

Pursuant to Article 45, paragraph 1 of the Law on Government ('Official Gazette of RS', nos. 55/05 and 71/05 - corrigendum),

The Government adopts

PRO-NATALIST STRATEGY

1. PHENOMENON OF LOW NATALITY

1.1 Basic Framework

Childbearing as a positive natural component directly effects revitalization of population volume and its age structure. It performs the two important demographic functions if it is of such a rate as to satisfy the minimum population replacement level. Therefore, any birth rate not fulfilling these two functions is considered insufficient, which sooner or later leads to depopulation and excessive ageing. The issue of insufficient childbearing is critical more so as it is deeply conditioned and henceforth lasting phenomenon representing basic natural dynamic factor of demographic change when rates of mortality are low.

In addition to direct impact on demographic development the insufficient childbearing is more important because of its indirect effect. Mortality increases and diminishes effects of already low natality in the conditions of increasing ageing of population. Childbearing when low, lastingly effects age structure leaving space for depopulation and ageing even after the replacement rate has returned to a needed level. The importance of its influence is even greater as the decrease during depopulation cannot be compensated even when reproduction reaches the level needed for minimum replacement but only if it remains above the level needed for minimum replacement for considerable time.

1.2. Trends to Date

The development and momentum of demographic change in Serbia are characterized with natality far below the level needed for the minimum population replacement. Already in the 1950s Serbia (without autonomous provinces hereinafter referred to as 'Central Serbia) and AP Vojvodina encountered the phenomenon of low natality.

As soon as in 1971 the rate was about 15% lower than needed for replacement level of population in Central Serbia and by about 20% in Vojvodina. The rates more or less stabilized over the next two decades in both regions. In the course of 1990s, the areas of Serbia with the low natality were characterized with overt decline in childbearing. Within 1991-1999 in Central Serbia the overall fertility rate fell from 1, 73 to 1, 40, and in AP Vojvodina from 1, 72 to 1, 43 children per woman. In 2000 and 2001, the birth rate in Central Serbia and AP Vojvodina grew mildly to become stable in 2001-2004.

In 2005 birth rate fell considerably in both regions, which can partly be explained by the use of the new methods of calculation. According to the recent data for 2006 the birth rate in the Republic of Serbia is 1.44 children per women, which is below European average of 1.5 per women.

In other words, the natality is 30% below minimum replacement level in the Republic of Serbia (without the data for AP Kosovo and Metohia), leaving the next generation reduced for a third. Decline in fertility is a process that no population in any developed society has managed to avoid. Nevertheless, it is a reality not only in developed countries and not only of the western civilization. There are 61 countries with birth rate below replacement level.

1.3. Deterministic Basis

The foundations the contemporary reproductive behaviour consists of various important factors that stem from our civilization, no matter whether they represent its positive achievements or distinctive weaknesses. These are, among others, emancipation and individualism, nuclear family and changed status of women and children in it, persistence to have good quality personal life and of that of the child, liberal law on abortion and access to efficient contraceptives on one hand, and on the other consumption – oriented mindset and unprecedentedly fragmented personal life of an individual. In the new system of values parenting has remained high on the agenda. However, its essence has changed. A child is born in the first place to satisfy psychological and emotional needs of parents, which is the case if one or two children were born.

Simultaneously, in the conditions where childbearing that is free from moral and existential pressures has become the matter of the free choice of an individual, contemporary society has not tried institutionally to influence immediate process of the formation of social norms concerning number of children in the family, nor has it enabled through its mechanisms the childbearing as an equally represented option, let alone an option to have three, four or more children.

Structural obstacles such as unemployment, the problem of housing, babysitting, dissatisfying economic standard and other similar issues are still important factors influencing low birth rate in all countries of socialism and so in Serbia. The obstacles are structural and thus serious, particularly prominent in the countries in transition and are characterized with new dimension of possible passivization of an individual reflecting in feeling of insecurity and social maladaptation syndrome to changing values and norms.

1.4. Far-reaching Consequences

The birth rate far below replacement level that has remained the same for decades now is the driving force of depopulation and prominent excessive ageing of the population of the Republic of Serbia. Namely, the population in Central Serbia and AP Vojvodina has been below the natural replacement level since 1992, i.e. 1989, whereas in 2005 the total population growth was -4.3, i.e. -5.5 promille. In absolute terms, the number of deaths in Central Serbia in 2006 was higher for 21.875 and in AP Vojvodina for 10.012 persons than of live births.

Central Serbia and AP Vojvodina are the regions where demographic process of ageing has reached large scale. According to the results of 2002 census, over 900.000 persons in Central Serbia and about 300.000 persons in AP Vojvodina, i.e. one-sixth of the both, is 65+, which places Republic of Serbia among the oldest countries in the world. The results of the projections imply that the ageing of population will continue in the first half of 21st century and that the overall number of persons who are 65 and 65+ in the Republic of Serbia will be higher for one-third by 2052, while their share in total population will, span from 18,7 % to 27.5 % depending upon the variant.

From the economic aspect, the impact of the age structure upon economic and working age population structures is of particular importance. In the Republic of Serbia the size of the overall volume of working age population producing the largest part of labour force on the supply side at the labour market has continuously been shrinking since 1981, while projections

indicate that the falling trend will continue through the first half of the 21st century. The economic dependency ratio, as ratio of dependents and persons with personal income to economically active persons, has been growing. At every 100 economically active there were 108 economically inactive persons in 1991 and 120 in 2002. Labour force is characterized with prominent changes in the age structure. The representation of younger generation has been shrinking while it has been increasing in relation to the older generation. While in 1981 the men and women belonging to the cohort spanning 25-35 years of age were mostly represented amongst the active ones, in time of 2002 census, the most represented were 40 -50 age cohorts.

1.5. Policy Response

Mankind must seek answer to the problem of low birth rate taking into account the consequences at macro level. The responses arising from religious and legal pressure are not adequate at the contemporary level of development nor are they efficient enough, while the new ethics in the context of various schools of thought is not universally applicable. It cannot be expected that *homo sapiens* as a rational being will find the answer in the near future, because evolvement of joint rational response to low childbearing needs time that is measured not by years but decades. Thus a policy response is necessary.

The issue of response to the problem of low childbearing is, however, extremely complex due to absence of understanding and knowledge related to the achievement of the level of childbearing needed for generation replacement. Experiences of developed countries indicate that regardless of the significant discrepancies in the economic, socio-political and value systems as well as at the institutional basis of population policy there is significant level of convergence with view to goals, trends and ultimate expression of measures taken. However, the maximum effect established is the rise of terminated fertility of up to 10 %. Analysis of insufficient efficiency of measures that have been undertaken indicates that policy response must be intensive, holistic, exploratory, direct, sustainable and strategic.

2. Objectives and Goals of Strategic Action

2.1. Overall Objective

The purpose of sustainable demographic development of the Republic of Serbia is attainment of the population rate in which the next generations will be of the same size as the existing ones. This minimum replacement level means that on the individual level one woman in her reproductive period should be replaced with one female child, that is, that the net reproduction rate should equal one. In our conditions, where mortality of the population is low and level of childbearing below replacement level, net reproduction rate is about one when total fertility cohort rate is at the level of 2.1 children per women. In 2002, the census year, the total fertility rate in the Republic of Serbia (excluding AP Kosovo and Metohia) was 1.6 indicating that the next generation will shrink for one-fourth than the contemporary one. Globally, it is necessary that the number of live births is equal to the number of deaths. In the Republic of Serbia the annual number of deaths has been exceeding the annual number of live births for a considerable time now.

In the contemporary world there is an inclination to application positive incentives to spur up fertility, which is the only sustainable response to insufficient childbearing. When pursuing fertility needed for minimum replacement rate one should not forget that minimum 10 % of women in future will not participate in reproduction (due to sterility and increasingly for various other reasons). Therefore, the desired distribution of women giving birth to the number

of live born children at the end of reproductive period should be as follows: 11% with one child, 44% with two children and 45% with three live born children.

Reaching the overall objective inevitably requires that previous goals with subset of specific goals be achieved. Those goals are:

- Alleviation of economic costs of childrearing;
- Reconciliation of working life and parenting;
- Reduction in the psychological costs of parenting;
- Promotion of reproductive health of adolescents;
- Fight against infertility;
- Towards healthy motherhood;
- Population education;
- Activation of local self-government.

2. 2 Goals

2. 2.1 Goal 1. Alleviation of economic costs of childrearing

Rationale

Childbearing should not exacerbate significantly the economic, and therefore, social status of the families with children. The state must assume part of the costs of childbearing and maintenance and schooling of children. In the situation of substantial perturbations in the demographic development, when the issue of overt depopulation and intensive process of population ageing is not only the question of sustainability of demographic, but also general social and economic development of contemporary and future generations, the role of state is particularly important.

Financial assistance to families with children appears as a pro-natalist measure in the regions with stable socio-economic development and high standard of living of population. However, in the conditions of economic difficulties the vital importance of cash benefits as well as financial facilities becomes even greater. Support measures for families should mitigate the effects of unfavourable trends in the economy, but also be targeted at the achievement of economic and social security as preconditions for biological reproduction. This is so because the orientation to participate in reproduction, but also the realization of the desire to have more children, which is as a rule always for more children than existing number, depends substantially upon economic security of the potential participants in reproduction. Unemployment, poor economic status and housing problem are elementary issues of immediate concern for potential participants in reproduction. In the long run and from the point of view of developmental sustainability, encouragement to childbearing implies addressing these concerns.

Although the problem of unemployment has been present for a long time now, transition to market economy in the Republic of Serbia has made it more prominent. Long-term unemployment is especially difficult problem associated with high social risk. From the gender aspect, women make more than half of the unemployed with the long-term unemployment as more present among women. The structure of unemployment has particularly been unfavourable both related to age and to high participation of 20-24 age cohort which is apart from 25-29 age cohort the one with the greatest number of child births.

Housing and housing conditions are essential for childbearing. In the Republic of Serbia there is a substantial problem of inaccessibility of housing due to the high prices and costs. High costs and prices of apartments (whether of leasing or purchasing), with high rates of unemployment among the young who are corner stone of population reproduction are great

obstacles to family formation and enlargement. Apart from registered shortage of apartments, housing problem is even greater as it is in most cases hidden. Namely, there are many marriage couples that are forced to share apartment regardless of their social status.

Two financial support measures targeted at families with children have been undertaken with the population effect. These are: 1) Parent's cash benefit (family benefit) as the support for family to which mother is entitled after the birth of the first, second, third and fourth child. This allowance varies according to the rank of the child, for second, third and fourth child. It is disbursed in 24 monthly instalments, which substantially diminishes the effect of the measure, while the amount is indexed with the costs of living; 2) wage compensation during the maternity leave, leave from work for the care of the child and leave from work for special care of the child. This measure seeks to facilitate reconciliation of working life and parenting for employed mothers. It is equal to the wage and does not depend upon the rank of a child.

Specific goal 1.1 Direct financial family assistance

Provision of the financial family support is one of the strategic orientations towards resolution of the problems of low childbearing and towards desired demographic development. The significance of reproduction of population of the Republic of Serbia and its profound irregularity in current economic and social conditions determine financial assistance methods. The goal is to decrease the costs of parenting and narrow the gaps among different living standards of families with and without children.

Measures, Activities and Mechanisms

- 1. Raise the amount of parent's cash benefit (family benefit)**
Lead responsibility: Ministry of Labour and Social Policy.
Time frame: 2009 and continuously
- 2. One-off payment of parent's cash benefit (family benefit) on the birth of the second, third and fourth child with the disbursement of benefit for the third and fourth child in the amount two times the amount for the second child.**
Lead responsibility: The Ministry of Labour and Social Policy.
Time frame: 2009 and continuously
- 3. Wage compensation up to full amount from the budget in line with the law, in cases of temporary prevention/ incapacity for work.**
Lead responsibility: Ministry of Health.
Time frame: 2009 and continuously
- 4. Free schoolbooks for pre-school, elementary and secondary education levels for third and fourth child respectively.**
Lead responsibility: The Ministry of Education.
Time frame: 2009 and continuously
- 5. Provision of favourable housing loans for couples up to 35 years of age, with decrease in the amount of loan debt with increase in the number of children.**
Lead responsibility: Ministry of Finance, National Corporation of Housing Loans Insurance.
Time frame: 2011 and continuously

Expected Impact

Proposed measures will alleviate unfavourable financial situation of the families with children in comparison to those without children. They will particularly be simulative in case of the second, third and fourth child as they will cover part of the expenses of the family for the children. Also, they will mitigate housing problem with which young persons and families with children are faced, making thus the situation conducive to childbearing.

2. 2. 2 Goal 2. Reconciliation of working life and parenting

Rationale

To more or less same extent, women and men are faced with the changing needs, various aspirations and different pressures of life in contemporary society. The essential cultural change of the modern society is the emancipation of the woman who assumed new roles and has new status both in family and society. Education, employment, self-realization, and active participation in social life are options also pursued by women. Family creation and childbearing are among her goals. In the new system of values life in community and parenting remained high on the agenda, however supplemented with new aspects, also highly estimated and valued. Thus it is necessary that the state undertakes measures to assist women to satisfy their needs and to find balance between parenthood and pursuit of her various interests, parenthood and employment, namely, her professional engagement.

The Labour Law in effect contains a set of sound solutions relevant for setting balance between work and parenting. Thus it provides for the entitlement for woman to maternity leave and leave from work for childcare in the period of 365 days. Also, it specifies that the maternity leave shall last up to three full months from the date of delivery of child, and that upon the completion of maternity leave employed women shall be entitled to leave from work for childcare in the period of 365 days in total from the first day of maternity leave. Contrary to most transition countries, keeping the right that enables mothers to spend a year with their children is a solution that has its full demographic meaning since it satisfies already acquired individual needs in this sphere.

Psychologists emphasize that there is a rapid adaptation to individual measures taken with view to rehabilitation of childbearing. Recent amendments to the law providing for the 2 year extension of maternity leave and leave from work for childcare for the third and fourth child are therefore to be assessed as positive.

Father is also entitled to leave from work for childcare even when mother of a child is not employed. It is obvious that this measure is not taken to accommodate the needs of an individual but rather aims at development of the very same need as well.

The rights of adoptive parents, guardians, and foster parents are raised to equal level with the rights of natural parents.

Also, it is important to note that maternity leave and leave from work for childcare are calculated as years of service.

The Labour Law enables the employment to be established as part-time employment, to be organised with flexible working hours, as well as to be carried out as work at home, which also can help parents to set balance between working life and parenting, particularly in certain delicate phases of child rearing and upbringing. The legislator has left room for such forms of employment to be put in practice, while the employers are free to assess whether it can be adjusted to the requirements of the concrete organisation of work and working processes.

Also, the Law provides for the redistribution of working hours for pregnant women, parents with one child up to three years of age, or with the child with higher level of psychological and physical impairment, which can be put in practice only on the written consent of the parents. Single parent with the child up to seven years of age or child with severe disability can work overtime, that is, over night, only on his/her written consent.

Specific goal 2.1 Reconciliation of working life and parenting in the sphere of labour

Today in the Republic of Serbia there is great number of unemployed young persons. It has certainly been one of the reasons for intensification of the process of postponement of childbearing with all the consequences of the decision at micro and macro levels. On the other hand, there is a strong tendency among employers to avoid employment of pregnant women and women with small children. Simultaneously, there is lack of information and understanding among employers and workers on current legal solutions addressed at reconciliation of work and parenting.

Measures, Activities and Mechanisms

- 1. To encourage employment of the young unemployed parents within the scope of active labour market measures.**
Lead responsibility: Ministry of Economy and Regional Development, local self-government
Time frame: 2008 and continuously
- 2. To reinforce control by inspection services to prevent employers to be indirectly discriminative of women wishing to have children in near future and mothers with small children, and to seriously sanction violators of legal provisions**
Lead responsibility: Ministry of Labour and Social Policy
Time frame: 2008 and continuously
- 3. To promote among employers current legal solutions and options for improved reconciliation of work and parenting with high emphasise on their importance for alleviation of the phenomenon of insufficient childbearing.**
Lead responsibility: The Ministry of Labour and Social Policy
Time frame: 2008 and continuously
- 4. To promote among potential and current parents legal solutions in effect related to better balancing of working life and parenting.**
Lead responsibility: The Ministry of Labour and Social Policy, local self-government.
Time frame: 2008 and continuously

Specific goal 2 Reconciliation of work and parenting by taking care of children of employed parents

To reconcile working life and parenting it is important to provide care for children, particularly of employed mothers and fathers in addition to regulatory framework in the sphere of labour. Although there is a long tradition in development of pre-school institutions in Serbia the need for their quantitative and qualitative improvement is obvious. It is necessary to identify the actual need for childcare and capacities of existing facilities and enhance and reinforce their operations and functioning particularly related to plans of work (curricula) with children and flexibility of working hours.

In addition, it is necessary to involve schools in the care for children of employed parents. Simultaneously, there is obvious need for support to parents with children with all types of disability.

Measures, Activities and Mechanisms

1. **To further develop pre-school facilities network, advance establishment of new pre-school facilities in newly-formed suburban areas and communities, companies etc., and to provide accommodation capacities and ensure accessibility of services in conformity with local level needs.**
Lead responsibility: Local self-government, Ministry of Education and Ministry of Labour and Social Policy.
Time frame: 2009 and continuously
2. **To develop different models of service provision and internal organisation of pre-school facilities as response to the needs of employed parents and their children.**
Lead responsibility: Local self-government, Ministry of Education and Ministry of Labour and Social Policy.
Time frame: 2008
3. **To organise education for pre-school and medical staff in line with the National Framework of Qualifications under the process of alignment with the European Framework of Qualifications.**
Lead responsibility: Local self-government, Ministry of Education and Ministry of Labour and Social Policy.
Time frame: 2009
4. **To ensure conditions and accredited curricula for whole-day primary school, including organisation of various extracurricular programmes in the period of vacation and in the schools where parents have expressed the need for it.**
Lead responsibility: The Ministry of education, local self-government.
Time frame: 2010
5. **To further undertake measures to ensure inclusion of children and young persons with disability, and those from marginalized groups into the regular schooling system.**
Lead responsibility: Ministry of Education, local self-government.
Time frame: 2008 and continuously
6. **To develop network of community based services to assist parents of children and young persons with disability (personal assistants, day care centres with the option of temporary placement, transport to pre-school facility, school, etc.)**
Lead responsibility: Ministry of Labour and Social Policy, local self-government.
Time frame: 2008

Expected Impact

Activities targeted at reconciliation of working life and parenting will contribute to:

- Better fulfilment of the parents' needs of taking care for their children and for professional engagement.
- Promotion of protection of parenting;
- In local self-government, establishment of the network of pre-school facilities, with the number and capacities in line with the real needs, as well as their improved functioning;
- Support for employed couples to smoothly decide to become parents, and for parents to have more children;
- Provision of support to parents of the children with disabilities to fulfil both needs – to work and to be parents;
- Improved and more complete childcare.

2.2.3 Goal 3. Reduction in psychological cost of parenting

Rationale

Children 'cost', that they cannot be reared if there is no financial backup. But they need a lot more - time, energy, effort, patient, sacrifice; they mean unslept nights and absence from work. Because of children parents abandon their plans, deprive themselves from minor and major satisfactions, and forsake free time, their aspirations, and chances for career development. Almost all of these could be translated into economic indicators, such as, for example, absence from work, reduced productivity or poorer quality of work owing to parental focus and devotion to children. Many of these elements are categories that cannot be represented in economic terms and will remain subjective perception of investment, or deprivation, frustration, sacrifice and known as subjective, psychological cost of child.

Psychological cost of child is a subjective experience of costs, investments, lost gains, perception of lost chances due to responsibilities assumed in the process of childrearing. Psychological cost of child and associated stress resulting from parenting are those incalculable categories that often go in favour of the decision not to have another child, that is, they are behind the absence of childbearing.

Although parents are not willing to admit that there is another side of the coin of parenthood, it is real and exists in parallel with joys and satisfactions of parenting. These two opposite ends of parenting continuum largely explain the reasons for almost universal parenting, but also the easy decision to have just one child. This statement can be supported with the data showing that the ideal number of children for women in our conditions is higher than the actual. Women would be willing to have more children if the economic and other conditions were more favourable.

Hence, one of the strategies to encourage couples to have more children is to reduce the psychological cost of child, or in other words creation of the climate conducive to positive decision on childbearing.

Gender equality is focused to positive development goal: toward exercise of universal women's right to pursue career outside household, but unfortunately, it has not been targeted at development of a new model and role for a man in the family. Women's role has been only partially changed: she assumed new roles apart from those she had assumed centuries before as her main roles of a housewife and mother. Why is this model so resistant to change and difficult to eliminate? It is because of long time adherence to traditionally defined gender roles supported by generations of parents that force children in the process of socialization to adhere to the same models of labour distribution, division of male and female roles in the family. This type of social integration is inadequate as it leads to twofold setback in development: it does not enable and support women to adapt more easily to economic and social roles and to pursue her aspirations, or men to prepare themselves better for the role of parent. Therefore, it is necessary that men be involved in parenthood equally with women both from the aspect of set of values and practice through the promotion of new relations between men and women in contemporary culture.

Parenting is exceptionally responsible and complex task in the life of every individual. However, there is no system of preparation of young people to effectively play these responsible roles. To be a good parent is a requirement and obligation. The consequences of maladaptation to parental role are very serious for child but also for an adult. An unsuccessful parent remains deprived from the satisfaction of effective parenthood, but also burdened with the feeling of failure, guilt, overwhelmed with self-accusation and blame for society and community and conditions s/he lives in. Assistance and support for young people to acquire high level of parental competences prior to the birth of their first child and then in the course of childrearing

could diminish stress experienced during parenting and facilitate the decision to have second and third child.

Specific goal 3.1 Reduction in psychological cost of motherhood through the introduction of the measures aimed at reconciliation of work and parenting

Today in the Republic of Serbia large percentage of women is either employed or, if not, wishes and counts on the chance to have a job. In addition to obvious economic gains of the employment career and vocational fulfilment are strong motives and goals for all women, but particularly those belonging to younger generations. The problems of balancing work with parenting are the most forceful source of rising psychological costs of motherhood.

Measures, Activities and Mechanisms

Simultaneously targets and measures referred to under items 2.1 and 2.2 are the measures that will also contribute to achievement of this specific goal.

Specific goal 3.2 Having household duties performed with the assistance of various facilitating services, which in turn lowers the psychological costs of parenting.

In many countries the household chores have significantly been facilitated by the existence of various services contributing to time and energy saving needed by parents, particularly employed, to effectively run a household.

Thanks to the savings in energy and time the parents experience and perceive the stress of childrearing and care for their children as less strenuous and difficult.

Measures, Activities and Mechanisms

- 1. To establish economically supported network of easily accessible (cost-effective and conveniently located) service providers for parents to assist them to run a household and take care of their children (services for ironing, washing, preparation of semi-cooked meals, food for children, for taking children to school and back home, etc.).**

Lead responsibility: The Ministry of Labour and Social Policy, Ministry of Finance, Ministry of Economy and Regional Development and local self-government.

Timeframe: 2010

Specific goal 3.3 Promotion of importance of the role of father in childrearing

In our society, mother is so called 'primary parent'. It means that she is expected to assume and fulfil the largest part of the obligations related to childcare and childrearing, which is what she does. This historically and culturally determined pattern could exist to different degrees of success in the times when women were not employed, and when family life was embedded in wider family community with care for a child shared amongst members of several generations. However, nowadays, this pattern significantly adds to rise in psychological costs of motherhood. Simultaneously, this pattern does not fulfil developmental needs of child. Therefore it is necessary that men be involved in parenting on equal footing.

Measures, Activities and Mechanisms

- 1. To mainstream (integrate) the concept of importance of father's role in the development of the child and of father's specific contribution to the formation of the child's personality into mandatory and optional curricula in primary and secondary schools.**

Lead responsibility: Ministry of Education, National Education Council, and Institute for Promotion of Education.

Time frame: 2009

- 2. To emphasize father's role for the development of the child and formation of child's personality through educative programmes, via media and in manuals (for adults).**

Lead responsibility: Ministry of Labour and Social Policy, Ministry of Education.

Time frame: 2008 and continuously.

Specific goal 3.4 Reinforcement of competences needed for parental role

Parenting is one of the roles that require huge responsibility from any person. Also, it is one of the roles that can bring most satisfaction if it is effectively performed or on the contrary most frustration and suffering. Once the damage has been done is beyond repair. Parenting is a role for a lifetime. However, there is no appropriate preparation that enables an individual to assume and play this important role.

Measures, Activities and Mechanisms

- 1. To establish network of resource centres for parents to provide information and advice when parents have doubts how to take care of their children and in connection to childrearing.**

Lead responsibility: Ministry of labour and social policy, Ministry of Health, local self-government.

Time frame: 2009

- 2. To ensure conditions for improvement and advancement of competences needed for effective parenting by the introduction of schools for parents programme.**

Lead responsibility: Ministry of Labour and Social Policy, Ministry of Education, Local self-government.

Time frame: 2009

- 3. To establish Clubs for Parents to enable contacts and exchange of ideas, provision of support and advice to parents, etc.**

Lead responsibility: Ministry of Labour and Social Policy, Ministry of Health, local self-government.

Time frame: 2009

- 4. To ensure publications written in simple, clear, easily understandable language for young parents in the form of manuals and booklets on childrearing and childcare**

Lead responsibility: Ministry of Labour and Social Policy and Ministry of Health.

Time frame: 2009

Expected Impact

It is expected that foreseen measures once implemented will diminish subjective perception of pressure and costs that next child (children) would be inflicting to parents. Thus the

decisions to have more children will be facilitated and/or fulfilment of the desire to have wishing number of children. Simultaneously the sound basis will be formed for stimulation of additional childbearing by other population policy measures. More profound feeling of individual life satisfaction of the people having children is important benefit. Greater satisfaction of parents, in the first place of mothers, will result in both various favourable effects and positive experience of the parenthood from the aspect of the child.

2.2.4 Goal 4. Promotion of reproductive health of adolescents

Rationale

Many factors endanger reproductive health of adolescents in the Republic of Serbia. Among others we can clearly distinguish ten of so of them as clearly connected with this issue.

The young people are lacking understanding, knowledge and skills needed for preservation of health in general, and particularly of their reproductive health. Understanding and knowledge are preconditions of any sexual and health care culture, safe behaviour in this sphere and evolution of personal responsibility for preservation of personal health.

Researches undertaken in different areas of the Republic of Serbia indicate that there are widely spread patterns of behaviour endangering reproductive health of adolescents, such as smoking, use of alcohol increasingly earlier in life and in larger quantities, drug abuse, in the first place misuse of cannabis, amphetamines and heroin.

Although it is widely believed that our society is more traditional and conservative in relation to other countries in Europe, sexual activity among adolescents is a reality in the Republic of Serbia as in other countries in Europe. Increasingly higher number of young persons has their first sexual experience early in teenage years, while the changes are particularly intensive among the population of young girls.

In addition to early engagement in sexual relations, other forms of risky behaviour are represented among young population, which endanger their reproductive health. The results of numerous studies show that there is increasingly higher number of young persons engaging in sexual intercourse under the effects of alcohol and drugs, or who are promiscuous and do not use preventive measures against pregnancy and sexually transmitted infections (STIs).

It is estimated that the number of adolescent pregnancies within one calendar year amounts to minimum 50 per 1.000 girls, of which half of them is ended in childbirth and half in intentional interruption of pregnancy. Particular concern from the aspect of health preservation is unfailling rate of child births among the girls under 17.

Among sexually active adolescents incidence of STIs is particularly frequent especially chlamydial infection - significant factor of secondary sterility and HPV infection - directly linked with cervical cancer.

Parents have passive attitude towards sexuality and protection of reproductive health of their children. Experience shows that children who grow up in families where there has rarely been spoken about the puberty, partnership relations, and methods to avoid hazardous pattern of behaviour find themselves far more trapped in problems than others.

Specific goal 4.1 School education on preservation of reproductive health for adolescents

In the Republic of Serbia there is no systematic solution related to education in the domain of the protection of reproductive health. Experience from the areas where programmes to raise awareness, disseminate information, educate and acquire skills have been delivered among adolescents show that such actions contribute to development of the sense of responsibility for preservation of personal health. Direct consequences are postponement of sexual activities among young persons, engagement in sexual relations later in life, lower risk of unwanted pregnancy and STIs.

Measures, Activities and Mechanisms

1. **To mainstream (integrate) preservation of reproduction health in primary and elementary school curricula.**

Implementation agencies: Ministry of Education, Ministry of Health and Ministry of Labour and Social Policy.

Time frame: 2008

2. **To develop a manual for teachers and associates in primary and secondary schools to facilitate their work in the area of preservation of reproductive health.**

Lead responsibility: Ministry of Education, Ministry of Health.

Time frame: 2008

3. **To develop teaching material on preservation of reproductive health for primary and secondary schools.**

Lead responsibility: Ministry of Education, Ministry of Health.

Time frame: 2008

4. **To carry out accreditation of the programmes for mandatory vocational advancement of teachers, educators, professional associates and principals of pre-school facilities, primary and secondary schools, with view to their vocational and professional reinforcement to implement curricula and contents related to preservation of reproductive health.**

Lead responsibility: Ministry of Education, Institute for Promotion of Education.

Time frame: 2008

Specific goal 4.2 Establishment of network of resource centres for adolescent reproductive health (ReCARHs)

Adjustment of the health care services through the opening of resource centres is of vital importance for preservation of reproductive health of young persons. Although as soon as in 1990s it was initiated in Serbia, many units of local self-government are still without such resource centres for adolescent reproductive health or they are not developed as expected.

Measures, Activities and Mechanisms

1. **To establish resource centres for adolescent reproductive health (ReCARHs) in the units of local self-government.**

Lead responsibility: Ministry of Health and local self-government.

Time frame: 2010

2. **To promote quality of work in the resource centres for adolescent reproductive health resource centres (ReCARHs).**

Lead responsibility: Ministry of Health

Time frame: Continuously

3. **To establish network of adolescent reproductive health peer educators.**

Lead responsibility: Ministry of Health and Ministry of Education.

Time frame: 2010

Expected Impact

The activities focused to preservation of adolescent reproductive health will contribute to:

- Preservation of health and potential for reproduction;
- Improved adolescent health care and sexual culture;
- Promotion of benefit from assuming active role in life;
- Promotion of healthy partnership relations;
- Adoption of modern values;
- Easier growing up.

2.2.5 Goal 5. Fight against infertility

Rationale

In the developed countries 10 - 15% couples have infertility-related problems. It is likely that the incidence of infertility in countries in transition, and therefore in Serbia, is even higher due to low awareness and knowledge among citizens of Serbia of sexuality and reproduction, large number of induced terminations of pregnancy, widespread STIs, increasingly risky behaviour endangering reproductive health directly and indirectly, as well as insufficiently developed family planning services.

Great number of intentional interruptions of pregnancy, absence of control of STIs and postponement of childbearing are leading reasons for this serious health and social concern.

In Serbia, the birth control is of traditional type predominantly relying on the old-fashioned and insufficiently efficient methods of contraception, resulting in large number of unplanned pregnancies and intentional miscarriages. Although as far as 1990s there is no reliable statistics on the number of artificial abortions, it is estimated that every 12th woman of childbearing age has had experience of abortion in one calendar year.

It may be assumed that incidence of sexually transmitted infections (STIs) is high. Particularly, the incidence of sexually transmitted diseases (STDs) is on increase in most countries in transition. Serbia is experiencing growing number of persons suffering from AIDS and HIV infections. Moreover, diagnosis and treatment of these diseases are unavailable to larger part of the population in Serbia because of the absence of relevant primary health care services.

In addition, there is an increasing trend of postponement of motherhood. Refraining from reproduction is evident among women aged 20 - 34. Therefore, assisted fertilization procedures will need to be applied extensively, implying use of sophisticated diagnostic and therapeutic procedures available only in technologically advanced health care facilities. Postponed childbearing is further linked to a series of negative biological and health consequences.

Specific goal 5.1 Promotion of modern forms of contraception

It is necessary to disseminate knowledge about and motivate women and men to adopt modern family planning concept aiming at changing population fertility regulation method and transition from traditional to modern model.

Measures, Activities and Mechanisms

- 1. To activate health care system to act towards creation and satisfaction of related individual needs, popularisation and promotion of the use of contraceptives and modern birth control model (both via media of mass communication and every aspect of public relations communication processes).**

Lead responsibility: Ministry of Health, Ministry of Labour and Social Policy, Ministry of Culture.

Time frame: Continuously

- 2. To reinforce the capacities of health care system to alleviate the problem of abortion through wider application of modern and efficient contraceptives and continuous medical education of professionals on matters relevant for the provision of good quality advice to women and men about contraceptives.**

Lead responsibility: Ministry of Health and Ministry of Education.

Time frame: Continuously

- 3. To develop and apply clinical guidelines in the field of contraception.**

Lead responsibility: Ministry of Health

Time frame: Drafting in 2008,

Implementation in 2009 and onwards

- 4. To intensify birth control-related advisory activity, particularly before and after induced abortion at primary health care level.**

Lead responsibility: Ministry of Health

Time frame: Continuously

- 5. To develop informative educational material on different aspects of prevention of conception.**

Lead responsibility: Ministry of Health

Time frame: 2008

Specific goal 5.2 Enhanced sexually transmitted infections (STIs) control

The control over STIs requires wide range of population-targeted activities leading to higher awareness of STIs and reinforced motivation to lead sexually healthy life. To this end, it is necessary to undertake a series of measures with view to public dissemination of information and rising of the level of education as well as awareness on the need for preventive action, while health care system has critical role in mitigation of reproductive health disorders among persons infected with STIs.

Measures, Activities and Mechanisms

- 1. To activate health care system to act towards creation and satisfaction of related individual needs, popularisation and promotion of the use of contraceptives and modern birth control model (both via media of mass communication and every aspect of public relations communication processes.**

Lead responsibility: Ministry of Health, Ministry of Labour and Social Policy, Ministry of Culture.

Time frame: Continuously

- 2. To reinforce resources and staff to effectively provide services of STIs prevention, diagnostics and treatment.**

Lead responsibility: Ministry of Health.

Time frame: 2009

3. **To develop and implement effective, efficient and economically acceptable clinical practice guidelines on STIs.**
Lead responsibility: Ministry of Health.
Time frame: Drafting in 2008,
Implementation in 2009 and onwards
4. **to develop informative educational material on different types of STIs and methods of their prevention.**
Lead responsibility: Ministry of Health
Time frame: 2008
5. **Continuing medical education on STIs for health professionals.**
Lead responsibility: Ministry of Health and Ministry of Education.
Time frame: Continuously

Specific goal 5.3 Provision of professional assistance to couples with infertility problems

Alleviation of the problem of infertility requires adjustment of health care system for cost-effective, economically acceptable and modern approach to diagnostics and treatment of infertility, financial support for couples concerned, as well as relevant legislation on application of bio-medically assisted fertilization.

Measures, Activities and Mechanisms

1. **To develop and implement clinical practice guidelines in the research and treatment of infertility.**
Lead responsibility: Ministry of Health
Time frame: Drafting in 2008,
Implementation in 2009 and onwards
2. **Continuing medical education of professionals with relevant specialization related to infertility problem solving.**
Lead responsibility: Ministry of Health
Time frame: Continuously.
3. **Capacity building of relevant secondary and tertiary health care facilities for the research and treatment of infertility.**
Lead responsibility: Ministry of Health
Time frame: Continuously
4. **Progressive increase in the number of attempts at artificial insemination pursuant to the scope of mandatory health care insurance rights.**
Lead responsibility: Ministry of Health
Time frame: 2008 and continuously
5. **Continuing quality control over the work of health care facilities providing services of the research and treatment of infertility.**
Implement agency: Ministry of Health
Time frame: Continuously
6. **To introduce legislation on application of bio-medically assisted fertilization procedures.**

Lead responsibility: Ministry of Health
Time frame: 2008

Expected Impact

Implementation of the activities referred to above will contribute to preservation of reproductive potential of the population in the Republic of Serbia because the massive application of contemporary contraceptives aimed at planning of conception and improved STIs control will reduce the number of couples with primary and secondary fertility problems. Thus, the steps will be taken towards the realization of individual aspirations about the desired number of children. Simultaneously, creation of the environment conducive to efficient application of medically assisted insemination procedures will contribute to fulfilment of the desire for parenthood for many more couples, which is particularly significant in the conditions when postponement of child birth has been increasingly intensified.

2.6 Goal 6. Towards healthy motherhood

Rationale

Although there are numerous legislative and by-law provisions defining high standards of health care offered to women during pregnancy, child birth and confinement, there is still room for reduction of maternal and infant morbidity and mortality, prenatal mortality, stillbirths and incidence of congenital anomalies. Absence of systematic preparation of women for pregnancy, incomplete coverage of pregnant women by antenatal services in primary health care facilities, lack of understanding among pregnant women of the facts that have beneficial or adverse effects on the health of mother and child and lack of communication among relevant services at relevant health care levels are just some of the factors that put high risk on course and outcome of pregnancy.

The question of preparation for pregnancy is still open as the activities promoting healthy life-styles, periodical health checks and personal responsibility for one's health are still insufficiently developed. The problem is further complicated with intensive postponement of childbearing due to which the incidence of pre-existing chronic illnesses and other factors endangering optimal course and outcome of pregnancy is growing.

The frequency of complications during pregnancy and delivery is multiplied by the insufficient outreach of antenatal resource centres – services in primary health care facilities and imperfect links between and definition of diagnostic and treatment procedures within the prenatal health care system levels. Hence a number of pregnant women is not familiar with the facts relevant for development of active approach to pregnancy, under regular and adequate control over the course of pregnancy, subject to screening for timely detection of pathological conditions (primarily gestational diabetes mellitus (GDM) and hypertension) and are not adequately prepared for delivery.

The possibilities for prevention of congenital anomalies in a foetus and reduction in neonatal death rate differ in different regions of Serbia. Namely, antenatal services (resource centres) for pregnant women at primary health care level are at mixed level of development, both with view to quality of equipment and training level of staff responsible for early detection of foetal anomalies and pathological conditions in pregnancy.

Serbia has well developed health care for children in period when they are most dependent on immediate environment, during first five years of life. It is carried out by early detection of disorders the consequences of which may be prevented by close monitoring of health and elimination of contagious diseases by the application of active immunisation.

Specific goal 6.1 Preservation and promotion of women's health during prenatal period

The precondition for effective preservation and promotion of women's health is the engagement of mass media and medical workers at dissemination of understanding and knowledge contributing to adoption of healthy life-styles including periodical health checks, as well as health care system capacity building to satisfy women's needs in this domain.

Measures, Activities and Mechanisms

- 1. To promote healthy life-styles (both via media of mass information and wider public relations processes).**
Lead responsibility: Ministry of Culture and Ministry of Health
Time frame: Continuously
- 2. Primary health care capacity building towards preservation of women's health in reproductive period of her life.**
Lead responsibility: Ministry of Health
Time frame: Continuously

Specific goal 6.2 Improvement of health care quality during pregnancy and delivery

It is necessary to ensure for every pregnant women, new mother and newly born child maximum possible standard of health care with view to provision of good quality control over the course of pregnancy, delivery and confinement resulting in falling rates of maternal, perinatal and neonatal morbidity and mortality.

Measures, Activities and Mechanisms

- 1. To reinforce primary health care to ensure optimal course and outcome of pregnancy, including conditions for fulfilment of the needs of persons with disability.**
Lead responsibility: Ministry of Health and local self-government.
Time frame: Continuously
- 2. To organise and create conditions in maternity hospitals following children - friendly and open to parents' hospital concept.**
Lead responsibility: Ministry of Health
Time frame: Continuously
- 3. Capacity building of relevant secondary and tertiary health care facilities to control course and outcome of pathological pregnancies and attending to urgent cases.**
Lead responsibility: Ministry of Health
Time frame: 2010
- 4. To establish links between health care facilities at different levels with view to efficient and territorially balanced provision of health control in the course or pregnancy, delivery and confinement.**
Lead responsibility: Ministry of Health

Time frame: 2009

Specific goal 6.3 Support to safe maternity, healthy growth and development of newly born babies and infants

Healthy motherhood and creation of preconditions for healthy start, growth and development of the newly born and infant imply necessity of engagement of health care system in prevention and early detection of health disorders among mothers and infants, as well as preparation of parents for regular physical and psycho-social growth and development of the child.

Measures, Activities and Mechanisms

- 1. Health care system capacity building to preserve women's health in the course of their confinement as well as to provide health care to newly born babies, nurslings and infants.**

Lead responsibility: Ministry of Health and local self-government.

Time frame: Continuously

Expected impact

It is expected that dissemination of information among pregnant women about healthy motherhood, provision of adequate control and surveillance over pregnant women in general, good quality organisation of health care and taking care of urgent conditions and cases will be effective in prevention of about 40% of women's deaths in the course of their pregnancy, delivery and confinement. In addition to reduction in maternity mortality, positive measures will also result in reduced perinatal deaths, neonatal mortality, death of nurslings and infants and births of children with mental and physical impairments or anomalies. Simultaneously, women's and children's health will improve. Alongside direct demographic benefits, mitigation of health care system - related problems of childbearing will ensue as an indirect one.

2.2.7 Goal 7. Population Education

Rationale

Population education has been imposing itself as a new strand of population policy considering the fact that an individual always lacks specific understanding and knowledge albeit in this field. The relation between individual behaviour and processes on macro level are not well understood by the general population nor are the consequences of unsatisfying population tendencies coupled with sluggishness of demographic change and their postponed effect. There is lack of understanding of society's needs in this area and vision of the future needs of future generations, and lack of knowledge and awareness of the importance of the preservation of national identity and culture in favour of next generations.

Why are understanding and knowledge so important? Firstly, because understanding and knowledge are definitely significant factors in the establishment of a system of values, for the formation of attitudes and views, development of motivation, as well as in the decision-making processes in many areas of life. Therefore, the acquisition of knowledge and understanding as basic element of awareness can influence philosophy of life, and consequently, attitudes, views, beliefs and will. Here we mean knowledge taken in wider sense with social and psychological dimensions included. The social dimension maintains the individual's belief on reliability and its

'believability'. The psychological dimension, on the other hand, implies emotional acceptability of a phenomenon or its element under the process of understanding. Integral part of acquisition and adoption of knowledge and understanding must also be the process of development of competences that should enable application of the acquired knowledge and understanding.

Population education implies promotion of a new system of values and life-style by means of dissemination of information and understanding of characteristics and importance of population factor and responsible behaviour in the family life sphere, marriage, childrearing, relationship of women and men in contemporary culture, intergenerational solidarity and transfer, reproductive health as well as that concerning future of the community to which one belongs.

Population education was also recognized in the Plan of Action of the United Nations International Conference on Population and Development adopted in Cairo in 1994 as a critical element of population policy. The Programme contains a series of practical advice. The most important one refers to dissemination of knowledge and development of motivation relevant for population issues, which should be integrated in the work plans of all social institutions, but primarily educational institutions, that is pre-school and school curricula.

Basically, the curricula of our education institutions leave space not only for dissemination of demographic knowledge but also for mainstreaming of issues encouraging humane relations and compassion among people, respect for human life values, responsible parenting, affirmation of human being and its personality, as well as of society and social values and needs. In the realization of all these principles, pre-school facilities and schools can obtain assistance through the cooperation at the level of local self-government with, for example health care, culture or media institutions. Also, well designed publications adjusted to relevant age as well as educational programmes broadcast via electronic media and the application of the new approaches in learning and uptake of information (e-learning) are all different forms enabling efficient and effective integration of population education – related topics via different media, subjects and formal and informal school curricula.

Specific goal 7.1 Activation of the education system as the key agent and implementation of population education curriculum

In the Republic of Serbia, the education system has never before covered subjects and methodology in work with children and young persons in systematic and planned way to contribute to mainstreaming of population education in extracurricular and curricular activities in primary, secondary schools and kindergartens. The curricula do not encourage humane relations among people, healthy and responsible parenting, and recognition of the importance of families with many children for healthy development of a child; they do not offer understanding of care for reproductive health or of reinforcement of the awareness of own national and cultural identity. Teachers and head teachers are not prepared and trained for most effective integration of population policy – related themes in the subjects they teach and activities they organise. Therefore, the education system should assume one of the key roles in the promotion of population policy – related topics among children, young persons and their parents.

Measures, Activates and Mechanisms

- 1. To mainstream (introduce) population policy – related topics into pre-school, primary and secondary school curricula (family tree, family album, brother's and sister's role, humane relations among people, healthy parenting, reproduction health, awareness of one's national and cultural identity.**

Lead responsibility: Ministry of Education, Ministry of Health, and Ministry of Culture.
Time frame: 2008

- 2. To accredit programmes for mandatory vocational advancement of teachers, educators and professional associates with view to their vocational and professional reinforcement to implement population education-related curricula and topics in work with children, young persons and their parents.**

Lead responsibility: Ministry of Education
Time frame: 2008

- 3. To develop a manual for educators, teachers and professional associates in pre-school facilities, primary and secondary schools for work in the sphere of population policy.**

Lead responsibility: Ministry of Education, Ministry of Health and Ministry of Labour and Social Policy.
Lead responsibility: 2008

- 4. To implement programmes promoting healthy parenting, importance of family with many children for healthy growing-up, development of humane relations and tolerance, with active involvement of parents in the work of pre-school facilities, i.e. schools.**

Lead responsibility: Ministry of Education, Ministry of Health, Ministry of Labour and Social Policy and local self-government.
Time frame: 2008 and continuously.

- 5. Publication of informative education material on population education-related topics.**

Lead responsibility: Ministry of Education, Ministry of Health, Ministry of Labour and Social Policy, Ministry of Youth and Sports, Ministry of Culture.
Time frame: 2008

- 6. To engage the media, especially electronic ones, to broadcast programmes covering population education-related topics as wider support to education institutions in their dealings with children, young persons and parents. In the domain of electronic media, inclusion of the population education-related topics in education programme for children, as well as advertisements, thematic discussions, round tables, etc.**

Lead responsibility: Ministry of Education, Ministry of Health, Ministry of Labour and Social Policy, Ministry of Youth and Sports, Ministry of culture.
Time frame: 2008 and continuously

Expected impact

Indeed, as any process aiming at change of the old and establishment of the new system of values and attitudes so the population education process should be persistent and systematic. It cannot be expected that the real results will follow soon. However, if we can create the positive population climate and initiate development of a new reproductive awareness and culture implying acceptance of personal role and responsibility in solution-finding of basic population problem of the community one lives in, then, these results could begin to be of long-term and sustainable nature. Development of reproductive awareness that respects social needs in this sphere is, on the other hand, necessary because the biggest and perhaps most complex problems that population policy has to address belong to a sphere of individual awareness.

2.2.8 Goal 8. Activation of local self-government

Rationale

Population policy measures determined at the national level are in their character general and are implemented uniformly on the whole territory of Serbia. There is no population policy, regardless of its level of development that can respond to all the needs and expectations of population nor can it take into account all particularities of life in different regions of the country. Therefore, population policy must be supplemented with the measures taken by the units of local self-government and so funded from local public resources. Thus, the measures defined and provided for at the national level by the Republic and implemented at the local community level are extended and supplemented by local self-government measures. This is how the measures are easily accessible by every citizen who can easily get information about them and be introduced with the conditions under which he/she can benefit from them. Also, it is the way to implement measures that correspond to actual needs and particularities of local communities.

Exercising its precisely defined functions arising from their responsibility and competence and performing activities delegated to it by the national level, the local self-government has influence upon the quality of lives of its citizens. Higher and better quality life is a condition *sine qua non* for rehabilitation of childbearing and parenting. Local self-government should always consider every-day life involving incessant articulation of the needs of families, families with children and children themselves, and in which the processes of finding, engaging and use of the resource for their satisfaction should take place.

From the aspect of position and role of local self-government in the political system generally, there is no more important issue of immediate interest for local population than the issue of reproduction of the population itself. It is the local self-government as most prominent social factor that can recognize the needs of the actual parents and activate mechanisms within its delegated powers and competence to address their needs in the best possible way. Also, in the long run, the convergence of the state population policy and reproductive behaviour of its population will largely be influenced by the way in which the local self-government bodies exercise their function.

***** OVDE IZGLEDA DA NEDOSTAJE TEKST*****

The Constitution of the Republic of Serbia ('Official Gazette of RS' no. 98/06), Law on Local Self-Government ('Official Gazette of RS', nos. 9/02, 33/04, 135/04 and 62/06, as well as the special laws providing local self-government with important competence and powers the exercise of which can effectively satisfy needs of citizens.

The municipal council, that is, city council, as the highest authority in the local self-government, is most competent to deal with the issues of the development of population and after having considered state of affairs from all important aspects to define and implement population policy measures in the municipality and city respectively, through the operations and activities of particular body.

Specific goal 8.1 Introduction of population policy at the level of local self-government.

Active involvement of local self-government into implementation of population policy implies the fulfilment of a series of preconditions. Individual needs related to realisation and exercise of parenting should be taken into account as well as all the potentials available to local self-government, the activation and empowerment of which can bring positive effects towards improvement of demographic situation in the local community, such as specific needs of parents and children, situation in the institutions and the structure of the staff for creation and

implementation of population policy and resources that local self-government should secure for population policy. Simultaneously, it is vital to define activities and set up mechanisms in the sphere of population policy and establish links among all who can contribute to affirmation of family, parenting and social objectives related to reproduction of population.

Measures, Activities and Mechanisms

- 1. To establish Council for Population Policy of Local Self-Government as professional advisory body of municipal council tasked with population development monitoring as well as provision of recommendation and evaluation of population policy measures at local level.**
Lead responsibility: Ministry of Labour and Social Policy, local self-government.
Time frame: 2008
- 2. To review all individual needs related to exercise of parenting in the local community.**
Lead responsibility: Local self-government
Time frame: 2008
- 3. To identify institutional and staff-related resources for implementation of community-based population policy.**
Lead responsibility: Local self-government
Time frame: 2008
- 4. To annually define and implement system of non-financial, financial and organisational measures with view to promotion of childbearing.**
Lead responsibility: Local self-government
Time frame: 2008 and continuously
- 5. To annually set level of funds in the budget of local self-government that will be allocated to implementation of population policy measures.**
Lead responsibility: Local self-government
Time frame: 2009 and continuously
- 6. Setting up of the Population Policy Fond with view to engagement of extra-budget funds for implementation of community -based population policy measures.**
Lead responsibility: Local self-government
Time frame: 2009
- 7. To annually monitor relevant population development indicators at the level of local self-government and of socio-economic status of families with children.**
Lead responsibility: Local self-government
Time frame: 2009 and continuously
- 8. To activate health care, social protection, education institutions, companies, churches and religious communities, and other associations and societies with view to creation of positive population climate and efficient implementation of the community based population policy.**
Lead responsibility: Local self-government
Time frame: 2008 and continuously

Expected impact

Active involvement of local self-government in population policy and more efficient implementation and upgrade of measures promoted by the state, as well as search for and pursuit of new measures adequate for particular problems and needs of community will lead to stimulative effect on parenting in many ways. The most important are creation of positive population climate, clear demographic message of local self-government as well as elimination of perceived barriers for parenting in general, but particularly for childbearing.

3. IMPLEMENTATION AND PERIODICAL REVIEW OF THE STRATEGY

This Strategy is a basis for courses of action and for creation of legislative and other enactments necessary for its implementation.

Demographic development is critical issue for the Republic of Serbia. Therefore, Population Policy Council shall be established as task force of the Government. Ministry of Labour and Social Policy shall coordinate the activities and has lead responsibility for recent and capacity to initiate further strategic activities.

As the coordinator of the activities, Ministry of Labour and Social Policy will undertake measures for establishment of structured and operational partnership relations with responsible actors and for setting up of the coordination mechanisms for strategic actions, as well as procedures for cooperation, agreement-reaching and decision-making.

Periodically, but at minimum once in a two-year period the Ministry of Labour and Social Policy shall carry out the evaluation of completed strategic actions and results. For the sake of evaluation the Ministry shall rely upon internal and external resources.

The aim of the evaluation shall be:

- Identification of points of issue from the strategic point of view.
- Identification of the need to adjust strategic document to a newly formed situation and proposal to conform plan of activities to actual needs.

Minister responsible for social policy shall define Ministry's Strategy Implementation Plan.

It is estimated that considerable allocations in the Budget of the Republic of Serbia will be needed for the realization of strategic objectives in the years to come. It is necessary to set up a separate Support Fund for the families with children. The Fund would secure resources for implementation of the measures envisaged in this Strategy that could not have been implemented by the Budget resources. Also, it will support the solutions envisaged for the families with delivering solutions of the families with more children and stimulation to childbearing in general.

FINAL PROVISIONS

This Strategy shall be published in 'Official Gazette of the Republic of Serbia'.

No.

In Belgrade

THE GOVERNMENT

Vice-President