Assessment of the Family Planning Services in the Republic of Serbia

Report of a mission conducted by

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CONTENTS

LIST OF ABBREVIATIONS AND ACRONYMS

BCC	Behavior Change Communication
CME	Continued Medical Education
CO	Country Office
FP	Family Planning
FMV	Field Monitoring Visit
FMVR	Field Monitoring Visit Report
IEC	Information, Education, and Communication
GP	General Practitioner
M&E	Monitoring and Evaluation
MEC	WHO Medical Eligibility Criteria for contraceptive use
MOH	Ministry of Health
Ob/Gyn	Obstetrician-Gynecologist
PHC	Primary Health Care
QOC	Quality of care
RH	Reproductive Health
RHM	Roma Health Mediator
SPR	WHO Selected Practice Recommendations for contraceptive use
SRH	Sexual and Reproductive Health
SRHS	Serbian Association for Sexual and Reproductive Health and Rights – SRH Serbia
STI	Sexually Transmitted Infections
TOT	Training of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United Stated Agency for International Development
WHO	World Health Organization

INTRODUCTION

Family planning is a strategic investment in women, communities and nations, yet it is still an unattained luxury many take for granted. In 1994, world leaders charted a new course for global sexual and reproductive health and rights at the ICPD Conference held in Cairo, Egypt. For the first time the health and rights of women became a central element in an international agreement on population and development when 179 countries/governments adopted the Plan of Action. The agreement calls on Governments to eliminate gender inequality, ensure access to sexual and reproductive health care and family planning and upholds the rights of individuals especially women, to freely decide when and if to have children.

Appropriate family planning is important to the health of women and children by: preventing pregnancies that are too early or too late; extending the period between births; and limiting the number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical.

A recent study conducted by UNFPA showed that usage rates for modern contraceptive methods is alarmingly low in many countries of the Eastern Europe-Central Asia region. In five countries of the region (Albania, Armenia, Bosnia-Herzegovina, Macedonia and Serbia) this rate is below the average of 22% for the least developed countries (State of the World Population Report, 2010). When comparing abortion rates with contraceptive prevalence, the figures show that in the countries with high abortion rates a very high percentage of women who are trying to delay or prevent pregnancy are not using a reliable method of contraception.

According to the Serbia Multiple Indicator Cluster Survey MICS (UNICEF 2010), the current use of modern contraceptive methods is only 22 percent. The most popular modern method is the male condom, which accounts for 14 percent, while only between 3 and 4 percent of women used the IUD and the pill. 7 percent of women married or in union have an unmet need for contraception. For every one live birth there are 5 abortions.

UNFPA supports Serbia under the project “Reproductive health and GBV for young people and key populations in Serbia” (SRB0U301).

PURPOSE OF THE EVALUATION

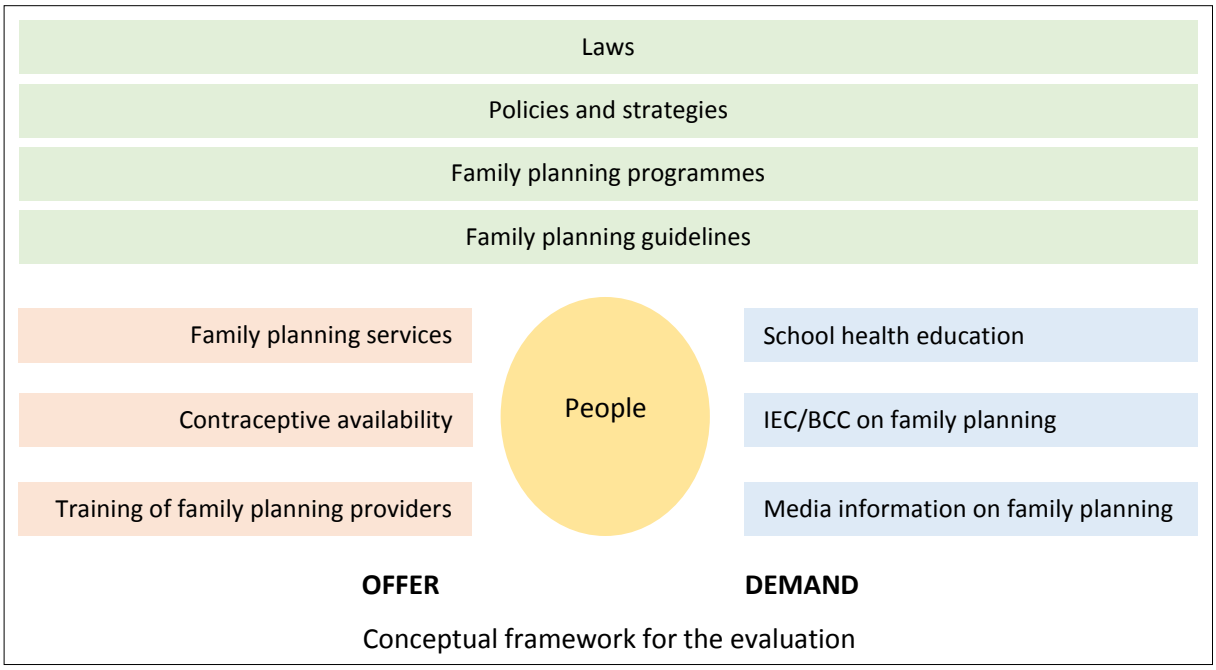
The purpose of the evaluation is to support the Ministry of Health in the assessment of the family planning services in the country, with particular emphasize on family planning realities and needs in Sandžak region.

In particular, the evaluation conducted:

- A rapid review of family planning clinical guidelines, protocols and other related documents in existence;
- A rapid review of the quality of care provided by the reproductive health/family planning services at primary care level;
- An assessment of available reproductive health/family planning training for the health service providers and assess the linkage between the training programmes and quality of care;
- An assessment of the existence of available IEC/BCC products and activities.

EVALUATION QUESTIONS

The evaluation was guided by the following methodological framework.



Conceptual framework for the evaluation

Based on this framework, the evaluation attempted to respond to the following strategic questions:

- Which is the situation of the laws, strategies, policies and programmes regarding family planning?
- Which is the situation of the family planning clinical guidelines, protocols and other related documents in existence developed by the group of national experts?
- Which is the situation of the family planning services, with focus on primary health care?
- Which is the situation of contraceptive availability and logistics?
- Which is the situation of the planning training programmes, methodologies, curricula and materials used and which is the linkage between them and quality of care in family planning services?
- Which is the situation of family planning IEC/BCC activities and products and the consistency of their messages with the family planning training programme of health service providers?
- Which is the involvement of media in family planning?
- Which is the situation of school education on family planning in the broader context of health education?

The evaluation collected information on these questions from multiple sources in order to triangulate and verify information.

METHODOLOGY

Before the in-country part of the mission, the consultant had preliminary communication with the UNFPA Country Office, SRH and the national consultant to clarify roles and responsibilities. Clarification of more detailed roles and responsibilities was done in the team during the preparation phase during the in-country part of the mission.

The evaluation used the following methods:

1. Desk review of the documents provided by the UNFPA Country Office and other sources.

Available documents provided by the UNFPA Country Office, the Serbian Association for Sexual and Reproductive Health and Rights – SRH Serbia and other sources were reviewed. This included documents at legislative and regulatory levels, national guidelines on family planning services, national surveys with data relevant to family planning (DHS, MICS), training curricula, reports, etc.

2. Collection of quantitative and qualitative information through meetings and interviews.

Meetings were held with national experts and trainers involved in the implementation of family planning programs and services. Briefing sessions were held with representatives of the Ministry of Health, Institute of Public Health and other relevant organizations. A particular focus was placed on the family planning issues in the Roma population.

3. Observation of services provided by family planning services.

The evaluation team visited two health care institutions providing family planning services at secondary level and one primary health care centers providing RH/FP services. The family planning services were located in Belgrade and in Novi Pazar.

4. The evaluation used also the early available findings of an ongoing project carried out by the Serbian Association for Sexual and Reproductive Health and Rights – SRH Serbia (UNFPA Implementing Partner): "In depth analysis of service provision related to Family Planning and Reproductive Health Commodity Security (RHCS) of various stakeholders and the vulnerability of young people cross cut several of selected towns in Serbia, with special focus on Sandžak region", which gathered and analyzed qualitative and quantitative data relevant to this evaluation. The SRHS project involved gathering qualitative and quantitative data. Interviews were conducted with local key informants in the cities of Niš, Kruševac and Bujanovac and focus groups were done in Niš, Bujanovc, Pirot and Kruševac. The informants were predominantly family planning services providers: gynaecologists from primary health care centres, general practitioners from primary health centres, gynaecologists from private clinics, pharmacists working in private and public pharmacies. Additional informants belonged to different civil society organisations, mostly the ones working with young population.

The evaluation was limited by the short timeframe (especially in Sandžak-Raška), a relatively small number of persons met and a lack of English language documents. This limitation was overcome by relying on a review of Serbian language documents carried out by the national consultant and supporting UNFPA staff and by using the preliminary findings of the research study conducted by SRHS.

As part of knowledge transfer and capacity building, the international consultant worked with one national consultant hired directly by implementing partner in close collaboration with the Ministry of Health and UNFPA and with a UNFPA Country Office professional staff. The national consultant provided the desk review of Serbian language documents, provided additional required information, facilitated the conduct interviews and meetings and assisted on the writing of the report.

The UNFPA Serbia Country Office supported the evaluation, facilitated the arrangements and provided advice and contextual information for the consultant, including access to key documents, support in contacting relevant stakeholders for interviews and other interactions and support in coordination work.

The Serbian Association for Sexual and Reproductive Health and Rights – SRH Serbia (SRHS) supported the evaluation by organizing meetings with various stakeholders, facilitated field work and provided support to the consultants.

The draft evaluation report was circulated to UNFPA Country Office, SRHS Serbia and to the Ministry of Health for review. Comments received were incorporated in the final report submitted to UNFPA.

FINDINGS AND RECOMMENDATIONS

Available data on family planning

Contraception

According to the Multiple Indicator Cluster Survey MICS (UNICEF 2010) in Serbia, the current use of any contraception was reported by 61 percent of women aged 15–49, currently married or in union. This represents an increase from the 2006 data (37.3%). Among women in Serbia, traditional methods are more popular than modern ones, 39 percent compared to 22 percent. The most popular method is withdrawal which is used by one in three married women. The next most popular method is the male condom, which accounts for 14 percent of married women. Eight percent of women reported use of periodic abstinence, while between 3 and 4 percent of women used the IUD and the pill.

Women's education level is associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 53 percent among those with only primary education to 65 percent among women with higher education. Traditional methods are predominant and are used by 39 percent of women while modern methods are used by 22 percent of women. Usage of modern methods increases with women's education and wealth status. Modern methods are used by only 10 percent of women with primary school education and 11 percent of the poorest quintile in comparison with 33 percent of women with higher education and 31 percent from the richest quintile.

Use of contraception is not very different across regions, ranging from 57 percent in Sumadija and Western Serbia to 67 percent in Vojvodina. Usage in urban and rural areas is also almost the same. Adolescents are less likely to use contraception than older women. Women's education level is associated with prevalence of contraception usage. The percentage of women using any method of contraception rises from 53 percent among those with only primary education to 65 percent among women with higher education.

Among women living in Roma settlements, aged 15–49, currently married or in union, use of contraception was reported by 64 percent (58 percent traditional methods and 6 percent modern methods). The most popular method is withdrawal, used by about half the women. Adolescents are again less likely to use contraception than older women. Only about 41 percent of women, married or in union, aged 15–19, currently use a method of contraception compared to 59 percent of those aged 20–24 years old, and 78 percent of older women (35–39 years old). The percentage of women using any method of contraception rises from 53 percent among those with no education to 70 percent among women with secondary education.

In Serbia, 7 percent of women married or in union have an unmet need for contraception. The unmet need of women within the age group of 25–29 years is higher (13 percent).

In Roma settlements, 10 percent of women married or in union have an unmet need for contraception. This is higher among women aged 20–24 (15 percent) and aged 25–29 (18 percent). There is also a difference between rural (4 percent) and urban (13 percent) areas.

Abortion

Statistics on abortion are not reliable, as private clinics are not reporting. Underreporting of abortions seems significant. Official number of abortions is not accurate, as private clinics usually do not report on abortions. Estimated figures range between 150,000 – 200,000 abortions annually, but there is no official confirmation to support these figures. Underreporting of abortions has also fiscal implications.

The last DHS in 2006 showed a total abortion rate of 2.76. Elective abortion remains high, with women aged 15-45 having 66 abortions for every 100 live births, and adolescents having 21 abortions for every 100 live births. It was repeatedly said during the interviews that the number of abortions in Serbia is unacceptable high.

According to the Abortion Law, health care institutions that perform pregnancy terminations are obliged to keep administrative and medical records on performed terminations and to deliver reports to the designated institute for health protection. The records and documents are to be considered medical secret and be kept at a designated place at the institute. It was reported that there is a new Law on Medical Records and Reporting under development, which will clarify reporting responsibilities of private and public clinics.

Political environment

Family planning in Serbia appears to have been neglected in the last 20 years. The situation has deteriorated further as the economic crisis and social transition pushed this area of health to a distant margin. The current situation shows a low contraceptive prevalence rate and a high abortion rate. Family planning is not regarded in terms of human rights, but rather as a demographic determinant. An explanation for this can be traced back to the opinion present among decision-makers and health professionals that family planning contributes to lowering of the birth rate in Serbia. Viewed in this negative context, family planning is forced into a niche. The head of the National Reference Center for Family Planning said that family planning goes through a turbulent period, and that efforts done so far have not been very successful ("We tried everything with family planning, but we did not succeed!").

There is a Serbian Parliament a Commission for Reproductive Health and Sustainable Development, an informal parliamentary structure originating from an earlier Inter-parliamentary Group on HIV/AIDS and SRH, formed out of needs recognized by vulnerable groups. This is an all-party structure established to contribute to the reproductive health and especially vulnerable groups which supports the ICPD principles and process. The Commission has cooperated with the European Parliamentary Forum, but they are not officially a member. There is a process of formalizing the Commission.

The MP interviewed stated that there is a political openness about reproductive health and family planning, but there are problems about prioritization in the context of the economic crisis. The political climate is appropriate to discuss SRH issues, but as there is no National Strategy and the prolonged economic crisis, national priorities are now shifted to other areas. It was reported that policy makers in Serbia tend to be against family-planning because of fear of depopulation. The program of the interviewed MP's party makes reference to reproductive health as part of the demographic planning, as it is believed that Serbia has the oldest population in Europe. The Government promotes responsible family planning under the slogan "1-2-3" ("1 roof, 2 salaries, 3 children").

There is also a general tendency to see reproductive health as youth health and overlook the other components of RH. It is relevant that family-planning counseling centers in the PHC are called youth counseling centers. Efforts should be done to reposition reproductive health as not only a health care, but also a social and human rights issue, and family planning as not only a demographic or youth only specific issue.

There was no serious discussion in the recent years about strategy to increase the contraceptive prevalence rate and decrease the abortion rate, or about an institutional solution for family-planning. All Governments were positive to reproductive health, but still Serbia does not have a RH Strategy until now. Earlier, it was suggested to establish a Department for Family Planning within one of the Ministries, but this was never implemented.

Political will is needed to put family planning on the national agenda. Some interviewees stated that there is a need to identify a high level public figure to act as a champion for family planning, and suggested that the wife of the President of Serbia may be a possible key person to do that, in a similar way to the campaign to promote safe driving and regular use of seat belts championed by the President.

There is a need to support the Ministry of Health to set up collaboration/coordination efforts of stakeholders from different sectors (NGOs, private and public sector), with clear division of roles and responsibilities under the leadership of the Government. The current picture shows a non-coordinated environment in family planning, with several key institutions acting in separation. The planned RH Strategy should include clear mechanisms for coordination between institutions. Also, regulations of a National Family Planning Programme could be used to aggregate and coordinate the different existing and planned components into a coherent and functional framework.

The Ministry voiced the political will to maintain and expand the cooperation with UNFPA. Interviews with UNFPA Country Office staff showed that there has been until now a very limited implication of UNFPA and other UN agencies in family planning, due to limited funding. The issue of a not very successful track record of the UN in Serbia, which leads to limited relevance of the UN organization in the country, was also highlighted.

Recommendations

Provide to the policy makers evidence based reports and research data that documents and explains the link between sexual and reproductive health, gender equality and development, and present family-planning through the human rights angle.

Work with the Parliament Commission for Reproductive Health and Sustainable Development for public policy events, such as launching the State of the World Population report, and support it to connect with similar bodies in other countries to enhance regional cooperation and learning from good practices in the region.

Legal framework

Health in Serbia is governed by several fundamental legal documents, including the Constitution of the Republic of Serbia (2006), the Health Care Act (2005/2013), the Health insurance Act (2005/2011), the Medicine and Medical Devices Act (2004/2012), the Special Act for the Health Care of Children, Pregnant Women and Childbirth Mother (2013), Ordinance for pregnant women care (1995). The Public Health Act (2009) has references to prevention activities, promotion of health and improving the quality of life of the population. It also mentions the need to organize national

programmes and public campaigns that promote the important health values. The Law on Medicines and Medicinal Items (2010 and 2012) regulates registration and prescription of drugs, including contraceptives, in pharmacies.

More specifically, the area of family planning is covered by an Act on the Procedure of Pregnancy Termination in Health Institutions and another Act on the treatment of infertility by biomedical assisted insemination (2009). The right to contraception is not mentioned, the late abortion is only sparsely mentioned and the voluntary sterilization is not mentioned. There is a lack of a unified view on reproductive rights and health, including the decision-making on pregnancy and birth and contraception and a need to define a more modern and precise legal framework for sexual and reproductive health and family planning.

The overall legal basis exists for all practices in relation to family planning, but more detailed legal regulations necessary for the practical application of the legal principles (such as adolescent pregnancy, modern contraception including emergency contraceptives) does not exist. The principle of informed consent should be promoted in all these regulations, alongside the rights to privacy and confidentiality, as well as the principles of good practice in the work of medical services devoted to family planning. There are some changes planned in the Public Health Law and a Public Health Strategy under development. The revision of the Public Health Law is believed to bring more clarity on the strategies on public health.

According to the latest Health Protection Plan in Serbia for 2013, which is a strategic and operational document of the Health Insurance Fund, only 20% of the female population (age 15 - 49) was planned to be reached with one "preventative medical exam in relation to family planning" and there is only a mention of the need for a more intensified counselling and education work and reach to prevent unnecessary abortions, secondary infertility and sexually transmitted infections. Such measures are encouraging and commendable but likely insufficient. It was mentioned by almost all experts interviewed that in practice, the Serbian health care system is geared mostly towards treatment and less on prevention.

The current Law on the Health of Women, Children and Adolescents has a weak SRH Component and unclear solutions concerning the privacy of pregnant woman who seek abortion.

The Law on the Procedure of Pregnancy Termination in Health Institutions (1995 and 2005) allows abortion on request up to 10 weeks of gestation. After 10 weeks abortion is only legal for indications related to risks to the health of the woman, fetal malformation, or if the pregnancy is caused by criminal act. There are no social indications. Gynecologists interviewed mentioned that for pregnancies under 10 weeks of gestation, the existence of conditions for termination may be determined by a gynecologist. Beyond 10 weeks of gestation, the decision has to be made by a council of physicians in the health care institution and beyond 20 weeks by the Ethical Board of the health care institution. An Ordinance for pregnant women medical care documentation and evidence (1995) is a complementary bylaw with this Act.

The Ministry of Health has several Expert Commissions established to advise the Ministry on key issues. The commissions work meet under the auspices of the National Institute of Public Health. These commissions may benefit from a technical and information support to help them identify and propose best solutions to different health issues, including family planning.

Recommendations
Support the MOH through expert groups focused on different topics related to family planning (legislation, training, contraceptives logistics, IEC/BCC, reproductive health rights, etc.).

Reproductive Health Strategy

There is no Reproductive Health Strategy currently, and RH is somewhat covered by other strategies, for example the Strategy for Youth Development and Health. There was also a Population Renewal and Pronatalist Policy published by the Ministry of Labor and Social Policy in 2006, but it is no longer in use.

The Ministry of Health has committed to develop a National Strategy for Sexual and Reproductive Health with a strong component on family planning/contraception. The Ministry of Health would like to finalize it by June 2014 and requested UNFPA support for this, and UNFPA already expressed its support for this project.

The Strategy should be based on evidence and accompanied by a clear Action Plan with allocated budgets. In order to be effective in increasing access to family planning and contraceptives, it is important that the Strategy addresses both its low demand and limited supply of contraceptives. There is a need for reliable data to support the strategy, and a clear implementation plan including monitoring end evaluation.

There is a National Program of Health Care for Women since 2009. It contains eight sections, and one of them is family planning. There are plans to link this Programme with the upcoming strategy, and the MOH has set up a working group to work on this until June of 2014.

However, the head of the IPH seemed unaware of the preparations for the RH Strategy in 2014, and expressed the belief there is no need to have a separate RH Strategy, as this topic is adequately covered by other documents. IPH requested UNFPA to support the evaluation of the Youth Health Strategy in October 2013, but so far a suitable consultant could not been found for the evaluation, due to unavailability of good consultants.

Recommendations
Provide support to the MoH in writing the RH Strategy.

Health care system

The structure of the health system includes health centers at municipality level in which usually a general practitioner the obstetrician gynecologists and the pediatrician work together. The centers are paid by the Health Insurance Fund. At each local municipality level there are local Health Councils grouping the local stakeholders. They have advisory role on how to apply the national strategies to the local context.

Serbia has a mandatory social health insurance system, in which every citizen has the right to at least a minimum package of services covered from the compulsory insurance. The Health Insurance Fund adopts an annual Ordinance for primary health care and a catalog of primary health care services, which includes gynecology examinations, counseling and prescription of contraceptives. Services to uninsured individuals are paid from the MOH budget. The Ministry of Health could not provide exact figures about the percentage of uninsured population.

The health care system in Serbia seems more focused on treatment than on prevention. There is a widespread opinion among doctors and policy makers that prevention is too expensive and pressing curative issues have to be given priority. Some proposed that family planning consultations by PHC physicians should be incentivized, for example through double payment for physicians like for breast and cervical cancer screening consultations

Family planning services

Institutions providing family planning services

The National Family Planning Reference Center

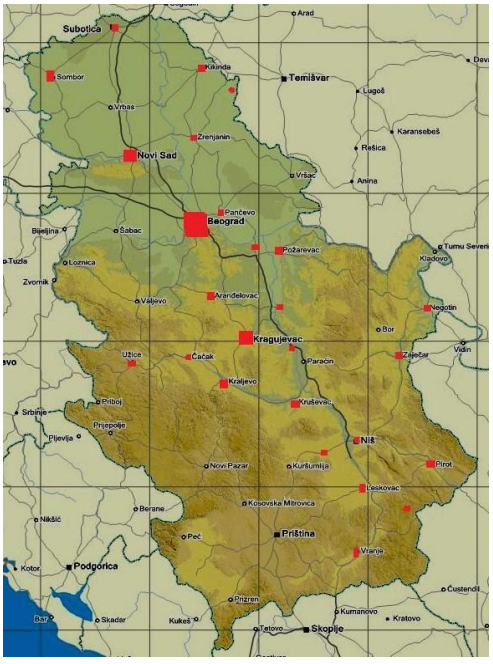
The Republic Center for Family Planning is one of seven organizational units of the Institute for Health Protection of Mother and Child of Serbia "Dr. Vukan Cupic" located in Belgrade, Serbia. The Center is mandated to promote and implement adopted strategy for protection of reproductive health and population renewal in Serbia, and its field of work is defined under the provisions of the Statue of the Institute for Health Protection of Mother and Child of Serbia "Dr. Vukan Cupic". The Center is responsible for:

- Examining and managing the health status of women, children and youth; their health related behavior and hygiene practices; and proposing measures for their improvements
- Implementing health education with a goal of improving health-related behaviors
- Examining and developing methods for improving health care protection as well as the quality of health services targeting women, children and youth
- Developing, making recommendations and monitoring the implementation, and/or implementing health care protection programmes for women, preschool children, school children and students
- Offering preventive, diagnostic, therapeutic and rehabilitation services in the field of Family Planning, Pediatric and Adolescent Gynecology, Generative Age Gynecology, Fetal Pathology, Pathology of Pregnancy and delivering women with high risk pregnancies.

Family planning counselling services

Special family-planning services existed in primary health care in the past, but it was reported that their workload was very low. In cooperation with Health Centers around Serbia, the Republic Center for Family Planning has been developing a Network of Counseling Centers for Youth Reproductive Health. According to the list from 2011, there are over 35 Counseling Centers for Family Planning in public Health Centers (HC) across Serbia: 10 in Belgrade, 7 in Vojvodina, 8 in Central Serbia, 2 in Western Serbia and 9 in South and Eastern Serbia. In addition, there are a few Counseling Centers ran by private Health Centers. The Ministry of Health would like to expand this to all primary health centers and make counseling mandatory.

Capacities and type of services offered by these Counseling Centers vary depending on the city, and they mostly focus on counseling on STDs, contraception methods, sexual education, organizing workshops and-or individual interviews with adolescents, pregnant women and couples etc.



Map of cities and municipalities in Serbia covered by the Network of Counseling Centers for Youth Reproductive Health (source: http://www.serbiamap.net/index.html)

There are two types of counseling: Counseling for Youth (older minors) and Developmental Counseling (pre-school children and children with developmental problems). Gynecologists in those municipality counseling centers have to spend half of the working time in counseling. Services are provided if it is necessary together with a gynecologist and a psychologist. Gynecologists in Primary Health Care Centers perform contraceptive counseling focused mostly on adolescent special needs.

There were many opinions expressed regarding the true activity and functionality of these centers. Many said that counselling for young people should be friendlier, and that a holistic approach with youth is needed. One gynecologist in Novi Pazar stated that "We do not have in reality family-planning counseling services in the primary health care", an opinion echoed by others who believed that these services are more formal. Also the results of the study conducted by SRHS among service providers highlighted the opinion that the counselling services need to be improved.

Belgrade Students' Polyclinic

Belgrade has a large student populations. With many young people away from home for the first time, and engaged in or on the threshold of intimate relationships, sexual and reproductive health is a major focus. Since students receive no sex education in school and this is a taboo subject in most homes, family planning counseling and services are very important. The Belgrade Students' Polyclinic has a Family Planning Counseling Centre that offers individual interviews, group discussions, provides advice for choosing and prescribing contraception methods. Only students age 18-26 can receive the services of the Polyclinic; students older than 26 cannot be served.

The Polyclinic does also outreach activities its staff gives lectures on STIs approved by the Ministry of Education in the beginning of every academic year targeting mainly freshmen students living in dormitories and distributes condoms.

The staff includes 8 gynecologists and several nurses. Gynecologists provide family-planning services, including counseling and contraceptives prescription. They do not insert IUDs, and the director of the Polyclinic stated that legally IUDs can be inserted only in secondary or tertiary health care units. Another reason mentioned was that the Polyclinic does not have a specialized operation theater for IUD insertions; however the gynecology clinic visited had a fully equipped consultation room, there is in the Polyclinic also a surgical intervention room where simple procedures can be performed, and the head gynecologist interviewed did not see any legal barriers towards inserting IUDs.

The gynecologists usually counsel students to use condom at the beginning of a relationship, and then recommend oral contraceptives when the relationship becomes stable. She complained also about emergency contraceptives being used regularly ("emergency contraceptive pills are used as condoms").

Family planning providers

On a broader conceptual level, the model of the family physician in Serbia has not been accepted. The current primary health care model is based on Primary Health Centers staffed with general practitioners, gynecologists and pediatricians.

The system of family-planning services is based on gynecologists and not on general practitioners. Contraceptives can be prescribed only by gynecologists, located in Primary Health Centers, as well as in secondary and tertiary health care institutions. There is no strategy or intention to change that and to confer a role to general practitioners in family-planning.

There are several reasons for this policy. The National Expert Commission for the Protection of Mother and Child Health advising the Ministry of Health has adopted the position that only highly trained specialist gynecologists can provide family planning services. There is a large number of gynecologists in the Primary Health Care centers and therefore services are highly accessible to anyone. All PHCs have gynecologists, so GPs do not focus on FP. There was even the opinion that "We have too many gynecologists". According to the interviewed experts, there are more than 7,500 gynecologists in the Primary Health Care Centers, and one primary health care gynecologist covers approximately 6,500 women.

The Ministry of Health also expressed concern about how to best use the expertise of the existing gynecologists. According to health statistics in the Ministry of Health, family-planning services are among the lowest as number of consultations. Approximately 80% of patients visiting GPs are elderly people suffering of chronic diseases. GPs in Serbia have both curative and preventive roles. In terms of prevention, they have a role in screenings for colon cancer, diabetes, chronic diseases, etc. but they are not involved in breast and cervical cancer screenings as these are done by gynecology departments. GP could only give advice about screening or could inform women to go to the gynecologist.

Another important reason stated are also the health habits of the women population to go exclusively to the gynecologists. "I would go for family-planning only to a gynecologist" said a high level MOH female official.

Also the results of the study conducted by SRHS showed that all the polled respondents agreed that the best way to get information on family planning is to visit a gynecologist in a counselling service, who is the best person to provide this information. The study also showed that family planning services provided by gynecologists are at a rather low level judging by the assessment of reproductive behavior and the related use of contraceptives.

General Practitioners are interested in family planning, but they do not know how to prescribe modern contraceptives and they need a referring report from a gynecologist. GPs usually do not feel comfortable recommending FP.

A key expert stated that she does not agree with General Practitioners performing family planning and said family-planning should stay was gynecologists at all levels: "If General Practitioners performed family planning, it would compromise the health system for the next 10 years".

Recommendations
Support the activities of the National Reference Center for Family Planning.
Support an analysis of the activity and impact of the Counseling Centers for Youth Reproductive Health to improve their performance.
Support an analysis of the role of different types of health providers in family planning and the possibility to expand the types of service providers eligible to provide family planning/contraceptive services.

Abortion services

Abortion is done both in government health care institutions and in private ones. In governmental clinics it is generally performed after-hours at full price and some interviewers considered it a source for additional income for gynecologists. Quality of abortion services was reported as deficient, with lack of post-abortion counseling or contraception.

Abortion performed in private clinics is a problem. The head of the Family Planning Reference Center stated that there are approximately 147 private clinics and although only 42 of them have abortion licenses, most of them do abortions but do not report them, despite the existing legislation that requires them to do so. The private clinics do not have contracts with the health insurance and they rely on out-of-pocket payments from the clients.

The Family Planning Reference Center is implementing a project for improvement of the quality of care of the abortion services. There is a widespread conception that sharp curettage should be performed often abortion and the aim is to introduce Manual Vacuum Aspiration in secondary and tertiary care and medical abortion in primary health care centers. The medical abortion combined regimen Medabon is in the process of registration, as well as the mifepristone tablets Mifegyne. Currently medical abortion is only available in one clinic in the country.

Post-abortion contraception

Both private and public clinics lack pre- and post-abortion counseling services. Post-abortion counseling for family-planning was estimated to be done only by 10% of gynecologists.

A suggestion was made to support research about economic aspects of family planning and abortion, conducted by different research or teaching public health institutions.

Price of abortion

Prices of an abortion vary from one health institution to another. In Belgrade it is quite high (130-140 EUR), in Institute for Mother and Child it is 50-60 EUR. In Novi Pazar, the price of an abortion in the hospital is 30 EUR under local anesthesia and 40 EUR under general anesthesia, and in the private practice 70 EUR under local anesthesia and 150 EUR under general anesthesia.

Experts consulted said that the legislation is too permissive, as it permits two jobs for physicians, who are working both in the public hospitals and in the private hospitals, and are diverting clients from the public service to the private ones where they have to pay.

Concern was raised that when it comes to abortions reproductive health rights are in danger, as women who do not have money for abortions might resort to criminal abortions. The National Family Planning Center intends to attract attention to the abortion issue and make abortion a high profile issue, not only from a medical point of view, but also as a social problem.

Recommendations
Conduct a strategic assessment of abortion services using the WHO methodology to identify problems and suggest solutions.
Support a cost benefit analysis to provide local data for Serbia about the fact that contraceptives are more cost efficient than abortion. Both these analyses can be used as a powerful advocacy tool.

Family planning guidelines

The National Family Planning Reference Center produced three guidelines for family-planning, but they were not yet approved legally by the Republican Commission for Approval of National Clinical Guidelines.

The Center attempted to translate the WHO Medical Eligibility Criteria for contraceptive use (MEC), but WHO did not approve the translation because it was funded by a pharmaceutical company. There are currently plans to produce a Serbian language version of the MEC by UNFPA.

The Center also produced national guidelines for good clinical practice on abortion based on the WHO policy and technical guidance.

There was also an opinion that the National Institute for Public Health should express an official stand or point of view on clinical guidelines, which should be imposed to all gynecologists. There is a lack of guidelines in family planning in Serbia, and every doctor acts upon his/her own opinion and not according to evidence.

In the absence of clinical guidelines, there are many prejudices and issues related to the contraceptive consultation. The contraceptive consultation includes many un-necessary tests taken in order to prevent further accusations in case of complications. There is widespread opinion among the gynecologists that if anything goes wrong with a contraceptive patient, everyone will blame the contraceptives ("if something happens the pill will be responsible").

A team of three Serbian experts received training in the methodology to develop and/or adapt clinical guidelines and protocols applying the principles of evidence-based medicine through the UNFPA/EEIRH/RCOG Regional Course on Clinical Guidelines held in Bucharest, Romania in June 2013. There is a need to establishing a national mechanism for developing, implementing and auditing clinical guidelines and protocols in sexual and reproductive health.

Guidelines should be elaborated by professional bodies, and from this point of view, the evaluation team could not identify an active professional association representing the obstetricians and gynecologists in Serbia, although there is in theory such an association member of the International Federation of Obstetrics and Gynecology (FIGO).

Recommendations
Support production and introduction nation-wide of Serbian language versions of the key WHO guidance documents for family planning, including the WHO Medical Eligibility Criteria for contraceptive use (MEC), the WHO Selected Practice Recommendations for contraceptive use (SPR), and the WHO Global Handbook for Family Planning Providers.
Support the National Family Planning Reference Center, the National Institute for Public Health, medical universities and professional bodies to advance their activities in evidence based medicine and to develop/adapt national clinical guidelines on family planning and broader SRH topics.

Quality of care in family planning services

The responses collected from the service providers through the research conducted by SRHS, particularly those working in counselling on prevention of unwanted pregnancy, showed that the quality of family planning services depends on the level of professional knowledge and training that the staff has. Another important factor is the accessibility of these services that is uniformly better in cities than in rural/remote areas.

The Ministry of Health started an initiative to improve the quality of care in Primary Health Care centers. In theory, in each health care institution there should be an institutional commission on quality which should check the quality of services and make recommendations. Every health care institution will be required to produce an annual report based on a set of quality indicators. The set of indicators for gynecology is under development now. The Rulebook on Quality Indicators on Health Protection (2010) contains a list of so called "quality indicators" that must be recorded in relation to the activities of a gynecologist working on health protection of women:

- Percentage of registered clients who have visited their chosen gynecologist for any reason
- Ratio between first and repeated visits to the chosen gynecologist
- Ratio between issued referrals for specialist examination/ counselling and the total number of visits to the chosen gynecologist
- Percentage of preventive examinations out of the total number of gynecologist examinations
- Percentage of clients between 25 and 69 years of age covered by a targeted examination in order to detect cervical cancer early
- Percentage of clients between 45 and 69 years of age referred to mammography by any chosen gynecologist in the last twelve months.

There is also a Ministry of Health professional inspection which can control externally the quality of health care services.

The issue of the professional competency of the physicians is regulated by the Chamber of Physicians, which licenses doctors for practice. The Chamber of Physicians is organizing regular audits approved by the Ministry of Health and reports the results to the Ministry of Health. In case of a poor professional performance of a physician the Chamber may take several measures up to revoking the practice license.

Recommendations
Support research to identify which are the instruments used to check the quality of services and how these can be linked to family planning services.

Training of family planning providers

Gynecologists' attitudes against family-planning and myths on contraception were identified as major barriers by many of the interviewees. Unfortunately younger gynecologists were considered as more resistant than older ones, who benefited earlier from family planning courses offered by IPPF. A study published by the head of the National Family Planning Reference Center in 2008 showed that many gynecologists based their professional advice on misinformation and on their own personal opinions of modern contraceptives rather than on sound, evidence-based medicine. Six out of ten members of the Gynecology and Obstetrics Section of the Serbian Medical Society reported that they or their partner had had one or more abortions; almost four out of ten said they usually used withdrawal or no contraceptive method at all; one out of two was unwilling to prescribe oral contraceptives to girls younger than 18 years of age; more than three out of four advised women against the use of oral contraception for more than two years; some even expressed irrational concerns about the use of modern contraceptives. (Sedlecky K. and Rasevic M. Are Serbian gynecologists in line with modern family planning? The European Journal of Contraception and Reproductive Health Care 2008 13:2, 158-163.)

All data points towards the need for building the capacity of service providers to provide family planning/contraceptive services through pre- and post-graduate education, including use of modern technology such as distance learning and develop mechanisms to address the motivational issues of service providers.

Pre-graduate training

Pre-graduate education in Medical Faculties in Serbia does not include a mandatory course on modern contraception. At the level of pre-grad studies, contraception is taught only through courses such as pathology, pharmacology, endocrinology, etc. and a coherent presentation of family planning and its significance is not available. Gynecology courses doesn't deal with this topic in a detail manner. There is a one semester course titled "Contraception" in the ninth semester but it is facultative, so students are free to choose it if they want to attend or not.

All professionals interviewed believed that training on contraception should be more formal and detailed. The curriculum is designed by the Dean of the Medical Faculty and approved by the Ministry of Education.

Recommendations
Provide support to the Medical Faculties in developing a coordinated curriculum on contraception across various disciplines.

Post-graduate specialization in gynecology

After graduating from Medical Faculty, a physician must work for two years as a GP before enrolling in a specialization. Gynecology residency courses do not deal with contraception in a detailed manner. The total duration of study on contraception does not exceed 10 hours in the residency course. There is no supra-specialization in family-planning.

Continued Medical Education

Live CME

Continued Medical Education is accredited by the Health Council of Serbia. The Medical Chamber of Serbia plays a role in Continued Medical Education. There is no active professional body/society of obstetricians and gynecologists.

There is no training curricula developed to provide trainings at primary health care level and no regular CME courses for family planning providers.

The National Reference Center for Family Planning organizes annual symposiums about modern contraception, with a content changing from year-to-year. There are approximately 700 participants in each symposium. Participation is voluntary and physicians receive Continued Medical Education points. Symposium materials are given to the participants on CDs. The head of the National Reference Center intended to collaborate with UNFPA in the past for one of these training courses, but the request was rejected based on the opposing opinion of the Institute of Public Health. The Center eventually conducted the course without UNFPA support.

Recommendations
Work with the Ministry of Health and the National Reference Center for Family Planning to develop a systematic post-graduate training programme for family planning providers at institutional rather than individual level.
Assist in the development of a standardized training package for family planning for health providers and its accreditation with the Health Council of Serbia.

Distance learning CME

The Center for Development of Informal Education, an NGO active in the area of medical education for physicians, work with Roma health mediators and innovative approaches for young people in vulnerable groups (theatre based education), has developed in 2011 the first online training course on reproductive health for physicians, targeting mainly GPs but also other specialists.

The rationale for the project was the clear lack of information and bias of the GPs in PHCs about reproductive health and especially contraception, which is believed to be harmful. Generally, education on Internet has shown that is quite innovative and useful in qualitative sense as well, contrary to classical way where participants usually go to the seminars, get points, but learn little.

The course was designed through a collaboration with the Faculty of Medicine (J. Seratlic, K. Sedlecki, D. Ilic, B. Matejic, V. Cucic, V. Bjegovic). The course contains presentations on various subjects, including: Introduction to reproductive health, Planning a reproductive health programme, Family planning and woman's' health during the pregnancy and delivery, Gender dimension of family planning, STIs, Epidemiology. Each session is open for 15 days, and requires about ten hours to complete. 60% correct answers are required to pass the final test.

Target participants are GPs from PHC Centers. The course cannot be attended also by nurses, because the regulations do not allow the same course to be accredited for physicians and nurses in the same time.

For each session of courses, an application is sent to the Serbian Medical Chamber, and accreditation is received in 15 days from the Serbian Medical Council. The course is credited with 8 CME points.

Computer literacy among GPs is a big challenge. GPs generally do not feel comfortable using the online platform and lack basic computer skills. The course is advertised and CDIE staff goes to each health institution to explain how the course can be accessed on line. Physicians who decide to take the course benefit from technical support from CDIE. Despite receive this support, on how to use the platform and having access to an IT hot line, the response rate is still very low.

The course was introduced until now in 8 Primary Health Care Centers. When test was first launched in Nis, out of 250 GPs enrolled, only one passed the test. During the last run of the course, out of 166 physicians enrolled, 45 completed and the rest of them abandoned the course or did not finish the test. This raises the issue of the quality of the training of the physicians and the quality of the knowledge of the primary health care doctors.

The head of the National Reference Family Planning Center expressed reservations about the content of the online course and about the modality of the Centers' involvement in its development. She offered to help with the review of the professional content of the online course.

To improve this initiative, experience may be drawn from the activity of the Centre for Continuous Medical Education of the Belgrade University Medical School/Faculty of Public Health, which organizes accredited courses for GPs from across the country on topics including development of human recourses in health, health policy. To overcome the problem of health professional's computers skills in online medical education, the courses are organized both online and face-to-face in four centers (Belgrade, Novi Sad, Nis and Kragujevac). The quality of courses is best when interactive case studies are used, and a combination of distance learning and face-to-face learning is used (blended learning).

Recommendations
Review of the professional content of the online course
Identify ways to have more physicians take the course.

Contraceptive availability

The offer of contraceptives is quite limited on the Serbian market. Some modern contraceptives are not on the market (injectables and implants) and the reasons stated were that pharmaceutical companies are not interested in the small market of a country with a low contraceptive prevalence. This situation is also partly to the fact that there is a low demand for contraceptives in the country, but also due to the complicated administrative procedures for registering drugs. Serbia has also a locally produced combined oral contraceptive (Legrevan) which is cheap and accessible.

Available contraceptives, including emergency contraceptive pills with levonorgestrel, can be purchased over-the-counter without medical prescription.

Price of contraceptives

Contraceptive consultations are free-of-charge and paid by the Health Insurance Fund. The Ministry of Health has a target of covering 20% of the population in need with family-planning counseling.

Contraceptives are only partially subsidized. Oral contraceptives are compensated 25% and IUDs have no compensation so they must be paid in full by the clients.

A quick survey of a few pharmacies, both private and public ones, indicated that oral contraceptives, IUDs and condoms are available. Prices for oral contraceptives vary from approx. 1.6 EUR for the cheapest ones up to 10 EUR the most expensive ones, while IUDs cost approximately 130 EUR.

The price of contraceptives was regarded as an important barrier to access by most of the interviewees.

The Ministry of Health considered that access to free-of-charge contraceptives for a limited period of time would help solve the problem of affordability. Such free-of-charge contraceptives were available in the past from IPPF and had a good effect. Therefore, donations would be needed from international organizations to improve the access and raise the demand.

Gynecologists in the Belgrade Students' Polyclinic also considered that free contraceptives, including condoms, would be very useful.

Accessibility of contraceptive methods and their prices were important factors identified also by the survey conducted by SRHS. Contraceptives are available in pharmacies, but their prices are too high or even prohibitive for the majority of potential users, especially the younger and unemployed ones, who cannot rely on a steady source of income. The majority of responders thought that provision of free contraceptives to the population would increase the rate of their use.

Contraceptive prices was identified as a problem also by the organization working with Roma, and availability of free contraceptives was assessed as good to increase the access of Roma population to family planning. Also the Roma women interviewed were particularly concerned about the co-payment they have to pay for medicines.

Affordability of contraception may be ensured by including full compensation for modern contraceptive methods in the government essential drug list and insurance coverage and providing for a limited period of time free-of-charge contraceptives to vulnerable groups.

However, there were also opinions that free contraceptives would certainly help, but key reasons for low contraceptive prevalence rate are not high prices, but rather poor knowledge about modern family planning and lack of personal responsibility and prioritization. Some interviewees said that free contraceptives would not contribute much to higher contraceptive prevalence rates, because the key challenges are poor information, prejudices and myths discouraging their use, and the fact that there is no an official position and promotion of family planning from national institutions.

Arguments brought were that in former Yugoslavia, most contraceptives were given free-of-charge, but situation was still the same and there was not a higher contraceptive prevalence rate.

Another argument was that many women in need for contraceptives have enough money to afford cell phones and other commodities, so they could definitely afford buying contraceptives when the cheapest ones would cost them about 1.5 EUR, which is the equivalent of two SMSs.

Recommendations
Support an economic analysis of the cost of contraception versus abortion.
Support the Ministry of Health to develop a policy for providing free-of-charge contraceptives to vulnerable groups of population
Support the Ministry of Health through a donation of contraceptives to be distributed free-of-charge.

IEC/BCC and health promotion

The survey conducted by SRHS showed that the degree of contraceptive knowledge in lower social groups can be described as basic with condoms, IUDs and pills recognised as methods of family planning but without knowledge of other modern methods. Most replies demonstrate that modern contraception is either used rarely or is not used at all, replaced with traditional methods of family planning such as withdrawal and rhythm method. Main reasons for the prevalence of traditional methods as reported: lack of information, lack of interest, low level of education, a wish to have spontaneous sex and greater pleasure, fear of negative effects of contraceptives, trust in the male partner and sometimes fear and shame of visiting a gynaecologist. There is a general prejudice about negative effects and unreliability of medical family planning methods which creates mistrust and rejection on the side of demand. Moreover, many respondents think that the majority of population would continue using traditional methods of family planning even if well informed about their unreliability, only with slightly more attention to detail. However, it can be said that traditional attitudes prevail among middle-aged and older population whereas younger people, adolescents have better grasp of contraception, are more likely to visit counselling services and inform themselves about family planning.

There were no regular information campaign on family-planning reported, only some sporadic activities supported by pharmaceutical companies interested in family planning. Overall, almost no IEC/BCC materials were seen in any of the places visited.

Some materials on contraception were available in the Gynecology Department of the Belgrade Students' Polyclinic, mostly commercial posters for contraceptives. In the lobby, there was a poster on 10 Most Common Prejudices about Contraception (content attached as Annex 4).

The National Institute for Public Health and its 22 regional and local Institutes are supposed to coordinate also health promotion activities. The IPH has a department for health promotion, but the activities are mostly focused on pregnancy care and not family planning. Some Global Fund money were used as a vector for information campaigns on reproductive health.

A leading gynecologist expressed the opinion that the absence of family planning IEC/BCC activities is due to the fact that experts who decide the health promotion policies are mostly public health specialists who decide based on statistical data and without contact with the reality, and specialists coming from the secondary care and interested in treatment only.

Also, the main activities of the IPPF member association in Serbia did not focus until now on family planning, but on issues of HIV prevention and social employment. The association has produced only one IEC material on contraception for people with disabilities and one on STIs for Roma.

Some information materials in Primary Health Care Centers were produced with the support of OSCE, including materials for Roma people on topics such as breast-feeding and contraceptive methods, both in Serbian and Roma languages. There is clearly a need for information materials developed and printed in Romani language.

Focus groups during the survey conducted by SRHS highlighted the fact that provision of information and education are the most important parameters in improving reproductive and sexual health in Serbia.

UNFPA in Serbia did not support so far development of IEC/BCC materials for family planning. There is clearly a need to support activities that increase the awareness of the population about modern contraception, addressing the myths and misinformation regarding modern contraceptives, using evidence and innovative strategies tailored to vulnerable groups.

Recommendations
Support IPH and other governmental and non-governmental actors in development of IEC/BCC materials on family planning.
Support the Ministry of Health to develop a coordinated approach for family planning health promotion including all relevant stakeholders (Institute for Public Health, National Reference Center for Family Planning, health care institutions, civil society organizations).

Role of the media

Media is a very important key stakeholder, and promotion by the media of wrong or problematic values and standards of behavior free and without responsibility was quoted repeatedly as a reason contributing to the current family planning situation. Family planning seems not to be a subject for the media, although the journalist interviewed said that she was aware of the fact that less than 5% of the population used pills, that every second marriages happens because of pregnancy, and Serbia has the highest abortion rate in Europe. The explanation is that there are a lot of bigger and more important problems in general (political affairs) and in health care (health sector corruption).

The journalist believed that there are bigger and smaller problem in Serbian health system and family planning is small problem. Cervical and breast cancers for example are considered more important subjects: “Some women may die of abortions and some not, but a lot of women die from cervical cancer.”

The journalist interviewed said that “family-planning does not exist in Serbia” and it is not the subject matter for the media to write about it, except some subjects about teenage abortion.

Also, family planning, contraception and abortion are not spectacular subjects. Facing a strong market competition among publications, and having yellow media always looking for scandals, the philosophy is that subjects should be as spectacular as possible (“Bad news is a good news”, “What bleeds, leads”).

Journalists believe that media does not have a social role and its role is to inform, not to educate. Lessons about family planning and contraception should be learnt in the family, not outside, and parents must educate their children. Young people are not considered newspaper readers, and there is an opinion that they usually collect information directly from Internet. Most of the interviewees outside the media business considered however that media should serve the public interest, including public health and rights and show a greater degree of social responsibility.

Regarding the quality of the information published by the media, editorial policies are made by the Chief Editors. Journalists writing about contraception should be responsible for the correct information, and should have a balanced view according to the professional standards and law. There were no trainings for journalists about health or in particular family planning, and the opinion was that such a training, with an appropriate curriculum, would be good and should make the journalists more sensitive to family planning.

There seems to be a mechanism for verifying the correctness of the information to be published, and for correcting wrong information already published, but the mechanism is not applied. There are newspapers which were fined for publishing wrong information or lies, but did not pay the fines.

There are two professional associations of journalists in Serbia (Serbian Journalists' Association and Independent Serbian Journalists' Association), which often oppose each other, and many journalists do not belong to any of the two. There is a professional code for media, but separate provisions for informing about health care were not accepted.

Policy makers interviewed said that media should be better regulated but there are not cleared of values on how to do that. One solution would be that media develops its internal monitoring and quality control systems. An external monitoring system may be useful and should not be regarded as censorship but rather as a mechanism to ensure that correct information is disseminated through media. The Government should find modalities so that national public media starts promoting healthy lifestyles. In the long runs this may inspire also private televisions to join the campaign as well.

There are some local initiatives regarding media role in reproductive health. The Secretariat for Youth and Sports in Vojvodina has signed a memorandum with the Vojvodina TV through which several 10 to 15 minutes short stories about sexual and reproductive health have been produced and aired, targeting youth 11 to 15 years old.

Recommendations

Support development of a media monitoring system regarding the quality of family planning information published and provide expert evidence based feedback in case of incorrect information. This may be combined with contests for best evidence based articles on contraception.

Support seminars with journalists to sensitize them and increase their knowledge about sexual and reproductive health and rights and family planning.

Advocacy with the association of editors and journalists bodies.

Reproductive health education in schools

According to the interviewed MP, the Serbian education is in a need of a serious reform, which requires strong political will. There have been three previous reforms in education, which were in fact three revolutions that each changed everything. There is a need for a common shared vision and a list of values to be conveyed through the educational system and this goal has not been yet agreed by all the political spectrum. There is a theoretical consensus but not a strategy or practical actions.

Currently, MoH and MoE are working together to introduce health education in secondary schools. The Institute of Public Health is in charge with developing the curriculum and materials and the education of teachers starting next year. The health education curriculum which includes a component of reproductive health education has been finalized and is being piloted. The plan is to introduce from 2014 health education (30 hours per year) in the final third and fourth classes of the secondary school (an age group starting at 17 and ending at 18 years old). The National Institute of Public Health will receive budget to initiate training of the trainers. The IPH group responsible for this project is led by Ms. Jelena Gudelj and Dr. Mila Paunic.

There were diverging points of view regarding the age when reproductive health should be initiated in schools. Some experts interviewed assessed that is that is too late to start teaching pupils in secondary school and it would be better to start it in primary school. Others, being aware of the need to start reproductive health education at a younger age in the primary school, still believed that reproductive health topics is adequately covered in primary education by other subjects or courses in elementary schools. This point of view was rejected by most of the interviewees who considered that health education is only formally done in elementary schools.

There were also opinions that health is not the priority for young people, and Serbia does not need a special Reproductive Health Strategy since the subject is already integrated in the Strategy for Youth Health and Development. It was suggested that, instead of developing a new RH strategy, efforts should be directed towards the evaluation of the existing Youth Strategy, and UNFPA has been already approached to support such an evaluation. This attitude reflects the point of view that RH and FP are only young peoples' issues and ignores the other dimensions of RH. The Youth Strategy tackles only one dimension of reproductive health and family planning related to youth, and as such is not sufficient and cannot replace a comprehensive RH strategy.

Focus groups during the survey conducted by SRHS showed a widely shared opinion that raising awareness and improving the quantity and quality of information through public education system and through other means (activities of civil society, media etc.) would produce the desired effects of decreasing the number of unwanted pregnancies and abortions among both younger women and women in later stages in life.

In the area of school health education, the evaluation identified also an interesting local initiative in Vojvodina, region with self administration.

The Institute for Public Health of Vojvodina coordinated the development of a curriculum and a manual for sexual and reproductive health education in schools, with funding from the Secretariat for Youth and Sports and support from the Secretariat for Health, Demography and Social Policies.

The project was developed staring from the results of an earlier survey conducted at province level by the Institute of Public Health assessing the knowledge of youth in the field of SRH. The survey showed poor information and insufficient knowledge on reproductive health among young people. Out of 27 questions, youth respondents on average answered correctly only to 10 questions, and referred to media and Internet as key sources of information, not schools or family. Another trigger for the project was the large number of abortions registered in the province and the differences between the numbers officially registered and those reported in the survey. It is believed that less than 50 % of the abortions are reported, and there is an obvious gap between reported and indicated number of abortions. The unofficial estimates are around 100,000 abortions.

The authors of the material are from the Medical Faculty and include gynecologists, psychologists and preventive medicine specialists. The translated Table of Contents is attached as Annex 3. Regarding the content, some reactions were reported to some of the information conveyed in the material (for example regarding the term "positive diversity" describing homosexuality).

The curriculum is being with the help of medical students and psychology students pretested in five general and five professional schools, starting with the first grade of the secondary school (approximately 17 years old). In the 10 schools, the pilot courses were attends by 1,200 pupils in the scholar year 2013/2014. The results of the pretest will be available in June 2014 and there are plans to include it in practice in all schools starting from 2014/15 school year. However, the support from the Provincial Secretariat for Education has not been yet secured for this objective.

As a way to ensure sustainability, the authors plan to integrate this curriculum with other healthy living curricula (such as the nutrition one) into one comprehensive package on life skills education. Also, the material could be used by other subject's professors. For example, literature professors can use it when explaining romance and love, math professors for problematic tasks, etc.

This it is a good initiative, but lacks the support of the Provincial Secretariat for Education. It is not known whether it will be introduced in all schools, and if yes, if it will be a mandatory or optional subject. In order to be expanded throughout the entire province, it needs the approval of the Secretariat for Education. The budget required has yet to be determined.

There is a need to clarify the possible role and the limitations of the teachers and medical personnel in the teaching methodology. There is an opinion that physicians are not allowed to teach, but there is a precedent in the nursing schools where physicians are teaching without having any didactic certification

There is no strategy to scale up the project on a wider scale at national level and in order to do that it needs the approval of the national Ministry of Education in Belgrade. There is no analysis of the connections with the national process coordinated by the MOH and MOE to introduce health education in all Serbian schools.

Recommendations
Analyze the possibility to feed the results of the Vojvodina project into the national process of introducing health education in all Serbian schools, support sharing of good practices and avoiding duplication of efforts.
Support the Vojvodina IPH to promote the curriculum to the provincial Secretariat of Education and to develop a teaching methodology manual.
Ensure that sexuality and reproductive health education programmes in and out of school are comprehensive and include education on gender and rights.

Roma population and family planning

The issue of Roma health and family planning was explored during meetings with representatives of the Government, civil society (Bibija association), family planning providers, Roma Health Mediators AND Roma people living in two settlements in Belgrade.

The exact number of Roma population in Serbia is not known. According to the official census, Roma constitute approximately 2% of the entire population (approximately 149,000 people), but this is was presented as a low estimate and according to some unofficial estimates, there are over 400.000 Roma in Serbia. The low number of declared Roma was stated also as an obstacle to expanding the Roma Health Mediators' services.

There is a special Office for Human and Minority Rights and an Office for Roma Inclusion, chaired by Roma Member of Parliament.

Roma health issues

It was estimated that approximately 30% of the Roma women fall outside the health system. Primary health care services are accessed by a limited number of Roma women and secondary and tertiary healthcare services even less (estimated 8-10%). Reasons for this include the lack of identity papers, especially in Roma IDPs from Kosovo or Roma repatriated from Western Europe.

As the representative of a NGO working with Roma issues eloquently pointed out, many Roma have no papers and are therefore “legally invisible”. The impossibility to obtain birth certificates and register the children was pointed out also as a reason for the Roma children not attending school.

Individuals not paying health insurance can still get health services by registering in the social system, but more work needs to be done to prepare the ID papers and the health system cards for the Roma women in order to bring them into the system.

The interviewed Roma Health Mediators said that, although counseling services exist in theory in primary health care centers all over the country, they do not exist in practice or they are not very well defined. They are done by the physicians will have other duties and medical staff can be discriminative, thus discouraging Roma women to visit PHCs. One interviewee said that medical staff should not have a separate course on discrimination against Roma women, but rather this topic should be incorporated in all trainings they attend. Traveling from the Roma settlement to the Primary Health Care centers can be a problem in some places.

According to the recent MICS survey, 10 percent of women married or in union living in Roma settlements have an unmet need for contraception. This is higher among women aged 20–24 (15 percent) and aged 25–29 (18 percent). There is also a difference between rural (4 percent) and urban (13 percent) areas.

Roma women are poorly informed about contraceptives and Roma men have a bad attitude towards contraceptive methods, especially condoms. Roma males are against family-planning, although at the declarative level they would accept it. The position is that pregnancy is a cohesive factor in the family and that women should take care of fertility and contraception. Focus groups during the survey conducted by SRHS highlighted the fact that Roma men need to be more involved with workshops on reproductive health.

Lack of education is contributing to this situation (as few Roma are educated and only fewer of them have higher education) and lack of IEC/BCC materials in Romani language.

Poverty and economic dependence of women are also key obstacles. Employed Roma women show a different attitude, and think and behave differently of those who fully depend on their husbands. Programmes that contribute to the empowerment of women in settlements vocational through training, certificates and support to employment were considered important solutions. A programme offered by the National Employment Agency supporting start-up businesses with approximately 1,200 EUR was reported.

Roma Health Mediators

A project was implemented in 2006 – 2009 for the development of the Roma Health Mediator (RHM) system in Serbia. There are currently approximately 75 mediators in the whole country located in 60 Primary Health Care centers, and this number is considered insufficient. The National Strategy envisages 135 Mediators and Bibija’s recommendation is to introduce 150 Mediators to fully respond to the needs of having one RHM for 500 beneficiaries, actually similar to the ration of nurses. Ministry of Health considers the results of the Roma mediator program as very encouraging.

The profession of Roma Health Mediator is not yet official and Bibija association developed terms of reference for the RHM which have been submitted to the Ministry of Health and are undergoing a review. Special attention is given to family planning and maternal after birth control and the responsibilities of the mediator defined by the proposed TORs include family planning activities. RHMs go through a training course and pass a final test to acquire certificates, but they do not have

formal graded exams.

There are two opinions regarding the gender of RHMs, with Bibija considering that RHMs should be only women, and SRH considering that mediators should be also men, not just women. It was reported that one approach does not fit all. There is a need to work with older women who can influence younger girls into using family planning methods. Also, the specificity of the Roma population in the Belgrade area is different from others regions of the country.

The budget for the Roma Health Mediators comes from the national budget for the Roma inclusion and projects supported by OSCE and SIDA. The salaries of RHMs were not paid for a period of time in 2010.

There is concern about the funding the network of Roma mediators after the end of the external support. The Roma Decade ends in 2015. The Government is committed to fund the Roma mediators as part of the Roma inclusion strategy and of the health strategy. The strategy is to fund them from the municipal budgets and the Ministry of Health and the Ministry of Finance are working jointly to clarify the mechanisms. The Ministry of Health is also working to include the Roma health mediator as a regular job.

Sustainable funding of the RHMs remains however questionable. The Government's offered to take over and increase the number of mediators has not happened yet, and the objective of local funding is even more challenging, as local self-governments must realize the benefits of this initiative and provide funding themselves.

MoH and local self-governments are key stakeholders, the latter being crucial for the full implementation of the RHM programme. A partnership between the MOH, Ministry of Regional Development and local self-governments is necessary to solve the problem. However, the role of independent local administrations is essential, as democratic bodies at the local municipality level. The widespread opinion was that, ultimately, the local municipalities and the Primary Health Centers will have to find solutions specific to each local setting.

Recommendations
Support economic analysis demonstrating the impact of the Roma health mediators.
Support developing advocacy and lobbying skills of Roma NGOs, and of an advocacy tool for using in the relation with local municipalities.
Support study tours for Mayors and members of local Health Councils to learn about best practices regarding Roma Health Mediators.
Support education programmes targeting Roma, both women and men, in their settlements
Support awareness raising campaigns combined with free contraceptives targeting Roma.

Family planning in Sandžak-Raška

Sandžak (Cyrillic: Санџак pronounced [sǎndʒak], Turkish: Sancak), is a geographically narrow historical region divided along the border between Serbia, Montenegro and Bosnia and Herzegovina. The name Sandžak derives from the Sanjak of Novi Pazar, meaning the Sanjak (district) of Novi Pazar, a former Ottoman administrative district. Between 1878 and 1909 the region was placed under Austro-Hungarian occupation, following which it was ceded back to the Ottoman Empire. In 1912 the region was divided between kingdoms of Montenegro and Serbia.

The region is referred to as either Novopazarski Sandžak (Sandžak of Novi Pazar), or simply Sandžak by local ethnic Bosniaks. Official administrative name of the region, however, is Raška District Raška Oblast (Рашка Област). Montenegro and Serbia refer to the region by its medieval name – Raška, hence the name Sandžak-Raška.

It stretches from the southeastern border of Bosnia and Herzegovina to the borders with Kosovo and Albania at an area of 8,403 square kilometers. The largest city in the region is Novi Pazar (125,000). The municipalities of Novi Pazar, Tutin and Raška are included into Raška District, while the municipalities of Sjenica, Prijepolje, Nova Varoš, and Priboj, are included into Zlatibor District.

Sandžak is an ethnically very mixed region. Bosniaks hold the majority in the area, with the west having a Serb majority and the east a Bosniak one. Most of the ethnic Bosniaks declared themselves as Muslims by nationality in 1991 census. In 2002/2003 censuses, most of them declared themselves as Bosniaks, but there are also those who still declare themselves as Muslims by nationality.

Health care system and the local administration

Health care is undergoing changes as a result of decentralization. According to a new legislation from 2013, every local self-government should establish a Health Council composed of representatives of key local stakeholders (health institutions, Institute for Public Health, municipal council, civil society). Health Councils have an active role in the decision and adoption of programs for the health of local population and supervision of how they are implemented. Accordingly, health care in the municipality of Novi Pazar is governed by the Local Health Council established at the city level. The Health Council has also a mandate to create a local strategy for health in a broader understanding, including but not limited to the health system.

The high number of people without identity documents, like refugees, internally displaced persons and returned to Serbia in the process of readmission poses a problem to the healthcare system. It was reported that the percentage of vaccinated children fell to 6 % in some areas, and previously established practices such as oral vaccines that were once administered in schools have been abandoned.

The Municipality has one Primary Care Centre, several Ambulantas and Health Stations in smaller villages. There is also a General Hospital belonging to the Ministry of Health. The General Hospital in Novi Pazar is ranked among the 5 best hospitals in Serbia, but the Primary Care Center was among the last in the country. However, the PHC was accredited last year and has now a license for the next three years. This lack of balance between the levels of health care services is currently addressed by the local administration plans for change.

The Ministry of Health covers the salaries and material costs and the local government provides investments and infrastructure costs. Since one year, the City Hall is a funding the Primary Health Care Center. There are many problems because the local self-government has limited funds, but they are trying their best.

Support for the health sector improvement comes from various sources. The Standing Conference of Towns and Municipalities and European DILS program which resulted in the decentralization provided support. The recent accreditation helps the PHC qualify for cross-border collaboration with Montenegro and Bosnian towns. TIKA supported recently the rehabilitation of the Diagnostic Center.

Human resources are limited. Many physicians employed by the PHC started used to actually work in the hospital and were transferred there, and new physicians were employed.

One of the major problem is that patients cannot choose where to go for a treatment; they must go first to the regional level and then to the national level in Belgrade. Novi Pazar is one of the 24 cities of Serbia according to the Constitution, but the city is not a regional center for health care services.

The Local Health Council does not have good quality data to make decisions for advancing health services in accordance with the needs of the population. There is no Regional institute of Public Health in Novi Pazar, and the City Hall requested the establishment of a Regional institute of Public Health and have a positive decision from Belgrade. This measure would allow a unified system of data collection from the local community for health policy.

In this context, the local administration has not enough data about contraception. Abortions in private clinics (almost all established by gynaecologists working also in the hospital) are not reported. Family planning is not considered a special problem, and influence of the religious organizations was reported to be extremely high. Socio-economic factors are important for family planning because a lot of young people (52 %) are unemployed.

The Local Health Council has a plan to develop a Local Strategy for Reproductive Health.

The local administration employs one Roma health mediator; she receives a salary but no health insurance. The City Hall has ambitious plans to integrate Roma people in 1-2 years through local programs and therefore does not see the need for more Roma Health Mediators. There are plans to open Ambulantas in Roma settlements and a Health Center for Roma and other vulnerable groups to provide health care services without any segregation or discrimination.

The Local Health Council plans also to accomplish better reporting on abortions in the state and the private sectors as well. It plans also to open a shelter for women victims of domestic violence in partnership with the Swiss Development Agency.

Novi Pazar General Hospital

The Novi Pazar General Hospital gynecology department has been recently refurnished through a sustained effort, but the capacity of the Gynecology and Obstetrics Department (70 beds) of the hospital is overwhelmed in relation to the number of services needed. There are 2,200 births per year in a population of 120,000 inhabitants and Novi Pazar is the fourth hospital in Serbia by the number of births. There are currently six gynecologists and there is a need for more gynecologists, and existing staff faces a lot of pressure leaving little time to counsel the patients. The decentralization also led to the lack of time for providing family planning counselling. The counseling work is more formally done, and usually for women coming for other reasons to the hospital. There is only one private laboratory for certain important analyses, which also slows down the work and increases the cost of services.

Gynecologists mentioned that on one side there is a low awareness about modern contraceptive methods and fear to use contraception, and on the other side the sexual activity is high. They consider family planning as important, because the family is very important for the population of the city and there are many women with a large number of children.

The choice of contraceptive methods depends on women's existing conditions and frequency of sexual intercourses. Methods provided include usually the IUDs, but also oral contraceptives and condoms. There are no implants on the market.

The gynecologists do not have any practice guidelines for family planning, and information is obtained mainly from pharmaceutical companies. They participate in EMC but out of their will and on their own expenses. Professional improvement efforts are purely individual. "You have to dig yourself." The practice to perform a gynecological exam for any contraceptive consultation is widespread "to prevent any complications attributable to contraception".

There seem to be a decrease in the number of abortions (from 15-20 per day a few years ago to 5-6 per week), but the number of abortions is considered still high. One explanation is that the women prefer to go to neighbor Krajevo for an abortion top avoid being recognized and stigmatized.

Abortions are done in the hospital generally, rather than in private practice, and after hours. The price of an abortion in the hospital is 30 EUR under local anesthesia and 40 EUR under general anesthesia. There are many private gynecology clinics in the city (14) and women who can afford go to them. In the private practices, an abortion costs 70 EUR under local anesthesia and 150 EUR under general anesthesia. Gynecologists reported that it is a common practice to advice woman to use contraception after performing an abortion.

Cost of contraceptives is seen as a limiting factor by the gynecologists, and availability of free contraceptives would be very helpful for disadvantaged groups of population.

Novi Pazar Primary Health Care Center

No visit or meetings were scheduled in the Novi Pazar Primary Health Care Center, but the evaluation team performed an ad-hoc visit to the center. There are 6 gynecologists in the PHC for a population of 120,000 inhabitants. In the opinion of gynecologists Youth Counselling Services in PHC are only formal and are not functioning. Also, the receptionist in the PHC was very surprised by the question regarding family planning services and regarded this as a highly unusual question.

Gynecologists consider that GPs are less informed about the health status of women and have less family planning knowledge than gynecologists. However, they may be involved in family planning in the context of decentralizing health care and of the significant number of women who feel ashamed to go to a gynecologist.

The only contraceptive methods found in the PHC pharmacy were a local produced COC (Legravan, at 175 Dinars, approximately 1.5 EUR per cycle) and some condoms. The head pharmacist of the PHC pharmacy explained that contraceptives are at a very low demand, and believed that a strong push and recommendation from the gynecologists would most certainly change this situation. It is not considered good practice for pharmacies to provide medicines to clients on demand, if the clients have not previously visited a gynaecologist and obtained their recommendation/ prescription. The pharmacists themselves claim they advise the clients to visit a gynaecologist first.

Gynecologists interviewed considered that, in order to increase the modern contraception use, supply and demand measures have to be combined. On the supply side, full decentralization of the health services, more coverage of rural areas and reduced cost or free-of-charge contraceptives would help. There were also some radical proposal, like imposing mandatory cervical cancer screening consultations every 6 months and using them as an entry point for contraception. On the demand side, raising awareness in the population about modern contraception and combating shame associated with family planning were considered key modalities.

Urban in

Urban in is a NGO established in 1997 to deal to youth issues, inter-ethnic and inter-religious dialogue. The NGO had one educational project in high schools in Novi Pazar providing counseling to youth to improve skills and knowledge about reproductive health.

The NGO representatives stated that the region is not characteristic for Serbia, having a more traditionalist and highly patriarchal cultural environment. There has been recently an increased influence of Muslim religion, and extremist religious groups which are against sexual fulfillment and contraception became more and more active in the last years. Cases of female genital mutilation were reported. In the same time, there is no discussion about male sexual behaviors.

Religious leaders promote as many children as possible and it is almost forbidden to talk openly about this subject without being labeled as a "traitor of Islam". The interviewed NGO representative claimed that religious leaders influence local political decisions, and stated that "In my opinion it is impossible to involve religious leaders in family planning or to find common points of view." "They have powerful tools to make people stupid."

Regarding family planning, the opinion was that not too much could be done. "There is no family planning in Sandžak as far as I know." Education of the young people would be the key solution. The model of school reproductive health education developed in Vojvodina was considered very useful. However, if this model would work easily in other parts of Serbia, in Sandžak there would be countless barriers, official and especially unofficial, and the religious leaders would attempt to influence decision makers and the population.

A possible solution would be that the Ministry of Education issues an Order which cannot be ignored by schools. Such an educational programme should start small with groups of youth, students, peer education, and make progress "inch by inch". There is a precedent in the NGO's activity, as Urban in started marking the International Day to Fight against HIV/AIDS in 1998 with many problems, but in the following years it became easier to organize and recorded less resistance. Urban in is well positioned and has the expertise to develop and implement such educational programmes.

Recommendations
Support the Local Health Councils to improve use of data for decision and to develop local reproductive health strategies based on evidence.
Work with local civil society organizations to develop information and education programmes for family planning targeting young people.
Work with religious leaders.

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In particular, the consultant's team wishes to thank Mr. Uroš Smiljanić, Project Assistant, Mr. Momčilo Moca Janjić, Project Coordinator, Serbian Association for Sexual and Reproductive Health and Rights – SRH Serbia and Ms. Jovana Ubiparip, UNFPA Consultant, whose facilitation, input and support were extremely useful.

ANNEXES

Annex 1. List of documents reviewed

Documents in English

The international consultant reviewed the following documents in English language:

- An in-depth analysis of family planning and reproductive health contraceptive security in seven middle-income countries in Eastern Europe and Central Asia (Armenia, Bosnia-Hercegovina, Bulgaria, Macedonia, Serbia, Azerbaijan and Kazakhstan). UNFPA, 2012
- Report of a High-Level Consultative Meeting on "Promoting national ownership on Reproductive Health Commodity Security (RHCS) using evidence based advocacy", 6-7 June 2012, Brussels, Belgium. IPPF-EN and UNFPA 2012.
- Linking Sexual and Reproductive Health and HIV/AIDS, Gateways to Integration: A case study from Serbia, prepared and published by WHO, UNFPA, UNAIDS, IPPF, 2009.

Documents in Serbian

The national consultant reviewed the following documents in Serbian language:

Legal framework

- The Constitution of Serbia (2006)
- Health Care Act (2005)
- Health insurance Act (2005)
- Medicine and Medical Devices Act (2004)
- Special Act of health care for children, pregnant women and childbirth mother (2013)
- Ordinance for pregnant women care (1995)
- Ordinance for the procedure by Commission for Abortion
- Act on the Procedure of Pregnancy Termination in Health Institutions and another The Act on the treatment of infertility by biomedical assisted insemination (2009)
- The Public Health Act (2009)
- Draft Law on medical records and health evidence in the helath care system (2013)
- Ordinance for pregnant women medical care documentation and evidence (1995)
- Ordinance of the Commission for abortion and ways of keeping a records and books of evidence (1977)

Strategy

Population Renewal and Pronatalist Policy (Ministry of Labor and Social Policy, 2006)

Programme

- Set of methodological guidelines for implementation of the national programme for health protection of women, children and youth: http://www.imd.org.rs/files/strucno-metodolosko-uputstvo.pdf
- Government Decision for the Programme: http://www.google.rs/url?sa=t&rct=j&q=&esrc=s&source=web&cd=14&cad=rja&ved=0CD0QFjADOAo&url=http%3A%2F%2Fwww.pravamanjina.rs%2Fattachments%2FUredba%2520o%2520nacionalnom%2520programu%2520zdravstvene%2520za%25C5%25A1tite%2520%25C5%25BEena%2C%2520dece%2520i%2520omladine.doc&ei=YVKDUrPZHoLFtQbDnIHoCw&usg=AFQjCNGaj0_J_eWMSkkSTU_q6CFRNqy-xg&bvm=bv.56343320,d.Yms
- Serbian Government Decision about establishing a programme for early detection of cervical cancer (2013): http://www.lat.rfzo.rs/download/uredbe/Uredba_karcinom_grlicamaterice-lat.pdf

Medical profession regulations

- Guidelines for health care of women during the pregnancy (2005)
- Guidelines for safe termination of pregnancy (National Family Planning Centre): http://www.zdravlje.gov.rs/downloads/2013/Septembar/Radna%20verzija%20vodica%20%20za%20bezbedni%20prekid%20trudnoce.pdf
- Set of recommendations for reproductive health (National Family Planning Centre): http://www.dags.org.rs/files/Preporuke-za-zastitu-reproduktivnog-zdravlja.pdf
    a. Reproductive counselling for adolescents
    b. Clinical guideline for combined hormonal contraception
    c. Clinical guideline for emergency hormonal contraception
- Recommendations for protection of reproductive health among young persons (Ms. Mirjana Rašević): http://www.doiserbia.nb.rs/img/doi/0579-6431/2006/0579-64310602472R.pdf
- Guidelines on Working with Women-Victims of Violence (MoH)
- Youth and protection of RH. Guidelines for Doctors. (USAID)

Training for health professionals

- Teach young people how to preserve own reproductive health (manual for health workers, National Centre for Family Planning 2009)
- Individual counselling with adolescent in the area of sexual and reproductive health care protection (manual for health workers and health collaborators, National Centre for Family Planning 2006)
- Reproductive health for youth (manual for educational workers and collaborators in primary schools, National Centre for Family Planning 2005)
- Protection of reproductive health of young people (manual for the doctors, National Centre for Family Planning 2006)
- Take care of reproductive health (first book with this topic, National Centre for Family Planning 2002)
- Teaching Youth how to preserve their Reproductive Health (Ministry of Health)
- Individual Counseling for adolescents on SRH (USAID)

Training for Roma Health Mediators

- Roma health mediator (manual, Centre for Development of Informal Education 2010)

School education

- Textbook for secondary school (medical schools and general purpose high schools) produced by the Provincial Secretariat for Sports and Youth in Vojvodina, the northern province of Serbia: http://www.sio.vojvodina.gov.rs/images/ReproduktivnoZdravlje/ReproduktivnoZdravlje_Scan_1_10.pdf
- Youth and RH: Guidelines for teaching staff and experts in primary schools (USAID)

Communication

- Induced abortion your choice (booklet, Centre for Development of Informal Education 2013)
- Safe sex (guide, Katarina Sedlecki, Mirjana Rasevic, The Government of the Republic of Serbia, Ministry of Health and Institute of Mother and Child Health Care, Belgrade, 2009) (presents condoms, contraceptive pills, the day after pill or postcoital contraception, unsafe contraception, reproductive health and reproductive rights, STI, HiV)

- How to (not) make babies, Reproductive health of young people, authors: Mirjana Rasevic and Katarina Sedlecki, Ministry of Labour and Social Policy, Belgrade, 2008.
- Swim safe, Schools about sexually transmitted diseases, Belgrade 2010.
- Let's preserve Health! (UNICEF)

Statistics

- Census of Population, Households and Dwellings. Statistical Office of the Republic of Serbia, 2008. Available at http://webrzs.stat.gov.rs/axd/en/index.php
- Serbia: Epidemiological Fact Sheets on HIV/AIDS. UNAIDS, UNICEF, WHO, 2008 Update. Available at http://www.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_RS.pdf
- Serbian Health Indicator Database. Institute of Public Health of Serbia "Batut" (2009). Available from www.batut.org.rs/english.html
- 2006 DHS in Serbia
- 2010 MICS4 in Serbia
  (Key highlights are available at http://www.unicef.org/serbia/MICS4_Key_Highlights.pdf.
  Full report is available at http://www.unicef.org/serbia/MICS4_Serbia_FinalReport_Eng.pdf)

Annex 2. Timetable of the mission and individuals interviewed

Tuesday 19/11/2013

19:20 Arrival in Belgrade

Wednesday 20/11/2013

09:30 Meeting: UNFPA, Marija Raković, Amir Mehmedagić

11:00 Meeting: Dr Dubravka Šaranović, Advisor, Ministry of Health

13:00 Meeting: Đurđica Ergić, Director, BIBIJA Roma Women Centre

15:30 Meeting: Dragana Stojanović, Executive Director, Association for Sexual and Reproductive Health Serbia

19:00 Meeting: Zlata Đerić: Member of the Parliament, Member of the Inter-parliamentary Group on Development and Reproductive Health

Thursday 21/11/2013

10:00 Visit to Roma settlement in Belgrade/ Meeting with Roma health mediators

13:00 Prof Dr Marija Jevtić, Institute for public health Vojvodina

Friday 22/11/2013

08.30 Meeting: Dr Dubravka Miljuš (Director of the Students' Polyclinic Belgrade) and Dr Marija Obradović (Head of Gynecology Department, Students' Polyclinic Belgrade)

09.00 Meeting: Dr Dragan Ilić, Director of the Public Health Institute of Serbia "Dr Milan Jovanovic Batut"

10:00 Meeting: Dr Katarina Sedlecki, Head of the National Family Planning Centre

12:15 Meeting: Ms. Katarina Đorđević, Journalist, Newspaper Politika

15:00 Meeting: Dušan Stojičić, Centre for Development of Informal Education

Saturday 23/11/2013

Work on the draft report

Sunday 24/11/2013

10:00 Meeting at SRHS office and work on the draft findings and recommendations

Monday 25/11/2013

07:00 Departure for Novi Pazar

11:00 Meeting: Fevzija Murić, Mayor's Advisor

12:00 Meeting: Dr. Gicic and Dr Numanovic, Novi Pazar Hospital

13:00 Visit to the Primary Health Center and Pharmacy

15:00 Meeting: Sead Biberovic, Executive Director, and Sladana Novosel, URBAN IN Novi Pazar

18:00 Return to Belgrade

Tuesday 26/11/2013

09.15 Meeting: Prof. Dr Bojana Matejić, Lecturer, the Belgrade University Medical School/ Faculty of Public Health

11:30 Meeting: Darko Laketić, Assistant Minister of Health

13:00 Wrap up meeting UNFPA

18:00 Departure from Belgrade

Annex 3. Contents of the reproductive health school education manual published by the Provincial Secretariat for Sports and Youth in Vojvodina

INTRODUCTION

Sexual Education in Europe

What are the types of Sexual Education?

Sexual Education in Serbia

HEALTH AND HEALTH EDUCATION

What is health and how to attain it?

Health data for the population in Vojvodina

Key demographic indicators for measuring health in Vojvodina

- The most frequent causes of death in Vojvodina
- Health risk factors (behaviour and health) in Vojvodina
- Organization and health services in Vojvodina- key data

INTERPERSONAL RELATIONSHIPS

Introduction

- Why do we engage in interpersonal relationships?
- What are the types of interpersonal relationships?
- What is friendship?
- Does the society we live in determine our interpersonal relationships?
- How can we improve our interpersonal relationships?

Romantic Relationships: courting and dating

- Why do we aspire towards being in a romantic relationship?
- How does a romance start?
- What age is appropriate to start dating?
- How does a romantic date look like?

Being in a relationship: What is the difference between falling in love and a true love?

- Is jealousy normal in a relationship?
- Sexual activity in romantic relationships
- Is sexual or intimate contact normal in the first phase of a romantic relationship?

What if you feel pressured to engage in a sexual intercourse while getting to know each other?

- What are the benefits of a satisfying sexual life to humans?
- Why do young people sometimes feel pressured to engage in a sexual intercourse?
- Does our society impact our romantic relationships?
- What can cause problems in romantic relationships?

COMMUNICATION SKILLS AND DECISION MAKING

Successful communication

- Why is good communication important?
- How to better communicate?

What are the types of communication? (What is the difference between direct and indirect communication?)

- How to speak to your partner about sex?

Decision making

- How to make a good decision?
- How to implement a decision?

ANATOMY OF SEXUAL AND REPRODUCTIVE ORGANS

Female sexual and reproductive organs

- External female sexual and reproductive organs
- Internal female sexual and reproductive organs
- Male sexual and reproductive organs

PUBERTY

Boys and puberty

Girls and puberty

Menstrual cycle (ovulation cycle)

- When does a woman become fertile?
- What changes occur during menstrual cycle?
- What is “regular” menstruation?
- What are the “fertile days”?

REPRODUCTION AND PREGNANCY

How pregnancy happens?

What are the symptoms of pregnancy?

What happens during pregnancy?

What happens during delivery?

When does breastfeeding start?

When is a woman too young to deliver a baby?

Who decides on the sex of the baby?

How can sex of the baby be determined?

What is “sex selection”?

STERILITY- INFERTILITY AND ASSITED REPRODUCTION

What is sterility, and what is fertility?

What causes sterility?

How can sterility be treated?

HUMAN SEXUALITY

What is sex?

What determines sexual behaviour?

What is “normal sex”?

Does society impact our sexuality?

What are “double standards” in sex?

When does one start feeling sexuality?

When to start having sex?

First sexual intercourse

What happens during typical sexual intercourse and how it all works?

- Sexual intercourse

What happens when something goes wrong?

- Sexual dysfunctions

What is “not normal” in sex? (“not normal” should be referred as “pathological”)

- Do humans always engage in a sexual intercourse voluntarily?
- Human trafficking - sex trafficking

What is sex and sexual identity, and what are sex differences?

- Anglo-Saxon terminology

Homosexuality

- Since when is homosexuality present in our society?
- Is homosexuality normal and how is it formed?

Family planning

- Contraception
- Methods of contraception

Abortion

- What is abortion?
- How is abortion performed?
- What are the possible side effects and consequences of an abortion?
- Where abortion can be performed on women’s request?
- What is the situation like in our country?

Sexually Transmitted Infections (STIs)
HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome)
- What is the difference between HIV and AIDS?
- How is HIV transmitted?
- How can HIV be prevented?
- Can HIV be treated/ cured?
- How is HIV diagnosed?
- How can we prevent STIs?
- Other Reproductive Tract Infections

RISKY BEHAVIOURS
What is addiction?
What problems can cause an addiction?
Impact of smoking and exposure to smoke on reproductive health
Diet
What are anorexia and bulimia?
How can you improve your diet?
Physical activity
GYNAECOLOGIST, UROLOGIST, PSYCHOLOGIST
How can you reach a gynaecologist?
First visit to a gynaecologist
How does a visit to a gynaecologist look like?
What are the most common reasons for visiting a gynaecologist, other than a regular medical check?
When should men see an urologist?
INTERNET AS A SOURCE OF INFORMATION
Is it good to explore sexuality issues via Internet?
Human rights are an important aspect of preserving sexual health
Key concepts referring to the individualism and collectivism, values and rights (vocabulary)
What are human rights?
What are sexual and reproductive rights?
GENDER
Gender Identity
Gender and Education
Gender stereotypes in the media
How does gender affect civic and political participation?
Gender, employment and economic resources
Gender and Marriage
Gender and Literature
Gender and physical autonomy
Gender and Violence
Sexual coercion is a type of gender based violence
LITERATURE

Annex 4. Family planning IEC poster in health care institution

10 Most Common Prejudices about Contraception

1. *Use of oral contraceptives can cause a weight gain*

Truth: Oral contraceptives do not cause weight gain. Studies have shown that weight changes when using low-dose pills are the same as when using other methods of contraception.

2. *Use of pill causes increased hairiness, oily skin and irregular menstruation*

Truth: Pills have a positive effect on skin and menstrual cycle. While using pills, skin becomes cleaner and nicer, while menstruations become predictable, less intensive and less painful.

3. *Hormonal contraceptive pills are harmful*

Truth: Synthetic hormones that are widely used nowadays, are used for treating wide range of diseases, such as diabetes, thyroid diseases, and as supplements to natural hormones. Contraceptive pill contains hormones that are similar to those produced in the ovaries. In the cases of healthy women, benefits of using pills are far greater than its risk factors.

4. *Use of contraceptive pills increases the risk of cancer*

Every woman is in a risk of cancer, regardless of the fact if she takes pills or not. It has been proven that pills provide protection against some forms of cancer. Studies on the risk of cancer at women using contraceptives have shown that pills provide significant degree of protection against ovarian and uterine cancer.

5. *Pills increase the risk of breast cancer*

Truth: Breast cancer is somewhat more frequently diagnosed at women using contraceptives compared to women of the same age not using it. It is unknown whether the pill itself is responsible for this discrepancy. It is possible that these women have more regular health checks, and therefore cancer is diagnosed at an early stage. It is known today that wide range of factors influence the risk of breast cancer. The effects of using contraceptive pills are far more beneficial to the protection of women's health by controlling unwanted pregnancies, than on the risks of developing a breast cancer.

6. *Use of pills must be discontinued few months before one plans a pregnancy*

Truth: It is possible to get pregnant immediately after discontinuing the use of pills. Pregnancies conceived in the first month after the use of contraceptives, are developed normally.

7. *Pills increases the risk of infertility*

Truth: Pills contribute to women's fertility by decreasing the risks of reproductive organs' inflammation, extra uterine pregnancy, ovarian cysts and endometriosis.

8. *While using hormonal contraceptive pills, it is necessary to take breaks longer than 7 days*

Truth: Pills can be safely used for years without any breaks. If used in a usual manner (21 days+ 7 days of break) there is an ongoing protection from unwanted pregnancy throughout month. Breaks longer than 7 days contribute to the increased risk of unwanted pregnancy and loss of its beneficial effects. Pausing the pills after 9 months or 2 years has no medical justification and puts women in risk of unwanted pregnancy and abortion.

9. *Pills can be used only at certain age*

Truth: Pills can be used from the first to the last menstruation. It can be taken for years with no side effects.

10. *Blood work is needed prior to and during the use of pills*

Truth: Blood work in not needed, as it does not contribute to the safe use of pills. It is important that a gynecologist performs a complete check including measuring blood pressure prior to prescribing contraceptives. Regular checks are needed when using pills.