paving the way to healthy motherhood, educating the population, and involving local self-governments. Of these eight objectives, the first three focus on birth promotion, the next three on maintaining and improving reproductive health, and the last two on outreach and the involvement of local governments. The Strategy was not aligned with the Law on Planning System and does not have the budgeted Action Plan, which significantly limited its implementation. In 2023, the Ministry of Welfare and Demography, with support from the UNFPA initiated revision of the Strategy on birth promotion aiming at development of two Strategies: Strategy on Reproductive health, and the Strategy on parenting support, that should be adopted in 2024..

The Gender Equality Strategy 2021 – 2030⁵¹ focuses on closing the gender gap and achieving gender equality as a prerequisite for the development of our society and the improvement of the daily lives of women and men, girls and boys. Objective 3 of the Strategy focuses on reproductive health and aims to ensure comprehensive and affordable healthcare for all women and men.

The Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021 - 2025⁵² has the overarching goal of ensuring effective prevention and protection from all forms of gender-based violence against women and girls and domestic violence, and developing a gender-sensitive system of support services for survivors of violence. The Strategy has four objectives which aim to build the capacity of all stakeholders in the prevention of gender-based violence against women and domestic violence, provide adequate protection and support to survivors of violence, legally prohibit violence, ensure harmonisation with international standards for the protection and processing of violence cases, streamline the Strategy's measures through a coordinated cross-sectoral response, and establish a system for collecting and analysing data on violence cases. However, the Action Plan for its implementation was never adopted.

The Strategy for the Improvement of the Position of Persons with Disabilities in the Republic of Serbia 2020 - 2024⁵³ The overarching goal of the Strategy is to give persons with disabilities equal opportunities to enjoy all civil, political, economic, social and cultural rights while fully respecting their dignity and individual autonomy and ensuring their independence, freedom of choice, and full and effective participation in all aspects of social life, including life in the community. The objectives of the Strategy

⁵⁰Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2018/25/1/reg>

⁵¹Available at (in Serbian): <https://www.minljmpdd.gov.rs/doc/konsultacije/090821/Polazne-osnove-za-Predlog-strategije-o-RR.pdf>

⁵² Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2021/47/1/reg>

⁵³Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2020/44/1/reg>

emphasise the health-related needs of persons with disabilities and the system's response to their needs, including sexual and reproductive health. Process of development of the new Strategy for the Improvement of the Position of Persons with Disabilities 2025-2030 has been initiated with the UNFPA support.

The Strategy for Active and Healthy Aging in the Republic of Serbia for the period 2024-2030⁵⁴, was adopted in September 2023, and, in December 2023, the Action Plan for the first three years of the Strategy's implementation. The Strategy is based on the concepts of active aging, gender equality, intergenerational solidarity, lifelong learning, digital competence, education on the health, psychological, and social aspects of aging, and the active participation of older persons in all processes of the social community.⁵⁵

In addition, the important strategic documents for UNFPA's work in Serbia are: ***the Strategy for Social Inclusion of Roma in the Republic of Serbia 2022 - 2030⁵⁶***, ***the Strategy for Prevention and Protection from Discrimination 2022 – 2030⁵⁷***, ***the Strategy for Prevention and Control of HIV Infection and AIDS in the Republic of Serbia 2018-2025⁵⁸***, ***the Public Health Strategy of the Republic of Serbia, the Programme for the Improvement of Cancer Control in the Republic of Serbia 2020 - 2022⁵⁹***, ***the National Cervical Cancer Early Detection Programme (2013)⁶⁰*** (which needs revision).

The Statistical Office of Serbia (SORS) is the main producer of official statistics and coordinator of the official statistics system in Serbia. It demonstrated significant capacity enhancement during the preparatory phase of the 2022 Census. Emphasizing inclusivity, SORS focused on refining census methodology. This involved extensive analysis and recommendations aimed at improving population access, particularly addressing marginalized groups such as people with disabilities and ethnic minorities like Roma. Strategies were devised to engage these traditionally hard-to-reach populations, with a special focus on adapting to challenges posed by the COVID-19.

Furthermore, SORS benefited from capacity-building initiatives facilitated by discussions involving representatives from vulnerable groups and national stakeholders. These efforts resulted in heightened awareness and enhanced capabilities among SORS staff, including enumerators and trainers, regarding the implementation of the Census, with a commitment to Leave No One Behind (LNOB) principles.

Comprehensive training materials were developed to empower personnel involved in census activities at all levels, ensuring efficient performance and the attainment of high-quality census results. Presently,

⁵⁴ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2023/84/2>

⁵⁵ Common Country Analysis Update 2023.

⁵⁶ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2022/23/1>

⁵⁷ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2022/12/2>

⁵⁸ Available at (in Serbian): http://demo.paragraf.rs/demo/combined/Old/t/t2018_08/t08_0138.htm

⁵⁹ Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/drugiakt/2020/105/1>

⁶⁰ Available at (in Serbian): https://www.skriningsrbija.rs/files/File/Nacionalni_program_ranog_otkrivanja_karcinoma_grlica_materice.pdf

efforts are underway to bolster SORS capacities in post-census support, particularly in validating and correcting data related to international migration estimation.

The “INFORM” Global Crisis Severity Index” places Serbia in the group of low risk and rather stable countries with an average score of 3 (out of 10). However, Serbia is still prone to various hazards, natural or manmade- (earthquakes, landslides and erosion, floods, extreme weather conditions, lack of drinking water, epidemics and pandemics, plant and animal diseases, fires and explosions, technical and technological accidents, nuclear, radiological and radiation accidents) National Strategy on safety and rescue in crisis situations expired in 2016. The Government adopted the Law on disaster risk reduction and emergency management⁶¹ in 2018, which envisages Estimation of risks⁶² (developed in 2019) and Protection and Rescue Plans to be developed at national, local and level of individual institutions.

Serbia is part of the Western Balkans route, one of the main migratory paths for migrants heading for the EU, especially from the Middle East, Asia and Africa. After the record number of arrivals in the European Union in 2015, the number of irregular migrants choosing Serbia as a transit hub fell steadily for a few years. Currently, there are a total of 1,056 migrants in transit in Serbia⁶³. Since the start of the Ukrainian crisis a certain number of Ukrainian and high number of Russian people have arrived in Serbia. However, because of the visa liberalization regime in place between Serbia and the Russian Federation, their exact number cannot be calculated. In addition, according to the latest available data provided by the Commissariat for Refugees and Migrations, there are still 25.330 refugees from Croatia and Bosnia and Herzegovina⁶⁴ and 196.140 IDPs from Kosovo (UNSCR 1244) in Serbia today⁶⁵. In addition to potential humanitarian crises, recent tragic events in May 2023, after the shooting in one elementary school and in several villages near Belgrade, showed that society is prone to other types of crises, including the mental health crisis. Efficient support has been provided to the Government following the tragedy and consequent crisis in the education sector, by UN agencies, including UNFPA. Furthermore, a Working Group for the mental wellbeing and security of young people was formed with the goal to create a program and coordinate all measures and activities for the support of mental wellbeing and security of children and youth, based on the multisectoral cooperation.

In March 2012, Serbia was granted EU candidate status and in January 2014, started negotiations on EU membership. Out of a total of 35 chapters for negotiations, 22 have been opened so far, and 2 have been temporarily closed. The EU is the biggest donor in Serbia and the country’s number one partner in supporting development and ongoing reforms. Serbia is the largest recipient of EU donations in the Western Balkans and one of the largest in the world, with more than EUR 3 billion in non-refundable aid over the past two decades. Every year, Serbia and the EU sign the IPA financial agreement for projects whose implementation is planned in the coming period. IPA programs for 2021 and 2022 have been

⁶¹Law available (in Serbian) at <https://www.paragraf.rs/propisi/zakon-o-smanjenju-rizika-od-katastrofa-i-upravljanju-vanrednim-situacijama.html>

⁶² Estimation in Serbian available at

<http://prezentacije.mup.gov.rs/svs/HTML/licence/Procena%20rizika%20od%20katastrofa%20u%20RS.pdf>

⁶³ Available in Serbian at <https://kirs.gov.rs/eng/aktuelno/0>

⁶⁴ Available at (in Serbian): <https://kirs.gov.rs/lat/izbeglice/>

⁶⁵ Available at (in Serbian): <https://kirs.gov.rs/lat/interno-raseljena-lica/interno-raseljena-lica>

financed from the new EU support instrument for the period 2021-2027 - IPA 3. The EU will provide a grant of 14.5 billion euros for the IPA 3 program instrument to the Western Balkans and Turkey by 2027, which will be used to finance projects that contribute to the implementation of political, economic and institutional reforms and progress in the process of European integration.

Since 2021, Serbia has accepted the Europe Union's revised enlargement methodology. Thus, when it comes to emergencies, the government works directly with the EU and activates EU support mechanisms. UN support is requested when all capacities are depleted or when a specific expertise from the UN is required, i.e. during the refugee crisis in 2015-2016.

3. UNFPA Country Programme

UNFPA has been working with the Government of the Republic of Serbia since 2006 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, reducing gender based violence, realizing rights and choices for young people, supporting active aging and participation of older people and strengthening the generation and use of population data for development. UNFPA is currently implementing the 2nd country programme in the Republic of Serbia.

The 2nd country programme(2021-2025) is aligned with the national priorities as listed in the Program of the Government of the Republic of Serbia, derived from the Prime Minister's manifesto, and operationalized through the Action Plans for the Implementation of the Government Program 2020-2022⁶⁶ and 2023-2026⁶⁷, Economic Reform Programme 2019-2021⁶⁸, The National Priorities for Development Assistance (NPDA) 2014-2017, with Projections to 2020⁶⁹ and a number of sectoral and cross cutting strategies and associated action plans, relevant for the mandate of UNFPA, such as: National Programme on Sexual and Reproductive Health, National Youth Strategy for 2015-2025, Gender Equality Strategy, Strategy for Birth Promotion, and Strategy for Social Inclusion of Roma men and women in the Republic of Serbia, 2016-2025, as well as the United Nations Sustainable Development Cooperation Framework 2021-2025, Common Country Analysis 2020, and the UNFPA Strategic Plans 2018-2021 and 2022-2025.

It was developed in consultation with the Government, independent bodies, civil society, bilateral and multilateral development partners, including United Nations organizations and academia.

The UNFPA Serbia CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, and (iv) partnerships and coordination. The **overall goal/vision** of the UNFPA Serbia 2nd country programme (2021-2025) is that by 2030, Serbian society benefits from inclusion, equality of opportunity as well as

⁶⁶ <https://rsjp.gov.rs/wp-content/uploads/APSPV-2020-2022.pdf>

⁶⁷ <https://rsjp.gov.rs/wp-content/uploads/APSPV-2023-2026-1.pdf>

⁶⁸ Economic Reform Programme 2019-2021, available at <https://www.mfin.gov.rs/dokumenti2/program-ekonomskih-reformi-erp>

⁶⁹ National Priorities for Development Assistance 2014-2020 [http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20\(english\).pdf](http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20(english).pdf)

capability of all members, especially youth, vulnerable women and older people, to make informed healthy choices, fulfil their potential, participate in decision-making and contribute to development. The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plans 2018-2021 and 2022-2025.

Country programme contributes to the national priority 1. to preserve and promote sexual and reproductive health of the population of the Republic of Serbia, with respect to the right to make informed decisions related to sexuality and reproduction, independently of an individual's personal characteristics, such as sex, gender, age, disability, socio-economic status, cultural identity, sexual orientation, exposure to social deprivation, HIV infection or other personal characteristics, and contributing also to the UNSDCF outcome: (a) Universal and inclusive access to quality health, social and protection services is improved; and UNFPA Strategic Plan 2018-2021 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.

Country programme also contributes to the national priority 2. Young people are active and equal participants in all spheres of social life, they fully develop their potential and contribute to personal and social development and well-being and to the following outcome of the UNSDCF b) Skills, education and capabilities are enhanced to ensure equitable outcomes for all, and to UNFPA Strategic Plan 2018-2021 outcome: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Country programme contributes to the national priority 3. Stationary population as the goal of sustainable demographic development of the Republic of Serbia in the long term, i.e. population in which the future generations will be the same size as the existing, contributing also to the UNSDCF outcome (c) mobility and demographic transition become vectors for positive change and prosperity for all people and UNFPA Strategic Plan 2018-2021 outcome: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

Country programme document contributes to achievement of three interlinked transformative results of the UNFPA that comprise the Strategic Plan 2022-2025 outcomes: (a) by 2025, the reduction in the unmet need for family planning has accelerated; (b) by 2025, the reduction of preventable maternal deaths has accelerated; (c) by 2025, the reduction in gender based violence and harmful practices has accelerated.

The UNFPA Serbia 2nd country programme (2021-2025) has three thematic areas of programming with three interconnected **outputs**: (i) Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with a focus on youth and vulnerable women, including in humanitarian situations; (ii) Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making; (iii) Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights-based, evidence-based and gender sensitive. All outputs contribute to the achievement of the outcomes of the Strategic Plans 2018-2021 and 2022-2025, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1: Sexual and reproductive health and rights

Increased capacity of the health system to provide high-quality integrated and gender transformative services on sexual and reproductive health and family planning to all, with a focus on youth and vulnerable women, including in humanitarian situations.

This output directly contributes to the UNSDCF outcome on improved universal health, inclusive social and protection services by improving access to integrated sexual and reproductive health services for all, especially vulnerable women and youth. It was planned that programme contributes to the following: (a) adequate resource allocation for contraceptives provided free of charge to vulnerable populations; (b) availability of data on integrated sexual and reproductive health services received by vulnerable women and youth-disaggregated by sex; (c) strengthened capacity of primary health care institutions to implement the National Programme on Sexual and Reproductive Health; (d) improved quality of integrated sexual and reproductive health services and availability in a potential public health crisis; and (e) strengthened health-seeking behavior among vulnerable women and youth (young women and men), including for HIV prevention among the young key populations. To address the identified determinants, it was planned that UNFPA (a) develop investment cases for family planning and youth-friendly services; (b) conduct evidence-based advocacy for free access to integrated sexual and reproductive health services and commodities for vulnerable women and youth through the national health insurance; (c) scale up engagement of civil society organizations advocacy platforms; (d) advocate for and support inclusion of indicators measuring utilization of integrated sexual and reproductive health services by vulnerable women and youth in the health information system; (e) introduce online training on rights-based family planning and the Minimum Initial Service Package for health providers; (f) support the Government to evaluate health policies implementation using a human rights-based approach; (g) support revision of methodology to assess the quality of services and engage vulnerable people and young women and men in assessing the quality of integrated sexual and reproductive health services; (h) support development and adoption of clinical guidelines on gender-transformative and youth-friendly sexual and reproductive health services acceptable for boys and girls equally and adoption of guidelines on integrated health services for most-at-risk adolescents and youth and protocols on rights-based family planning; (i) mobilize civil society organizations in increasing health-seeking behaviour among vulnerable women and youth, including for HIV prevention, among the young key populations; and (j) support the health sector response to gender-based violence and advocacy for a multisectoral coordinated approach to gender-based violence, including in a potential public health crisis.

In previous period CO cooperated with various stakeholders to implement initiatives to address identified determinants, although many of them were adversely affected by Covid 19 pandemic, especially those directly related to healthcare providers during 2021-2022. Regarding the planned activities, while many are still ongoing, such as clinical guidelines development, others will be initiated by the end of this year (development of investment cases online MISP training). In addition, UNFPA significantly contributed to the situation analysis, advocacy and recommendations for service quality improvements in relation to the two components of integrated SRH services: cervical cancer prevention and control (in line with the activities of Regional Alliance on cervical screening in EECA Region), and maternal health improvement, which in addition to family planning, emerged as priorities during the Programme implementation. In

2022, in addition to the activities for strengthening capacity of health sector to respond to GBV, UNFPA localized global UNFPA bodyright campaign „Own your body online”, to raise awareness about technology facilitated gender-based violence (TFGBV) and its consequences among general population and prepared the Glossary of TFGBV in Serbian language to enable effective communication about TFGBV phenomena. During 2023, focus of the bodyright campaign was mainly shifted to high school students to support them to recognize, name, report and/or respond to TFGBV.

Output 2: Adolescents and Youth

Output 2. Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and engage in policy and decision-making.

The output directly contributes to the UNSDCF outcome on quality and inclusive education/skills and capabilities by supporting youth to build their non-cognitive skills and capacities through formal and informal education and ensuring gender parity and focus on gender equality. To achieve this, it was planned that programme contributes to addressing the following determinants: (a) increased political support for life-skills education and youth engagement; (b) strengthened capacity of the general and vocational education to deliver life-skills training and increase employability competences; (c) increased demand for life-skills education among young people, including young key populations; (d) strengthened youth volunteerism and engagement, including in emergency settings and risk management; and (e) increased availability of disaggregated data on youth engagement, youth sexual and reproductive health and gender-based violence at central and municipal levels.

It was planned that UNFPA (a) facilitate establishment of an advocacy platform to promote life-skills, gender equality and engagement of youth in communities; (b) advocate for and support the integration of gender equality and life-skills curricula in continuous education of school teachers and vocational educators; (c) pilot innovative approaches to provide access to comprehensive sexuality education, including for HIV prevention; (d) scale up peer education and youth volunteerism, including in emergency settings and risk management; (e) scale up the ‘boys on the move’ initiative; (f) engage influencers in awareness-raising campaigns; (g) support educating parents and communities about comprehensive sexuality education; (h) scale up youth initiatives aimed at addressing gender stereotypes among young men (aged 15-30 years); (i) strengthen intergenerational knowledge exchange and learning; (j) introduce a ‘youth scorecard’- (named as Youth Wellbeing Index) in 10 selected municipalities to collect data on youth engagement, sexual and reproductive health and gender-based violence and the Youth Gap Index at the national level.

In cooperation with the Ministry responsible for Youth and the Ministry of Education, a number of CSO working with and for youth, and young people UNFPA CO has been implementing the majority of planned activities, as planned in CPD. In addition, 2022/2023 UNFPA contributed to the development of the new Youth Policy Framework, and to the response to the consequences of tragic events related to shootings in one elementary school in Belgrade and in several villages near Belgrade in May 2023, perpetrated by young persons. Also, as the continuation of activities contributing to youth engagement and peer education, since 2022 UNFPA has been implementing the Regional Peace building project - Youth for inclusion, equality and trust, in which the UNFPA expanded the network of young people empowered to

act as young leaders and to engage in their communities on the youth related issues, and especially in relation to constructive narratives, counterfeiting fake news and increasing understanding among the diverse identity groups. In 2021-2022 UNFPA CO initiated research to understand phenomena of technology facilitated gender-based violence (TFGBV) and its consequences among youth and in 2023 intensified local activities within bodyright campaign „Own your body online”, to increase capacity of secondary school students to recognize, name, report and/or respond to TFGBV,

Output 3: Population dynamics

Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights- and evidence-based and gender sensitive.

This output supports the UNSDCF outcome, mobility and demographic transition become vectors for positive change and prosperity for all people, by contributing to building capacity of the Government at all levels to adequately address demographic transition in national and local policies. To achieve this, it was planned that programme contributes to addressing the following determinants: (a) strengthened national coordination mechanism on population issues; (b) improved understanding among stakeholders of the implications of demographic changes on social, political and economic development; (c) increased availability of reliable population data; (d) increased availability of national and international technical expertise to translate data into the policy response to ageing, low fertility and migration; (e) strengthened human rights-based approach in policy development; and (f) strengthened monitoring of population policies implementation within the SDG framework.

It was planned that UNFPA (a) advocate for establishment of a high-level national coordination body on population and development; (b) improve understanding of population trends and their implications on development among stakeholders at national and local levels, in collaboration with academia and the national statistical agency; (c) support data collection through specialized surveys on demographic changes and deployment of user-friendly data dissemination platforms; (d) support the statistical agency with dissemination of the 2021 census results; (e) advocate for a rights-based policy mix to address ageing, low fertility, migration and shrinking population at national and subnational levels; (f) facilitate national and international expertise to assist the Government in formulating and costing of people- and youth-centered national and subnational policies and programmes; (g) support monitoring of population policies and programmes within the SDG framework; and (h) support centers for older people to implement standards of active ageing or create intergenerational centers. While many of listed activities have been completed or ongoing, several others have been initiated, including the NTA analyses, Depopulation Portfolio, Demographic Resilience Programme at the regional level, etc.

To support Serbia in understanding and addressing demographic changes, particularly aging, the Statistical Office of Serbia (SORS) was assisted in preparing two National Transfer Accounts (NTA) analyses in 2021 and 2023, based on the 2018 and 2019 data. The NTA analysis aims to deepen understanding of how population size and changing age structures impact economic growth, gender dynamics, public finances, and the macroeconomy. Findings from the NTA analysis reveal that both children and older individuals consume more resources than they produce through labor, while working-age adults contribute more than they consume. For instance, children's consumption is predominantly funded by

private transfers, primarily from adult family members (parents), accounting for 67.2% of total support. On the other hand, public transfers emerge as the primary source of assistance for older persons, constituting 59.4%, notably through channels such as the health system and pension and disability insurance. Following the first NTA analysis, the policy recommendations in the social sector were formulated in 2022, utilizing the insights from the NTA data. This document serves as a valuable resource for the Government, offering data-driven policy recommendations aimed at either developing new policies or reforming existing ones. Among its recommendations, the document advocates for enhancements in areas such as pre-school education, long-term care for older persons, extension of working lifespans, and overall improvements in human capital and the pension system. Based on the second NTA analysis, the policy recommendations focusing on the field of education in Serbia was initiated in 2023. The document will cover very important areas in the field of education, such as building human capital, LNOB groups including disadvantaged women and girls, etc. The results of the policy recommendations will be available in mid 2024.

In 2019, UNFPA CO Serbia together with UNDP Serbia launched a Depopulation Portfolio to propose a dynamic set of measures with the aim of bringing the Government of the Republic of Serbia and a large number of partners to work together on the depopulation phenomenon. Depopulation Portfolio consists of a comprehensive narrative and consolidated visual, and focuses on maximizing human potential and adjusting public policies to new demographic realities. The approach moves from the depressing perspective of long term imbalance between birth rates and mortality rates or more people leaving Serbia, to a rather constructive, people-centered perspective of building human capital and developing a more human and more productive society in which every individual can achieve their potential and contribute to development. The focus is on people who live in Serbia, on improving their quality of life and supporting them as individuals and families to utilize all their potential. UNFPA and UNDP support is provided in the context of the UN Cooperation Framework 2021-2025 and respective Agencies Country Programme Documents 2021-2025. As part of the Depopulation Portfolio, one of the primary initiatives undertaken was the Depopulation Data Challenge. This exercise, organized to combine traditional and alternative data sets, aimed to enhance understanding of population dynamics in Serbia. Four winning solutions, selected in September 2020, offered valuable insights into various aspects of population trends, including in-country migrations, economic migrations, out-migration, and spatial dimensions of population issues. These insights will inform the development of new proposals for demographic policies. Additionally, another initiative within the Depopulation Portfolio was the development of the National Human Development Report (NHDR) titled "Human Development in Response to Demographic Change"⁷⁰. This strategic document provides a new perspective on the challenges of a shrinking and aging population in Serbia, pointing to possible innovative approaches to population policy. The NDHR was developed with the support of the Prime Minister of the Republic of Serbia, following an initiative by the President of the Republic of Serbia to create a broader and long-term response to the challenges posed by demographic change. The document was launched with the high-level Government participation in 2022 at the National Assembly of the Republic of Serbia.

⁷⁰ Available at: <https://serbia.un.org/sites/default/files/2022-07/National-Human-Development-Report-Serbia-2022.pdf>

In 2020-2021 the UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECA) launched the Demographic Resilience Programme with the goal of reshaping narratives surrounding inevitable demographic transitions and guiding country offices on the ways to do it. This initiative aims to empower countries in the region by enhancing their capacity to understand and anticipate population dynamics while equipping them with the necessary skills, tools, political will, and public support to effectively manage these changes. The programme focuses on developing evidence-based and human rights-centered policy responses aimed at fostering prosperity and well-being for all segments of society. By doing so, countries can mitigate potential negative impacts on individuals, societies, economies, and the environment, while also leveraging opportunities arising from demographic shifts. The Programme defines 4 pillars that can be considered as four outputs: 1: Science-policy link: Government capacity to consider demographic change in policy-making processes strengthened; 2: Human capital: Government capacity to include women, youth, older persons and marginalized populations in the economy and society strengthened; 3: Demography-proofing: Government capacity to adapt social policy systems, service delivery, and infrastructures to demographic change strengthened; 4: Public discourse: Government capacities to hold a constructive, public discourse on demographic change and policy responses strengthened.

The UNFPA Serbia CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Serbia 2nd country programme (2021-2025) is based on the following results framework presented below:

Republic of Serbia /UNFPA 2nd Country Programme (2021-2025) Results Framework

<p>CPD Goal/vision: By 2030, Serbian society benefits from inclusion, equality of opportunity as well as capability of all members, especially youth, vulnerable women and older people, to make informed healthy choices, fulfil their potential, participate in decision-making and contribute to development. Vulnerable women and youth in Serbia are empowered to make free reproductive choices and live a life free of violence to fulfil their goals, including high-quality education and decent employment. Investing in human development, including health, education and skills, creates opportunities, allows individuals to fulfil their potential, stimulates the economy, and drives development more broadly</p>		
<p>National Priority (s): To preserve and promote sexual and reproductive health of the population of the Republic of Serbia, with respect to the right to make informed decisions related to sexuality and reproduction, independently of an individual's personal characteristics, such as sex, gender, age, disability, socio-economic status, cultural identity, sexual orientation, exposure to social deprivation, HIV infection or other personal characteristics.</p>	<p>National Priority (s): Young people are active and equal participants in all spheres of social life, they fully develop their potential and contribute to personal and social development and well-being.</p>	<p>National Priority (s): Stationary population as the goal of sustainable demographic development of the Republic of Serbia in the long term, i.e. population in which the future generations will be the same size as the existing.</p>
<p>UNSDCF Outcome: Universal and inclusive access to quality health, social and protection services is improved.</p>	<p>UNSDCF Outcome (s): Skills, education and capabilities are enhanced to ensure equitable outcomes for all. and to UNFPA.</p>	<p>UNSDCF Outcome (s): Mobility and demographic transition become vectors for positive change and prosperity for all people.</p>
<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s): 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>	<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s): Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</p>	<p>Related UNFPA Strategic Plan 2018-2021 Outcome(s): Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</p>
<p>Related UNFPA Strategic Plan 2022-2025 Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated.</p>	<p>Related UNFPA Strategic Plan 2022-2025 Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated.</p>	<p>Related UNFPA Strategic Plan 2022-2025 Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>
<p>UNFPA Serbia 2nd Country Programme Output: Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with a focus on youth and vulnerable women, including in humanitarian situations.</p>	<p>UNFPA Serbia 2nd Country Programme Output: Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making.</p>	<p>UNFPA Serbia 2nd Country Programme Output: Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and decrease in population numbers through measures that are rights-based, evidence-based and gender sensitive.</p>

<p>UNFPA Serbia 2nd Country Programme Intervention Areas: (a) <i>investment cases for family planning and youth-friendly services</i>; (b) advocacy for free access to integrated sexual and reproductive health services and commodities for vulnerable women and youth; (c) engagement of civil society organizations advocacy platforms; (d) <i>indicators measuring utilization of integrated sexual and reproductive health services in the health information system</i>; (e) <i>online training on family planning and the Minimum Initial Service Package for health providers</i>; (f) support the Government to evaluate health policies implementation using a human rights-based approach; (g) <i>support revision of methodology to assess the quality of services and engage vulnerable people and young women and men in assessing the quality of integrated sexual and reproductive health services</i>; (h) support development and adoption of clinical guidelines (gender-transformative and youth-friendly guidelines on integrated health services for most-at-risk adolescents and youth and protocols on rights-based family planning; (i) mobilize civil society organizations in increasing health-seeking behaviour among vulnerable women and youth, including for HIV prevention, among the young key populations; and (j) support the health sector response to gender-based violence and advocacy for a multisectoral coordinated approach.</p> <p>Situation analysis, advocacy and recommendations for service quality improvements in relation to the component of integrated SRH services: cervical cancer prevention and control (in line with the activities of Regional Alliance on cervical screening in EECA Region),</p> <p>Research on women's perception, analysis and recommendations for maternal health improvement.</p> <p>UNFPA bodyright campaign „Own your body online”, to raise awareness about technology facilitated gender-based violence (TFGBV) and its consequences among general population.</p>	<p>UNFPA Serbia 2nd Country Programme Intervention Areas: (a) establishment of an advocacy platform to promote life-skills, gender equality and engagement of youth in communities; (b) advocate for and support the integration of gender equality and life-skills curricula in continuous education of school teachers and vocational educators; (c) pilot innovative approaches to provide access to comprehensive sexuality education, including for HIV prevention; (d) scale up peer education and youth volunteerism, including in emergency settings and risk management; (e) <i>scale up the ‘boys on the move’ initiative</i>; (f) engage influencers in awareness-raising campaigns; (g) <i>support educating parents and communities about comprehensive sexuality education</i>; (h) scale up youth initiatives aimed at addressing gender stereotypes among young men (aged 15-30 years); (i) strengthen intergenerational knowledge exchange and learning; (j) introduce a ‘youth score card’- (renamed as Youth Wellbeing Index) in 10 selected municipalities to collect data on youth engagement, sexual and reproductive health and gender-based violence and the Youth Gap Index (Youth wellbeing Index) at the national level.</p> <p>UNFPA contribution to the development of the new Youth Policy Framework (Action plan 2023-2025)</p> <p>UNFPA contribution to the response to the consequences of tragic events related to shootings in one elementary school in Belgrade and in several villages near Belgrade in May 2023, perpetrated by young persons. The Regional Peace building project - Youth for inclusion, equality and trust.</p> <p>Research to understand phenomena of technology facilitated gender-based violence (TFGBV) and its consequences among youth and local activities within bodyright campaign „Own your body online”, among youth.</p>	<p>UNFPA Serbia 2nd Country Programme Intervention Areas: (a) <i>advocate for establishment of a high-level national coordination body on population and development</i>; (b) improve understanding of population trends and their implications on development among stakeholders at national and local levels, in collaboration with academia and the national statistical agency; (c) support data collection through specialized surveys on demographic changes and deployment of user-friendly data dissemination platforms; (d) support the statistical agency with dissemination of the 2021 census results; (e) advocate for a rights-based policy mix to address ageing, low fertility, migration and shrinking population at national and subnational levels; (f) facilitate national and international expertise to assist the Government in formulating and costing of people-and youth-centered national and subnational policies and programmes; (g) support monitoring of population policies and programmes within the SDG framework; and (h) <i>support centers for older people to implement standards of active aging or create intergenerational centers.</i></p> <p>Two National Transfer Accounts (NTA) analyzes in 2021 and 2023 and policy recommendations in the social sector and education,</p> <p>Continuation of several UNFPA/UNDP joint activities: Depopulation Portfolio, initiated in 2019, to propose a dynamic set of measures to support the Government and partners to work together on the depopulation, the Depopulation Data Challenge to find alternative data on population issues and the National Human Development Report (NHDR) titled "Human Development in Response to Demographic Change". launched in 2022.</p> <p>Demographic Resilience Programme, launched by EECARO in 2020, to empower countries in the region by enhancing their capacity to understand and anticipate population dynamics while equipping them with the necessary skills, tools, political will, and public support to effectively manage these changes.</p>
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Nota Bene: "Country Programme Intervention Areas" boxes: **In bold:** Activities that were not initially planned yet were implemented; *in italics:* Activities that were initially planned but were not implemented by the time of data collection.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Serbia CO, national stakeholders and rights-holders, the UNFPA EECARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Serbia 2 nd country programme (2021-2025).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, and efficiency of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA Serbia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover national level and selected municipalities where UNFPA implemented interventions.

Thematic Scope

The evaluation will assess to what extent was the 2nd CPD adapted to remain relevant to frequently changing government political, policy and institutional set up and priorities and to what extent the introduction of the new lens of demographic resilience contributed to the achievements of the 2nd CPD outcomes, namely in the area of: (i) Sexual and Reproductive Health ; (ii) Adolescents and Youth; (iii) Population Dynamics. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion, and transversal functions, such as coordination; innovation; resource mobilization; strategic partnerships, etc.

Temporal Scope

The evaluation will cover interventions planned and/or implemented by the current programme, within the time period of the current CP, 2021-2025, namely starting from January 2021 up to the period of the evaluation data collection.

The current evaluation is being conducted in parallel with the country programme evaluations by UNDP and UNICEF, as well as evaluation of the UNSDCF 2021-2025. The UNSDCF evaluation is conducted by the UN Resident Coordinator Office. It was agreed that each agency shares the draft reports of their respective evaluations with the UNSDCF evaluation consultant for consideration and integration into the UNSDCF evaluation report. It is expected that the agency-specific programme evaluations collaborate closely for comprehensive coordination and complementarity, where possible, as it is assumed that the agency-specific programme evaluation, with its achieved results, contributes to attaining the overall UNSDCF results.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook [\[Link\]](#), the evaluation will examine the following three OECD/DAC evaluation criteria: relevance, effectiveness and efficiency.⁷¹

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see Handbook [LINK](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager

⁷¹ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

at the UNFPA Serbia CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Preliminary Evaluation Questions

Relevance:

1. To what extent the UNFPA support in the field of reproductive health and rights, youth and population dynamics has been relevant and well-adapted to the national priorities and country EU accession requirements, and adequately reflect the outcomes of the UNFPA Strategic Plan.

Effectiveness:

2. To what extent UNFPA contributed to building demographic resilience in Serbia across all of its outputs to respond to rapid demographic changes and national priorities addressing them

Sustainability:

3. To what extent have the partnerships established with ministries, civil society including local NGOs, international development partners including other UN agencies, academia and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Serbia CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Serbia 2nd country programme (2021-2025) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Serbia CO been during the period of the 2nd country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Serbia 2nd country programme (2021-2025) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Serbia CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include: government representatives, civil society organizations, representatives of the independent institutions, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to

changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Serbia CO has established an ERG comprised of key stakeholders of the country programme, including governmental partners, institutions, independent bodies, civil society and academia: representatives of the Ministry of Foreign Affairs, Ministry of Tourism and Youth, Ministry of Health, Ministry of Labour, Employment, Veterans and Social Affairs, Ministry of Education, Institute of Public Health of Serbia, Commissioner for the protection of Equality, Statistical Office of Serbia. Ana and Vlade Divac Foundation, Bibija Roma Women Centre, Red Cross of Serbia, academia, the regional M&E adviser in UNFPA EECARO . The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook [\[LINK\]](#). This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Serbia CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes the Evaluation Handbook [\[LINK\]](#) and the evaluation quality assurance and assessment principles and their application.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,⁷² *Ethical Guidelines for Evaluation*,⁷³ *Code of Conduct for Evaluation in the UN System*⁷⁴, and *Guidance on*

⁷² Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁷³ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁷⁴ Document available at: <http://www.unevaluation.org/document/detail/100>.

*Integrating Human Rights and Gender Equality in Evaluations.*⁷⁵ When contracted by the UNFPA Serbia CO, the evaluators will be requested to sign the *UNEG Code of Conduct*⁷⁶ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Serbia. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine

⁷⁵ Document available at: <http://www.unevaluation.org/document/detail/980>.

⁷⁶ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Serbia CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Serbia CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Serbia CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 5-6 weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the consultant must be transparent and declare the use of AI tools in evaluation

work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO

- **Verification of accuracy:** The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Serbia CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE) [optional]
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase (*Handbook, Chapter 2*)

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the

assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method

- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA EECARO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (*Handbook, Chapter 3*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 5 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (*Handbook, Chapter 4*)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Serbia CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase *(Handbook, Chapter 5)*

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA Evaluation Office](#) to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Serbia CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.

- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Serbia CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid⁷⁷ before submission to the CPE manager for review. The evaluation quality assessment

⁷⁷ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in

checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Serbia CO, (iii) the regional M&E adviser in UNFPA EECARO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of

conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE⁷⁸

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		5 weeks (10 June- 14 July 2024)
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	Stakeholder map	
Developing the field work agenda	Evaluation team, CPE Manager	Field work agenda	
Developing the initial communications plan	CPE Manager and CO communications officer	<i>Communication plan (see Evaluation Handbook, Chapter 5)</i>	
Drafting the design report version 1	Evaluation team	Design report- version 1	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	PowerPoint presentation on design report version 1	
Drafting the design report version 2	Evaluation team	Design report - version 2	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	Final design report (see Evaluation Handbook, section 2.4.4)	
Field phase			
Preparing all logistical and practical arrangements for data collection	CPE Manager		5 weeks (15 July -18 August 2024)
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		

⁷⁸ For full information on all tasks and responsible entities, see the relevant chapters of the Handbook [[LINK](#)]

Collecting photographic material	Evaluation team	Photos (<i>see Evaluation Handbook, Section 3.2.5</i>)	
Filling in the evaluation matrix	Evaluation team	Evaluation matrix	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	PowerPoint presentation	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	Approximately 11 weeks (August-October 2024)
Drafting CPE report version 1	Evaluation team	Evaluation report - version 1	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, CPE manager, ERG members	Recommendations worksheet	
Drafting CPE version 2	Evaluation team	Evaluation report - version 2	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	Final CPE report (<i>see Evaluation Handbook, section 4.5</i>) with powerpoint presentation and audit trail	

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold: The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Serbia CO, in close consultation with the Ministry of Foreign Affairs that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Serbia CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Serbia CO, EECA, representatives of the national Government of the Republic of Serbia, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA EECARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality assurance and assessment (EQAA). This

includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 2nd UNFPA country programme in the Republic of Serbia.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. They will be responsible for the production and timely submission of all expected deliverables in line with the ToR. They will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. They will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond their responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

Evaluation team member: EU Reform Social Policy Expert

EU Reform Social Policy Expert will provide specific expertise relating to the EU reform process, particularly the part relating to social policy. They will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. They will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings

with the CPE manager, UNFPA Serbia CO staff and the ERG. They will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will require a multidisciplinary skillset and a deep understanding of various factors influencing population trends. They will provide expertise on population change relating issues, such as ageing, low fertility, migration, demographic resilience and national statistical systems. They will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. They will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Serbia CO staff and the ERG. They will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator.

The young and emerging evaluator (YEE) will contribute to all phases of the CPE. They will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, they will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA Serbia CO staff and the ERG.

The modalities for the participation of the evaluation team members (incl. the young and emerging evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.

- Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation, eg. SRHR, adolescents and youth and population dynamics.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Serbia.
- Fluent in written and spoken English.

EU Reform and Social Policy Expert

The competencies, skills and experience of the EU Reform Social Policy Expert should include:

- Master's degree in political science, social sciences, public health, health economics and financing, epidemiology, biostatistics or a related field.
- 5-7 years of experience in development of analytical reports relating to social policies or EU reform agenda.
- Substantive knowledge of EU accession process, EU reform, EU requirements, Serbia national priorities in EU accession, particularly in social policies, etc.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Serbia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken Serbian and English.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in the field of population studies, demography, or a related area, including in development of analytical reports using population dynamics data.

- A thorough understanding of core demographic concepts such as fertility, mortality, migration, population growth, age structure, and demographic transition;
- Knowledge of various population policies and programs (e.g., family planning, reproductive health, migration policies) and their impact on population dynamics is important.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Serbia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Serbian.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to improve as a professionally competent evaluator within the framework of the national evaluation capacity of the country.
- Fluent in written and spoken English and Serbian.

13. Budget and Payment Modalities

The evaluators, (incl. the young and emerging evaluator) will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%

Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%
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In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	EU Reform and Social Policy Expert	PD expert	Young and emerging evaluator
Design phase	15	8	5	5
Field phase	5	12	10	7
Reporting phase	18	13	8	5
Dissemination and facilitation of use phase	4	2	2	5
TOTAL (days)	42	35	25	22

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. UNFPA Evaluation Policy (2024)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024>
4. UNFPA Evaluation Handbook
[[LINK](#)]
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:
 - *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022*
 - *Formative evaluation of UNFPA support to adolescents and youth*
 - *etc.*

The evaluation reports are available at: <https://www.unfpa.org/evaluation>

The Republic of Serbia national strategies, policies and action plans

6. Program of the Government of the Republic of Serbia, derived from the Prime Minister's manifesto, and operationalized through the Action Plans for the Implementation of the Government Program 2020-2022, available at <https://rsjp.gov.rs/wp-content/uploads/APSPV-2020-2022.pdf>, and 2023-2026, available at <https://rsjp.gov.rs/wp-content/uploads/APSPV-2023-2026-1.pdf>
7. Economic Reform Programme 2019-2021, available at <https://www.mfin.gov.rs/dokumenti2/program-ekonomskih-reformi-erp>
8. The National Priorities for Development Assistance (NPDA) 2014-2017, with Projections to 2020, [http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20\(english\).pdf](http://www.evropa.gov.rs/Documents/Home/DACU/12/74/NAD%202014-2017%20with%20projections%20until%202020%20(english).pdf)
9. The National Programme for Maintaining and Improving the Sexual and Reproductive Health of Citizens of the Republic of Serbia, Available at (in Serbian): http://demo.paragraf.rs/demo/combined/Old/t/t2018_01/t01_0025.htm
10. Nation Youth Strategy for period 2015-2025, available at (in Serbian) <https://pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2015/22/1/reg> ,
11. Gender Equality Strategy 2016-2020, in Serbian, available at: <https://www.mgsi.gov.rs/lat/dokumenti/nacionalna-strategija-za-rodnu-ravnopravnost-za-period-od-2016-do-2020-godine-sa-akcionim>
12. The Strategy to Prevent and Combat Gender-based Violence against Women and Domestic Violence 2021 - 2025, available at http://demo.paragraf.rs/demo/combined/Old/t/t2021_05/SG_047_2021_005.htm

13. Strategy on Healthy and Active Ageing for period 2024-2030, available at <https://pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2023/84/2>
14. The Birth Promotion Strategy, Available at (in Serbian): <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2018/25/1/reg>
15. United Nations Common Country Analysis/Assessment (CCA), developed 2020, available at <https://serbia.un.org/en/105912-common-country-analysis-serbia> and regularly updated 2023, available at <https://serbia.un.org/en/258806-un-serbia-common-country-analysis-update-2023>
16. United Nations Sustainable Development Cooperation Framework 2021-2025 (UNSDCF), <https://serbia.un.org/sites/default/files/2022-02/un-cooperation-framework-serbia-2021-2025.pdf>

UNFPA Serbia CO programming documents

17. Government of Serbia/UNFPA 2nd Country Programme Document (2021-2025)
18. United Nations Common Country Analysis/Assessment (CCA)
19. Situation analysis for the Government of Serbia/UNFPA 2nd Country Programme (2021-2025)
20. CO annual work plans
21. Joint programme documents
22. Mid-term reviews of interventions/programmes in different thematic areas of the CP
23. Reports on core and non-core resources
24. CO resource mobilization strategy

UNFPA Serbia CO M&E documents

25. Government of Serbia/UNFPA 2nd Country Programme M&E Plan (2021-2025)
26. CO annual results plans and reports (SIS/MyResults)
27. CO quarterly monitoring reports (SIS/MyResults)
28. Previous evaluation of the Government of Serbia/UNFPA 1th Country Programme (2016-2020), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

29. Implementing partner annual work plans and quarterly progress reports
30. Implementing partner assessments
31. Audit reports and spot check reports
32. Meeting agendas and minutes of joint United Nations working groups
33. Donor reports of projects of the UNFPA Serbia CO
34. Evaluations conducted by other UN agencies

15. Annexes

A	Theory of change
B	Stakeholder map (will be provided to the contracted consultants)
C	Excel sheet on analysis of UNFPA interventions (will be provided to the contracted consultants)
D	Tentative evaluation work plan

Annex A:

Theory of change

Overview

UNFPA Serbia developed this theory change following the guidance of the new United Nations Sustainable Development Framework (Cooperation Framework) development. UNFPA and implementing partners decided to go for option B of the country programme development proposed in the Cooperation Framework document.

“Option B: UN development system entities develop an entity-specific country development programme document with Cooperation Framework outcomes copied verbatim.”

The new UNFPA CO Serbia Country programme will directly contribute to the three out of nine Cooperation Framework outcomes.

1. UNSDCF Outcome 2.1: Improved universal health, inclusive social and protection services
2. UNSDCF Outcome 2.2: Quality and inclusive education/skills and capabilities
3. UNSDCF Outcome 2.3: Mobility and Demographic Transition become vectors for positive change

CPD follows the UNFPA strategic goal to “achieve universal access to sexual and reproductive health, realise reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development (ICPD) agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality”.

The country programme contributes to the achievement of following UNFPA Strategic plan 2018-2021 outcomes;

1. Every woman, adolescent and youth everywhere, especially those left further behind, has utilised integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.
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
3. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

and to the interconnected outcomes of the UNFPA Strategic Plan 2022-2025:

1. By 2025, the reduction in the unmet need for family planning has accelerated.
2. By 2025, the reduction of preventable maternal deaths has accelerated;
3. By 2025, the reduction in gender-based violence and harmful practices has accelerated

In its efforts to achieve the outcomes mentioned above, UNFPA will apply four principles.

1. Promoting and protecting human rights
2. Prioritising leaving no one behind.
3. Accountability, transparency and efficiency
4. Gender mainstreaming

This Country Programme is a stepping stone towards the transformational results “3 zeros” and accelerating the achievement of the nationalised SDGs by 2030 with a main focus on the rights and needs of those left behind – youth (15 -30 years old, according to national definition), poor urban and rural women, women with disabilities, LGBTI and key populations, people living with HIV, Roma, and older people (over 65 years old). The Country Programme is built on the successes and lessons learned from the first country programme (2016-2020)

The Country Programme ensures integration of the national commitments to the ICPD agenda made in Nairobi. The prioritised commitments include (1) zero preventable maternal mortality by 2030; (2) reduced unmet need for family planning; (3) improved provision of SRH services for vulnerable population; (4) improved access for young people to comprehensive and age-appropriate sexuality education and youth-friendly services; (5) improved coordination of

multisectoral approach to implement the Law on prevention of domestic violence; (6) increased active civic participation of young people and ensured equal role of men and women in parenting.

The proposed programme envisions that by 2030 all vulnerable women and young people in Serbia are empowered to make a free reproductive choice and live a life free of violence to fulfil their goals including quality education and decent employment. The CPD is directly linked with the three UNSDCF outcomes mentioned before.

UNFPA will invest its resources in the enabling conditions necessary to achieve the outcomes. These enabling conditions constitute the country programme outputs, which reflect the interventions that UNFPA intends to implement.

To support these interventions, UNFPA, in the country will apply the following modes of engagement:

- (a) advocacy and policy dialogue;
- (b) capacity development for enabling environment
- (c) partnership and coordination
- (d) knowledge management

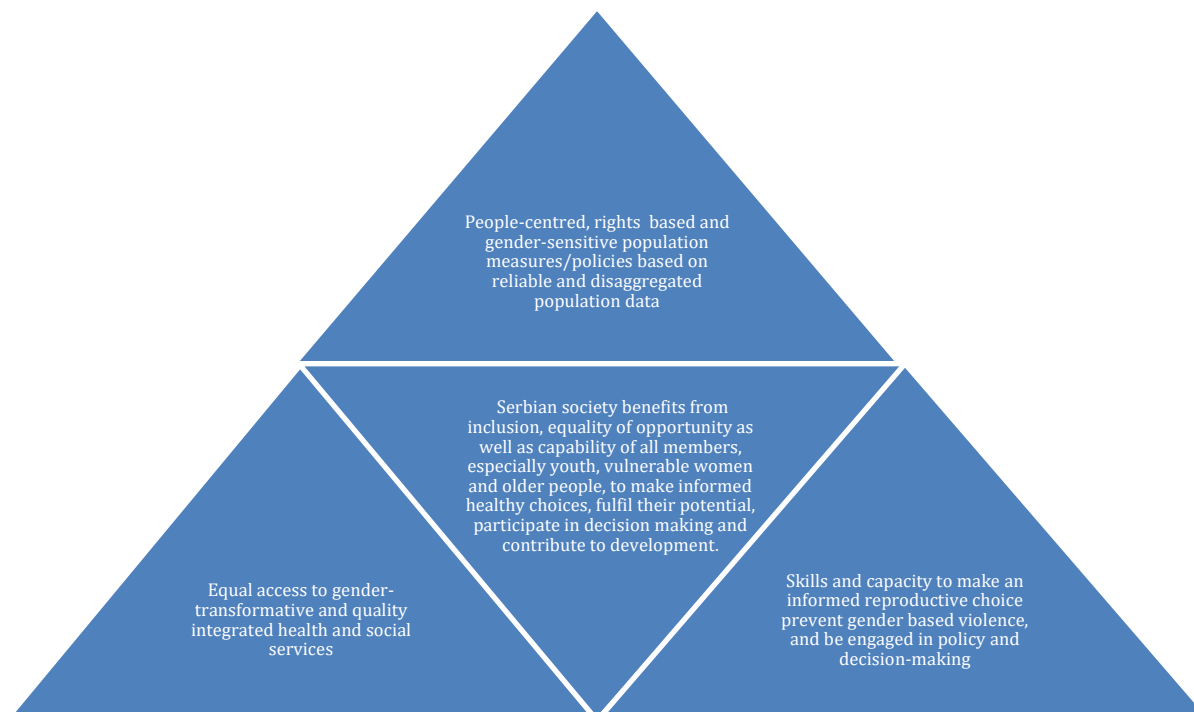
I. Overall change model

Serbia faces demographically unfavourable trends, such as high outmigration of reproductive age people and low fertility, leading to rapid ageing that impacts social, economic and sustainable development of the country. The challenges have been recognised by the Government, and a call for action was placed to address them.

The UNFPA 2nd country programme will support a transformational change in the lives of youth, women and girls by ensuring that gender equality, principles of human rights and disaggregated population data and analysis are centrally positioned and used in policy development and implementation at all levels; and that vulnerable women and youth have equal access to high quality sexual and reproductive health services, as well as enabled to exercise their informed reproductive choice, prevent gender based violence, fulfil their potential and contribute to overall development.

Serbian society benefits from inclusion, equality of opportunity as well as capability of all members, especially youth, vulnerable women and older people, to make informed healthy choices, fulfil their potential, participate in decision making and contribute to development.

Figure 1. Overall change model in brief



II. CPD Output 1 change model

UNSDCF Strategic Area 2: Well-being, social equity and the Human potential are at the heart of systems, policies and practices. *Everyone has equal opportunities, throughout their life, to achieve their full potential*

UNSDCF Outcome 2.1: Improved universal health, inclusive social and protection services

CPD Output 1: Increased capacity of the health system to provide quality integrated and gender transformative services on sexual and reproductive health and family planning to all with focus on youth and vulnerable women including in humanitarian situations.

The output will support the Government to deliver on the national Nairobi commitments focused on reducing unmet need for family planning, preventing maternal deaths, and ensuring access to SRH services for vulnerable population and youth-friendly health services.

To achieve this output the following causal determinants should be addressed:

1. adequate public resource allocation for contraceptives that are provided free of charge to the vulnerable populations;
2. availability of data on integrated sexual and reproductive health services received by vulnerable women and youth
3. strengthened capacity of primary health care institutions to implement the National Programme on Sexual and Reproductive Health
4. improved quality of integrated sexual and reproductive health services
5. strengthened health-seeking behaviours among vulnerable women and young people, including for HIV prevention among the young key populations.

UNFPA will focus on addressing all causal factors in partnerships with other partners such as WHO (factors related to quality of the health care), UNICEF (related to adolescents and youth) and UNDP and UNWOMEN related to gender based violence. All four UN organization work on Joint Project *Integrative response to violence against women and girls*, while UNFPA has advantage of being the leader in supporting the health sector to prevent and respond to GBV.

UNFPA will lead in advocating for and providing technical support for (1) the adequate resource allocation for SRH commodities and services to be provided for free to the vulnerable populations; (2) improving monitoring and health data to ensure that vulnerable women and young people receive SRH services, (3,4) building institutional capacity of the Ministry of Health to improve sectoral policies, and clinical guidance for service providers to deliver gender-transformative and youth-friendly services and rights-based FP, and GBV response, and (5) supporting vulnerable communities in strengthening health-seeking behaviours.

The following UNFPA programme interventions will contribute to addressing the causal determinants and achieving the output.

1. develop costed investment cases for family planning and youth-friendly services;
2. conduct evidence-based advocacy for free access to integrated sexual and reproductive health services and commodities for vulnerable women and youth through national health insurance;
3. scale up engagement of civil society organizations advocacy platforms;
4. advocate for and support inclusion of indicators measuring utilization of integrated sexual and reproductive health services by vulnerable women and youth, including young key populations in the health information system;
5. introduce online training on rights-based Family Planning and Minimum Initial Service Package in continuous education of health providers and continue with trainings on GBV response ;
6. support the government to evaluate health policies implementation using human rights-based approach;
7. support revision of methodology to assess quality of services and engage vulnerable people and youth in assessing quality of integrated sexual and reproductive health services in collaboration with the public health institutes ;
8. support development and adoption of clinical guidelines on gender-transformative and youth-friendly sexual and reproductive health services, adoption of guidelines on integrated health services for most at risk adolescents and protocols on rights-based family planning;
9. mobilize civil society organizations in increasing health-seeking behaviour among venerable women and young people, including for HIV prevention among the young key populations;
10. support health sector response to gender-based violence and advocacy for multisectorailly coordinated approach to it.

Partnership: UNFPA will implement the programme interventions in a multisectoral manner, including Government, UN and other partners on both national and sub-national levels. Government partners will include the Ministry of Health, Institute of Public Health of Serbia and Network of Districts Institutes of Public Health, Parliament, Medical Faculties, academia, UN organisations: World Health Organization, United Nations Children’s Fund, UNWomen, UNDP, Civil Society, National Roma Council, media, private sector.

Assumptions:

The Government remains committed to the Nairobi Commitments and achieving the SDGs.

Domestic Financing of the health sector is stable.

Other UN organizations are committed to joint programming and resource mobilization.

Increased support of donors including the EU to LNOB in the light of the Decade of Action.

Risks and Mitigation measures: Potential political instability, frequent changes in the Government and economic downturn may influence shift in priorities. Lack of political will to improve implementation of existing strategic and policy documents can endanger operationalization of the Country programme. The expansion of ultra-radical organizations can influence social norms and acceptability of family planning promoting programs.

To mitigate the risks, UNFPA will employ a two-fold advocacy strategy of providing and engaging the relevant government authorities with evidence-based advocacy and at the same time raising demand and support at a local

level through engagement of local public authorities, community influencers, and civil society.

Figure 2: Output 1 change model in brief



III. CPD Output 2 change model

To address the identified challenges faced by young people, the UNFPA country programme will contribute to the **UNSDCF Strategic Area 2: Well-being, social equity and the Human potential are at the heart of systems, policies and practices. Everyone has equal opportunities, throughout their life, to achieve their full potential**

UNSDCF Outcome 2.2: Quality and inclusive education/skills and capabilities

CPD Output 2: Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making

The output will support implementation of the following Nairobi commitments: (1) improve access for adolescents and youth to comprehensive and age-appropriate information, education, including peer education and youth-friendly services, (2) improve active participation of young women and men in the society by creating conditions for capacity building and synergy in the work of Youth policy subjects and inclusion of a large number of youth organisations

To achieve this output the following causal determinants should be addressed:

1. Increased political support for life-skills education and youth engagement;
2. Strengthened capacity of the general and vocational education to deliver life skills training;

3. Increased demand for life-skills education among youth, including young key populations;
4. Strengthened youth volunteerism and engagement;
5. Increased availability of disaggregated data on youth engagement, youth sexual and reproductive health, including data on HIV/STI and GBV at central and municipal levels.

UNFPA will contribute to all these five determinants to achieve the output by implementing the following programme interventions:

- 2.1 Establishing an advocacy platform to promote life-skills, gender equality and engagement of youth in communities
- 2.2 integration of gender equality and life-skills curriculum in continuous education of school teachers and vocational educators,
- 2.3 Piloting innovative approaches to provide access to comprehensive sexuality education (CSE) to all, especially for young key populations and other most vulnerable and marginalized youth
- 2.4 Scaling up peer education and youth volunteerism,
- 2.5 Scaling up initiative “boys on the move”
- 2.6 Engaging influencers in awareness-raising campaigns;
- 2.7 Educating parents and communities about CSE;
- 2.8 Scaling up youth initiatives aiming at gender stereotypes among young men (15-30);
- 2.9 Strengthening intergenerational knowledge exchange and learning,
- 2.10 Introducing Youth Score Card to collect data on youth engagement, SRH and GBV in municipalities and Youth Gap Index at the national level

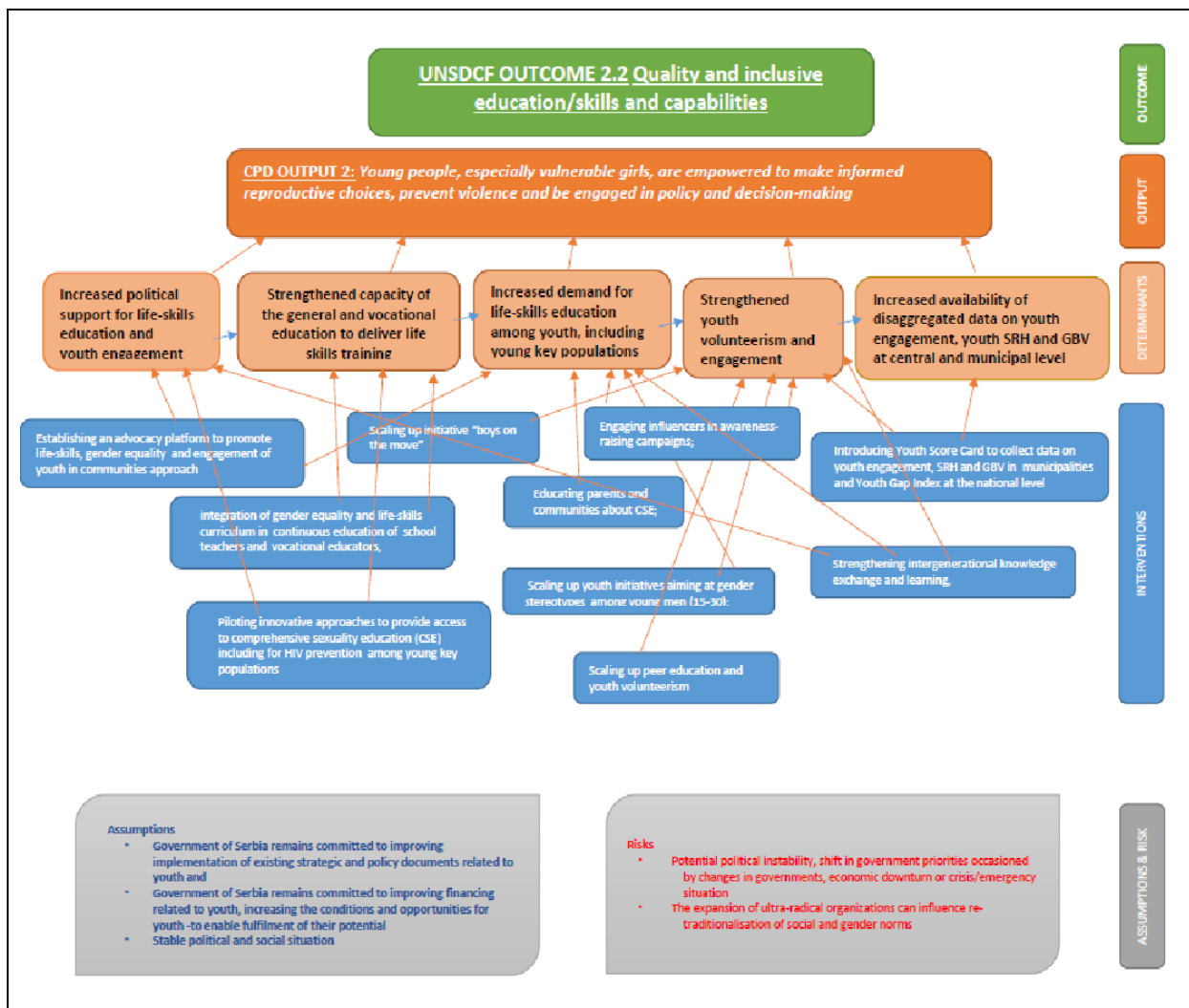
Partnership: UNFPA will implement the programme interventions in a multisectoral manner together with national partners, CSOs and local governments. Government partners include the Ministry of Youth and Sports and Ministry of Education, Cabinet of Minister without portfolio responsible for demography and population policy, Ministry of Health and Local self-governments. Other partners include local Youth offices, as well as the civil society, media and private sector.

In addressing causal determinants, UNFPA will cooperate with other UN agencies who are investing in adolescent and youth development, WHO (factors related to CSE, health behaviour), UNICEF (related to education, life skills, gender transformative programmes) and UNDP and UN Women related to youth participation volunteerism, and gender equality promotion and GBV prevention..

Risks and Mitigation measures: Potential political instability, shift in government priorities occasioned by changes in governments, economic downturn or crisis/emergency situation may influence shift in priorities. The expansion of ultra-radical organizations can influence re-traditionalisation of social and gender norms

To address the risks UNFPA will develop an advocacy strategy for the second Country Programme. UNFPA will strengthen its work at municipal level and leverage partnerships with CSOs as well as maintain intensive information exchange and professional relations with the Governmental actors and other partners.

Figure 3. Output 2 change model in brief



IV. CPD Output 3 change model

UNSDCF Strategic Area 2: Well-being, social equity and the Human potential are at the heart of systems, policies and practices. Everyone has equal opportunities, throughout their life, to achieve their full potential

UNSDCF Outcome 2.3.: Mobility and demographic transition become vectors for positive change and prosperity for all people

CPD Output3: Capacities of national and local stakeholders are strengthened to address low fertility, migration, ageing and depopulation through measures that are rights-based, evidence-based and gender sensitive.

The output will support achievement of the Nairobi commitment focused on family friendly policies and empowerment of women.

To achieve this output the following causal determinants should be addressed:

1. Strengthened national coordination mechanism on population issues;
2. Improved understanding among stakeholders of demographic changes implications on social, political and economic development of the country and value of human capital

3. Increased availability of reliable population data,
4. Increased availability of national and international technical expertise to translate data into the policy response to ageing, low fertility and migration,
5. Strengthened human rights based approach in policy development
6. Strengthened monitoring of population policies implementation in the framework of SDGs

UNFPA will implement the following interventions to address the causal determinants:

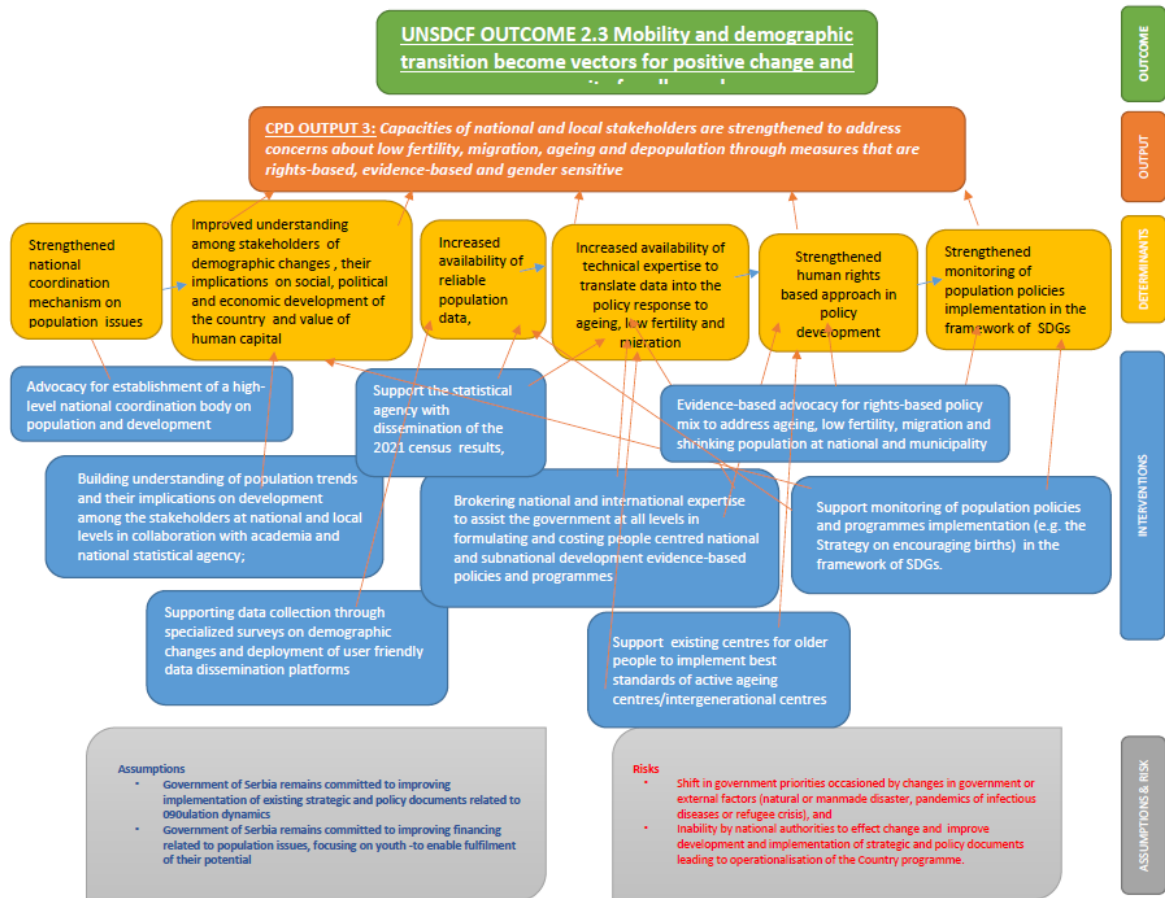
- 3.1. Advocacy for establishment of a high-level national coordination body on population and development
- 3.2 Building understanding of population trends and their implications on development among the stakeholders at national and local levels in collaboration with academia and national statistical agency;
- 3.3 Supporting data collection through specialized surveys on demographic changes and deployment of user friendly data dissemination platforms,
- 3.4 Support the statistical agency with dissemination of the 2021 census results,
- 3.5 Evidence-based advocacy for rights-based policy mix to address ageing, low fertility, migration and shrinking population at national and municipality sub-national level,
- 3.6 Brokering national and international expertise to assist the government at all levels in formulating and costing people centred national and subnational development policies and programmes (active ageing, migration management, gender-responsive family policies),
- 3.7 Support monitoring of population policies and programmes implementation (e.g. the Strategy on encouraging births) in the framework of SDGs.
- 3.8 Support existing centres for older people to implement best standards of active ageing centres/intergenerational centres

Partnership: UNFPA will implement the programme interventions in a multisectoral manner, including the Cabinet of Minister on demography and population policy, Parliament, Ministry of Labour, Employment, Veterans and Social Policy, Ministry of Youth and Sports, Statistical Office, Research institutions, National Roma Council, Academia, Standing Committee of Towns and Municipalities, local self-governments, Local Youth offices, UN Agencies, Red Cross of Serbia, mass media and private sector.

UNFPA will leverage increasing Governmental interest in population dynamics and partner with UNDP to support the Government with evidence based, right based and gender sensitive population policies. UNFPA will work in synergy with UNICEF, UN Women, WHO and ILO to collect reliable data on population issues, and to build capacities of stakeholders at all levels to understand population dynamics.

Risks and Mitigation measures: Shift in government priorities occasioned by changes in government or external factors (natural or manmade disaster, pandemics of infectious diseases or refugee crisis), and inability by national authorities to effect change and improve development and implementation of strategic and policy documents leading to operationalisation of the Country programme. To address this risk the UNFPA will play a proactive role in joint UN advocacy strategy and advocate to promote data transparency and evidence about population trends and their effects at high government level. UNFPA will strengthen its work at municipal level and leverage partnerships with local self-governments and CSOs, while maintaining intensive information exchange with the Governmental actors and other partners.

Figure 4. Output 3 change model in brief



Annex D: Tentative time frame and workplan

Evaluation Phases and Tasks	May 2024: ...				Jun 2024 ...				July 2024 ...				August 2024: ...				September 2024: ...				October 2024: ...				November 2024: ...				December 2024: ...				[Indicate Month]: ...				[Indicate Month]: ...				[Indicate Month]: ...							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Design phase																																																
Induction meeting with the evaluation team																																																
Orientation meeting with CO staff																																																
Desk review and preliminary interviews, mainly with CO staff																																																
Developing the initial communications plan																																																
Drafting the design report version 1																																																
Quality assurance of design report version 1																																																
ERG meeting to present the design report																																																
Drafting the design report version 2																																																
Quality assurance of design report version 2																																																
Submission of final design report to CPE manager																																																
Update of communication plan (based on																																																

