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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Serbia

Proposed indicative UNFPA assistance: \$5.0 million: \$2.5 million from regular resources and \$2.5 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Second

Category per decision 2017/23: Pink

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

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.9	0.4	1.3
Outcome 2	Adolescents and youth	0.6	1.1	1.7
Outcome 4	Population dynamics	0.7	1.0	1.7
Programme coordination and assistance		0.3	0	0.3
Total		2.5	2.5	5.0



I. Programme rationale

1. Serbia is a middle-income country in southeast Europe. According to the World Bank, the country's cumulative gross domestic product (GDP) growth rate for 2018-2020 should reach 15.4 per cent. In 2012, Serbia was granted European Union candidate status, and the accession became the main driver of reforms. Since 2016, the Republic of Serbia Government programme has focused on: connections with Europe and the world; economic growth; public services; human rights and security; digitalization and education. Economic development is given precedence over social inclusion, environmental issues and investments in human capital.
2. Addressing population changes and ensuring a better demographic future are among the key priorities in Serbia. High emigration and a low fertility rate (1.48 in 2018) lead to a decrease in population numbers, changes in age structures, and an increase in the proportion of people over the age of 65 (20.2 per cent in 2018). There is no multisectoral strategy on active ageing in Serbia, and older people face challenges in receiving social and health-care services, entering the labour market and contributing to development of the society.
3. Emigration of youth is another critical issue. According to the 2018 survey, one in three students plans to leave the country. Internal migration causes depopulation of rural areas. The unemployment rate among youth (aged 15-24 years) in 2019 was 27.5 per cent, slightly higher among young women than men (29.9 per cent versus 26.1 per cent), mainly caused by a mismatch between education qualifications and labour market needs. The most vulnerable in the labour market are youth (aged 15-24 years) who are not in employment, education or training; they represented 15.3 per cent of youth (2019).
4. Serbia is a transit country on the refugee route to the European Union, and although the Balkan route was officially closed in March 2016, a constant stream of refugees and migrants continues to arrive in the country. During 2018-2019, the number of stranded people in Serbia fluctuated between 4,000 and 7,000 monthly.
5. Serbia does not have a population policy, but the Government adopted measures to address low fertility through the Strategy on Birth Encouraging. Its implementation focuses on decreasing the financial burden of parenthood, providing financial incentives for the first four children and grants to local institutions for new kindergartens and housing of young couples. The Government is currently developing a policy on migration and working with UNDP and UNFPA to develop a response to what is being referred to as 'depopulation'.
6. Timely and disaggregated demographic data, including subnational population estimates, are needed to develop a more granular picture of demographic trends and population groups that are at risk of being left behind
7. The country made significant progress in reducing maternal mortality (now at 11 per 100,000 live births). The use of modern contraceptives remains low (18.4 per cent) with 14.9 per cent of unmet need among married women. The absence of disaggregated data constrains analysis of the demand for family planning among different population groups. The main causes of the limited use of family planning are the high cost of contraceptives, the only method that is reimbursed by health insurance, and misconceptions about hormonal contraceptives among women and doctors.
8. Cervical cancer is a significant preventable cause of women's disability and premature death. The standardized incidence rate is 20.3 per 100,000, and the standardized death rate is 7.0 per 100,000. Public awareness about cervical cancer is low, and the quality and coverage of cervical screening require improvement.
9. Young people are at high risk of unsafe behaviours. The adolescent birth rate is 22 per 1,000 women aged 15-19 years, and it is seven times higher among the Roma. The number of sexually transmitted infections among youth is underreported. HIV infection is concentrated among key populations. In 2018, unprotected sexual intercourse was the mode of transmission in 92 per cent of all newly identified cases, with 76 per cent among men having sex with men. Lack of comprehensive sexuality education in schools and families contributes to risky behaviour among young people.
10. Despite the universal healthcare coverage afforded by the statutory health insurance, one study estimated that 14.9 per cent of the population over age 16 have unmet healthcare needs.

Poor people, rural residents, the Roma, persons with disabilities and the elderly have a higher risk of poor health conditions and lack of access to services than the general population. One in five women with disabilities experienced difficulties accessing reproductive health services.

11. Gender inequalities are persistent and there are deep-rooted stereotypes about the roles of women and men in family and society. Despite progressive legislation that encourages both parents to use parental leave for child care, its utilization by fathers remains marginal. Gender-based violence is widespread. According to Organisation on Security and Co-operation in Europe regional survey on violence, 45 per cent of women have experienced at least one type of violence at the hands of a partner since the age of 15.

12. The first country programme supported the Government to improve access to high-quality sexual and reproductive health, advance gender equality and strengthen population data. It resulted in the following: (a) adoption of the National Programme on Sexual and Reproductive Health; (b) endorsement of the National Guidelines on Contraceptives; (c) integration of the Minimum Initial Service Package in the National Programme on the Health System Response in Emergencies; (d) development of an education package on gender-based violence prevention and response for health care professionals and medical students; (e) strengthening of engagement of men and boys in gender equality and gender-based violence prevention; (f) provision of evidence and data on older people and recommendations for improving their status. Gender equality and gender-based violence were mainstreamed as cross-cutting issues in all three outputs.

13. The country programme evaluation recommended to: (a) support development of a costed action plan for the National Programme on Sexual and Reproductive Health; (b) develop an advocacy platform to increase investments in marginalized adolescents and youth; (c) strengthen youth initiatives addressing gender stereotypes among young men; (d) apply innovative approaches and modern communication methods to implement youth-friendly education programmes; and (e) support the statistics agency in population data collection, analysis and dissemination.

14. The new country programme is fully aligned with the United Nations Sustainable Development Cooperation Framework, 2021-2025 (UNSDCF). It contributes to the UNSDCF strategic priority: well-being, social equity, and the human potential are at the heart of systems, policies and practices, and the three related outcomes: (a) improved universal health, inclusive social and protection services; (b) quality and inclusive education, skills and capabilities; (c) mobility and demographic transition become vectors for positive change and prosperity for all people.

15. Bringing its extended experience in population policies and human capital development, and leveraging the emerging political interest in demographic trends, UNFPA will convene the United Nations agencies and partners to develop multisectoral policies that effectively address challenges of population dynamics, focusing on youth (aged 15-30 years) and vulnerable populations. This will be achieved through knowledge sharing, brokering of expertise and innovation, and positioning sexual and reproductive health, gender equality and youth engagement within the demographic context.

II. Programme priorities and partnerships

16. The overall vision of the new country programme is that 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.

17. The proposed country programme aims to reduce unmet need for family planning by half among vulnerable women and youth by strengthening evidence-based population policies, targeting the most-at-risk women and youth, improving the response of the health system to the

reproductive needs of vulnerable women and youth, and empowering women and girls to exercise their reproductive rights. It will contribute to the development and implementation of coordinated multisectoral policies that effectively address challenges of population dynamics.

18. The programme will focus on youth (15-30 years old), young key populations, poor urban and rural women, women with disabilities, people living with HIV, the Roma and older people (over 65 years old). UNFPA ensured national ownership of the country programme by engaging vulnerable women and youth, governmental agencies, academia and civil society in developing the programme together. It will be implemented at national and local levels, focusing on ten municipalities, to be selected in consultation with the Government and partners.

19. The country programme will contribute to the achievement of the three UNFPA transformative results: (a) ending unmet need for family planning, (b) ending preventable maternal deaths and; (c) ending gender-based violence and harmful practices. It will support the achievement of Sustainable Development Goals 3, 4, 5, and 10.

20. The programme will support the Government in pursuing the priorities outlined in the Government Programme, the Economic Reform Programme and the European Union accession agenda, which is an accelerator of the implementation of the Sustainable Development Goals in Serbia, while cooperating with the intersectoral working group for the implementation of 2030 Agenda. UNFPA will ensure the human rights and well-being of people while supporting the implementation of the National Programme on Sexual and Reproductive Health, National Youth Strategy for 2015-2025, Gender Equality Strategy, Strategy for Birth Encouraging, and Strategy for Social Inclusion of Roma men and women in the Republic of Serbia, 2016-2025, and associated action plans. UNFPA will apply different modes of engagement (advocacy and policy dialogue, capacity development for enabling environment, partnership and coordination, knowledge management) to deliver the country programme.

21. The Nairobi Summit commitments made by the Government of Serbia are at the centre of the country programme, namely: zero preventable maternal mortality by 2030; reduced unmet need for family planning; improved provision of sexual and reproductive health services for vulnerable populations; improved access for young people to comprehensive and age-appropriate sexuality education and youth-friendly services; improved implementation of the law on prevention of domestic violence; increased active civic participation of youth and ensured equal role of men and women in parenting.

22. The new programme is fully aligned with the 2030 Agenda principle of leaving no one behind. UNFPA ensures the human rights principles by engaging vulnerable populations in programme design and implementation, emphasizing the importance of disaggregated data for policies and programmes; ensuring equal recognition and protection of rights, empowerment of women and girls, as well as universal access to gender-transformative sexual and reproductive health education and services. Sustainability of the country programme results will be ensured by integrating them into the existing national programmes and policies, and building a supporting environment for transforming social norms at community level.

23. The country programme will benefit from South-South and triangular cooperation, focusing on comprehensive sexuality education, intergenerational solidarity and youth civic engagement. UNFPA will continue to collaborate with the established network of national partners, such as the Ministry of Health, Ministry of Youth and Sports, Cabinet of Minister in charge of Demography and Population Policy, Ministry of Labour, Employment, Veteran and Social Affairs, Ministry of Education, the Coordination Body for Gender Equality, Commissariat for Refugees and Migration, the Coordination Body for monitoring the implementation of the Strategy for Social Inclusion of Roma men and women; local mechanisms for Roma inclusion, Parliament, the Statistical Office, academia, the media and civil society organizations representing women with disabilities, key populations, youth, survivors of gender-based violence and older people.

24. In the new programme cycle, UNFPA will complement the initiative on Gender Responsive Budgeting implemented by UN-Women, initiatives on fatherhood carried out by UNICEF and UNDP, and continue, jointly with UNICEF, the gender transformative programme focused on

young men and boys. UNFPA will continue to participate in the joint United Nations project on prevention and response to violence against women and girls. UNFPA will focus on capacity building of the health sector, advocacy for the multisectoral response and prevention of gender-based violence among youth. UNFPA will lead in convening the United Nations organizations and partners for the development and effective implementation of people-centred population policies and continue partnerships with the UNDP and the Government in mainstreaming of demographic intelligence into decision-making at all levels, especially concerning vulnerable women and youth.

The programme will strengthen partnerships with local governments, the private sector, sports and media influencers to create more opportunities for changing behaviour for transforming the lives of vulnerable women and youth and increasing accountability of duty-bearers. UNFPA will leverage the existing support from Sweden for prevention of gender-based violence, and explore partnerships with the United Kingdom, Switzerland, German Corporation for International Cooperation and the European Union. It will address cross-boundary and regional issues that impact the country, such as migration, trafficking and gender-based violence, early marriages, youth, peace and security.

25. The proposed programme will be implemented by applying four key principles: (a) promoting and protecting human rights; (b) prioritizing leaving no one behind; (c) improving accountability, transparency and efficiency; and (d) gender mainstreaming.

A. Sexual and reproductive health and rights

26. *Output 1. 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.*

27. This 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. The programme will address the following determinants to achieve the output: (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 behaviour among vulnerable women and youth (young women and men), including for HIV prevention among the young key populations.

28. To address the identified determinants, UNFPA will: (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.

B. Adolescents and youth

29. *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, the following determinants will be addressed: (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.

30. UNFPA will (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 score card' 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.

C. Population dynamics

31. *Output 3. 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.*

32. 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, the following determinants will be addressed: (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 SGD framework.

33. UNFPA will (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-centred national and subnational policies and programmes; (g) support monitoring of population policies and programmes within the SDG framework; and (h) support centres for older people to implement standards of active ageing or create intergenerational centres.

III. Programme and risk management

34. UNFPA will be part of the Cooperation Framework coordination mechanisms led by the joint national steering committee, co-chaired by the United Nations Resident Coordinator and the designated representatives of the Government. UNFPA will contribute to results groups and other relevant interagency groups as internal country team coordination mechanisms towards the achievement of the Sustainable Development Goals and to support the agenda for the European Union accession.

35. The country office will strengthen its technical capacity in population and development, and youth for efficient programme delivery. The office realignment will include revision of the existing posts and introduction of new programme and operations communication positions.

36. The programme implementation will benefit from UNPFA regional and global expertise on demographic intelligence and engagement of national partners working with vulnerable women (poor urban and rural women, women with disabilities, violence survivors, Roma women), key populations, people living with HIV, older people (over 65 years old) and youth. Maintaining its effective partnerships while reaching out to the new, non-traditional partners, UNFPA will continue its close collaboration with United Nations organizations to deliver on joint results across the six 'common chapter' areas and jointly contribute to the implementation of the 2030 Agenda for Sustainable Development.

37. UNFPA will advocate for increased financing for the Nairobi commitments and the SDGs by increasing engagement and commitments from the private sector, the diaspora and local governments. To leverage resources and scale up the results, UNFPA will proactively look for joint initiatives with United Nations organisations, strengthen relationships with donors in Serbia and intensify resource mobilization efforts with the Government

38. UNFPA will regularly assess operational and programmatic risks identified in the theory of change and make any required adjustments. Political risks will be assessed regularly through environmental scanning. UNFPA will support the Government and partners in assessing critical information about public health emergencies and in evaluating the capacities of the health systems to manage potential health crises, caused by epidemics of Covid-19, or similar factors. Mitigation strategies include reprogramming, focusing the programme implementation at the local level, strengthening communication, employing innovative methodologies to reach out to vulnerable populations. UNFPA will contribute to the activities of the country team aiming to support the Government in preparedness and prevention strategy, response, resilience building and recovery.

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

IV. Monitoring and evaluation

40. UNFPA, together with the Government and the United Nations country team, will establish a framework to monitor and evaluate the Cooperation Framework implementation. UNFPA will take an active role in the Monitoring and Evaluation Group and participate in the Common Country Analysis, development of joint workplans, and results reporting.

41. UNFPA will conduct annual programme reviews in collaboration with stakeholders, based on the expected results and indicators in the results framework, which are aligned with the integrated results framework of the UNFPA strategic plan, 2018-2021, and linked to the UNSDCF monitoring and evaluation framework.

42. UNFPA will support implementing partners to conduct regular monitoring in the field, monitor their performance and periodically adjust implementing arrangements, if needed. It will

support national statistical and monitoring capacities to produce disaggregated population data and ensure effective monitoring and evaluation of the achievements of the SDGs and particularly provide visibility to those furthest behind. UNFPA will support analysis and dissemination of census data.

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

44. A country programme evaluation will be conducted as per the country programme evaluation plan, adopting participative approaches to generate evidence for the design of the next programming cycle, ensure accountability for the relevance and performance of programme, and promote a learning culture.

45. UNFPA will continue to contribute to provide inputs and comments related to periodical national reports to the Group of Experts on Action against Violence against Women and Domestic Violence and the Committee on the Elimination of Discrimination against Women.

RESULTS AND RESOURCES FRAMEWORK FOR SERBIA (2021-2025)

NATIONAL PRIORITY: 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.				
UNSDCF OUTCOME INVOLVING UNFPA: Improved universal health, inclusive social and protection services				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Related UNFPA Strategic Plan Outcome indicator(s): <ul style="list-style-type: none"> ● Contraceptive Prevalence Rate of modern contraception among married women or in union <i>Baseline: 18; Target: 22</i> ● Unmet need for family planning among married women or in union <i>Baseline: 14.9 %; Target: 7%</i> 	Output 1.1: 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 a focus on youth and vulnerable women, including in humanitarian situations.	<ul style="list-style-type: none"> ● Number of contraceptives included in the reimbursement list of the national health insurance by 2025 <i>Baseline: 1; Target: 3</i> ● Clinical guidelines on gender-transformative and youth-friendly sexual and reproductive health services adopted <i>Baseline: No, Target: yes</i> ● Number of health providers trained for Minimum Initial Service Package (MISP) in emergencies through the new E-learning MISP modules <i>Baseline: 0; Target: 50</i> ● Percentage of clients satisfied with quality of integrated sexual and reproductive health at primary health care in 10 targeted municipalities by 2025 <i>Baseline: n/a; Target: 85%</i> ● Percentage of primary health care facilities in ten targeted municipalities where services are available for vulnerable population (Roma women, women with disabilities, survivors of gender-based violence, youth, including young key populations) <i>Baseline: n/a; Target: 60%</i> ● Women with disabilities, GBV survivors, Roma women and young people (15-30), including key populations from the targeted communities know about their rights for quality services and availability of integrated SRH and GBV services. <i>Baseline: n/a; Target: 85%</i> ● Percentage of primary health care facilities in ten targeted municipalities that have a written protocol on gender based violence aligned with the Law on prevention of domestic violence. <i>Baseline: n/a; Target: 80%</i> 	Ministry of Health Institute of Public Health of Serbia and Network of Districts Institutes of Public Health, Cabinet of Minister in charge of demography and population policy, Coordination Body for Gender Equality, Parliament, Medical Faculties, United Nations agencies, civil society, National Roma Council; Coordination Body for monitoring the implementation the Strategy for Social Inclusion of Roma men and women; local mechanisms for Roma inclusion, media, private sector	\$1.3 million (\$0.9 million from regular resources and \$0.4 million from other resources)

NATIONAL PRIORITY: 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.				
UNSDCF OUTCOME INVOLVING UNFPA: Quality and inclusive education/skills and capabilities				
RELATED UNFPA STRATEGIC PLAN 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				
<p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> Engagement of adolescents and youth, including marginalized, in the formulation of national sexual and reproductive health policies <i>Baseline:</i> No; <i>Target:</i> Yes Adolescent birth rate (aged 15-19 years) per 1,000 women <i>Baseline:</i> 22; <i>Target:</i> 18 (general population) <i>Baseline:</i> 157 <i>Target:</i> 120 (Roma) 	<p>Output 2.1: Young people, especially vulnerable girls, are empowered to make informed reproductive choices, prevent violence and be engaged in policy and decision-making</p>	<ul style="list-style-type: none"> Number of young women (15-19) that are reached by life skills programmes (school-based or peer education) that build their skills to make informed reproductive choices by 2025 <i>Baseline:</i> n/a; <i>Target:</i> 25,000 Number of municipalities that have launched Youth Score Card reports by 2025 <i>Baseline:</i> 0; <i>Target:</i> 10 Number of sessions of Advocacy forum to promote life-skills education, gender equality and engagement of youth in communities <i>Baseline:</i> 0; <i>Target:</i> 5 Number of initiatives on intergenerational exchange and learning launched in the targeted municipalities by 2025 <i>Baseline:</i> 0; <i>Target:</i> 5 Number of young men and boys engaged in activities on gender based violence prevention implemented in targeted municipalities by 2025 <i>Baseline:</i> n/a; <i>Target:</i> 20,000 	<p>Ministry of Youth and Sports, Ministry of Education, Science and Technological Development, Cabinet of Minister on demography and population policy, Ministry of Health, Coordination Body for Gender Equality, Parliament, Local self-governments, local youth offices, the United Nations agencies, civil society, media and private sector</p>	<p>\$1.7 million (\$0.6 million from regular resources and \$1.1 million from other resources)</p>
NATIONAL PRIORITY: 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				
UNSDCF OUTCOME INVOLVING UNFPA: Mobility and demographic transition become vectors for positive change and prosperity for all people				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development				
<p>UNSDCF Outcome indicator(s): Might become available soon.</p> <p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target in accordance with the Fundamental Principles of Official Statistics <i>Baseline:</i> 28%; <i>Target:</i> 72% 	<p>Output 3.1: 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>	<ul style="list-style-type: none"> Number of national and local development policies explicitly integrate demographic dynamics including changing age structure and population distribution <i>Baseline:</i> 0; <i>Target:</i> 3 Number of session of the newly established high-level national coordination body on population and development <i>Baseline:</i> 0; <i>Target:</i> 5 Strategy/ Action plan on active/healthy ageing for period 2021-2030 developed <i>Baseline:</i> no; <i>Target:</i> yes Annual fora of local communities to discuss challenges and responses to depopulation, including initiative to develop family friendly communities <i>Baseline:</i> 0; <i>Target:</i> 5 Number of centres for older people upgraded to active ageing centres/intergenerational centres <i>Baseline:</i> 0; <i>Target:</i> 5 	<p>Cabinet of Minister in charge of demography and population policy, Parliament, Ministry of Labour, Employment, Veterans and Social Policy, Ministry of Youth and Sports, Commissariat for Refugees and Migration, Coordination Body for Gender Equality, Statistical Office, research institutions, National Roma Council, academia, Standing Committee of Towns and Municipalities, local self-governments, local youth offices, United Nations agencies, Red Cross of Serbia, mass media and private sector</p>	<p>\$1.7 million (\$0.7 million from regular resources and \$1.0 million from other resources)</p>