

General Information

Fund	MPTF_00209: UN COVID-19 MPTF						
Title	Safe and Innovative Health Services in Times of COVID-19						
MPTFO Project Id							
Start Date							
End Date							
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Description	The provision of sexual and reproductive health, immunization and gender-based violence support services have dramatically decreased since the outbreak of COVID-19. This project's main objective is to improve access to these services for women, adolescent girls and children, with a special focus on the most vulnerable population in remote and underserved areas. The project will introduce innovative health services provided by medical teams in mobile gynecological clinics aimed at improving access to gynecological/obstetrics services; strengthening integrated GBV referral and support, improving immunization coverage and data collection via introduction of digitalized e-immunization registry; and risk communication to immunization-sceptic population and access improve risk communication, as well as raising awareness of women and girls on sexual and reproductive health and gender-based violence. These improved services will address the significant decrease in their provision since the outbreak of COVID-19.			
Universal Markers	Gender Equality Marker	Risk	OECD-DAC	
	<ul style="list-style-type: none"> GEM3 - GEWE is the principal objective of the Key Activity 	<ul style="list-style-type: none"> Low Risk 	<ul style="list-style-type: none"> Medical services 	
Fund Specific Markers	Fund Windows	Fund Windows		
		<ul style="list-style-type: none"> Window 1: Enable Governments and Communities to Tackle the Emergency 		
	Human Rights Based Approach to COVID19 Response	HRBA integrated		
		<ul style="list-style-type: none"> Yes 		
	Primary Socio-Economic Pillars	Pillars		
		<ul style="list-style-type: none"> Pillar 1: Health First 		
	Concept Note Type	Type		
		<ul style="list-style-type: none"> Funding 		
Geographical Scope	Geographical Scope	Name of the Region	Region(s)	Country(ies)
	<ul style="list-style-type: none"> Regional 		<ul style="list-style-type: none"> Europe 	<ul style="list-style-type: none"> North Macedonia
Participating Organizations and their Implementing Partners	Participating Organizations	NGOs	New Entities	Implementing Partners
	<ul style="list-style-type: none"> UNFPA UNICEF WHO 		Other	Ministry of Health, Ministry of Labor and Social Policy, E-health Directorate, Association of Gynecologists and Obstetricians, Committee on Safe Motherhood and Healthy Newborn, Macedonian Medical Association, Macedonian Association of Nurses and Midwives, University Clinic of Psychiatry and civil society organizations.
Programme and Project Cost	Budget	Agency	Amount	Comments
	Budget Requested		\$850,000	
	Total		\$850,000	
Keywords				
Programme Duration	Anticipated Start Date	Dec 31, 2020		
	Duration (In months)	15		
	Anticipated End Date	Mar 31, 2022		
Comments				

Narratives

Title	Text	Comments
CN_I. What is	Simple comparison of numbers of health staff dealing with sexual and reproductive	The proposal addresses

the specific need/problem the intervention seeks to address? Summarize the problem. Apply a gender lens to the analysis and description of the problem. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens).

health in North Macedonia is showing that this segment of the health system was particularly vulnerable even prior COVID-19. Although mother and child healthcare services are available to almost all citizens in North Macedonia, there are significant differences in terms of availability of adequate number of physicians, accessibility and quality of services across and within the regions, municipalities and towns. At the moment, North Macedonia has 17 gynecologists per 100,000 people, which is more than the European average. However, their uneven distribution with the majority concentrated in the capital, Skopje, is leaving half of the big cities and villages without services for sexual and reproductive health. Transport costs are also a significant barrier, because all primary gynecologists are located in urban areas. On the other side, the average number of women in their reproductive age per primary gynecologist is 3,610, but there is a 1:3 ratio between the richest and most poorly supplied regions, severely affecting the most vulnerable groups, such as the rural population, Roma, persons with disabilities, and ethnic minorities. There are also significant differences in the number of in-patient gynecologists in different hospitals. At the same time, the total number of midwives and nurses is almost half of the European average. In 2016, there were total of 1,020 midwives (55.1 per 100,000 people) and 8,700 nurses (469 per 100,000 people), some of whom (311) are part of the polyvalent patronage service. Emergency obstetrics and neonatal care also suffer from inefficient referral systems and inadequate number and distribution of skilled staff. These factors together coupled with the lack of evidence-based practices and skilled staff resulted in an increase of perinatal, infant and maternal mortality until 2018. This trend was reversed with support of the UN and that support from the UN agencies remains.

These findings were also confirmed with the UNICEF Situation Analysis from 2019 which shows that even prior to the COVID-19 pandemic, reproductive health, mental health, and adolescent health lagged behind other sectors in terms of resources, personnel and service delivery, particularly affecting women and girls. Additionally, the analysis shows that reducing availability of essential mother and newborn health and sexual and reproductive health services may result in greater numbers of maternal and newborn deaths, unintended pregnancies, unsafe abortions and complicated deliveries without access to essential and emergency care.

A recent socio-economic analysis carried out by UNICEF on the secondary impact of COVID-19 shows that the pandemic has caused delays in accessing hospital care for newborns, children and mothers. The provision of services across the healthcare system declined by 39% for the whole population, 33% for children and 25% for mothers and newborns. Human resources was identified as key bottleneck in the health response to the COVID-19 crisis and the pandemic revealed severe shortages in medical and personal protective equipment for the personnel working with the infected population.

A significant and worrisome drop in vaccination rates in North Macedonia has also been noted. Measles vaccination rate for 1 and 2-year-olds fell from 96% in 2005 to 74.8% in 2018, with pockets of 42% in the capital Skopje. A World Bank analysis implies that the reasons for this might include fewer resources for health, prioritizing specialized health care over preventive and primary care services, and facility inefficiencies. Key informants, however, pointed out that the biggest drop was in Skopje and attributed it to a proactive anti-immunisation campaign organised through social media. Despite the lack of official evidence on the lack of interpersonal communication (IPC) skills of the front-line immunization teams, the need for their capacity development in IPC skills is outlined in the 2019-2020 plan signed between the Ministry of Health and UNICEF. UNICEF has already started addressing it through several other initiatives for behavior change and increasing demand for vaccination. In addition to this the recent WHO assessment of essential health services undertaken in August 2020 has documented that, during COVID-19, routine immunization was functioning with limited working hours and was partially disrupted due to long curfew hours and lockdowns. However, data is still not available to measure the level of disruption compared to 2019, or to claim total disruption of school vaccinations because of the school closure in March 2020.

the needs that have been very much impacted by the pandemic with negative consequences. The interventions are included in SERP. The target beneficiaries will be defined based on the level of 'left behindness'. The expertise and capacity of RUNOs described seem to match well with the expertise and capacity required to implement the CN. The requested budget is 1,000,000 while 7,880,000 will be financed from other sources. However, the CN does not explain what these other sources are, and whether or not the amount has been secured. CN anticipate eventual involvement of the private sector in financing the interventions, but this seems to be possible beyond the CN duration. There is an emphasis on the protection of children from GBV and through immunisation. The focus on women at times takes a secondary place, hence a comment on the Gender Marker rating.

Total Score 19

The need for development of a e-immunisation registry has been identified based on internal analysis in the Ministry of Health and a formal request for support was submitted to WHO in June 2020. The lack of immunisation data for comparison before and after COVID-19 is a result of the fact that evidence related to immunisation of children is paper-based only, and it takes a lot of time to collect papers and provide aggregate coverage percentage. There is a huge need for establishment of a national electronic immunisation database that will be connected with the national e-health recording and reporting system, in order to have a full oversight on the whole territory of the country and thus better coordinate future needs for a large-scope COVID-19 related immunisation. As the Ministry of Labour and Social Policy already has a functional system for registering children in the public and private kindergartens, and as this system contains all the general info on the children, including their health status, this is an excellent opportunity to connect them and enable the establishment of an unique digital national immunisation record for every child.

Available global evidence shows that the health and socio-economic crisis caused by COVID-19 will also have long term implications on all layers of the protective environment around children and women, including violence and abuse, mistreatment and neglect, gender-based violence (GBV) and sexual exploitation. The increased use of the internet puts children at additional risk of online harm such as sexual exploitation, abuse and bullying. Furthermore, crises such as disease outbreaks place women and girls at greater risk of domestic violence and GBV, particularly in contexts where gender inequality is already pronounced. Although there is no data on the magnitude of domestic and gender-based violence during COVID-19 in the country, there is anecdotal evidence from primary healthcare practitioners, police, and social welfare services, indicating that incidents of violence against women and children are increasing. The OSCE-led study on domestic violence in North Macedonia (2019), supported by UNFPA, UNICEF and UN Women, reveals that 54% of women have experienced some kind of violence since the age of 15, while more than two thirds of women do not know what to do in case of violence.

The COVID-19 outbreak has certainly exacerbated the existing vulnerabilities of the public health system in North Macedonia. Given the fact that the national health system focus was to respond to the pandemic, resources were redirected and preventive services were reduced or seriously disrupted. Stress, limited mobility, fear from COVID-19 transmission, increased costs for travel and livelihood disruptions aggravated access to lifesaving services for women, girls and children, such as family planning, antenatal care, access to immunization and other critical services.

This project proposal is a joint effort among [UNFPA](#), [UNICEF](#) and [WHO](#), and aims at strengthening essential health services in times of COVID-19. With the planned activities, adolescents, women and children from vulnerable groups and in remote areas of the country will benefit from sexual and reproductive health services, immunization and psycho-social support. All envisaged activities with the project are aligned with the UN North Macedonia COVID-19 Country Response Framework (Pillar 1 and 2) where UNFPA, UNICEF and WHO are already collaborating. The envisaged project activities are based on the identified need for timely and coordinated action in specific health and social sectors and are based on the established inter-agency partnerships and collaboration with the national government and other partners. The overall approach of the project is to build and expand on the significant investments which have been made over the past years in supporting the strengthening of the national health and social system, containment of outbreaks and health responses to various emergencies.

P_I. Immediate Socio-Economic Response to COVID19 and its impact

Vaccines are highly beneficial at a population level and also cost – effective in comparison to other public health interventions. The reduction in morbidity and mortality associated with successful COVID –19 vaccine programme, through a combination of direct and indirect protection, is expected to lead to reduced incidence of the disease and the associated treatments and healthcare cost.

The first COVID-19 case in North Macedonia was registered on 26 February, while the Government has been scaling up preparedness activities since end-January. The spread of infections – in Europe, the Western Balkans region and in ‘hotspots’ in the country – led to further scale up in measures, including the declaration of the state of emergency as of 18 March, which was subsequently imposed across the entire territory of the country. Initial response by the Government and civil society was heavily focused on health, in order to save lives, coupled by limited non-health emergency interventions. The measures undertaken – infection tracing, treatment, self-isolation, limiting movement and imposing physical distancing – have gradually yielded results, flattening the curve of newly infected cases and increase in recoveries by end-April. By early May, the attention has, similarly to other countries in Europe and the region, gradually shifted towards managing transition, softening the restrictive measures, preparedness and mid and long-term recovery. The number of new infections, however, continued to rise through June and July.

While the direct health toll of the crisis to-date is clear, the full economic impact is yet to fully transpire and be assessed, as is the mitigating effect of immediate socio-economic measures introduced by the Government with support of international partners since mid-March. The impact is disproportionate for men and women, with the latter more exposed as in COVID-19 responders, due to economic shock and as victims of domestic violence or gender-based violence, which may increase during a lockdown while services and shelters for victims are not operational.

As reflected in the [North Macedonia COVID-19 Response Framework \(CRF\)](#), women and girls are playing a disproportionate role in response to COVID19 and are more exposed to economic shocks and domestic violence. In addition, the pregnant women and breastfeeding are faced with suboptimal preventive care and assistance. Worsened educational outcomes for girls pose a threat of early marriage, teenage pregnancies, their increased involvement in household activities and care.

The CRF provides the reference to the UN funding gap of \$22.4 million (Box 2, see per pillar of the CRF) to support response. UN agencies funds, and programmes have already invested significant resources to support COVID-19 response in North Macedonia. The value of ongoing interventions amounts to \$9.3 million, of which \$1.7 million were reprogrammed funds. For details see the UN response activity tracker (Annex 2 of the CRF).

The Joint Programme will primarily focus on socially vulnerable groups, women girls and children, who are at risk which andhas exacerbated by COVID-19 pandemic, leaving those groups behind and making them fall through the cracks of various essential life-saving services, such as sexual and reproductive health, immunization and gender-based violence. Target vulnerable groups include: women and girls of reproductive age (15-49), from vulnerable groups, including women victims of violence, women living in poverty, women with disabilities, Roma, other ethnic minorities, persons living in remote areas with no accessibility to healthcare and social services;

Furthermore, health workers and social service workforce is at the forefront of the rapid service provision dealing with the crisis on a daily basis. Increased skills and resilience of health workers and social service professionals for provision of mobile services will result in better coverage of services in underserved areas, but also increase understanding of psychological distress caused by COVID and the needs of vulnerable groups. The target groups will include: gynecologists and obstetricians, social service work force, immunization teams, nurses, midwives, hospital staff in maternity wards, government agencies and employees engaged in primary, secondary and tertiary health care; data collecting, analysis and planning.

Other relevant reference material:

- The Social and Economic Effects of COVID-19 on Children in North Macedonia - *Rapid Analysis and Policy Proposals*, <https://www.unicef.org/northmacedonia/reports/social-and-economic-effects-covid-19-children-north-macedonia>

UPDATED TEXT OF CN_I:

Simple comparison of numbers of health staff dealing with sexual and reproductive health in North Macedonia is showing that this segment of the health system was particularly vulnerable even prior COVID-19, affecting girls' and women's health. Mother and child healthcare services are available to almost all citizens in North Macedonia, however availability of an adequate number of primary level physicians, accessibility and quality of services significantly differs across and within the regions, municipalities and towns. At the moment, North Macedonia has 17 gynecologists per 100,000 people, which is more than the European average. However, their uneven distribution with the majority concentrated in the capital, Skopje, is leaving half of the big cities and villages without services for sexual and reproductive health. Transport costs are also a significant barrier, because all primary gynecologists are located in urban areas. On the other side, the average number of women in their reproductive age per primary gynecologist is 3,610, but there is a 1:3 ratio between the richest and most poorly supplied regions, severely affecting the most vulnerable groups, such as the women and girls from rural areas, Roma communities, with disabilities and from ethnic minorities. There are also significant differences in the number of in-patient gynecologists in different hospitals. At the same time, the total number of midwives and nurses is almost half of the European average. In 2016, there were a total of 1,020 midwives (55.1 per 100,000 people) and 8,700 nurses (469 per 100,000 people), some of whom (311) are part of the polyvalent patronage service. Emergency obstetrics and neonatal care also suffer from inefficient referral systems and inadequate numbers and distribution of skilled staff. These factors together coupled with the lack of evidence-based practices and skilled staff resulted in an increase in perinatal, infant and maternal mortality until 2018, when the trend was reversed with the support of the three UN agencies, UNFPA, UNICEF and WHO. This support continues as such, and one of the key results in 2019-2020, was the development of the National Perinatal Care Masterplan 2030. Its operationalization through pilot testing of interventions in Skopje, Tetovo and Bitola maternities will be supported by the three UN agencies, but also triggered interest for support by the EU.

The findings listed above were also confirmed with the UNICEF Situation Analysis from 2019 which shows that even prior to the COVID-19 pandemic, reproductive health, mental health and adolescent health lagged behind other sectors in terms of resources, personnel and service delivery, particularly affecting women and girls. Additionally, the analysis shows that reducing availability of essential mother and newborn health and sexual and reproductive health services may result in greater numbers of maternal and newborn deaths, unintended pregnancies, unsafe abortions and complicated deliveries without access to essential and emergency care which will affect the overall maternal and newborn outcomes.

Furthermore, the Multi-indicator Cluster Survey (MICS) 2018-2019 shows a very low modern contraceptive prevalence rate of 14.0 for the general population, while even lower for Roma, 8.6.

All these factors will have a severe long-term impact on gender equality, women empowerment and overall women's wellbeing.

A recent socio-economic analysis carried out by UNICEF on the secondary impact of COVID-19 shows that the pandemic has caused delays in accessing hospital care for newborns, children and mothers. The provision of services across the healthcare system declined by 39% for the whole population, 33% for children and 25% for mothers and newborns. Human resources were identified as key bottlenecks in the health response to the COVID-19 crisis and the pandemic revealed severe shortages in medical and personal protective equipment for the personnel working with the infected population.

Mandatory vaccination has a long tradition in the country and has been implemented for over 60 years. It is duly regulated by laws and by-laws, and costed National Immunization Programme is adopted annually. However, annual programme funded by the state budget mainly include only procurement of vaccines, with scarce or no funds planned for capacity development of front-line immunization workers or demand generation.

Routine vaccination applies to persons under 18 years of age and is administered by the immunization teams) at the 35 Health Centers and 103 immunization teams around the country, except for Hepatitis B and BCG, administered in the maternity ward. Mandatory vaccines are given by age, according to the Immunization schedule which is updated annually.

The home visiting (patronage) service plays also an important role in the immunization system, in supporting immunization teams in identifying/registering newborns and timely referring them for vaccination according to the immunization calendar, as well as in identifying undeclared and unregistered children.

Since 2017, a significant and worrisome drop in the vaccination rates in North Macedonia has also been noted. Measles vaccination rate for 1 and 2-year-olds fell from 96% in 2005 to 74.8% in 2018, with pockets of 42% in the capital Skopje. A World Bank analysis implies that the reasons for this might include fewer resources for health, prioritizing specialized health care over preventive and primary care services, and facility inefficiencies. Key informants, however, pointed out that the biggest drop was in Skopje and attributed it to a proactive anti-immunization campaign organized through social media. Despite the lack of official evidence on the lack of inter-personal communication (IPC) skills of the front-line immunization teams, the need for their capacity development in IPC skills is outlined in the 2019-2020 plan signed between the Ministry of Health and UNICEF and UNICEF has already started addressing it through several other initiatives for behavior change and increasing demand for vaccination. In addition, the recent WHO assessment of essential health services undertaken in August 2020 has documented that, during COVID-19, routine immunization was functioning with limited working hours and was partially disrupted due to long curfew hours and lockdowns. However, data is still not available to measure the level of disruption compared to 2019, or to claim total disruption of school vaccinations because of the school closure in March 2020.

The need for development of an e-immunization registry has been identified based on internal analysis in the Ministry of Health and a formal request for support was submitted to WHO in June 2020. The lack of readily available immunization data and monitoring is a result of the fact that evidence related to immunization of children is paper-based only, and it takes a lot of time to collect papers and provide aggregate coverage percentage. There is a huge need for establishment of a national electronic immunization database that will be connected with the national e-health records and reporting system, in order to have a full oversight on the whole territory of the country and thus better coordinate future needs for a large-scope COVID-19 related immunization. Any disruption of immunization services, even for short periods, can result in higher likelihood of Vaccine preventable diseases (VPD) outbreaks. Such outbreaks may result in VPD-related deaths and an increased burden on health systems already strained by the response to the COVID-19 outbreak. In this line also, developing and delivering electronic training packages targeting the health workforce for "Immunization in Practice" (IIP) and "Mid-level Management" (MLM) and "Training of Trainers" (ToT) tailored for North Macedonia are crucial.

Available global evidence shows that the health and socio-economic crisis caused by COVID-19 will also have long term implications on all layers of the protective environment around children and women, including violence and abuse, mistreatment and neglect, gender-based violence (GBV) and sexual exploitation. Adverse childhood experiences (ACEs) put girls at greater risk, given the different plasticity of their brains, compared to boys and numerous studies indicate a dose-response relationship between the number of ACEs and poor mental health and social difficulties later in life (e.g. substance abuse, interpersonal and self-directed violence, sexual risk taking, poor self-rated health). The increased use of the internet puts children at additional risk of online harm such as sexual exploitation, abuse and bullying. Furthermore, crises such as disease outbreaks place women and girls at greater risk of domestic violence and GBV, particularly in contexts where gender inequality is already pronounced.

Per the data of the Ministry of Labor and Social Policy, the number of reported cases of violence has increased from 329 in the first quarter to 824 for quarters one and two. This is 7,4% higher compared to the same period last year. Of those 824, 611 are

women, 140 men and 73 children. It should be noted that reporting was also affected by the lockdowns and fear of victims that services are limited during the pandemic.

The OSCE-led study on domestic violence in North Macedonia, conducted in 2019 and supported by UNFPA, UNICEF and UN Women, reveals that 54% of women have experienced some kind of violence since the age of 15, while more than two thirds of women do not know what to do in case of violence. Based on the above, the pre-existing alarming condition of GBV was worsened during COVID-19.

Furthermore, it has exacerbated the existing vulnerabilities of the public health system in North Macedonia. Given the fact that the national health system focus was to respond to the pandemic, those resources were redirected and preventive services were reduced or seriously disrupted. Stress, limited mobility, fear from COVID-19 transmission, increased costs for travel and livelihood disruptions aggravated access to lifesaving services for women, girls and children, such as family planning, antenatal care, access to immunization and other critical services.

This project proposal is a joint effort among [UNFPA](#), [UNICEF](#) and [WHO](#), and aims at strengthening essential health services in the times of COVID-19, affecting predominantly women and girls in rural and underserved areas. With the planned activities, adolescent girls, women and children from vulnerable groups and in remote areas of the country will benefit from sexual and reproductive health services, immunization and psycho-social support.

UPDATED TEXT OF CN_II:

The Joint Programme focuses on addressing the immediate needs of the most vulnerable groups caused by COVID-19, but also lay the foundation for post-crisis recovery by ensuring that the developed model of mobile service provision for SRH and immunization are replicated in other regions, underserved areas, that will not be covered by the program. The collaborative programme will be implemented by UNFPA, UNICEF and WHO. The expected programme results are complementary and aligned with the three agencies' ongoing activities in response to COVID-19. Therefore, the intervention is in line with Pillar 1 – Health First: protecting health services and systems during and after the crisis and Pillar 2 - Protecting People: social protection and basic services of the UN North Macedonia COVID-19 Country Response Framework.

In addition to the digitalization of the monitoring and reporting system on immunization which builds on creating relevant modules within the eHealth system at MoH and targeting the health workers with immunization training , all the other activities will be implemented through the establishment of outreach services that will primarily be focused on girls and women of reproductive age (15-49) and children living in remote areas and RCCE activities on GBV and immunization.

The project is aimed at addressing the following problems:

- Poor availability and accessibility of sexual and reproductive health services (family planning, antenatal care and cervical cancer prevention) in different parts of the country;
- Decreasing regular immunization check-ups and growing vaccine hesitancy;
- Paper-based recording and reporting system on immunization
- Underdeveloped system of services to address gender-based violence

The available evidence as well as anecdotal data suggests that the situation with all of these problems is of particular concern in hard to reach and underserved areas.

Outcome 1: Improved accessibility, availability and provision of quality sexual and reproductive health, immunization services and gender-based violence referral and support services in the context of COVID-19, to women, adolescent girls and children, with a special focus on the most vulnerable population in remote and underserved areas.

Output 1: Mobile teams equipped with necessary skills and tools to provide timely sexual and reproductive health services to women and girls (and immunization services for children from vulnerable families) with focus on those in hard to reach and under-served areas.

The approach of the Output 1 is to utilize the mobile gynecological clinics of the Ministry of Health and the skilled and experienced mobile gynecological teams to provide a broad range of services for sexual and reproductive health. At the same time, health staff will be included in the teams to provide immunization services where needed (for catch-up vaccination). Health staff in the mobile units will be also equipped with skills in GBV, to ensure that survivors of gender-based violence are empowered to report and informed about the available services. Services and referral will be regulated with clear protocols, while mobile teams will be trained on topics related to sexual and reproductive health, immunization services, GBV and basic psycho-social counselling.

The mobile teams established with this project will visit prioritized remote areas and aim for 30% more women and girls to benefit from high quality services, bringing the country closer to the achievement of SDG 3 and 5.

By bringing the services closer to the clients, unnecessary travel to health institutions will be prevented, thus saving families from additional financial hardship, waiting with other patients in waiting rooms during pandemic, as well as avoidance of going to receive essential health services due to fear of COVID-19.

The programme will build upon existing resources, such as mobile gynecological clinics, technical expertise, training materials and e-health platforms for training and data collection. All agencies will make maximum use of the telemedicine modules aimed for primary healthcare workers, including gynecologists, as well as the development of adequate referral paths and protocols for operation (adapted from the previous experience), supported by the three UN agencies.

With the program, small-scale equipment that will complement the existing in the mobile gynecological clinics, such as colposcopes, will be procured. This, together with reproductive health kits, medical supplies and personal protective equipment will be procured, in order to ensure that the needed prerequisites are in place for provision of the planned services in with implementation of COVID-19 safety measures. The necessary IT equipment (laptops) will also be procured, and linkages with "Moj Termin" established, to allow for full integration of the services of the mobile units with the existing national e-health platform. Furthermore, training of health staff in key skills needed to provide gynecological service in mobile clinics will be ensured. Provision of sexual and reproductive health services will be organized in partnership with the Macedonian Medical Association – Association of Gynecologists and Obstetricians under the leadership of the Ministry of Health and the Committee on Safe Motherhood and Healthy Newborn.

Selected municipalities and relevant civil society organizations will be engaged to reach out to vulnerable groups to create demand and raise awareness of the availability of services and their health benefits. The Ministry of Health, with the support of UNFPA, has successfully managed such services in the past (refugee/migrant crisis 2015/2016), providing gynecological services through mobile gynecological clinics on-site and ensuring referrals to secondary and tertiary-level facility services. Thus, good practices and lessons learned will be fully considered, incorporating COVID-19 information as well as offering safe and secure channel for accessing the required services during the pandemic.

As part of the team, immunization staff will be included in the mobile unit, to provide medical check-ups and actual vaccination for girls and boys in the remote and underserved areas. The project will ensure availability of these teams and with regular visits to remote and underserved areas children and their families will benefit from immunization and will be protected from vaccine-preventable diseases that impose a serious threat during COVID-19.

The mobile units will also be serving as a hub for the identification and evaluation of suspect cases of DV (domestic violence) and GBV, also serving as an information point and referral to other services.

At the beginning of the project, a rapid update of the situation will be performed. This includes mapping of the availability, capacity and distribution of service providers, portable small-scale equipment and medical supplies needed for the

mobile gynecological clinics, the structure of the targeted population in the selected municipalities, definition of priority geographic areas to be targeted with the program, and identification of the key partners, including their role in the development of a functional, sustainable and integrated model of mobile services. Primary level health services provided through the mobile teams will be recorded in the e-health electronic system, and thus connected and coordinated with higher levels of care for referral and follow-up. For this, a sustainable solution will be sought with the E-Health Directorate, so that women and girls left behind are gradually integrated in the health system and data collection, monitoring and tracking is improved.

Community-based communications activities and raising awareness multi-media campaign related to the sexual and reproductive health services are aimed to create demand for the essential health services, as well as for Covid-19 prevention and response. It will also include activities to raise awareness and importance of sexual and reproductive health services, like cervical cancer prevention, antenatal care, family planning and the importance of contraception with key messages already crafted by UNFPA, aimed at target audiences (adolescent girls and women). Community-based communications activities will be used to influence knowledge as well as practices regarding sexual and reproductive health services, especially among Roma and other vulnerable groups.

Various communications channels will be used, including social media and mainstream media, as well as several community-based approaches and sources (local information spots, 'snow ball' techniques, community informative forums, local non-governmental organizations, community health-workers etc.). The messages will be in local languages and accessible to people with visual or hearing impairment.

Output 2. Capacity development for essential health workforce necessary to provide safe, effective and quality immunization services and development of national digital/electronic immunization registry to provide accurate and timely data on immunization

With the support of this project, the Ministry of Health will introduce into its regular system a new e-immunization registry, aimed at addressing many of the critical data-related challenges faced by the immunization programs, by ensuring that all children registered at birth do not miss a potentially life-saving vaccine. The digitalization of the processes is important because paper systems lead to heavy workload burdens, while the information technology solutions would allow the vaccination workers to reallocate their valuable time, spending more time caring for children and less time administratively and manually compiling reports (which would instead be automatically generated). The use of unified national recording tool will provide a detailed real-time picture of the condition of the vaccinated population in the country, a detailed picture of the recorded adverse reactions after vaccination, as well as accurate planning and optimal consumption of vaccines in each Health Center where mandatory immunization is performed. Taking into account the health risk of the decreased percentage of vaccinated children, the software will allow to have correct information about the immunization coverage at national level, and real-time immunization data disaggregated by gender and other social determinants of health. It will also contribute to better planning for procurement of vaccines and real-time data on coverage, as well as to generate better preparedness for large-scale immunization. Policy and decision making will be evidence-based and will provide equitable services for all population groups. This will not only contribute to addressing the COVID-19 pandemic related short-term issues, but also modernize the immunization process, thus contributing to improving health services for children and adolescents in the long term (building back better). Such a database would also enable more effective roll-out of the Covid-19 vaccine.

Part of any success of a health preventive intervention is capacity development of the health workforce. The project will therefore support capacity development in interpersonal communication skills (IPCS), as well as development and monitoring the uptake of online open training courses: "Immunization in Practice" (IIP) and "Mid-level Management" (MLM) and "Training of Trainers" (ToT) tailored for North Macedonia

and aiming to build capacities of immunization managers and providers countrywide, including immunization units, primary pediatricians, family physicians and primary health care nurses.

The aim of MLM training is to enable immunization managers at all levels to acquire skills in planning, management, monitoring and evaluation of the immunization system. It will also give them the knowledge to supervise and support immunization operations such as service delivery, the cold chain and logistics, purchase and quality control of vaccines, communication in support of the programme. WHO series of trainings aim to provide immunization health care workers (HCW) with up-to-date technical knowledge, provide guidance on how to make the best use of resources in order to ensure the success of the immunization programmes. and also as new vaccines are becoming available, this series will provide guidance to the mid-level managers in meeting the challenges of introducing a new vaccine into the immunization programmes.

Training course will contain several modules which will enable HCW to address cold chain, vaccines and safe-injection equipment management, partnering with communities and risk communication, immunization safety, supportive supervision, monitoring the immunization system and making disease surveillance work.

Rapid assessment will be performed to better understand the perceptions of risks (myths and facts) among the health workers and general population (self-efficacy, perceptions and attitudes related to routine immunization).

Risk Communication and Community Engagement activities under this output are aimed to create demand for the immunization services and actions will include communication for development initiatives to address growing vaccine hesitancy, including strengthening health workers' interpersonal communication skills and other communication interventions to support immunization catch-up campaigns. The approaches will build on existing initiatives that have a proven record of driving change, including rolling out a UNICEF-tested capacity development programme on interpersonal skills to respond to vaccine hesitancy, and build on a social media listening initiative designed to track and respond to perceptions, sentiments and misinformation associated with routine and new/evolving vaccines, as part of the discourse in the plight to establish a vaccine for COVID-19.

Alongside the Risk Communication and Community Engagement activities, the project will also promote awareness of vaccine risks and benefits, it will contribute to better understanding of the perceptions of risk (myths and facts) among the health workers and general public, and promptly prepare the health system for managing any adverse events and concerns about vaccine safety, including informing parents about vaccine schedules. It will include explaining properly the benefits and risks of a recommended vaccine; addressing public concerns and upcoming or persistent rumors about vaccine safety and preparing to address vaccine safety crises if and when they occur.

Output 3. Development of system for recognition, reporting and referral of gender-based violence cases, targeting under-served areas and groups

Boys and girls both experience violence, but their gender makes them vulnerable to certain types of violence, wherein girls and women have lower social status and less power overall. The COVID-19 pandemic further hindered access to services that address gender-based violence at a time when many women and girls may need these services. To protect children and their families, particularly the most vulnerable, during the COVID-19 crisis and beyond, the national systems need to be strengthened, and community-based services need to be supported to best respond to the needs of vulnerable children and families. There is an urgent need to prioritize support in child protection service provision, through a remapping effort, only possible by strengthening referral and response mechanisms. Programmes will be adapted to meet the needs of gender-based violence survivors and mitigate emerging risks during COVID-19 pandemic, aiming at a longer-term system strengthening, to ensure coordinated and age-appropriate health, protection,

psychosocial and justice services and systems are in place and functioning. Risk Communication and Community Engagement activities will be implemented, to ensure referral pathways changes are communicated to the providers and the public.

To ensure the continuity of services, the social service workforce needs to be supported to be able to work. Social work outreach, family support services, and key child protection mechanisms need to be strengthened to ensure prevention and protection from violence and all forms of exploitation, including GBV. It is also crucial to ensure that key protection workers can respond to emergency cases requiring face-to-face interventions. Trainings and technical support for service providers dealing with gender-based violence will be adapted to the pandemic, aimed to enable girls and women to safely and confidentially access GBV services, to ensure referral pathways are developed and functional, and to increase the local and national capacity for service delivery to GBV survivors.

During the pandemic, the mental health of children and young people is specifically endangered. As part of the holistic and comprehensive approach to their psychosocial support, the support of the community from all relevant factors, especially from the social service workforce and professionals in primary health care, is especially important. Primary healthcare (PHC) is an important part of the system in order to restore efficiency, compactness and reformulate the way it functions, as well as to strengthen and mobilize the family system. State and non-state helplines for violence cases and for the provision of psychosocial support will be supported through this project, as well as positive parenting support services. These services will ensure referral to the most appropriate type of service for domestic and gender-based violence (free legal aid, psychological counseling and support for social services), if any case of violence is reported. Through online sessions, videos and materials developed and shared in the media, respectful relationships and gender equality will be promoted, and awareness will be increased on the harm that violence can cause to children and on the increased risk of child sexual exploitation and abuse with increased (unsupervised) use of the internet.

The project will allow the health professionals in the mobile teams to gain the necessary skills to recognize or suspect domestic or gender-based violence. They will be trained how to provide basic psycho-social support discreetly, ensure confidentiality, and provide information for the victims on availability of existing organizations and institutions that can offer protection and psycho-social support. This will be complemented with establishment of trauma-informed primary healthcare practices, including screening for ACEs. By doing so, women and girls at risk of violence and child victims of violence will be empowered to seek such services and be reached by the child protection system.

Risk Communication and Community Engagement is essential for maintaining trust in public health and protection systems. Clear messages about when and where to seek care, especially in cases of gender-based violence, are essential and should be mainstreamed as part of the response communication strategy, including public health messaging to inform adolescent girls and women where and how to get support and care in case of any sexual violence.

Risk Communication and Community Engagement on the secondary impact of GBV and prevalent use of violent child discipline measures will build on a parenting method and will include messaging to break the taboo on violence and adversities in childhood. It will also touch on the development and strengthening of important safety issues among local communities, especially vulnerable populations, health-care workers and decision-makers.

Information in local languages will guide the public to be able to keep up with changes in service delivery platforms, including outreach activities in their communities. Multiple communication approaches will be used, including social media channels, to build public confidence and encourage the continued utilization of essential services during the outbreak. Information sources trusted by the public will be identified, such as primary care clinics, pharmacies, community health workers, non-governmental organizations, while ensuring these sources are kept up to date

about changes in essential service delivery and about available resources, such as hotlines for GBV. Activities are also planned to ensure that messages are accessible to people with visual, hearing or cognitive impairment.

Risk communicators will consider preparing intermediate messages with more detailed information, but rather informal, to avoid technicalities and be more accessible to consumers.

End of updated text for CN_II available in question "P_V. Target population"
(due to character limit)

CN_II. Results expected to be achieved and a clear explanation of tangible results or changes that will be achieved through this collaborative programme Describe the results expected to be achieved and how it contributes to the Covid-19 response and the SDGs. Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. Please highlight a) how the solution(s) is data driven (especially on population being targeted) b) if and how it employs any innovative approaches; c) if and how it applies a human rights-based approach and how is it based on the principle of "recover better together" d) if and how the theory of change reflects

The collaborative program will be implemented by UNFPA, UNICEF and WHO. The results of the program that are expected to be achieved are complementary and aligned with the three agencies' ongoing activities in response to COVID-19. Therefore the intervention is in line with Pilar 1 – Health First: protecting health services and systems during and after the crisis and Pilar 2 - Protecting People: social protection and basic services of the UN North Macedonia COVID-19 Country Response Framework.

Except the digitalization of the reporting system on immunization, all the activities will be implemented through the establishment of outreach services that will primarily be focused on girls and women of reproductive age (15-49) and children living in remote areas.

The project is aimed at addressing the following problems:

- Insufficient sexual and reproductive health services (family planning, antenatal care and cervical cancer prevention);
- Lack of regular immunization check-ups and growing vaccine hesitancy;
- Underdeveloped system of services to address gender-based violence

The available evidence as well as anecdotal data suggests that the situation with all of these problems is particularly concerning in hard to reach and under-serviced areas.

Result/Outcome 1: Mobile teams equipped with necessary skills and tools to provide timely sexual and reproductive health services to women and girls as well as immunization services for children from vulnerable families with focus on those in hard to reach and under-serviced areas.

The approach of the Outcome 1 is to utilize the capacity of the mobile gynecological clinics of the Ministry of Health using skilled and experienced gynecologists providing broad range of services for sexual and reproductive health. At the same time, health staff with expertise in immunization will be included in the teams to provide immunization services, while experts in GBV will ensure services for survivors of gender based violence. Services and referral will be regulated with clear protocols, while mobile teams will be trained on topics related to sexual and reproductive health, immunization services, GBV and basic psycho-social counselling. The mobile teams established with this project will regularly visit prioritized remote areas and allow 30% more women and girls to benefit from high quality services, bringing the country closer to the achievement of SDG 5.

Such a service will also prevent unnecessary travel to health institutions, thus saving families from additional financial hardship, waiting with other patients in waiting rooms during pandemic, as well as avoidance of going to receive essential health services due to fear of COVID-19.

The program will build upon existing resources, such as expertise, training materials and e-health platforms for training and data collection. All agencies will make maximum use of the telemedicine modules aimed for primary healthcare workers, including gynecologists, as well as the development of adequate referral paths and protocols for operation (adapted from the previous experience), all supported by the WHO. The Ministry of Health, with the support of UNFPA, has successfully managed such services in the past (refugee/migrant crisis 2015/2016), providing gynecological services through the mobile clinics on-site and ensuring referral to secondary and

As per SG Designate email

the Gender Equality Marker score selected in this solution

tertiary-level facility services. Thus, good practices and lessons learned will be fully considered, incorporating COVID-19 information as well as offering safe and secure channel for accessing the required services during the pandemic.

As part of the team, immunization staff will be included in the mobile unit, to provide medical check-ups and actual vaccination for girls and boys in the remote and underserved areas. The project will ensure availability of these teams and with regular visits to remote and underserved areas children and their families will benefit from immunization and will be protected from vaccine-preventable diseases that impose a serious threat during COVID-19.

The mobile units will be also serving as a hub for the identification and evaluation of suspect cases of DV (domestic violence) and GBV, also serving as an information point and referral to other services.

Throughout the project rapid assessments will be performed on the availability, capacity and distribution of the health workforce. This will inform the planning and distribution of the workforce to cover underserved areas and maximize occupational health and staff safety measures, including the provision of mental health care and basic psychosocial support.

Primary level health services provided through the mobile teams will be connected and coordinated with higher levels of care for referral and follow-up. Furthermore, that connection will be enhanced with the existing e-health electronic system for data collection purposes, monitoring and tracking.

Result/Outcome 2 Development of national digital/electronic immunization registry established to provide accurate and timely data on immunization

With the support of this project, the Ministry of Health will introduce a new e-immunization registry, aimed at addressing many of the critical data-related challenges faced by the immunization programs, by ensuring that all children registered at birth do not miss a potentially life-saving vaccine. The digitalization of the processes is important because paper systems lead to heavy workload burdens, while the information technology solutions would allow the administrative workers to reallocate their valuable time, spending more time caring for children and less time manually compiling reports (which would instead be automatically generated). Taking into account the health risk of the decreased percentage of vaccinated children, the connectivity between the two existing systems (the Ministry of Labor and Social Policy for kindergartens and "Moj Termin" within Ministry of Health) that will be made possible with the digitalization, will allow to have correct information about the immunization coverage at national level, and real-time immunization data disaggregated by gender and other social determinants of health. It will also contribute to better planning for procurement of vaccines and real-time data on coverage, as well as to generate better preparedness for large-scale immunization. Policy and decision making will be evidence-based and will provide equitable services for all population groups. This will not only contribute to addressing the COVID-19 pandemic related short-term issues, but also modernize the immunization process, thus contributing to improving health services for children and adolescents in the long term (building back better). Such a database would also enable more effective roll-out of a future Covid-19 vaccine.

Result/Outcome 3. Developed system for recognition, reporting and referral of gender-based violence cases, targeting under-served areas and groups

To protect children and their families, particularly the most vulnerable, during the COVID-19 crisis and beyond, the national systems need to be strengthened, and community-based services need to be supported to best respond to the needs of vulnerable children and families. There is an urgent need to prioritize support in child protection service provision, through a remapping effort, only possible by strengthening referral and response mechanisms. Risk Communication and

Community Engagement activities will be implemented, to ensure referral pathways changes are communicated to the providers and the public (also included under Result/Outcome 4).

The social work outreach, family support services, and key child protection mechanisms need to be strengthened to ensure prevention and protection from violence and all forms of exploitation, including GBV. It is also crucial to ensure that key protection workers can respond to emergency cases requiring face-to-face interventions. State and non-state hotlines for violence cases and for provision of psychosocial support will be supported through this project, as well as positive parenting support services, to raise the awareness on the harm that violence can cause to children and on the increased risk of child sexual exploitation and abuse with increased (unsupervised) use of the internet.

The project will allow the health professionals in the mobile teams to gain the necessary skills to recognize or suspect domestic or gender-based violence. They will be trained how to provide support and care discreetly and to ensure confidentiality, and referral to other organizations and agencies for specialized mental health and psycho-social support. With that women and girls at risk of violence and child victims of violence will be empowered to seek such services and be reached by the child protection system.

Result/Outcome 4. Strengthened Risk Communication and Community Engagement to increase demand for vaccination and ensure reliable and trustworthy prevention and protection from violence and all forms of exploitation to children and women.

Risk Communication and Community Engagement activities are aimed to create demand for the essential health services, as well as for COVID-19 prevention and response to the secondary impact of the pandemic. Actions will include communication for development initiatives to address growing vaccine hesitancy, including strengthening health workers interpersonal communication skills and other communication interventions to support immunization catch-up campaigns. It will also include activities to raise awareness and importance of sexual and reproductive health services, like cervical cancer prevention, antenatal care, family planning and the importance of contraception with messages for development already crafted by UNFPA, aimed at target audiences (adolescent girls and women). Risk Communication and Community Engagement actions on secondary impact will be used to influence knowledge, attitudes and intentions regarding sexual and reproductive health services and immunization, especially among Roma and other vulnerable groups.

Risk Communication and Community Engagement is essential for maintaining trust in public health and protection systems. Clear messages about when and where to seek care, especially in cases of gender-based violence, are essential and should be mainstreamed as part of the response communication strategy, including public health messaging to inform adolescent girls and women where and how to get support and care in case of any sexual violence.

Actions will also include communication for development interventions to create a conducive environment to support positive parenting and support parents in nurturing caregiving. The approaches will build on existing initiatives that have a proven record of driving change, including rolling out a UNICEF-tested capacity development programme on interpersonal skills to respond to vaccine hesitancy, and build on a social media listening initiative designed to track and respond to perceptions, sentiments and misinformation associated with routine and new/evolving vaccines, as part of the discourse in the plight to establish a vaccine for COVID-19.

Risk Communication and Community Engagement on secondary impact of GBV and prevalent use of violent child discipline measures will build on a parenting method that foresees communication for development initiatives and that will include the promotion of new innovation platforms and messaging to break the taboo on violence and adversities in childhood.

Alongside the Risk Communication and Community Engagement activities, the project will also promote awareness of vaccine risks and benefits, it will contribute to better understanding of the perceptions of risk (myths and facts) among the general public, and promptly prepare the health system for managing any adverse events and concerns about vaccine safety, including informing parents about vaccine schedules. It will include:

- explaining properly the benefits and risks of a recommended vaccine;
- addressing public concerns and upcoming or persistent rumours about vaccine safety;
- preparing to address vaccine safety crises if and when they occur.

It will also touch on the development and strengthening of important safety issues among local communities, especially vulnerable populations, health-care workers and decision-makers.

Information in local languages will guide the public to be able to keep up with changes in service delivery platforms, including outreach activities in their communities. Multiple communication approaches will be used, including social media channels, to build public confidence and encourage the continued utilization of essential services during the outbreak. Information sources trusted by the public will be identified, such as primary care clinics, pharmacies, community health workers, non-governmental organizations, while ensuring these sources are kept up to date about changes in essential service delivery and about available resources, such as hotlines for GBV. Activities are also planned to ensure that messages are accessible to people with visual, hearing or cognitive impairment.

Risk communicators will consider preparing intermediate messages with more detailed information, but rather informal, to avoid technicalities and be more accessible to consumers. It will involve non-structured interviews of individuals who represent the audience to which communications are directed. Risk communication messages could be developed based, in part, on the results of the interviews and questionnaires and then tested, possibly with focus groups.

b) if and how it employs any innovative approaches;

Healthcare innovation isn't just about new drugs and therapies, but also advancements in service delivery, where frontline clinics play a crucial role in the new ways of operating. Primary healthcare as a gateway to secondary and tertiary care has been also affected by COVID-19, and efficiencies here can have an impact for the patient care pathway as well as care coordination. Even before the COVID-19, in under-served and remote areas patient experiences have been undermined, with less and less face time with doctors, delayed access due to a shortage of primary care doctors and their uneven distribution around the country, increased costs to access services due to travel as well as long waiting times even for patients who do have appointments. Administrative overheads associated with documents and reports processing are significant, creating further hassles for both patients and the health staff. In addition, the potential for early intervention of chronic diseases in primary care settings can have significant downstream implications for health outcomes and care management.

The interventions will support the generation of a country-specific list of essential health care services based on the context/functional mapping of health facilities for acute, chronic and long-term care, in order to manage effectively/restore suspended public health services/create a roadmap for progressive supporting essential health services as pressure on the health system surges/recedes. They are aimed at reaching out and providing support to the most vulnerable women, children and families; the design and development of innovative methods (off-line and on-line) for front-line social workers and psychologists will be supported to this end.

Mobile services that can provide sexual and reproductive health and immunization services are not existing in the country. Thus by introduction of this service, the service provision modality will be further improved to a one that is more accessible

and acceptable for those left behind.

c) if and how it applies a [human rights-based approach](#) and how is it based on the principle of “recover better together”

A human rights lens puts everyone in the picture and ensures that no one is left behind. Human rights responses can help beat the pandemic and its secondary impact on health, putting a focus on the imperative of healthcare for everyone. But they also serve as an essential warning system, highlighting “who is suffering most, why, and what can be done about it” (UN Secretary General). We must ensure that any emergency measures, including states of emergency, are legal, proportionate, necessary and non-discriminatory, have a specific focus and duration, and take the least intrusive approach possible to protect public health. The best response is one that responds proportionately to immediate threats while protecting human rights and the rule of law. As mentioned earlier in the text, the situation with reproductive health, mental health and adolescent health in North Macedonia was lagging behind other sectors, affecting basic human rights such as the right to life, social security, medical care and access to necessary social services. By addressing the key objectives of this proposal through a human rights lens we are tackling both the primary and the secondary impacts of COVID-19 in North Macedonia. The mobile teams will maintain the provision of essential health care services in most remote areas, focus on the most marginalized, and will improve referrals and tackle misinformation and stigma around COVID-19 and other health aspects. At the same time, they will contribute towards bridging the existing gap and socio-economic divide emphasized with the pandemic.

d) if and how the theory of change reflects the [Gender Equality Marker](#) score selected in this solution

The theory of change selected for this solution focuses on activities targeting girls and women from remote and/or under-served areas, and it is aimed at providing regular sexual and reproductive health services, immunization, address GBV and engage with communities on Risk Communication and Community Engagement activities.

By ensuring the provision of sexual and reproductive health services and addressing GBV, gender equality and women empowerment will significantly be strengthened. Through family planning services women and girls will make informed choices about timing, spacing and number of childbirths, thus be able to fulfill their educational and social potentials, and contribute equally in the society. Cervical cancer prevention, family planning and antenatal care will contribute to decreased mortality and morbidity caused by these conditions. The Risk Communication and Community Engagement would influence social norms about women’s and girls’ health and rights.

<p>CN_III. Catalytic impact and nexus Describe how the intervention is catalytic by mobilizing or augmenting other financial or non-financial resources including from IFIs, foundations, the private sector. Describe how the proposed intervention supports medium to long-term recovery for example by enabling other actors to engage, generates an enabling environment for longer-term development.</p>	<p>Planned activities are in line and complementary to the ongoing activities of the three agencies in response to COVID-19 and are contributing to the UN North Macedonia COVID-19 Country Response Framework (Pillar 1 and 2). All envisaged activities with the concept note build on and expand interventions established by the three agencies in response to COVID-19.</p> <p>The resources of this project will not be sufficient to cover the whole territory of the country. Thus, it will target areas with highest needs and lowest coverage of services, based on the existing evidence (which will be updated where needed). The implementation of the project activities will be accompanied by visibility efforts and through partnerships. Its results will be shared with development partners through various channels, and will serve the purpose of updating the UN North Macedonia COVID-19 Country Response Framework.</p> <p>Focusing on maintaining essential health care services in times of COVID-19 by default requires a multi-sectoral and coordinated approach. This has been recognized by the UN North Macedonia COVID-19 Response Framework where the leading agencies of this concept note are already collaborating (in Pillar 1 and 2). Although the project will deal with only a few of the essential health care services that are life-saving and further threatened by COVID-19, such as sexual and reproductive health, immunization, psycho-social support and GBV, the involvement of main state actors in the governing structure of the project will increase their ownership of the results, but also stimulate creation of environment and structure for medium and long term solutions particularly for those facing difficulties with access. The project will not only deliver immediate results by maintaining the selected health services, it will furthermore provide valuable data gathered through its implementation, but also long-term solutions for access to services when the number of health professionals is insufficient. This data will feed up future research and more importantly it will provide evidence for policy makers which is lacking in the moment (GBV for example). At the same time, employment of innovative solutions through this project, such as digitalization (immunization) and mobile service provision through strengthened linkages among sectors (Ministry of Labor and Social Policy and Ministry of Health) will trigger opportunities for other actors (private sector) to participate in the further replication/upscaling of such solutions. Through Risk Communication and Community Engagement the three agencies will not only engage with the targeted beneficiaries (women and children in remote areas), but also contribute to understanding of the importance of continuation of essential healthcare services among wider public and other stakeholders, such as non-governmental organizations, media, parliamentarians, public figures etc. This project means prioritizing the people who are hardest to reach and are usually overlooked for reasons of inaccessibility, poverty and marginalization. There are hidden people and groups in every community. In some cases, people are inadvertently out of sight, because of where or how they live and their access to information. Ensuring the most hardest to reach are in sight and appropriately supported is in the essence of this project proposal. By keeping the focus on health in the public discourse, demand for change and improvements will continue growing.</p>	<p>Reviewer 3:</p> <p>Total score: 16.</p> <p>Overall Comments: Proposal is clearly needs-based and substantively strong including references to relevant data and evidence. The proposal is less strong on the budgetary side - both in terms of the amount applied for vs- the amount listed in the SERP as well as catalytic co-financing.</p>
<p>CN_IV. Who will deliver this solution List what Recipient UN Organizations (no less than 2 per concept note) and partners will implement this project and describe their capacities to do</p>	<p>The activities will be managed by the Ministry of Health in collaboration and with support from UNFPA, UNICEF and WHO. The activities will be closely coordinated with the Ministry of Health, Ministry of Labour and Social Policy, E-Health Directorate, professional association of health professionals, regional health centers and hospitals, centers for social work, non-governmental organizations, as well as grass-root organizations and other entities that can assist with mobilization of communities.</p> <p>The Ministry of Health is having an annual programme for immunization. The budget for the overall immunization programme which envisage purchase of all the necessary vaccines, capacity building and awareness raising is 7'630'000 USD (indicated as aligned co-funding in the Other Sources section of the General Information page of this proposal). The digitalization of the immunization services as part of this project will contribute to upgrading the level of implementation of the activities as part of the annual immunization programme. E-Health Directorate will contribute to the process with its already available IT structures and trained</p>	<p>As per SG Designate email</p>

so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point.

personnel, and will ensure sustainability of the interventions, since the digitalization will be embedded in the already functional system "[Moj Termin](#)". In addition, investment in capacity development of front-line healthcare professionals in immunization teams will create a sustainable base of experts, skilled to address vaccine hesitancy and increase vaccination coverage.

A Steering Committee with representatives from the key ministries, PUNO and relevant non-governmental organisations will be established, to provide the overall guidance on implementation and coordination of the project activities.

Establishment of monitoring and evaluation system before the start of implementation is critical to measure interventions and provides useful information for formulating and justifying budget requests. Standard reporting forms will be established to collect data on implemented activities and their aggregation and disaggregation by age, gender and other social determinants of health, to inform decisions for continuation or amendment of activities. Regular meetings between the agencies will be also established, to discuss progress, identified bottlenecks and/or problems to be solved and find solutions for reaching the set targets.

[UNFPA](#), [UNICEF](#) and [WHO](#) will rely on their internal capacity and will mobilize implementing partners/non-governmental organizations with experience and expertise in sexual and reproductive health, GBV and immunization, such as NGO [Health Education and Research Association](#), Association of Gynecologists and Obstetricians, [National Network for Violence Against Women and Domestic Violence](#), [Macedonian Medical Association](#), Macedonian Association of Nurses and Midwives, [Open Gate La Strada](#) etc. The Ministry of Health has an experienced and skilled National Sexual and Reproductive Health Coordinator in Emergencies who leads a multi-sectoral sexual and reproductive health Working Group, composed of UNFPA, non-governmental organisations, Ministry of Health and its bodies. In cooperation with the Ministry of Health, a detailed programme of outreach work will be developed for the mobile gynaecological clinics. These mobile clinics will extend their services related to the sexual and reproductive health of hard to reach women and girls, immunization and psycho-social support for GBV survivors, through multidisciplinary teams comprising of gynaecologists and pediatricians/patronage nurses from the public health system, financed by the state, as well as professionals experienced in providing psychosocial support to GBV survivors. In addition, opportunities will be explored to establish partnerships with professionals from the private health facilities; based on the outcome, the network of partnerships may be extended to incorporate the private sector as well. Also, this project will complement the ongoing activities of UNFPA and the UK Embassy in North Macedonia for ensuring safe services for survivors of GBV during Covid-19 in the value of USD 25,000 (indicated as co-funding in the Other Sources section of the General Information page of this proposal).

All three agencies are members of the Ministry of Health National Committee on Immunization and National Committee for Mother and Children. Both bodies are led by highly experienced professionals with proven track record of successful collaboration prior to COVID-19 and more intensively during COVID-19. Professional associations of family doctors, gynecologists and nurses and midwives will remain a strong partner for implementation of all planned activities.

P_V. Target population

Direct beneficiaries

Direct beneficiaries of the development of national digital/electronic immunization registry established to provide accurate and timely data on immunization (Output 2) are 100 health workers from immunization teams that will be trained in interpersonal communication skills. Another category of direct users will be the policy decision makers working on implementation of the national immunization programme, 305 providers of immunization services in the national immunization departments. The activity will enable high vaccination coverage and data entry of the records of children aged 0-6 years and linking to the existing module in e-health system Moj Termin, which counts 23,000 – 25,000 newborns per year, hence about 138,000 children aged 0-6 years as beneficiaries. Additionally, the whole population

of North Macedonia (2,083,328 citizens) will benefit from the e-immunization registry. This proposal will enable effective roll-out of the training course for Immunization in Practices for 305 health Care Workers. In addition, registration of the new Covid-19 vaccine, wherefore a total 14,000 health professionals (5,000 HW in COVID centers; 2000 HW in Emergency services 6000; HW in Clinical hospitals and General hospitals (public and private) 1,000) and adults with high risk of acquiring disease, complications and groups with morbidities will benefit.

Also, this activity approaches to sustain high levels of routine immunization coverage (>95%) and is contributing towards the prevention of vaccine preventable diseases. It will also help sustaining trust of the population in immunization and the health system in North Macedonia.

Indirect beneficiaries

Indirect beneficiaries will be 500,000 people reached with immunization campaign and 45,000 engaging with messages from the immunization campaign.

UPDATED TEXT OF CN_II (Continuing from updated text in question "P.I. Immediate Socio-Economic Response to COVID19 and its impact")

b) if and how it employs any innovative approaches;

Healthcare innovation isn't just about new drugs and therapies, but also advancements in service delivery, where frontline clinics play a crucial role in the new ways of operating. Primary healthcare as a gateway to secondary and tertiary care has also been affected by COVID-19, and efficiencies here can have an impact for the patient care pathway as well as care coordination. Even before the COVID-19, in under-served and remote areas patient experiences have been undermined, with less and less face time with doctors, delayed access due to a shortage of primary care doctors and their uneven distribution around the country, increased costs to access services due to travel, as well as long waiting times even for patients who do have appointments. Administrative overheads associated with documents and reports processing are significant, creating further hassles for both patients and the health staff. In addition, the potential for early intervention of chronic diseases in primary care settings can have significant downstream implications for health outcomes and care management.

The interventions will support the generation of a country-specific list of essential health care services based on the context/functional mapping of health facilities for acute, chronic and long-term care, in order to manage effectively/restore suspended public health services/create a roadmap for progressive supporting essential health services as pressure on the health system surges/recedes. They are aimed at reaching out and providing support to the most vulnerable women, children and families; the design and development of innovative methods (off-line and on-line) for front-line social workers and psychologists will be supported to this end.

Mobile services that can provide sexual and reproductive health and immunization services do not exist in the country. Thus, by the introduction of this service, the service provision modality will be further improved to one that is more accessible and acceptable for those left behind.

c) if and how it applies a [human rights-based approach](#) and how is it based on the principle of "recover better together"

A human rights lens puts everyone in the picture and ensures that no one is left behind. Human rights responses can help beat the pandemic and its secondary impact on health, putting a focus on the imperative of healthcare for everyone. But they also serve as an essential warning system, highlighting "who is suffering most, why, and what can be done about it" (UN Secretary General). Universal Health coverage is at the core of implementing the health SDG3 and activities of this proposal will aim that no one is deprived essential health care or endures health related financial hardship due to poor access to health care in the midst of the COVID-19 crisis.

We must ensure that any emergency measures, including states of emergency, are legal, proportionate, necessary and non-discriminatory, have a specific focus and duration, and take the least intrusive approach possible to protect public health. The best response is one that responds proportionately to immediate threats while protecting human rights and the rule of law. As mentioned earlier in the text, the situation with reproductive health, mental health and adolescent health in North Macedonia was lagging behind other sectors, affecting basic human rights such as the right to life, social security, medical care and access to necessary social services. By addressing the key objectives of this proposal through a human rights lens we are tackling both the primary and the secondary impacts of COVID-19 in North Macedonia. The mobile teams will maintain the provision of essential health care services in most remote areas, focus on the most marginalized, and will improve referrals and tackle misinformation and stigma around COVID-19 and other health aspects. At the same time, they will contribute towards bridging the existing gap and socio-economic divide emphasized with the pandemic.

d) if and how the theory of change reflects the [Gender Equality Marker](#) score selected in this solution

The theory of change selected for this solution focuses on activities targeting predominantly girls and women and the most deprived from remote and/or under-served areas, and it is aimed at providing regular sexual and reproductive health services, immunization, address GBV and engage with communities on Risk Communication and Community Engagement activities.

By ensuring the provision of sexual and reproductive health services and addressing GBV, gender equality and women empowerment will significantly be strengthened. Through family planning services women and girls will make informed choices about timing, spacing and number of childbirths, thus be able to fulfil their educational and social potential, and contribute equally to the society. Cervical cancer prevention, family planning and antenatal care will contribute to decreased mortality and morbidity caused by these conditions. The Risk Communication and Community Engagement would influence social norms about women's and girls' health and rights.

UPDATED TEXT OF CN_III:

Planned activities are in line and complementary to the ongoing activities of the three agencies in response to COVID-19 and are contributing to the UN North Macedonia COVID-19 Country Response Framework (Pillar 1 and 2). All envisaged activities in this concept note build on and expand interventions established by the three agencies in response to COVID-19.

The resources of this project will not be sufficient to cover the whole territory of the country. Thus, it will target areas with the highest needs and lowest coverage of services, based on the existing evidence (which will be updated where needed). The Ministry of Health is willing to channel its funds from the National Preventive Program for Cancer Prevention for providing testing kits for cervical cancer screening.

The implementation of the project activities will be accompanied by visibility efforts and through partnerships. Project results will be shared with development partners through various channels, and will serve the purpose of updating the UN North Macedonia COVID-19 Country Response Framework.

Focusing on maintaining essential health care services in times of COVID-19 by default requires a multi-sectoral and coordinated approach. This has been recognized by the UN North Macedonia COVID-19 Response Framework where the leading agencies of this concept note are already collaborating (in Pillar 1 and 2). Although the project will enable provision of only a few of the essential health care services that are life-saving and further threatened by COVID-19, such as sexual and reproductive health, immunization, psycho-social support and GBV, the involvement of main state actors in the governing structure of the project will increase their ownership of the

results, but also develop a sustainable model of mobile services integrated into the health care system that could be easily expanded and replicated in areas with difficult access that will remain uncovered under this program. . The project will furthermore provide valuable data gathered through its implementation that will feed up future research, and evidence for policy makers to tailor existing and new services based on the needs. At the same time, employment of innovative solutions through this project, such as digitalization (immunization) and mobile service provision that will be integrated in the health system and with other sectors (Ministry of Labor and Social Policy and Ministry of Interior) will trigger opportunities for other actors (private sector) to explore opportunities to partner in the further replication/upscaling of such solutions.

Through Risk Communication and Community Engagement the three agencies will not only engage with the targeted beneficiaries (women and children in remote areas), but also contribute to understanding of the importance of continuation of essential healthcare services among wider public and other stakeholders, such as non-governmental organizations, media, parliamentarians, public figures, etc. In this regard, potential partnerships with the private sector can be considered, related to awareness raising among the general population, and the women and girls that are most left behind.

This project means prioritizing the people who are hardest to reach and are usually overlooked for reasons of inaccessibility, poverty and marginalization. There are hidden people and groups in every community. In some cases, people are inadvertently out of sight, because of where or how they live and their access to information. Ensuring the hardest to reach are in sight and appropriately supported is in the essence of this project proposal. By keeping the focus on health in the public discourse, demand for change and improvements will continue growing.

UPDATED TEXT OF CN_IV:

The activities will be managed by the Ministry of Health in collaboration and with support from [UNFPA](#), [UNICEF](#) and [WHO](#). The activities will be closely coordinated with the [Ministry of Health](#), [Ministry of Labour and Social Policy](#), [E-Health Directorate](#), Safe Motherhood Committee and Healthy Newborn, Macedonian Medical Association – Association of Gynecologists, professional association of health professionals, regional health centers and hospitals, centers for social work, non-governmental organizations, as well as grass-root organizations and other entities that can assist with mobilization of communities.

The activities envisaged with this joint programme are complementary to the efforts and funding already secured / provided by the Ministry of Health – with the 2021 Programme on Maternal and Child Health, 340,000 USD have been allocated for a wide range of activities in this field, whereas with the 2021 Programme on Cervical Cancer prevention, 192,000 USD have been allocated. In addition, there is an opportunity for the EU to fund certain interventions for promoting the cervical cancer screening. Furthermore, UNFPA has allocated 240,000 USD for 2021 for SRH and GBV interventions that are complementary to this joint programme. The [Ministry of Health](#) is having an annual programme for immunization. The budget for the overall immunization programme which envisage purchase of all the necessary vaccines, capacity building and awareness raising was 7'630'000 USD for 2020 and increased to 15'940'900 USD for 2021 (indicated in the Other Sources section of the General Information page of this proposal). The digitalization of the immunization services as part of this project will contribute to upgrading the level of implementation of the activities as part of the annual immunization programme.

The Ministry of Health will play a key role in ensuring collaboration among various levels of health care facilities, in developing and approving protocols for functioning of the mobile services and for ensuring participation of partners in the development of a sustainable and integrated model of those services. It will also contribute funding for cervical cancer prevention through its National Program for Cancer Prevention.

[E-Health Directorate](#) will contribute to the process with its already available IT structures and trained personnel, and will ensure sustainability of the interventions, since the digitalization will be embedded in the already functional system "[Moj](#)

[Termin](#)". This is also complementary with the ongoing UNICEF work on digitalization of home visiting recording and reporting system, funded by USAID in amount of 80'000 USD. Investment in capacity development of front-line healthcare professionals in immunization teams is complementary to other three UNICEF ongoing initiatives (behavioral study on vaccine hesitancy, demand generation and social media listening) and will additionally strengthen human resources in this segment of the healthcare system, by creating a sustainable base of experts, skilled to address vaccine hesitancy and increase vaccination coverage. E-Health Directorate will include a module for mobile gynecological services so that they are included and linked with the Moj Termin platform.

A Steering Committee with representatives from the key ministries, PUNO and relevant non-governmental organisations will be established, to provide the overall guidance on implementation and coordination of the project activities.

Establishment of monitoring and evaluation system before the start of implementation is critical to measure interventions and provides useful information for formulating and justifying budget requests. Standard reporting forms will be established to collect data on implemented activities and their aggregation and disaggregation by age, gender and other social determinants of health, to inform decisions for continuation or amendment of activities. Regular meetings between the agencies will be also established, to discuss progress, identified bottlenecks and/or problems to be solved and find solutions for reaching the set targets.

[UNFPA](#), [UNICEF](#) and [WHO](#) will rely on their internal capacity and will mobilize implementing partners/non-governmental organizations with experience and expertise in sexual and reproductive health, GBV and immunization, such as , Association of Gynecologists and Obstetricians, [Macedonian Medical Association](#), Macedonian Association of Nurses and Midwives, and CSOs. The Ministry of Health has an experienced and skilled National Sexual and Reproductive Health Coordinator in Emergencies who leads a multi-sectoral sexual and reproductive health Working Group, composed of UNFPA, non-governmental organizations, Ministry of Health and its bodies. In cooperation with the Ministry of Health, a detailed programme of outreach work will be developed for the mobile gynecological clinics. These mobile clinics will extend their services related to the sexual and reproductive health of hard-to-reach women and girls, immunization and psycho-social support for GBV survivors, through multidisciplinary teams comprising of gynecologists and pediatricians/patronage nurses from the public health system, financed by the state, as well as professionals experienced in providing psychosocial support to GBV survivors. In addition, opportunities will be explored to establish partnerships with professionals from the private health facilities; based on the outcome, the network of partnerships may be extended to incorporate the private sector as well. Also, this project will complement the ongoing activities of UNFPA and the UK Embassy in North Macedonia for ensuring safe services for survivors of GBV during Covid-19 in the value of USD 25,000 (indicated as co-funding in the Other Sources section of the General Information page of this proposal).

All three agencies are members of the Ministry of Health National Committee on Immunization and National Committee for Mother and Children. Both bodies are led by highly experienced professionals with proven track record of successful collaboration prior to COVID-19 and more intensively during COVID-19. Professional associations of family doctors, gynecologists and nurses and midwives will remain a strong partner for implementation of all planned activities.

SDG Targets

Target	Description
Main Goals	
Goal 3. Ensure healthy lives and promote well-being for all at all ages	

Target	Description
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
TARGET_3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Goal 5. Achieve gender equality and empower all women and girls	
TARGET_5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
TARGET_5.6	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
Secondary Goals	
Goal 10. Reduce inequality within and among countries	
TARGET_10.2	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

SDG Indicators

Indicator Code	Description
No data available.	

Contribution to SDGs

Participating Organization	% TARGET_3.7	% TARGET_5.2	% TARGET_10.2	% TARGET_3.8	% TARGET_5.6	% Total
UNFPA	40	0	20	0	40	100
UNICEF	0	25	0	75	0	100
WHO	0	0	0	100	0	100
Total contribution by target	40	25	20	175	40	
Project contribution to SDG by target	13.33	8.33	6.67	58.33	13.33	99.99

List of documents

Document	Document Type	Document Source	Document Abstract	Modified By	Modified On
MKD-COVID_19-Response-Framework-20200730_costed.pdf	Other Docs	Concept Narrative		vjovanovski@unicef.org	Aug 27, 2020

MKD_consolidated_CPRP_COVID19_v5_20200410.pdf	Other Docs	Concept Narrative		vjovanovski@unicef.org	Aug 27, 2020
OSCE - Led Survey on Violence Against Women.pdf	Other Docs	Concept Narrative		vjovanovski@unicef.org	Aug 27, 2020
FT_Study_Social and Economic Effects of COVID-19.pdf	Other Docs	Concept Narrative		vjovanovski@unicef.org	Aug 27, 2020
UNICEF SitAn 2019_En_full.pdf	Other Docs	Concept Narrative		vjovanovski@unicef.org	Aug 27, 2020
Reviewer_3_North Macedonia_MPTF_00209_00070.xlsx	Other Docs	Concept Narrative		kristoffer.tarp@undp.org	Sep 07, 2020
North Macedonia 00070 Assessment of Proposals by Reviewers RC Assessment_27 Aug.xlsx	Other Docs	Concept Narrative		koh.miyaoi@undp.org	Sep 09, 2020

Project Results

Outcome	Output	Description
1		Improved accessibility, availability and provision of quality sexual and reproductive health, immunization services and gender-based violence referral and support services in the context of COVID-19, to women, adolescent girls and children, with a special focus on the most vulnerable population in remote and underserved areas.
	1	Mobile services equipped with skilled teams and tools to provide timely sexual and reproductive health and immunization services utilized by women and girls, a and children from vulnerable families, in hard to reach and under-served areas.
	Activities	
	Title	Description
		Lead Participating Organization
		Participating Organization
		Other Organizations

Outcome	Output	Description			
	1.1	Rapid assessment of the needs for SRH services, on both demand and supply, and the development of a sustainable model for the provision of services through mobile clinics integrated into the health system	UNFPA - United Nations Population Fund		Ministry of Health and Safe Motherhood Committee
	1.2	Engagement and capacity building of teams of SRH professionals to provide the mobile SRH services, through the Macedonian Medical Association – Association of Gynecologists and Obstetricians	UNFPA - United Nations Population Fund		Macedonian Medical Association – Association of Gynecologists
	1.3	Equipping the two mobile gynecological clinics and relevant regional SRH facilities, through procurement of SRH equipment, commodities and supplies	UNFPA - United Nations Population Fund		UNFPA Procurement Services Branch, Copenhagen
	1.4	Integration of the reporting of services provided through the mobile clinic into the existing e-health platform “Moj Termin”	UNFPA - United Nations Population Fund		Ministry of Health, E-Health Directorate, Macedonian Medical Association, Safe Motherhood Committee
	1.5	Procurement of personal protective equipment for the 2 mobile units and relevant regional SRH facilities	UNFPA - United Nations Population Fund		UNFPA Procurement Services Branch, Copenhagen
	1.6	Raising awareness and tailored community-based communications activities related to the SRH services	UNFPA - United Nations Population Fund		Ministry of Health, Safe Motherhood Committee, Macedonian Medical Association – Association of Gynecologists, community health workers, local authorities, CSOs, media
	1.7	Engagement of targeted municipalities and relevant civil society organizations for raising awareness of the availability of services and their health benefits, as well as creating demand for these services.	UNFPA - United Nations Population Fund	<ul style="list-style-type: none"> UNICEF - United Nations Children's Fund 	Ministry of Health and its institutions, selected municipalities, civil society organizations
	1.8	Development of GBV sensitization material for SRH professionals	UNFPA - United Nations Population Fund	<ul style="list-style-type: none"> UNICEF - United Nations Children's Fund 	Cathedra for Family Medicine, Ministry of Labor and Social Policy, CSOs
	2	Capacity developed for essential health workforce necessary to provide safe, effective and quality immunization services and national digital/electronic immunization registry developed to provide accurate and timely data on immunization and awareness raised on benefits of immunization			
	Activities				

Outcome	Output	Description			
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
	2.1	Development of digital immunization modules related to: a) Installation of electronic tracking system that allows faster flow of information, early detection and isolation of data cases, automated data entry and processing, tracking of local / local real-time and local real-time analysis. b) Software and programmes to ensure systematic collecting, filtering integrated data from different sources of information; c) Procedures for analyzing the pandemic evolution and its specificity at national and subnational; d) Producing real time reporting to feedback decision making in a speedy manner	WHO - World Health Organization	<ul style="list-style-type: none"> UNFPA - United Nations Population Fund 	Ministry of Health, Ministry of labor and social policy, E-health directorate; Institute of Public Health
	2.2	Setting up of essential IT infrastructure and preparation of manuals and training materials about the new functionalities of the system	WHO - World Health Organization	<ul style="list-style-type: none"> UNICEF - United Nations Children's Fund 	Ministry of Health, E-health directorate'
	2.3	Development and implementation of accredited online training course "Immunization in Practice" (IIP) and "Mid-level Management" (MLM) and "Training of Trainers" (ToT) / Capacity building for immunization managers and essential health workforce necessary to provide safe, effective quality immunization services	WHO - World Health Organization	<ul style="list-style-type: none"> UNFPA - United Nations Population Fund 	Ministry of Health, E-health directorate' Chamber of Doctors and Association of Nurses
	2.4	Translation and adaptation of materials and licensing of training module	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives
	2.5	Development of training modules for IPC skills	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives
	2.6	Participation at regional Training of Master trainers	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives

Outcome	Output	Description			
	2.7	Training in IPC for frontline immunization workers	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives
	2.8	Better understanding of the perceptions of risk (myths and facts) among the health workers and general population [rapid assessment of self-efficacy, attitudes and perceptions related to routine immunization]	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives
	2.9	Promote awareness of vaccine risks and benefits of immunization [multi-media campaign building on evidence and regular social media listening]	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives
	2.10	Scaling up behavioral insights informed solutions to address vaccine hesitancy	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives
	2.11	Technical assistance to implement policy recommendations for immunization demand generation	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives; Oxford Policy Management
	2.12	Technical assistance to support implementation of RCCE activities (TA C4D Officer)	UNICEF - United Nations Children's Fund		Ministry of Health
	3	Developed system for recognition, reporting, referral and response of gender-based violence cases, targeting under-served areas and groups.			

Outcome	Output	Description			
	Activities				
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
	3.1	Training of social service workforce to provide immediate and continuous support to children and families, and ensure access to GBV services	UNICEF - United Nations Children's Fund		Ministry of Labor and Social Policy, Institute for Social Activities
	3..2	Development of GBV sensitization material for SRH professionals	UNFPA - United Nations Population Fund	<ul style="list-style-type: none"> UNICEF - United Nations Children's Fund 	Ministry of Health, Ministry of Labor and Social Policy
	3.3	Outreach activities to support the centers for social work to identify secondary impacts on most vulnerable families and address these	UNICEF - United Nations Children's Fund		Ministry of Labor and Social Policy, University Clinic of Psychiatry
	3.4	Raising awareness and tailored community-based communications activities related to the GBV services	UNFPA - United Nations Population Fund	<ul style="list-style-type: none"> UNICEF - United Nations Children's Fund 	
	3.5	Provide mental health and psychosocial support, counselling and rehabilitation support to vulnerable groups at higher risk of secondary impacts	UNICEF - United Nations Children's Fund		Ministry of Labor and Social Policy, Macedonian Young Lawyers Association
	3.6	Scale up parenting programmes, including information and support for positive parenting practice, to decrease the level of stress on caregivers	UNICEF - United Nations Children's Fund		Ministry of Labor and Social Policy, National Network for Violence Against Women and Domestic Violence
	3.7	Establishment of trauma-informed primary healthcare, including screening for ACEs at PHC	UNICEF - United Nations Children's Fund		Ministry of Health, Macedonian Medical Association, Macedonian Association of Nurses and Midwives

Signature Indicators

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
No signature indicators available.											

Imported Fund Outcome / Output Indicators

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
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Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
No fund indicators available.											

Project Indicators

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Indicator 1		Number of health workers trained with the newly established training course on safe vaccination practices	Capacity	Yearly	Country	Number	0	2020	2000	2021	Outcome: 1 Output: 2
No components available.											
Indicator 2		Number of new digital immunization modules established	Capacity	Yearly	Country	Number	0	2020	2000	2021	Outcome: 1 Output: 2
No components available.											
Indicator 3		Number of people accessing (with UN support) essential (non-COVID-19 related) sexual and reproductive health services, disaggregated by sex, age group and at-risk populations	Beneficiaries	At closure	Country	Number	0	2020	2022	1800	Outcome: 1 Output: 1
No components available.											
Indicator 4		Number of health service providers trained to provide SRH services in the mobile clinics	Capacity	At closure	Country	Number	0	2020	50	2022	Outcome: 1 Output: 1
No components available.											

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Indicator 5		Number of services provided at the mobile clinics	Other	At closure	Country	Number	0	2020	4	2022	Outcome: 1 Output: 1
No components available.											
Indicator 6		Safe services in place to address gender-based violence (GBV) during the COVID-19 pandemic	Other	At closure	Country	Yes/No	no	2020	yes	2022	Outcome: 1 Output: 3
No components available.											
Indicator 7		Number of master trainers trained in IPCS	Capacity	Yearly	Country	Number	0	2020	10	2021	Outcome: 1 Output: 2
No components available.											
Indicator 8		Number of immunization teams trained in IPCS	Capacity	Yearly	Country	Percentage	0	2021	30	2022	Outcome: 1 Output: 2
No components available.											
Indicator 9		Number of women and girls aged 15-49 Reached through multi media campaigns	Beneficiaries	At closure	Country	Number	0	2020	50000	2022	Outcome: 1 Output: 1
No components available.											
Indicator 10		Number of people reached through immunization campaign	Beneficiaries	Yearly	Country	Number	0	2020	500000	2022	Outcome: 1 Output: 2
No components available.											

Indicator Title	Component Title	Description	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Indicator 11		Number of people engaged with messages from the immunization campaign	Beneficiaries	At closure	Country	Number	0	2020	45000	2022	Outcome: 1 Output: 2
No components available.											
Indicator 12		Number of social service workforce trained provide immediate and continuous support to children and families, and ensure access to GBV services	Capacity	Yearly	Country	Number	0	2020	100	2021	Outcome: 1 Output: 3
No components available.											
Indicator 13		Number of persons provided with support through helplines	Beneficiaries	Yearly	Country	Number	344	2020	1000	2021	Outcome: 1 Output: 3
No components available.											
Indicator 14		Number of PHC clinics screening for ACEs	Capacity	At closure	Country	Percentage	1	2020	3	2022	Outcome: 1 Output: 3
No components available.											

Risks

Event	Category	Level	Likelihood	Impact	Mitigating Measures	Risk Owner
Risk 1: COVID-19 pandemic deteriorates and impacts program implementation due to shortage of health care professionals	<ul style="list-style-type: none"> Operational 	Low	Likely	Moderate	Ensure that sufficient and back-up health service providers are trained and quickly deployed Secure PPE for all service providers engaged in the program implementation to minimize the risks of COVID-19 transmission	spasenovskam@who.int

Risk 2: Reluctance of girls and women to utilize SRH and GBV mobile services as new and innovative service provision modality	<ul style="list-style-type: none"> Social and Environmental 	High	Possible	Moderate	Engage with municipalities, civil society organizations, family doctors and community workers to reach out to vulnerable groups and secure their participation Conduct sensitive communication for reaching out to vulnerable groups to ensure confidentiality	shalja-plavjanska@unfpa.org
Risk 3: Slow delivery and inability to implement within timeframe of a development emergency	<ul style="list-style-type: none"> Operational 	Low	Unlikely	Moderate	Reassignment of staff / use of consultants Local supply options Remote working modalities in place / ready to be activated	spasenovskam@who.int
Risk 4: Absence of National RCCE plan	<ul style="list-style-type: none"> Strategic 	Low	Unlikely	Minor	Campaigns developed in close cooperation with MoH and other stakeholders engaged in RCCE activities, two consultants (international and national) hired to develop the plan in collaboration with MoH	dnikovska@unicef.org
Risk 5: Lower efficiency in delivering the IPCS trainings virtually instead of face-to-face	<ul style="list-style-type: none"> Operational 	Low	Unlikely	Minor	Adaptation of trainings for online delivery, combined with face-to-face trainings	dnikovska@unicef.org
Risk 6: Municipal elections scheduled for September 2021 might cause distraction of staff and local partners in the implementation	<ul style="list-style-type: none"> Operational 	Low	Very Likely	Minor	Work with civil society organizations and technical level staff.	shalja-plavjanska@unfpa.org

Budget by UNSDG Categories

Budget Lines	Description	UNFPA (7%)	UNICEF (7%)	WHO (7%)	Total
1. Staff and other personnel		55,000	72,000	15,000	142,000
2. Supplies, Commodities, Materials		70,000	0	15,187	85,187
3. Equipment, Vehicles, and Furniture, incl. Depreciation		60,000	0	0	60,000
4. Contractual services		59,000	188,603	110,000	357,603
5. Travel		3,103	0	0	3,103

6. Transfers and Grants to Counterparts		80,000	66,500	0	146,500
7. General Operating and other Direct Costs					0
Sub Total Project Costs		327,103	327,103	140,187	794,393
8. Indirect Support Costs		22,897	22,897	9,813	55,608
Total		350,000	350,000	150,000	850,001

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Final Audit Report

2021-01-27

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