UNFPA Country Programme Evaluation 2012-2016

ALBANIA

Final Evaluation Report

14 December 2015

Sam Clark, Evaluation Team Leader
Holtjana Bello, National Evaluation Consultant

Acknowledgements

The authors wish to acknowledge with their sincere thanks the numerous staff members from the various Government of Albania Ministries and related institutions, the UN collaborating agencies, donor agencies and a wide range of NGOs for providing time, resources and materials to permit the development and implementation of this evaluation. We appreciate the participation of members of the Evaluation Reference Group, especially those who took time to attend briefings and provided comments. We are particularly grateful to the UNFPA Albania staff members who, despite a very heavy load of other pressing commitments, were so responsive to our repeated requests, often on short notice. We would also like to acknowledge the many other Albania stakeholders and client/beneficiaries, including experts in health, youth, gender and education and the dedicated staff at the primary health care level, who helped the implementation of this evaluation despite their busy schedules. It is the team's hope that this evaluation and recommendations presented in this report will positively contribute to building a sound foundation for future UNFPA Albania supported programs in collaboration with the Government of Albania.

Disclaimer

This evaluation report was prepared by a team of two Consultants: Sam Clark, International Consultant Evaluation Team Leader, and Dr. Holtjana Bello, National Evaluation Consultant. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or member states.

Table of Contents

List of Tables

List of Figures

List of Annexes

Abbreviations

AC	Advocacy and Communication
ACA	Albania Community Assist
ACPD	Albanian Center for Population and Development
ADHS	Albania Demographic and Health Survey
AFA	Admin Finance Associate
AIDS	Acquired Immune Deficiency Syndrome
AR	Assistant Representative
ASRH	Adolescent Sexual and Reproductive Health
ATLAS	Automatically Tuned Linear Algebra Software
AWP	Annual Work Plan
CC	Cervical Cancer
CCA	Common Country Assessment
CCP	Common Country Programme
CDC	Centers for Disease Control
CEDAW	Committee on the Elimination and Discrimination Against Women
CME	Continuing Medical Education
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPE	Country Programme Evaluation
CSE	Comprehensive Sexuality Education
CSS	Contraceptive Security Strategy
CSW	Commercial Sex Worker
DDPFFA	Department of Development Programming, Financing and Foreign Aid
DHS	Demographic and Health Survey
DV	Domestic Violence
EECARO	Europe and Central Asia Regional Office
EM	Evaluation Manager
EO	Evaluation Office
ERG	Evaluation Reference Group
EU	European Union
EUROSTAT	Statistical Office of the European Comunities
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender Based Violence
GE	Gender Equality
GoA	Government of Albania
HBSC	Health Behavior in School-Aged Children
HCP	Health Care Provider
HDI	Human Development Index
HII	Health Insurance Institute
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICETL	International Consultant Evaluation Team Leader

ICPD	International Conference on Population and Development
ICRW	International Centre for Research on Women
IED	Institute for Educational Development
INSTAT	Albanian Institute of Statistics
IP	Implementing Partner
IPH	Institute of Public Health
IVDU	Intravenous Drug User
LGBT	Lesbian Gay Bisexual Transgender
LMIS	Logistics Management Information System
LSE	London School of Economics
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MoE	Ministry of Education
MoH	Ministry of Health
MTR	Mid Term Review
NCSS	National Centre for Social Studies
NEC	National Evaluation Consultant
ODA	Official Donor Assistance
OECD	Organization for Economic Cooperation and Development
OMT	Operations Management Team
PD	Population and Development
PHC	Primary Health Care or Primary Health Centre
PISA	Programme for International Students Assessment
PMTCT	Prevention of Mother to Child Transmission
PoC	Programme of Cooperation
QoC	Quality of Care
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RR	Reproductive Right
SBCC	Social Behaviour Change Communication
SDGs	Sustainable Development Goals
SOW	Scope of Work
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TAR	Total Abortion Rate
TFR	Total Fertility Rate
TMA	Total Market Approach
TOR	Terms of Reference
TOT	Training of Trainers
UBRAF	Unified Budget Results and Accountability Framework
UNAIDS	United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDAF	UN Development Assistance Framework
UNEG	United Nations Evaluation Group

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WAVE	Women Against Violence Europe
WHO	World Health Organization
YFS	Youth Friendly Service

Albania Country Map: Administrative map with districts

Map No. 3769 Rev. 7 UNITED NATIONS
June 2012

Department of Field Support
Cartographic Section

KEY FACTS TABLE FOR ALBANIA

Land		
Geographic location	Albania is a country in south-eastern Europe. It is bordered to the north by Montenegro, to the northeast by Kosovo, to the east by the Republic of Macedonia, and to the south and southeast by Greece. It has a coast on the Adriatic see and Ionian see. It is less than 72 km from Italy across the strait of Ottranto.	
Land area	27, 400 km^2 [1]	
Terrain	Mostly mountains and hills. Small plains along coast[2].	
People		
Population		2,894,000 (2014)[3]
Urban population		55.38 % of total (2013)[4]
Annual Population Growth Rate		-0.1% (2010-2014)[5]
Government		
Government		Republic
% of seats held by women in parliament		20% (2010-2014)[6]
Economy		
GDP per capita 2010 PPP US$		10,428.5 (2010 -2014)[7]
GDP Growth rate		0.7 (2013), 1.3 (2012), 3.1 (2011) annual % [8]
Main industries		Agriculture (19.5%), Industry (12%), Services (68.5%) as of (2011)[9]
Social indicators		
Human Development Index Rank		Index 0.716 Rank 95[10] (2014)
Unemployment Rate		17.5% (2014)[11]
Life expectancy at birth		77.96 (2014)[12]
Under five mortality (per 1000 live births)		17[13]
Maternal mortality ratio (deaths of women per 100,000 live births)		21 (2013)[14]
Health expenditure (% of GDP)		5.9% (2013) [15]
% of births attended by skilled health personnel		96.6% (2013) [16]
Adolescent fertility rate (births per 1000 women aged 15-19)		14 (2010-2014) [17]
Contraceptive prevalence rate (All methods)		70.6% (DHS INSTAT 2010 MW age 15-44)
Contraceptive prevalence rate (Modern)		11.4% (DHS INSTAT 2010 MW age 15-44)
Unmet need for family planning		12.9% (2009)[18]
% of people living with HIV, 15-49 years old		<0.1% (2013)[19]

[1] World Bank (2014)
[2] Central Intelligence Agency (2015),
[3] World Bank (2014)
[4] Index mundi (2013)
[5] World Bank (2014)
[6] World Bank (2014)
[7] World Bank (2014)
[8] Index mundi (2014)
[9] Index mundi (2014)
[10] United Nations Development Programme (2014)
[11] INSTAT Albania (2014)
[12] Index mundi (2014)
[13] United Nations Development Programme (2014)
[14] WHO (2013)
[15] WHO (2013)
[16] UN (2015)
[17] World bank (2014)
[18] United Nations (2015)
[19] http://www.unaids.org/sites/default/files/epidocuments/ALB.pdf

Adult literacy (% aged 15 and above)	96.8%(2011)[20]
Primary gross enrolment ratio (f/m per100)	99.52% (2003)[21]
Gross enrolment ratio, secondary (f/m per 100)	82.4 % (2008)[22]
Millennium Development Goals (MDGs): Progress by Goal as of 2010[23]	
1 Eradicate Extreme Poverty and Hunger	Possible to achieve if some changes are made
2 Achieve Universal Primary Education	Possible to achieve, if some changes are made
3 Promote Gender Equality, Empower Women	Possible to achieve, if some changes are made
4 Reduce Child Mortality	Off track (Almost achieved[24])
5 Improve Maternal Health	Improved but not Achieved[25]
5b Universal access to reproductive health	Partially achieved[26]
6 Combat HIV/AIDS, Malaria, other Diseases	Off track due to persistence of TB[27]
7 Ensure Environmental Sustainability	Possible to achieve, if some changes are made
8 Develop Global Partnership for Development	Possible to achieve, if some changes are made

[20] UNESCO Institute for Statistics (2013)
[21] UNESCO Institute for Statistics (2015)
[22]UNESCO Institute for Statistics (2015)
[23] UN Albania (2010)
[24] United Nations Statistics Division (2015)
[25] United Nations Statistics Division
[26] MDG 5b is a combination of 4 indicators: 1) Contraceptive prevalence rate (NB: low use of modern methods), 2) Adolescent birth rate 3) Antenatal care coverage (at least one visit and at least four visits (66.8%), and 4) Unmet need for family planning (has improved, but met need is based largely on use of traditional methods) (INSTAT, IPH, IFC Macro Albania DHS 2008-9. 2010).
[27] United Nation Statistics Division (2015)

Executive Summary

Overview. The overall purpose of this Country Programme Evaluation (CPE) is to be a quasi end-of-programme cycle evaluation to assess the performance of the United Nations Population Fund (UNFPA) Albania within the Common Country Program (CCP) for Albania for 2012-2016. This evaluation examines factors that have facilitated or hindered achievements, and documents the lessons learned to inform the formulation of the next Country Programme of UNFPA within the follow-on CCP in support to the Government of Albania. This evaluation is an essential step to identify the major achievements as well as challenges encountered while implementing the current UNFPA Country Program (CP) and to ensure that the lessons learned are reflected in the forthcoming UNFPA CP for 2017-2021. This report covers results from 2012 to 2015 in four focus areas: 1) Sexual and Reproductive Health (SRH) 2) Youth, 3) Gender and 4) Population and Development (PD). The initial CP budget of $7.6 million ($3.5 regular $4.1 other) was reduced to $3.5 million in 2014 ($2.6 regular and 0.9 other).

Objectives and scope. The overall objectives of the CPE are to provide: 1) enhanced accountability of UNFPA and the UNFPA Albania Country Office (CO) for the relevance and performance of the CP and 2) evidence for the design of the next programme cycle. The evaluation has two specific objectives: First, to independently assess the progress of the CP towards the expected outputs and outcomes set forth in the results framework of the CP as well as its contribution to the common results framework of the CCP for Albania and second, to assess the CO position within the development community and national partners, in view of its ability to respond to national needs and add value to the country development results. Per the Terms of Reference (TOR), the evaluation is designed to assess the outputs and outcomes achieved by implementing the programme, consider UNFPA's achievements against intended results, and examine unintended effects of UNFPA's interventions and compliance with UNFPA's Strategic Plan. The evaluation assesses the CP's relevance to national priorities and the CCP for Albania, as well as the extent to which the current CP, as implemented, has provided the best possible ways to reach intended objectives given the results achieved.

After more than three years since the beginning of the UNFPA CP, this evaluation assesses:
a) six criteria: relevance, effectiveness, efficiency, sustainability, United Nations Country Team Coordination, and added value and b) the achievements of the project against its 4 outcomes and 11 outputs, and the future needs of Albania for SRH, Youth SRH, GE, and PD. The evaluation document is intended to help key stakeholders, including UNFPA Albania, various Ministries of the donors, to make reasonable choices regarding the approach towards interventions in the country and the components that should be maintained, modified or added in the upcoming projects.

The CPE took take place during the period August-September 2015 and covers the Albania CP from 2012 to the present. The primary audience and users of the evaluation include the UNFPA Albania CO, national partners and relevant government agencies, who are expected to benefit from the evaluation's findings, conclusions and recommendations. UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) and Evaluation Office (EO) are also expected benefit. In addition, the UN agencies represented in the country will use findings of this evaluation during the development of the next CCP for Albania for 2017 - 2021.

Description of the Country Programme. The UNFPA Albania CP must be understood within the context of the Albania Program of Cooperation (PoC), a collaboration of 17 UN agencies that works within one coherent framework. UNFPA Albania staff have in-depth experience working within the PoC, this being their second full PoC program cycle. The four UNFPA Albania focus areas are

implemented in collaboration with UN agencies in a unified planning process. The SRH Focus area includes capacity building and national strategy development in support of integrated SRH services that are informed by a series of in-depth assessments. UNFPA Albania supported a multi-district program that has demonstrated potential for community outreach to increase demand and access to SRH services among vulnerable populations; at the policy level UNFPA is supporting development of national health promotion guidelines. Advocacy and technical assistance have supported an update the National SRH Strategy and the development of a basic package of PHC services that include integrated SRH services. In addition, the SRH focus area provides capacity building for STI service delivery, development of protocols for STI prevention and PMTCT and implementation of MISP training to provide SRH services in humanitarian contexts. The Youth Focus activity areas includes support for the development and costing of the 2015 National Youth Action Plan, the development of pre-university Comprehensive Sexuality Education (CSE), protocols and guidelines for youth-friendly health services and promotion of demand and access to SRH services among vulnerable youth and key at-risk populations. The Gender Focus area includes capacity building for implementation and monitoring of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), extensive training of Primary Health Centre staff on gender-based violence (GBV), and the constructive involvement of men and boys in the elimination of GBV. The Population and Development (PD) Focus area includes demographic analysis capacity building for INSTAT, support for in-depth analysis of data from the 2011 Census, representative survey research on topics related to SRH, Youth, and Gender Equality, as well as capacity building for data analysis and policies related to trends and needs of Albania's aging population. The UNFPA CP is implemented in close collaboration with the Albanian Ministries of Health, Social Welfare and Youth, Education, the Institute for Public Health, Institute of Statistics, Health Insurance Institute, and a number of well-established NGOs and other relevant partners.

Evaluation Approach. The CPE follows the structure provided in the UNFPA Handbook (UNFPA October 2013) to assess the UNFPA Albania CP using two separate components. First, is an analysis of the UNFPA Albania CP Outcomes and Outputs within the four focus areas (SRH, Youth, Gender and PD). This component employs four main criteria: relevance, effectiveness, efficiency, and sustainability. The second component assesses the positioning of the UNFPA Albania CP in the country based on two criteria: UNCT coordination (with the development priorities of Albania, its collaboration within the PoC and other development agencies), and value added (comparative strengths in the country). The evaluation covers the first three years of the five-year CP programme period (2012 to date). It focuses on the 11 outputs and 4 outcomes within the CP Results and Resources Framework that was updated 2014 to be aligned with the UNFPA Mid Term Strategic Plan (MTSP) for 2014-2017, as well as a streamlined framework for the Albania PoC that resulted from a 2014 mid-term PoC evaluation.

Methodology. The evaluation was conducted by a two-person team (team leader, national expert) in two phases: development of a Design Report outside of Albania, August-September 2014, and the evaluation in Albania, September 2014. The evaluation is based on non-random samples of respondents with qualitative data collection methods. All interviews followed informed consent procedures as required by the UN ethics guidelines for evaluators. The collection of evaluation data was implemented using five main methods: 1) Desk review 2) Site visits to CP targeted areas in three regions 3) Semi-structured group and individual interviews with stakeholders 4) Group and individual follow-up interviews with former trainees in UNFPA supported training events 5) Focus group discussions with stakeholders and client/beneficiaries. The analysis is based on a synthesis and triangulation of information obtained from the above-mentioned five evaluation activities. Limitations of the evaluation include its non-representative, qualitative nature due to small, non-random samples and low response rates for certain interview categories. All interviews were done without the presence of UNFPA staff.

Key Findings - Overview of Achieved Results

Relevance: All four program areas were found to be of high relevance. Virtually all activities fit well within national priorities and strategies and are consistent with the needs of beneficiaries and implementing partners. There was strong evidence that activities were developed based on sound assessments as well as consultation with clients and beneficiaries. All four program areas were implemented in a manner that was reflective of UNFPA global strategy, International Conference for Population and Development (ICPD) Program of Action, Millennium Development Goals and the PoC.

Effectiveness: Despite major constraints and challenges in the social and political context of Albania, including a difficult funding environment, there was significant progress for all four program areas. All but one of the 11 outputs should be achieved by 2016. Due to a lack of a follow-on DHS, certain key indicators could not be assessed, but trends based on other sources of data are favourable.

Efficiency: Overall, the activities implemented toward the achievement of outputs for all program areas appeared to be reasonable for the amount of resources expended. Most respondents were unable to comment on the question of efficiency, but of those who did, most felt that UNFPA Albania has been careful to manage its funds efficiently. The program has been implemented by a small staff of just three program officers, and has had to adjust to a significant reduction in budget: the final core fund allocation was reduced by HQ to 500,00 per year (instead of 700,000) and the target for non-core fund revised by the office to meet the gap was $1million.

Sustainability: There is evidence of both short- and long-term sustainability of program results from program activities in all four program areas. In addition to establishing an effective policy dialog with national ministries that has resulted in important long-term national strategies and guidelines, there are examples of sustainability of UNFPA Albania activities with the long-term scale up of UNFPA pilot projects and institutionalization of training and protocols. UNFPA Albania has consistently made it clear that rather than support services, it is more focused on capacity building and longer term policy and strategy development.

Program Area Findings: UNFPA achieved important results for the **SRH focus area** through contributions to develop national guidelines and protocols for integrated SRH services, STI services as well as advocacy and update of a National Contraceptive Security Strategy. The SRH focus area has supported the successful district-level demonstration of a community based health promotion approach and is developing national health promotion guidelines that will reinforce this strategy. It has also supported the successful continuation of a WHO Quality of Care (QoC) program for Maternal Health in two District hospitals. The SRH program faces difficulties due to low demand and access to SRH services in the rural areas, especially for modern methods of contraception. The **Youth focus area** has made contributions toward the development and eventual implementation of a pre-university CSE curriculum, guidelines and manuals for Youth-Friendly Services, programs to encourage demand and access for SRH services to at-risk youth and key populations, and the successful development and costing of the 2015 National Youth Action Plan. An important constraint for the CSE program was a major 2013 Educational Reform which has required revisions and caused delay in the CSE strategy. The **Gender focus area** has made important contributions toward addressing sex-biased selection, training the representatives from the Ministry of Social Welfare to prepare the 4th CEDAW report, and representatives from Ombudsman to carry out the CEDAW Shadow Report, as well as collaboration with UNWomen on programs to involve men and boys in prevention of GBV. A successful nationwide

effort to train PHC staff on GBV has met difficulty because entrenched Albanian cultural traditions limit the PHC staff ablity to make referrals for clients suffering DV. **The PD focus area** activities have improved INSTAT's capacity in-depth analysis of data from the 2011 Census related to youth and the elderly, contributed to surveys on youth, and provided high level training in innovative demographic methods for INSTAT analysts. In close collaboration with national counterparts, significant progress will be achieved for all of the four PD outcomes by 2016. The elections of 2013 and the change of government resulted in major delays in the analysis of census data and contributed to delays in planning for the next DHS. The lack of a follow-on DHS or any planned end-line surveys will make it difficult to assess the extent of achievements on some these outcomes, in particular for SRH.

United Nations Country Team Coordination: UNFPA Albania has clearly demonstrated that it has been an active and constructive partner contributing to the functioning and coordination of UNCT activities within the PoC. The current PoC framework fully reflects UNFPA mandates and does not inhibit UNFPA Albania from pursuing its global and regional mandates. UNFPA Albania is recognized for its work within the PoC Outputs and Outcomes.

Added value: UNFPA is acknowledged by the UN Agencies, implementing partners and other collaborators from government as a reliable and responsive key lead agency for SRH, Youth, Gender and GBV; by comparison, the PD focus area, while well-received by implementing partners, is perceived by some members of the UNCT as less visible with relatively less impact.

Strategic Level Conclusions: Over a period of three country programmes, UNFPA Albania has established close collegial working relationships with key Government Ministries and NGOs that permit inclusive annual program planning and effective and efficient program implementation. Despite the favourable ties with implementing partners, all four of the focus areas for the UNFPA Albania CP have had to adjust to important constraints and challenges within the Albania context. In addition to a severe economic recession and high unemployment, due to the 2013 national elections and the change of government, UNFPA Albania has had to face delays in key activities and work within new institutional relationships. Despite these constraints, UNFPA Albania has made continuing progress toward the achievement of the CP outputs and outcomes.

Additional strategic conclusions include: A large number of small sub-activities (such as found in the SRH and Youth Program Areas) may dilute effort and thereby detract from impact. UNFPA Albania needs more in-depth assessment and planning to ensure more progress on infrastructure before launching large-scale trainings. There are limitations in the ability of UNFPA Albania's ATLAS system to readily obtain data to the level of sub-activities. Availability of costing information is not always sufficient to generate concrete commitments by GoA ministries to allocate funding. Additional data are needed to better understand the net return on investments in SRH services, such as cervical cancer or SRH/FP health promotion. The UNFPA supported communication and advocacy activities have been implemented in a highly competent manner, guided by a coherent strategy.

Program Area Conclusions:

Sexual and Reproductive Health: A district level initiative to link PHC services with the community through community health promotion has demonstrated potential to improve both demand and access to SRH services among vulnerable populations in rural areas in rural districts. The UNFPA/Albania supported SRH program initiatives to promote FP within a package of PHC services

and to develop a health promotion strategy are well-grounded, based on in-depth assessments, and show promise to improve quality and increased access and demand for SRH services. A nation-wide demand creation campaign is needed to increase demand for effective methods of contraception (condoms, hormonal methods and long acting methods, injectables and IUDs).

Youth and Adolescents: UNFPA support to CSE with the MoE holds great promise for sustainable access to SRH information and education for in-school youth. Given the significant potential for CSE sustainability, it is important to ensure that the CSE curriculum is finished and the details of implementation are finalized in collaboration with the MoE as soon as feasible. UNFPA/Albania has demonstrated a genuine commitment to the development of demand and access for preventive health services among key high-risk populations and has established a basis for meaningful collaboration for inclusion of these marginalized groups.

Gender Equality: Given the low number of referrals for GBV from PHC settings, UNFPA Albania should delay further PHC GBV staff training and revisions of GBV guidelines until improvements have been made in the systems and policies for coordinating GBV work with key actors beyond the health system to create an environment more conducive to referrals for victims of DV.

Population and Development: In view of UNFPA's universally acknowledged prior role in the implementation and analysis of the 2008/9 ADHS, UNFPA Albania has an important role as a joint team member to move the next ADHS forward. The lack of accurate abortion surveillance data as well as the under-reporting of abortion in national surveys remains a serious problem. There is a need for greater UNFPA leadership, visibility and staff support for PD issues.

Recommendations at the Strategic Level: To better ensure that large-scale trainings, such as the training of PHC staff on GBV, will actually lead to the desired outcomes, the next CP should make a provision for in-depth qualitative assessments and stakeholder consultations as part of the planning process before implementation of large-scale training programs. The next program cycle should attempt to restrict the number of sub-activities within outputs to address a narrower set of priorities and thereby reduce management time and cost and potentially increase the quality and impact of sub-activities. UNFPA Albania needs to take advantage of the new capability of UNFPA Albania's ATLAS system to better monitor financial data to the level of sub-activities. More outsourcing is needed for monitoring and evaluation to provide independent quality assurance for the work done in fieldwork for the most significant sub-activities**.** As part of its policy focus, UNFPA Albania should support technical assistance to provide cost-effectiveness or cost-benefit analysis to develop compelling objective economic arguments in favour of greater investments in preventive health related to SRH.

Program Area Recommendations:

Sexual and Reproductive Health: Given the evidence that the ACA program has increased demand and access for SRH services in rural areas, in the current and next program cycle, UNFPA Albania should expand the ACA program to link PHC services with the community through community health promotion to all rural districts where feasible. UNFPA Albania should support a strong well-funded high-quality demand creation campaign that uses state-of-the-art, theory-based SBCC combination prevention approaches that are firmly based on qualitative research that provides insights to how to develop effective strategies to reach men and couples to encourage switching from withdrawal to more effective methods. UNFPA Albania should continue to support the promotion of FP within an

integrated package of services while supporting the development of a national health promotion strategy, as well as invest additional funds to maintain the WHO Quality of Care Program in selected maternity hospitals.

Youth and Adolescents: UNFPA Albania should work closely with key CSE implementing partners (IPs) and GoA counterparts to encourage the rapid completion of the CSE curriculum and should support the MoE toward a resolution of outstanding issues for the way forward for the actual implementation of the CSE curriculum. UNFPA Albania should build upon and expand its support to IPs that work with key populations and vulnerable youth to ensure genuine inclusive participation in preventive programs with emphasis on an integrated SRH service delivery package and reduction of bias and discrimination.

Gender Equality: UNFPA Albania should should delay further PHC GBV staff training and revisions of GBV guidelines until external conditions are more favourable for referrals for victims of DV. UNFPA Albania should advocate for the inclusion of additional SRH content (including condom promotion and family planning) in ongoing GBV programs for men and boys.

Population and Development: UNFPA Albania should strengthen its leadership on PD and data issues. It should enhance the PD focus area by recruiting a dedicated staff member with statistical, demographic, and economics background to handle PD issues as the demand for more data in the future will increase with SDGs. In preparation for the next ADHS, UNFPA Albania should provide technical assistance from international experts, with a provision for careful pre-testing of internationally validated data collection instruments, to ensure that accurate national SRH indicators, including data on abortion, can be collected for Albania.

CHAPTER 1: Introduction

1.1. Purpose and objectives of the country programme evaluation

The overall purpose of this Country Programme Evaluation (CPE) is to be a quasi end-of-programme cycle evaluation to assess the performance of the United Nations Population Fund (UNFPA) Albania within the Common Country Program (CCP) for Albania for 2012-2016 (Citation: Final Draft of Terms of Reference (TOR) August 2015). This evaluation will examine factors that have facilitated or hindered achievements, and document the lessons learned to inform the formulation of the next Country Programme of UNFPA within the follow-on CCP in support to the Government of Albania. This evaluation is an essential step to identify the major achievements as well as challenges encountered while implementing the current UNFPA country program (CP) and ensure that the lessons learned are reflected in the forthcoming UNFPA CP for 2017-2021.

The overall objectives of the CPE are to provide: 1) enhanced accountability of UNFPA and the UNFPA Albania Country Office (CO) for the relevance and performance of the country programme and 2) evidence for the design of the next programme cycle. The evaluation has two specific objectives: 1. To provide an independent assessment of the progress of the UNFPA Programme towards the expected outputs and outcomes set forth in the results framework of the country programme, as well as its contribution to the common results framework of the CCP for Albania. 2. To provide an assessment of the CO positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results.

As outlined in the TOR, the evaluation will assess the outputs and outcomes achieved through the implementation of the programme, consider UNFPA's achievements since January 2012 against intended results, and examine the unintended effects of UNFPA's intervention and compliance with UNFPA's Strategic Plan. The evaluation will assess the CP's relevance to national priorities and those of the CCP for Albania, as well as the extent to which the current CP, as implemented, has provided the best possible modalities for reaching the intended objectives given the results achieved.

1.2. Scope of the evaluation

After more than three years since the beginning of the UNFPA CP, now that many of the components have been implemented, this evaluation will:
a) assess, as systematically and objectively as possible, the following six criteria: relevance, effectiveness, efficiency, sustainability, United Nations Country Team Coordination, and added value (reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results).

b) assess the achievements of the project against its 4 outcomes and 11 outputs, and the future needs of Albania for Sexual and Reproductive Health (SRH), Youth SRH, Gender Equality (GE) and Population and Development (PD).

c) develop a document that will help key stakeholders, including UNFPA Albania, various Ministries of the donors, to make reasonable choices regarding the approach towards interventions in the country and the components that should be maintained, modified or added in the upcoming projects.

The evaluation is expected to take place during the period August-October 2015 and will cover the Albania CP from 2012 to the present. As outlined in the TOR, the primary audience and users of the evaluation include the UNFPA Albania CO, national partners and relevant government agencies, who are expected to benefit from the evaluation's findings, conclusions and recommendations. UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) and Evaluation Office (EO) are also expected benefit. In addition, the UN agencies represented in the country will use findings of this evaluation during the development of the next CP for Albania for 2017 - 2021.

1.3. Methodology and Process

Overview: The collection of evaluation data was carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus/reference groups, where feasible. The analysis is based on triangulating information obtained from various stakeholders' views as well as with secondary data and documentation reviewed by the team.

The evaluation has followed the principles of the UN Evaluation Group's norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and is guided by the UN ethics guidelines for evaluators in accordance with the UNEG's Ethical Guidelines for Evaluation, at www.unevaluation.org/ethicalguidelines.

1.3.1. Methods of Data Collection, Sources and Analysis

The evaluation is based on five key activities:

1. Desk review of documents and financial and other pertinent program data.
2. Site visits to UNFPA targeted areas.
3. Semi-structured group and individual interviews with stakeholders (including national counterparts, implementing partners and development partners)
4. Follow-up interviews with trainees in UNFPA supported training events.
5. Focus group discussions with stakeholders and client/beneficiaries.

Stakeholder Involvement: Meetings were held with key stakeholders, in particular, an evaluation reference group (ERG). This ERG was made up of representatives from appropriate State and Entity level ministers, civil society organizations, NGOs, donor community as well as all implementing agencies and youth representatives.

Site visit Schedule: Visits were made to implementation agencies at the National and regional level, selecting sites chosen on the basis of consultation with stakeholders with attention to achieving a balanced review of project activity and client/beneficiaries among the three main Albania regions, Northern, Central and Southern areas. See the attached site visit schedule and stakeholder listing in Annex 6.

Desk Review and synthesis by the Four Outcomes per Outcome/output Matrices: The Desk review addressed each of the four CP Outcomes with an assessment of the respective outputs and activities within each Outcome. The desk review was based on the Evaluation TOR criteria for the two evaluation components: 1) the analysis by focus areas (Relevance, Effectiveness, Efficiency, and Sustainability) and 2) the analysis of the CP's positioning (Coordination with the UNCT and Added value). This desk review was implemented using a criteria matrix that covers the key activities for each output (See Annex 7).

Stakeholder Interviews with semi-structured questionnaire based on the Evaluation TOR criteria: The interviews were conducted with a consistent set of precautions for informed consent and confidentiality. See attached draft instruments in Annex 8 and the site visit planning calendar. (Annex 6) As needed, all interviews done in Albanian with translation. As outlined in the section on the development of the sampling frame in the Design Report (a copy of the sampling plan is shown in Annex 3), a purposive selection was made of key informants, with an attempt to achieve a balance according to region and focus area (See Table 1 below). In addition, key informants were selected from donor agencies and UN agencies. Per the Design Report, the target was for a total of 70 interviews, but only a total of 44 were conducted. Because several interviews had more than one respondent present, there were 74 respondents.

Table 1 Achieved Stakeholder Interviews by Region and Type of Stakeholder

Type of stakeholder	Northern	Central	Southern	Total
RH Implementers	1	15	4	20
Youth Implementers	1	2	0	3
GE Implementers	1	2	1	4
PD Implementers	0	4	0	4
Donor Agency staff	NA	3	NA	6
UN Agency staff	NA	6	NA	6
UNFPA Staff	NA	4	NA	10
Total	3	36	5	44

Training Follow-up Assessment: A sampling frame was developed from all training events sponsored by the CP in the last four years. A purposive sample was to be taken to choose training participants in order to get a good balance on trainings conducted within the four focus areas (RH, Youth, GE and PD) in major training category areas. Per the Design Report the target was for a total of 48 training follow-up interviews. Due to time constraints, only 38 Training Follow up interviews were completed for three categories of training: SRH and Community Health Promotion, GBV for CHC staff, MCH QoC training. (See Table 2). A semi-structured questionnaire was developed with a consistent set of precautions for informed consent and confidentiality (See Annex 8). As needed, interviews were carried out with translation. To save time, the training follow-up interviews were done jointly in small groups using anonymous self-administered questionnaires, followed by group discussions.

Table 2 Achieved Training Follow-up Interviews by Region and Focus Area

Focus area of trainee	Northern	Central	Southern	Total
RH	7	0	26	33
Youth	0	0	0	0
GE and GBV	0	5	0	5
PD	0	0	0	0
Total[28]	7	5	26	38

Client/Beneficiary Interviews and Focus Group Discussions (FGDs): Interviews were to be conducted with client/beneficiaries of activities within each of the four focus areas. Unfortunately, due to the time constraints, it was not feasible to conduct client/beneficiary interviews. However, using tailored discussion Guides, a total of ten F/GDs were conducted (with from 6 to 8 participants each) with beneficiaries from three of the four focus areas (See Table 3 and Annex 8).

[28] In view of the critical need to ensure that an adequate number of stakeholder interviews are completed, there was concern that it might be difficult to complete the number of training follow-up interviews and client/beneficiary interviews. Per the design report, the evaluation team was expected to collect a minimum of 20 training follow up interviews and 20 client/beneficiary interviews.

Table 3 Focus Group or Group Discussions (GDs) by Region and Focus Area

Focus area of Client/beneficiary	Northern	Central	Southern	Total F/GDs
RH	GD	GD	1 FGD	5
Youth	1 FGD	3 FGDs		4
GE and GBV	1 FGD			1
PD				0
Total F/GDs	3	4	3	10

1.3.2. Selection of the sample of stakeholders

Intensive effort was made to ensure that a wide range of stakeholders were consulted during the CPE, with a good balance for each of the activities within all four of the CP focus areas at the Regional, District level and below. Based on the attached stakeholder framework developed in consultation with UNFPA Albania, the sample of stakeholders, while purposive and non-random, provides a reasonable range of information and perceptions among most of the implementing agencies (See the Site visit Planning Schedule and Stakeholder listing in Annex 6).

1.3.3. Availability assessment, limitations and risks

Limitations and possible biases of the approach: As noted above, in view of the critical need to ensure that an adequate number of stakeholder interviews are completed in each region, it was not possible to complete the desired number of training follow-up interviews and no client/beneficiary interviews were conducted. There are other important limitations in the methods. First, due to limited time and resources it will not be feasible to collect representative samples. While there was some opportunity for a randomization process for the training follow-up interviews, all other samples were purposive and not truly representative of the target populations of stakeholders, trainees and client/beneficiaries. The evaluation is inherently qualitative in nature due to the small, non-random sample sizes. Second, due to the short time frame permitted to field the evaluation (less than three weeks in country), the response rates for certain interview categories was lower than desired and no client/beneficiary interviews could be conducted. There are possible biases in the selection of respondents due to the fact that locations were selected by the evaluation team on a purposive non-random basis. To avoid the possibility of bias from the presence of UNFPA staff, all interviews were conducted by the evaluation team in private without any UNFPA agency staff present.

Despite the above mentioned limitations and potential biases, the evaluation team was able to mitigate these constraints by triangulating a wide range of qualitative and secondary data. For example, the team was able collect pertinent client/beneficiary feedback using focus group discussions with key populations including Roma, women in prisons, out of school youth, CSWs and IVDUs. Where feasible, the lack of current ADHS data were addressed by using other sources of quantitative data, such as the UNFPA supported 2014 survey of Health Behaviour in School-Age Children.

CHAPTER 2: Country Context

2.1. Albania Context

Albania is a post-communist nation with a population of 2.894,000 growing at -0.1% annually[29]. It is a country in South Eastern Europe, and bordered by Montenegro, Kosovo, Macedonia and Greece. More than half of the population (55%) resides in urban areas. With 46% of its citizens less than 25 years old, Albania is one the youngest countries in Europe. The age distribution population pyramid of Albania is narrow at the base due to declining fertility and, compared to females, there is a deficit of males in the age groups 30 to 40, in part reflecting migration patterns (INSTAT 2015). While men are overall more likely to leave the country than women, the higher ratio of male to female emigration was more typical of the period from 1989 to 2001, with a more equal distribution as of men and women emigrants from 2001-2011(INSTAT 2014 Figures 21a and 21b[30]).

Based on the recent Common Country Assessment[31], there have been dramatic and rapid demographic shifts in Albania over the past 25 years. Understanding and capitalizing on these momentous demographic changes requires a careful analysis of demographic information, to assess the current situation and make projections to guide policy for the future. The total resident population of Albania has declined by more than 10 percent since 1989. Due the predominately male nature of emigration, the ratio of men and women in the population has declined from 106 men per women to parity. Since 1989 the estimated TFR, a synthetic average number of total children born to women in all age groups, has decreased by more than 1/3 from 2.9 to 1. 7, a reduction of more than one child per woman. But Albania still has a relatively young age-structure with about 30% of its population below age 20. Due in part to the significant decline in births, despite the significant increase in the share of the elderly (65 years and over) in the total population from 5.3 to 11.3%, Albania's overall dependency ratio has declined from 62 to 47%. This low dependency ratio gives Albania a window of economic opportunity, a potential demographic dividend, which should last about a decade. The needs of the elderly are growing, but Albania's economic capacity based on the dependency ratio should be able to keep pace, especially if investments are made in education to ensure an increase in the productivity of Albania's youth as they enter the labour force.

Compared to an expected natural sex ratio at birth (the sex ratio at birth among populations with no sex preference is usually close to 105 male births per 100 female births or 1.05) the sex ratio has been significantly elevated, with a modest decline from 1.14 in 2006 to 1.09 in 2014 (INSTAT 2015). This is presumed to be due in part to prenatal gender-based sex selection[32]. The TFR has remained fairly constant at below replacement level. It is estimated to have declined from 1.79 in 2005 to a low of 1.58 in 2008, with an upward trend to 1.78 in 2014 (INSTAT 2015). There is regional variation in TFRs with some areas having above replacement fertility (INSTAT 2015).

Over the last two decades, Albanian's sustained developments have been successful in terms of multi-party democracy and market economy, allowing the country to obtain an upper middle income country status with a GDP of 13.37 billion US$ (2014) and Human Development Index (HDI) of 0.716 (2014) placing it in the category of a country with a high human development. [33]

[29] World Bank (2014)
[30] INSTAT, Swiss Agency for Development and Cooperation. Migration in Albania. May, 2014. INSTAT. Women and Men in Albania. 2015.
[31] United Nations Country Team – Albania. Common Country Assessment. Tirana. 2015.
[32] This elevation is due in part to sex-selective abortion. According to a 2012 study, .."fertility behaviours [in Albania] are clearly shaped by strong gender considerations. Both the qualitative and quantitative analyses explored the factors related to the preconditions for prenatal sex selection, starting with the preference for sons in the Albanian patriarchal society, the below-replacement fertility levels, and the supply of the sex determination technology." UNFPA and World Vision. Sex Imbalances at Birth in Albania. 2012.
[33] United Nations Development Programme (2014)

Before the global financial crisis, Albania was one of the fastest growing economies in Europe with a growth rate of 2.2% in 2009. The World Bank considered Albania a "success story" in terms of significant poverty reduction from 25% to 12% between 2002 and 2008. This is one of the highest rates of reduction in the whole Eastern Europe and Central Asia Region. After 2008, the poverty rate increased to 14.3%, and unemployment rate increased from 12.5% in 2008 to 16.9% in 2013, with youth unemployment reaching 26.9% (2013). Moreover, the economic growth rate has declined significantly to 1.4% in 2013 compared to Macedonia (3.1%), and Kosovo 3% [34].

Notwithstanding the recent setbacks, Albania has made progress in terms of "business environment", moving from 81st place in 2009 to 68th place in 2014 out of 189 ranked economies in the World's Bank "Doing Business", below Montenegro in 36th position, Croatia in 65th position, but above Bosnia and Herzegovina (107th). In the Global Competitiveness Index, Albania ranked in 97th place in 2013 out of 144 surveyed economies in the world, with the Health and Primary Education pillars scoring well (62th position) and Higher Education and Training (ranked 60). [35]

Following the enactment of the Stabilization and Association Agreement, the European Union (EU) endorsed granting Albania EU candidate status in June 2014. The Government of Albania is in the process of finalizing the National Strategy on Development and Integration 2014-2020.

Albania committed to the achievement of the MDGs and in September 2015 to the Sustainable Development Goals (SDGs). On the positive side, progress has been made in terms of:

- the proportion of the population in absolute poverty declined from over 25% in 2002 to 12.4% by 2008,
- gender disparities are reduced (especially in education) with a moderate chance of 2015 targets to be met,
- a greater proportion of the population (82.1%) have access to drinking water by 2009, though the 2015 target of 98% will not likely be reached,
- with a strong probability of continued domestic and external financing on sanitation, it is likely that the 2015 target of 90% of the population having access can be reached.

Despite success in achieving some MDGs, unemployment[36] and the under-five-child high mortality rate[37] remain challenges for the Government of Albania[38].

In 2011, as a result of extensive consultation with partners from Government of Albania (GoA), and civil society organizations, a joint UN-GoA Programme of Cooperation 2012-2016 with an estimated budget of 132 mln US$ was launched. This Programme aimed to support national priorities and development challenges of Albania as part of its EU Agenda in the areas of human rights, governance and rule of law, regional and local development, and inclusive social policies. The Country Programme of UNFPA is an integral part of UN Programme of Cooperation 2012-2016[39].

[34] World Bank (2014)
[35] World Economic Forum (2013)
[36] The MDG target is 9%, while the unemployment rate is 16.9% (2013).
[37] Mortality Rate 2014 (17 deaths per 1000 live birth) is short of the MDG targets of 10 deaths per 1000 live birth.
[38] UN Albania (2010)
[39] United Nations Albania (2011)

Health

The health system in Albania is facing serious challenges, such as disparities in accessing health services. The quality of delivered care is uneven and the inefficiency of services leads to poor health gains for the population. A major challenge for the health sector is to restore citizens' lost trust in health care.[40] There is a lack of adequate protocols for treatment and standard procedures in hospitals, which is associated with misuse of medicaments and medical equipment[41]. Albania has an extensive primary health care (PHC) system, consisting of more than 2,200 Health Centres, with 415 Key Health centers and 1,801 Satellite Health Centres. Each municipality is entitled to have at least on key Health Centre and all villages are supposed to have a satellite ambulance clinic, serviced by at least one nurse (Arqimandriti et al. 2014). Over the past three years UNFPA has supported consolidation of the basic package of PHC services, development of guidelines and protocols for PHC provision of services and training of PHC providers. There is a lack of monitoring instruments to measure health service quality and standards. Only 5.3% (2013) of GDP is allocated to the health care compared to Croatia (7.3%), Bosnia Herzegovina (9.6%), and Macedonia (6.4%)[42].

As reported by the Albania Common Country Assessment (UNCT CCA 2015), trends in maternal mortality are difficult to estimate in Albania due to sparse and unstable data. However, based on UN estimates, the maternal mortality ratio in Albania in 2013 was 21 maternal deaths per 100,000 live births (UNCT CCA 2015 page 77). On this basis, despite fluctuating reports of MMRs below 11/100,000 in recent years, the CCA concluded that MDG5 target for a reduction of the MMR to 11/100,000 by 2015 is not likely to have been achieved.

Despite a strong national commitment to access to free family planning services, national expertise and capacities to provide services in the area of reproductive health need to be strengthened (Citation: DHS INSTAT 2010). Albania's overall contraceptive prevalence rate has remained fairly high during the previous decade but has declined from 75% (2002) to 70.6% (2008). As shown below in Table 4, the relatively high prevalence rate for contraceptive use masks important underlying trends that put Albanian women at high risk of unintended pregnancy. Overall, the most prevalent method of contraception is withdrawal, currently 59% with only 11.4% of married women age 15 to 44 reporting use of more effective modern methods. Trends in contraceptive method use have not been favourable between 2002 and 2008-9. While use of modern methods has increased somewhat (from 8 to 11 %), use of any method has decreased with almost 30% of married women reporting they are not currently using any method.

Factors contributing to these unfavourable trends include inadequate knowledge, attitudes and availability of service providers, social norms and expectations regarding sex and sexuality as well as the perception of modern contraception as harmful. As of 2012, Albania was one of only four countries in Eastern Europe (Albania, Moldova, Turkey and the Former Yugoslav Republic of Macedonia) have national action plans in place to address Reproductive Health Commodity Security (RHCS)[43].

Of importance is that, in the absence of any significant increase and improvement in the efficacy in contraception use, the average number of children born to Albanian women in their lifetime, the total fertility rate, has declined from 2.2 (2002 RHS) to 1.6. (2008/9 ADHS). Empirical assessment of contraceptive use and abortion rates demonstrates that the majority of unintended pregnancies and abortions result from women using no method or an ineffective method of contraception[44]. Charles

[40] United Nations Albania (2011)
[41] Republic of Albania, Council of Ministers (2013)
[42] World Bank (2014)
[43] See Key Factors Influencing Contraceptive Use in seven Middle-Income Countries of Eastern Europe and Central Asia UNFPA Eastern Europe and Central Asia Regional Office - www.eeca.unfpa.org and IPPF European Network – www.ippfen.org - April 2012. Also, see the Albania National Strategy for Contraceptive Security and the Albania National Reproductive Health Strategy, which is in the process of being updated.
[44] Finkle (2012)

Westoff developed an innovative regression technique to estimate total abortion rates (TARs[45]) from survey data. Using data from the 2002 Albania RHS, Westoff concluded that "The estimated TAR for Albania in 2002 is in the range of 2.6 to 3.0. […] Given the high prevalence and failure rate of withdrawal and the low TFR [2.2], the high estimated TAR is not implausible.[46]"

Table 4 Contraceptive Prevalence Among Married Albanian Women age 15-49 in 2002 and 2008-9

	Married 15-44	Married 15-44
	Alb RHS 2002	Alb DHS 2008
Any method:	75.1	70.6
Female Ster	4	2.7
Pill	1	1.8
IUD	0.5	1
Injectables	0.4	0.8
Male condom	2.1	4.4
LAM	0	0.5
Other modern	0	0.1
Total Modern	8	11.4
Rhythm	0	1
Widthdrawal	67.1	58.2
Total Trad	67.1	59.2
None	24.9	29.4
Total	100	100
TFR 2002 DHS	2.2	1.6
Sample size	3965	4009
Estimated TAR*	Est. 2.6-3.0	Est. 3.0-3.2**
*Modeling by Westoff 2008.		
** Westoff regression model w 2008 DHS data		

In summary, this pattern of high reliance on ineffective contraceptive method use shown above in Table 4 is likely to be contributing frequent unplanned pregnancies, which is resulting in a high TAR. In government settings, abortions services are legal and provided according to Ministry of Health (MoH) guidelines. But, to the extent that some abortions in Albania are taking place in sub-standard private sector settings, they may be a contributing cause to the relatively high maternal mortality ratio in Albania, which is of the highest in Europe with 21 women deaths per 100,000 live births, compared to Bosnia and Herzegovina (8) and Macedonia (7)[47].

Available evidence indicates that breast and cervical cancer rates are increasing in Albania, and the majority of cases are diagnosed in the late stages when treatment is much more expensive and much less successful. Breast cancer and cervical cancer standardized mortality was estimated in 2006 (22/100,000) and (5.5/100,000) respectively[48]. Human Papilloma Virus (HPV) is a known risk factor for cervical cancer. The overall prevalence of genital HPV infection in the Albanian population was found to be 15.1% and it ranged from 25.2% in women aged <30 years to 13.6% in women aged ≥30 years[49]. The results of the 2008-2009 Albanian Demographic and Health Survey indicate that many

[45] "A useful summary index of the age-specific abortion rates is the TAR. This rate is analogous to the total fertility rate (TFR). The TAR is expressed on a per-woman basis and is interpreted as the number of abortions a woman would have during her lifetime if she experienced the currently observed age-specific abortion rates." "…estimates for other parts of the former Soviet Union including Armenia (2.6), Azerbaijan, (3.2), Georgia (3.7), Romania (2.2), and Ukraine (1.6)." J.M. Sullivan and A.I. Kamilov. 2002 DHS Uzbekistan. Chapter 6.

[46] Charles F. Westoff (2008)

[47] WHO (2013)

[48] Philip Davies. Recommendations for the Implementation of Breast and Cervical Cancer Prevention Programs in Albania. January, 2013.

[49] Filipi K, Tedeschini A, Paolini F, et al. Genital Human Papillomavirus Infection and Genotype Prevalence Among Albanian Women: A Cross-Sectional Study. J Med Virol 2010;82:1192-6

Albanian adults lack accurate knowledge about the ways in which the HIV can and cannot be transmitted. Less than three in ten women (28%) and just one in five men (20 %) in Albania had a comprehensive knowledge of HIV/ AIDS transmission and prevention[50].

Population and Development

As noted above, significant demographic changes are underway in Albania - with a large youth population and a growing older population. Social policies aim to keep up with these changes, as well as to ensure inclusion of all population groups. Based on the recent 2015 CCA, strengthening statistics and greater availability of data are essential and improvements are needed in several statistical domains, including demographic statistics.

The main governmental statistical agency in Albania, the Institute of Statistics (INSTAT), publishes data on demographic, economic and financial trends with the objective of monitoring the basic tendencies of the economic development in Albania. With the assistance of UNFPA, UN Women and within framework of the Government Cooperation of Albania and United Nations INSTAT conducted a gender analysis of the 2011 population and housing census. A census atlas and a report on census data quality assurance was also produced. INSTAT has focused on improving the availability of sex-disaggregated data in all statistical releases, including the 2011 census publication[51]. In November and December 2013, INSTAT conducted a full-scale labour cost survey for the first time. However, the EUROSTAT supported methodology used for the labour force survey needs to be improved and INSTAT staff's technical capacity for data analysis and dissemination needs to be increased[52]. Additionally, European Commission in its Progress Report for 2014 highlighted that the independence of INSTAT should be strengthened; its methods and concepts require recruitment of statisticians and professional staff. The Progress Report also emphasized the need for improvements on the Albanian civil registration system[53].

Gender Equality

Albania has made significant steps addressing gender disparity over the last twenty years. In 2008, Albania has provided amendments to the "On Gender Parity in Society" Law. This law considered the principle of parity and non-discrimination, and principles sanctioned by Constitution of Albania and the Committee on the Elimination and Discrimination Against Women (CEDAW) Convention. These amendments included the prohibition of discrimination on the ground of sex and gender and set the measures on guaranteeing equal opportunities between women and men. This Law extends to all aspects of Albanian society in the public and private spheres[54].

As a result of this law, staff responsible for gender issues and domestic violence have been appointed in central and local government. In some universities teaching covers domestic violence topics and basic education schools are oriented on issues of violence against children[55].

The overall status of women in Albanian society has been improved, with much greater independence of women in the home and in the work place.

"*More than eight in ten (83 %) of married women who receive cash earnings decide jointly with their husband or partner how to use the money, 8 % decide mainly themselves, and for 9 % of women, it is the husband who mainly decides how the woman's earnings are used*"[56]. (pg.15)

[50] INSTAT (2009)
[51] INSTAT (2014)
[52] European Commission (2014)
[53] European Commission (2014)
[54] United Nations , CEDAW (2010)
[55] United Nations , CEDAW (2010)
[56] INSTAT (2009)

However, despite the above evidence of progress, of particular concern is a high prevalence of domestic violence against women. Data from the State Police indicate that during 2008 were reported 822 cases (75% of the ones were women) of domestic violence compared to 274 similar cases identified in 2007. Ministry of Health reports about 96 registered cases, which have received the appropriate assistance from the Primary Health Service Structures.

Women also remain significantly underrepresented in public and political life and in managerial and senior levels in the labour force. Despite having more education on the whole than their male counterparts[57], wages for female workers are 18% lower than those for men[58].

Although, the Law "On gender equality in society" [59] introduced a 30% representation quota for women in candidate lists for election, currently there are only 29 women Members of Parliament (20% of the seats)[60]. In 2011, women and girls occupied 64.9% of specialist-level, and 39.2% of middle management positions.

"More than one-third (35 %) of employed women work in agriculture; more than one in four (26 %) are employed in professional, technical, or managerial positions; more than one in five (23 %) are in sales and services; and about one in eight (13 %) work in skilled manual jobs"[61]. (pg.48)

The Government of Albania is not responding adequately to the needs of marginalized groups due to limited financial and human resources as well as insufficient institutional capacities. Groups of particular risk, those living with HIVAIDS, drug users, and women survivors of violence and victims of trafficking face multiple barriers to social inclusion[62]. A series of awareness campaigns on gender equality and the fight against domestic violence were organized during 2007-2012[63]. Training are delivered by CEDAW, and the Austrian Government Programme 'Equality in Governance" has worked on building capacities of local government staff with gender equality issues[64].

Education and Youth

Deep reforms in the Education System have improved teaching and learning conditions with the view of enhancing the quantitative and qualitative indicators of education towards the EU average. Adult literacy is high at 96.8% (2011). The dropout in basic education has been reduced to 0.37% and the percentage of students completing primary education and continuing to upper secondary education has reached 82.4% (2008)[65]. However, PISA test scoring for Albania underscores some gaps with the early stages of education. Albania is ranked lower than Bulgaria (the lowest EU country) and Montenegro, but higher than Bosnia and Herzegovina, Kosovo and Macedonia[66].

Youth policy during 2007-2012 improved youth participation in decision- making public life from 10% in 2007 to 25% in 2012[67]. There has been progress in raising awareness among young people on reproductive health and drug abuse. Twelve awareness-raising campaigns were conducted in 2012 against two in 2007. Active support was provided to Albanian youngsters and youth NGOs to participate in regional and international activities[68]. UNFPA was instrumental in supporting the 2015-2020 National Youth Action Plan that was approved by the Council of Ministers in May 2015.

[57] 65.8% with higher education are females as of 2012
[58] Republic of Albania, Council of Ministers (2013)
[59] Assembly of Republic of Albania (2008)
[60] OSCE (2015)
[61] INSTAT (2009)
[62] UN (2013)
[63] Republic of Albania, Council of Ministers (2013)
[64] United Nations , CEDAW (2010)
[65]UNESCO Institute for Statistics (2015)
[66] Programme for International Students Assessment (PISA) (2011)
[67] Republic of Albania, Council of Ministers (2013)
[68] Republic of Albania, Council of Ministers (2013)

Rates of child marriage in Albania are high (*27.2% of registered marriage involve girls aged under the age of 19*[69]), compared with other countries in Eastern Europe and Central Asia Region, Turkey (23%), Ukraine (2.2%), Serbia (5.9%). This practice is especially prevalent among Roma and in some isolated areas. Factors driving child marriage include poverty, the lack of values placed on girls' education, cultural attitudes, social exclusion, trafficking and emigration.Comprehensive Sexuality Education (CSE) introduced in school curriculum aimed to raise awareness on sexuality education and family planning issues, community-based intervention, and working directly with street children are some of the responses to child marriage that have brought positive results in Albania[70].

2.2. The role of external assistance

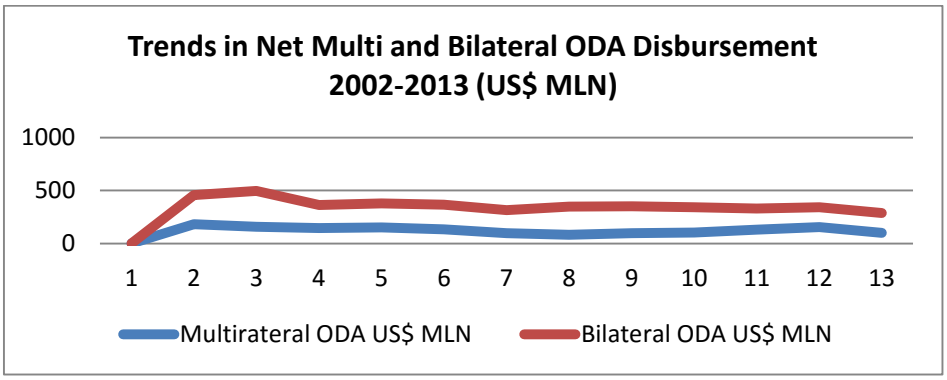
As shown below in Table 5[71], while there was is a fairly steady increase in total net Official Donor Assistance (ODA[72]) disbursements per capita to Albania from 106 US$ in 2005 to 123 in 2008, this was followed by a steady decline to US$103m in 2013. As of 2013, compared to its neighbours, Albania received less disbursements per capita than Macedonia, Bosnia and Herzegovina, Serbia, and Montenegro.

Table 5 Aid (ODA) Disbursements per capita (US $) to Albania and Neighboring Countries

Recipient	2005	2006	2007	2008	2009	2010	2011	2012	2013
Albania	106	108	103	123	122	117	121	118	103
Bosnia and Herzegovina	141	138	155	121	109	133	163	149	144
FYR of Macedonia	109	98	96	98	92	89	93	71	119
Monte Negro	6	155	172	170	121	130	203	166	205
Serbia	143	213	114	132	85	90	191	151	109

The level of bilateral versus multilateral ODA has not changed very much over the last decade. Bilateral aid has consistently exceeded multilateral aid[73] (Figure 1, below) in all years since 2002.

Figure 1. Trends in Net Multi and Bilateral Disbursement 2002-2013, for Albania

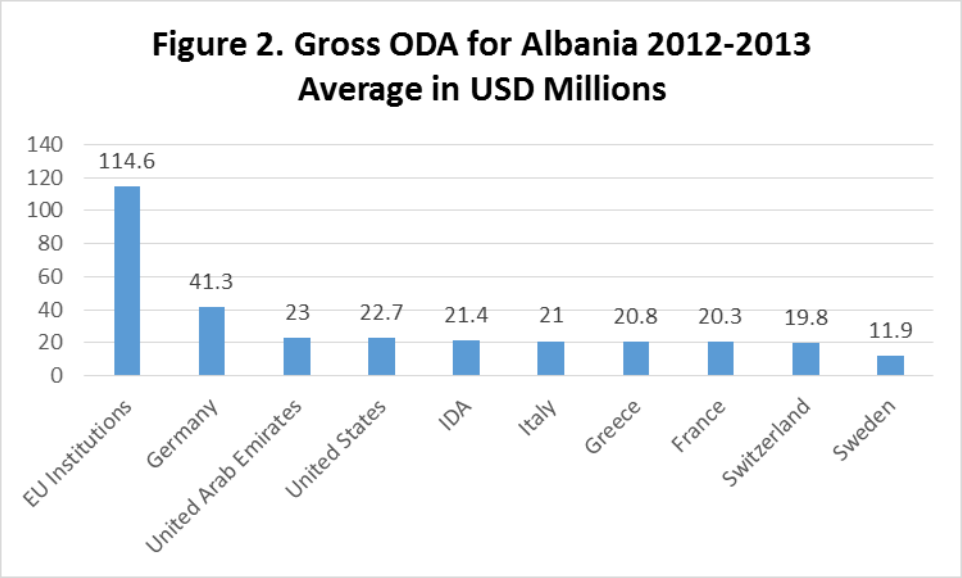


The top ten donors' two years average gross ODA for bilateral aid ranges from over $114 million for the EU to $11 million from Sweden (Figure 2, below). Contributions for population and health are a

[69] INSTAT (2008)
[70] UNFPA (2012)
[71] World Bank (2013)
[72] Net official development assistance (ODA) per capita consists of disbursements of loans made on concessional terms (net of repayments of principal) and grants by official agencies of the members of the Development Assistance Committee (DAC), by multilateral institutions, and by non-
[73] OECD (2013)

relatively small portion of gross ODA, less than 2% of total bilateral assistance[74]. UNFPA is not as large as the EU, IDA and other multilaterals for ODA, but it is among the top 15 multilateral donors with a five years average of $0.59 million in ODA. ODA for Health and population has averaged $12 million a year, just 3.7%, of the total five years average of multilateral ODA contributions to Albania[75].

Figure 2. Gross ODA for Albania, 2012-2013 Average, USD million



[74] OECD (2013)
[75] OECD (2013)

CHAPTER 3: UN/UNFPA Strategic response and programme

3.1. UN Strategic response

As outlined in the TOR, Albania was one of eight countries around the world selected in January 2007 to pilot the 'One UN" Programme. Albania's first One UN Programme was signed in October that same year (2007) and ended in 2011. Based on lessons learned from the 2007-2011 programme, identified partly through the "Country Led Evaluation — Delivering as One Albania", which took place in 2010, a new Programme of Cooperation 2012-2016, the current UN development assistance framework (UNDAF) was developed (Citation: Country Led Evaluation Document). Lessons learned included the importance of the commitment of the UN Country Teams/HQ, Government and donors; the importance of the effectiveness of processes, structures and controls; and the need to balance the new challenges and additional pressures.

The results framework of the Programme of Cooperation 2012-2016 contained 11 outcomes and 41 outputs. The budget of the UN Programme of Cooperation from 2012-2016 was $132 million and was to be implemented by 20 participating resident and non-resident agencies. The key partners in the implementation of the Programme of Cooperation are the Government, namely the Department of Development Programming, Financing and Foreign Aid (DDPFFA) within the Prime Minister Office and line Ministries, UN Agencies, development partners, and civil society organizations. The management processes are implemented by the United Nations Country Team (UNCT), which is supported by inter-agency advisory bodies, including: (i) the Operations Management Team; (ii) the Communications Team; (iii) the Gender Working Group; (iv) the HIV/AIDS Theme Group; and (v) the Results-Based Management Advisory Committee.

A UN Resource Mobilization Strategy 2012-2016 was developed as a guiding tool in support of UNCT resource mobilization efforts (Citation: UN Resource Mobilization Strategy Document). The "One Coherence Fund" was established in 2007 to support the achievement of the outcomes articulated in the Programme of Cooperation. The Coherence Fund complements other funding sources such as the core or regular resources of individual Agencies. The Coherence Fund has been operational throughout the period 2007-2015

During the first half of 2014, UN Albania in partnership with the Government of Albania conducted the Mid Term Review 2014 of the Programme of Cooperation (PoC) (See PoC Mid Term Review 2014). The Mid-Term Review, finalized and endorsed in June 2014, reviewed the first two years of implementation of the GoA and UN PoC 2012 – 2016, and identified lessons and recommendations. It concluded that the PoC framework was fragmented with too many and too narrowly defined outputs and that it was not financially viable. The revised Programme of Cooperation reduced the number of outcomes toward a better focus and synthesis of the key UNFPA global SP outcomes. This focus includes a greater emphasis on support for sustainable "up-stream" policy initiatives, which are considered a better fit with middle income countries such as Albania. The new results framework, significantly reduced the number of outcomes (from 11 to 4) and outputs (from 41 to 15) and lifted the overall strategic level of each result. The new results framework has four 'pillars': (i) Human Rights; (ii) Inclusive Social Policies; (iii) Governance and Rule of Law; (iv) Regional and Local Development."

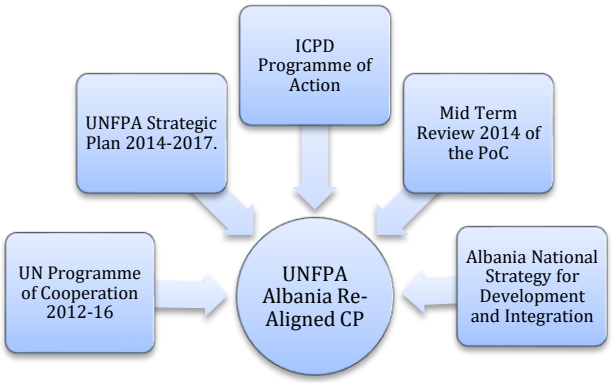
3.2. UNFPA Corporate Strategic response

In September 2011, following an extensive Mid-Term Review of UNFPA's global portfolio and in light of the changing context within which UNFPA operates, a revised and more focused global UNFPA Strategic Plan 2011-2013 was adopted by the Executive Board. This corporate plan was complemented with a new business model. A new full corporate UNFPA global Strategic Plan[76] was subsequently adopted to cover the period 2014 - 2017 and focused on advancing the right to sexual and reproductive health by accelerating progress towards MDG5.

3.3. The UNFPA Country programmatic response

UNFPA's Country Programme 2012 - 2016 was aligned and fully integrated within the UN Programme of Cooperation and was approved by the UNFPA Executive Board in June 2011. In line with the UNFPA corporate Mid-term Review and the new corporate Strategic Plan, and consistent with the UN Programme of Cooperation Mid-term Review conclusions, UNFPA Albania further aligned its interventions. See Annex 5 for a summary of this re-alignment as it applies to UNFPA Albania, with reduced outcomes and outputs. Figure 3 below, illustrates some of the key foundation strategy documents that form the basis for the UNFPA Albania's new alignment.

Figure 3. UNFPA Albania Re-Aligned Country Program linkages with National Strategy and Global Strategic Plans



Logic Model: As shown in Annex 4, a simplified logic model illustrates how planned activities in four focus areas are to achieve outputs that, in turn, will accomplish four major UNFPA SP Outcomes. Annex 4 shows the corresponding PoC Outcomes and Outputs (highlighted in gold) within which UNFPA Albania collaborates in the One UN programme. The four UNFPA outcomes are to contribute to an overall goal: "Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development (ICPD) agenda."

As shown in Annex 9, which maps program activity by region and program focus area, the current UNFPA Albania CP covers a wide number geographic locations in the northern, central and southern part of Albania, in more than 15 districts (See Annex 9: Map of UNFPA Albania CP Program Activities

[76] UNFPA SP 2014-2017

by Area). Many of the current strategies are a continuation or expansion of work started in the initial stage of the cycle. The main groups considered by the current UNFPA Albania CP are young people especially from marginalized at-risk groups, women, especially victims of gender based violence (GBV) elderly and other important vulnerable populations such as Roma and Egyptian minority populations.

3.4. The country programme financial structure

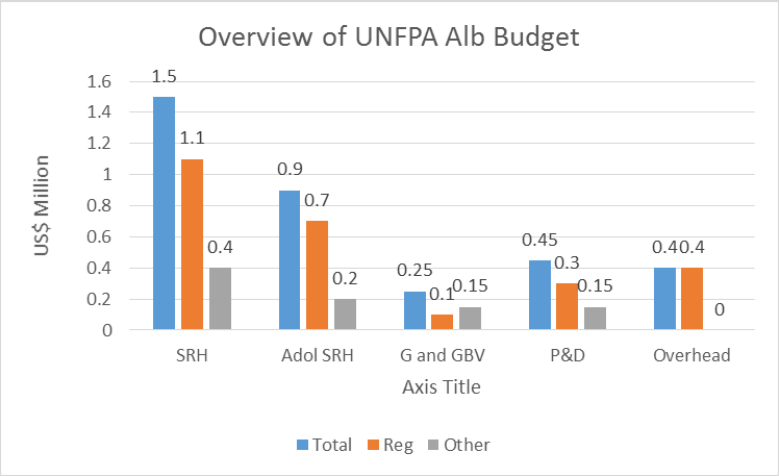
As shown below in Table 6, the original Country Programme 2012-2016 approved by Executive Board had a budget total of $7,6 million for the 5-year programme, of which $3.5m core funds and $4.1 m to be raised from non-core resources. As outlined by the TOR, after the MTR in 2014, in view of the realignment of the Country Programme to the new UNFPA Strategic Plan, the new UN Programme of Cooperation Outcomes and Outputs and the new donor and financial situation in the country, the UNFPA Country Office overall programme contribution was amended to total $3.5 m (of which $2.6 m core funds and $0.9 m to be raised from non-core funds). See Table 6 and Figure 4 below. SRH and Adolescent SRH were anticipated to be the priority areas at 48% and 29% of the total budget respectively in the revised 2014 budget (The tables are based on finance templates kindly prepared by UNFPA Albania).

Table 6 Original UNFPA Albania Budget as of 2011 and Revised Budget in 2014

6.A Original UNFPA Albania Budget as of 2011				
Budget Sources				
	Total	Regular	Other	% Budget
SRH	3.2	1.4	1.8	42.1%
Adol SRH	0.3	0.3	0	3.9%
G and GBV	1.5	0.7	0.8	19.7%
PD	2.6	1.1	1.5	34.2%
Total	7.6	3.5	4.1	100.0%
6.B Revised UNFPA Albania Budget as of 2014				
Budget Sources				
	Total	Regular	Other	% Budget
SRH	1.5	1.1	0.4	48.4%
Adol SRH	0.9	0.7	0.2	29.0%
G and GBV	0.25	0.1	0.15	8.1%
PD	0.45	0.3	0.15	14.5%
Total	3.1	2.2	0.9	100.0%
Overhead[77].	0.4	0.4	0	
Total	3.5	2.6	0.9	

[77] Overhead includes institutional budget allocated and managed by UNFPA HQ (1. Salary and benefits for 3 core posts 2. Operational costs 3. Common premises rent, utilities, security etc.)

Figure 4. 2014 revised CP 2012-2016 budget by program area and budget source

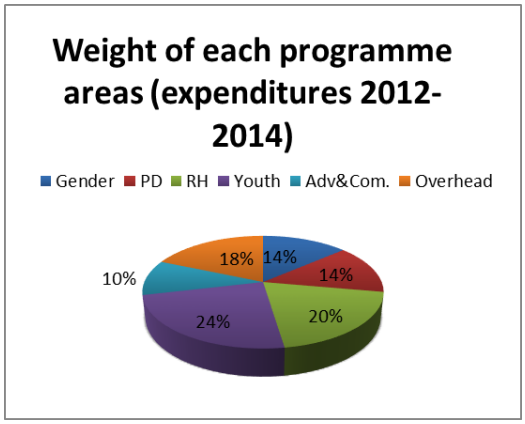


The total expenditure evolution table (see Table 7 below) and the related figure (Figure 5) below depict the actual trends in budget versus expenditure distribution in the CP for the period 2012 -2014. The actual allocations of expenditures have diverged from the initial proposed assistance, with the majority of expenditures taking place in youth and only 20% of expenditures in SRH. As shown in Figure 6, the trends in budget have diverged with a reduction of PD and with a substantial increase in budget for RH in 2015, much greater than any other program area.

Table 7 Expenditure evolution 2012-2014 in US$

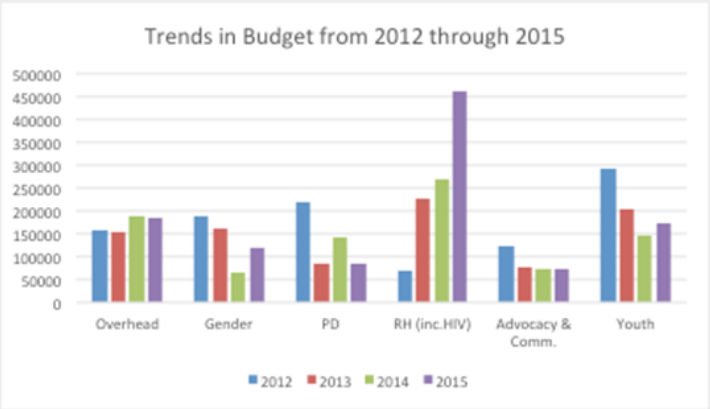
	Gender	PD	RH	Youth	Adv&Com.	Overhead	Total
Budget	412'923	442'413	568'075	642'449	274'050	500'824	**2'840'734**
Expense	361'484	376'113	525'130	629'056	270'108	490'940	**2'652'831**

Figure 5 Expenditure by program area for 2012-2014[78]



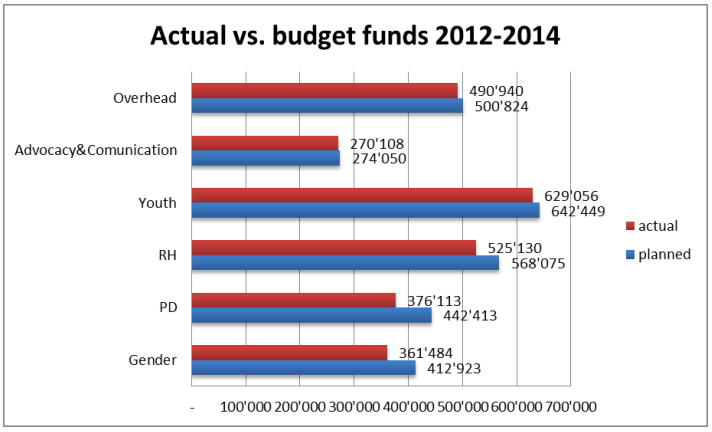
[78] Adv&Com is sourced from (PCA) Program Coordination and Assistance. Overhead is from an Institutional budget allocated and managed by UNFPA headquarters in NYC (which includes salary and benefits for three core posts, operational costs, common premises rent, utilities and security).

Figure 6 Trends in budget for 2012-2015 by Focus Area



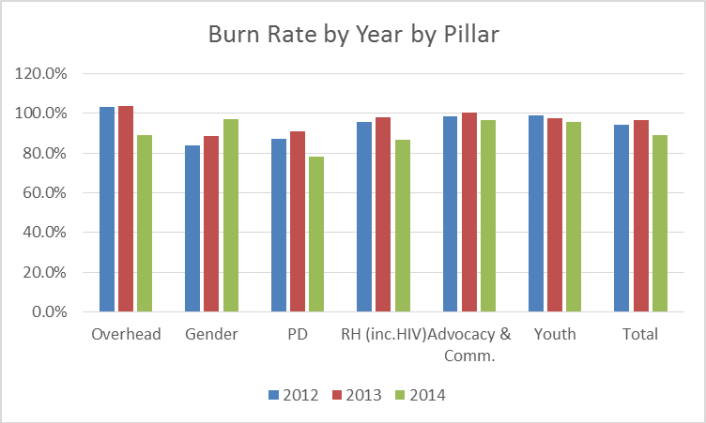
A snap-shot review of up-to-date budget versus expenditure shows little under-utilisation of allocation throughout the Country Programme period 2012-2014. The graph below (Figure 7), shows budget distribution and expenditure distributions by programme area.

Figure 7 Budget and expenditure distribution by programme area



Percentage of Budget Expended: As shown below in Figure 8 the burn rates (percentage of budget expended) exceed 80 % for all program areas except for PD in 2013. There was slight overspending for overhead costs for the first two years, but this was not very significant in amount (about 3 %).

Figure 8 "Burn" rates by year by program area (Pillar)



Diversification of funding sources: The UNFPA Albania has secured funding from non-core sources, the Coherence Fund, with some success. Currently the 2015 budget is 53.5% core funds and 45.5% Coherence Fund. However, to date, apart from non-core funding from the Coherence Fund, the UNFPA programme has only succeeded in obtaining a modest portion of the budget from sources outside of the UNCT Albania. [79] Efforts are needed to diversify funding outside of UN sources, but it is acknowledged that in Albania it is currently a difficult funding environment.

[79] This is due in large part to restrictions on UNFPA Albania seeking funding outside ot the PoC until 2015. Based on data received from UNFPA Albania at the time of the preparation of the Design Report, there were some limited funds from UNFPA Headquarters and UNFPA Regional Sources, 149,350 $ (2012-2015) (less than 6% of the budget). Because they are such a relatively small amount and are not covered by the Atlas system, they are excluded from the CPE financial analysis. (Data from Template for Atlas Projects Sheet PM2015).

CHAPTER 4. Findings: Answers to the evaluation questions

4.1. Sexual and Reproductive Health

RELEVANCE

The questions: For all 4 areas - 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners; **1.B.** To what extent is the current programme reflective of i) UNFPA policies and strategies, ii) global priorities including the goals of the ICPD Program of Action and the MDGs, iii) how well has it been aligned to the objectives set out in the PoC?

Summary of Findings – Relevance of SRH Program Area: The UNFPA Albania CP SRH program activities are highly relevant, in part because they are based on UNFPA supported assessments that have taken into account the needs of key stakeholders and beneficiaries. The CP SRH portfolio is made up of program activities based on long-term relationships with senior GoA Albania counterpart agencies, as well as UN counterpart agencies within the PoC. The SRH program area is reflective of UNFPA global and regional policies and strategies. The entire SRH framework was revised in 2014 to reflect the Outcomes and Outputs of the UNFPA SP 2014-17 and, in view of Albania's middle income economic status, the overall approach taken is to focus on upstream strategic and policy activities, rather than service delivery. The SRH program is closely aligned within the PoC results framework.

Based on stakeholder interviews and document review, the UNFPA Albania CP SRH program activities are highly relevant, in part because they are based on well designed and implemented UNFPA supported assessments that have taken into account the needs of key stakeholders and beneficiaries. Examples of these assessments include an indepth national Family Planning Assessment (Dr. B. Koo 2012) a national Cervical Cancer situation analysis (Dr. P. Davies 2013) as well as assessment done by ACA to understand the basis for improving linkages between PHC providers and their communities (ACA 2013). The CP SRH portfolio is made up of program activities based on long-term, collegial consultations with a wide range of senior GoA Albania counterpart agencies, including the MoH, IPH, HII as well as UN counterpart agencies within the PoC, such as UNICEF, UNAIDS and the WHO. A respondent who was referring to UNFPA SRH activities, stated, "UNFPA Albania is a ten-year success story, gradual and sustained, that is 100% relevant." The UNFPA CP activities are informed by the available national quantitative and qualitative data, ranging from the ADHS to a UNFPA-funded Alternative Assessment of SRH in Albania (ACPD/CSRH 2014). The development of a National Contraceptive Security Strategy, and its mid-term revision, were intentionally based on a wide national consultation and reflects diverse views of multiple stakeholders from different regions of the country. Similarly, UNFPA has worked in-depth with MoH counterparts for the development and revision of the National RH Strategy.

A strong case can be made that the SRH program area is reflective of UNFPA global and regional policies and strategies. The current UNFPA Albania SRH framework was revised in 2014 to reflect the Outcomes and Outputs of the UNFPA SP 2014-17 and, in view of Albania's middle income economic status, the overall approach taken is to focus on upstream strategic and policy activities, rather than service delivery. It is clear that the SRH program area is informed by and consistent with the mandate of the ICPD, with a renewed focus on updating FP protocols with a reproductive rights (RRs) perspective. It has been responsive to the MDGs in a concerted effort to address MDG 4 and 5, such as QoC for MCH and Neonatal Care services in district hospitals and a comprehensive effort to improve

the access and demand for FP services in the context of integrated PHC services. The SRH program is closely aligned within the PoC results framework. Activities are developed in consultation within the PoC governance, such as the health and communication working groups.

EFFECTIVENESS

The questions: For all 4 Focus areas - 2. A. Were the CP's intended outputs and outcomes achieved?
2.B. To what extent did the outputs contribute to the achievement of the outcomes?
2.C. What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary Finding – Effectiveness of SRH Programs The CP SRH program has contributed to the achievement of Outcome 1. Based on review of program data, site visits, stakeholder interviews, and training follow up interviews there is strong evidence of progress in the three outputs in support of Outcome 1. Progress has been made on all six major program activity areas in support of Output 1 "Increased national capacity to deliver integrated sexual and reproductive health services. The UNFPA supported IP, ACA, developed and implemented a program that shows evidence of increased demand and access for SRH services among vulnerable populations in rural areas. It can be concluded that the SRH program activities have contributed to Output 4 "Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments." UNFPA has achieved Output 5 "Increased national capacity to provide SRH services in humanitarian settings" by implementing MISP training and related activities with GoA counterparts. Constraints include the Albanian context, which is a difficult and volatile environment for integrated gender responsive SRH programs. The elections of 2013 were a major constraint with the transition to a a new government. Entrenched Albanian cultural traditions make it very difficult for PHC staff to make refers for clients suffering DV, and demand for modern methods of contraceptives remains low, especially in rural areas. There was little evidence of any systematic SBCC programming to encourage greater demand for effective methods of family planning during this UNFPA CP. There has been a major decline in donor support for SRH related programs, which has made fund raising within the PoC especially difficult for UNFPA Albania. Facilitating factors for work on SRH include a well- established long-term rapport between UNFPA Albania leadership and SRH staff with key GoA ministries and Agencies, as well as close working relations with sister UN agenciesand non-state actors in the health sector. Another facilitating factor is the success at baseline in developing SRH strategy and policy documents that encourage active expansion of SRH services.

The CP SRH program has clearly contributed to the overall Outcome 1 of increased availability and use of integrated sexual and reproductive health services (including FP, MCH and HIV) that are gender responsive and meet human rights standards for quality of care and equity in access. Based on review of program data, site visits, stakeholder interviews, and training follow up interviews there is strong evidence of progress in the three outputs in support of Outcome 1. All six major program activity areas in support of Output 1 "Increased national capacity to deliver integrated sexual and reproductive health services" (See Table 8 below) have demonstrated significant tangible program results. For example,

- The sequence of activities for the 2012-2016 SRH program was extremely well timed to ensure high quality program assessments at the outset for FP and Cervical Cancer (CC) screening. These assessments provided a sound basis for the development of integrated SRH activities
- Based on an in-depth community assessment of the status of PHC service delivery in three districts, under the leadership of the Ministry of Health in strong collaboration with Health Insurance Fund

and Institute of Public Health. a UNFPA supported IP, ACA, developed and implemented a program that shows evidence of increased demand and access for SRH services among vulnerable populations, including Roma and Egyptians (ACA Assessment 2013 and ACA Report 2014). This was confirmed based on field visits, interviews with health workers and community outreach staff and review of accumulated local LMIS data. To quote one outreach worker, "People used to think that the Health Departments are only there for the sick people. This is the new aspect. It has institutionalized cooperation with the MoH; prior it was only personal. It has helped us become actors in the community. We have new relations with the health staff…. I have seen the health personnel move more, go around meeting with the community." This program serves as a model for sustained health promotion links between PHC staff and their communities. This program has potential to resolve Albania's chronic problem of low access and demand for SRH services in rural areas (CCA 2015).

- At the national policy level, the UNFPA SRH activities include work to develop a National Action Plan on Health Promotion (2016 – 2020), which, when approved and funded, will help sustain community outreach approaches as demonstrated by the above mentioned efforts by ACA.
- At the long-term strategic level, UNFPA Albania has been consistently successful in advocacy and support for the development and update of national strategies and guidelines. For example, the new National Strategy of RH (2016 – 2020) that is under development with leadership from the Ministry of Health. as well as the development of an important Basic Package of PHC in 2014 that was iendorsed by the MoH and Council of Ministers in February 2015.. This has been tied to a nationally accredited CME approved training program for PHC staff on integrated PHC services.
- The SRH program area has supported significant developments for program planning and development for cervical cancer screening, with high quality assessments[80] , technical assistance and trainings.
- The SRH program has supported a successful continuation of the WHO Quality of Care (QoC) program for Maternal Health in two District hospitals. Based on field visits to these two hospitals, this program appears to have improved the overall WHO quality of care index for both maternity hospitals. This improvement, if sustained, should reduce the risk of maternal morbidity and mortality. The program has also introduced improvements in post-partum neonatal care which should help reduce neonatal mortality. More importantly, this UNFPA SRH support has kept in place critically important Maternal Health QoC infrastructure, including a team of trained QoC experts. This QoC program represents a considerable long-term investment by donor agencies and should be maintained as an essential tool for a continued decline in Albania's MMR.
- UNFPA Albania has been a catalyst for the development and mid-term revision of a national Contraceptive Security Strategy (CSS) that has the support of key national stakeholders and provides impetus for improving the range of sources for contraception the private sector. This work should help diversify and ensure continued availability of contraceptives to enhance the Albania's contraceptive method mix. A key accomplishment was the UNFPA support for the Total Market Approach (TMA) and a review of vulnerability criteria for the CSS that contributed to a decision by the MoH to extend its national policy to provide contraception for free to all FP clients for an additional two years, through 2016.

Based on site visits, focus group discussions and document review, it can be concluded that the SRH program activities have contributed to Output 4 "Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments." This effort is modest compared to the work for Output 1 (less than 12% of the total SRH budget) but it has demonstrated concrete results. In

[80] Two main assessments conducted, one in 2012 (under the leadership of Dr. Davies) and 2013 (under the leadership of national experts).

collaboration with the MoH, IPH and Implementing partner, STOP AIDS, UNFPA has supported the development of strategies and action plans for STI prevention and PMTCT. The UNFPA SRH program has been recognized by UNAIDS for supporting STOP AIDS's pioneering work to improved access to VCT in prisons and improve STI surveillance in prison populations. Through the IP, Action Plus, UNFPA has maintained access to high risk key populations,(Sex workers, IVDUs and LGBT), for HIV and STI prevention services. While it is a relatively small effort, less than 2% of the SRH entire budget, UNFPA has implemented activities for Output 5 "Increased national capacity to provide SRH services in humanitarian settings." It has succeeded in establishing the national SRH coordinating mechanism on RH in crisis and in implementing MISP training for national stakeholders. An assessment of health care structures in remote areas is in process and its results will feed the process of developing MISP interventions and priorities, which will be integrated within the Health Sector Platform on Emergencies. UNFPA also supports the integration of MISP within the National Contingency Plan developed by the Ministry of Interior during 2015.

Challenges: Based on stakeholder interviews and document review, there was little evidence of any systematic SBCC programming to encourage greater demand for effective methods of family planning during this UNFPA CP. The one exception was reported at onset of the 2012-16, an intensive effort in the first year by Nesmark. Since that time, there have been no large scale SBCC programs as part of Social Marketing. Nesmark has funds for condoms but no budget for actual marketing[81]. This lack of any social marketing effort to generate demand has been recognized as an important gap by respondents who are familiar with Albania's TMA and the CSS.

There are some instances within the SRH program area, such as sub-activity 7.4 SRH 2015, where multiple sub-activities are proposed within one sub-activity heading. For example, three items are proposed for sub activity 7.4: to support development of model health financing, to consolidate basic package of PHC services and to consolidate costing of basic package (MCH,FP,Elderly). There are also multiple references to a "UN Cares sub-activity" within the SRH program area, budgeted for less than $1,500 each year for 2013, 2014 and 2015. UN Cares is a UN Mechanism which aims to raise awareness among UN staff and their family members on HIV and AIDS. but it is another example where there may be too many sub-activities for efficient management.

While the ACA program was an overall success, during field visits there were consistent reports from PHC providers in the districts where ACA had been promoting breast cancer screening. Unfortunately, the breast cancer promotion program had raised expectations for mammography in ACA project areas that could not be met due to unavailability of MoH mobile mammography trucks.The large waiting list of women requesting mammography and who were not able to obtain this service created some anger and resentment, whichundermined the credibility of some local CH Centres.
Field problems were observed with the disruption of the injectable depo supply with serious implications for clients. Stock outs were observed in Tirana, Durres, Kukes and in Southern Albania. This stock out was chronic and widespread, for over 4 months, sometimes longer, with no explanation given to the clinic staff as to why or for how long. Each clinic had to improvise some sort of alternate interim method for their depo clients, without any guidance from the MoH on how best to do this.

[81] This is despite evidence of success for prior SBCC campaign in Tirana in 2011 (citation C-Change 2012) and evidence from in-depth analysis of the ADHS that showed that unmet need for limiting births was significantly higher among women who did not hear, see, or read about information on FP from radio, TV, or newspapers than those women who had such information from radio, TV, or newspapers (11.6 percent vs. 7.4 percent). Flora Ismaili, Sonela Xinxo, Ruzhdie, Bici "Factors affecting Family Planning Behavior in Albania" in ADVANCED ANALYSIS OF ALBANIAN DEMOGRAPHIC AND HEALTH SURVEY 2008-09 DATA. Supported by UNFPA and UNICEF. Tirana 2011. Using multivariate methods, this same analysis demonstrated that women who heard or saw FP information from the mass media were significantly less likely to report an unmet need (OD=0.73).

Some stakeholders expressed concern that they were having problems implementing the strategies once they were developed and that there was a need to better define preconditions, in order to make progress. In particular, while they went out of their way to stress that is was not the fault of UNFPA, there was a frustration that they have not achieved the goal to have a national CC screening program or a national prevention program with an HPV Vaccine.

Outcome Indicators: As shown below in Table 8, the indicators for the UNFPA Albania Monitoring and Evaluation Data base (Draft as of February 2014) show positive, albeit mixed results for overall Outcome 1. Only one of the indicators has not been achieved, indicator 2 for stock outs for projestin only pills (PoPs) (currently 27.4% as of 4th quarter of 2014 compared to a target of 12%). For two of the indicators that were based on the ADHS (1 and 4) there are insufficient data to confirm if the targets have been met. Given the work of UNFPA supported SRH IPs and the MoH, however, it seems highly likely that indicator 1 and 4 will have improved significantly by end of 2016. Given UNFPA support to develop an updated FP protocol and train staff, the indicator 3, adoption and implementation of enhanced FP protocols is also likely to be achieved in MoH health care facilities by 2016.

Table 8 UNFPA Outcome and Output Indicators

UNFPA SP Outcome 1 (As of 2014) Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.			
Indicator	Baseline	Target	Actual (current)
1: Contraceptive Prevalence Rate for Modern Methods among married women age 15-44 - CPR (total).	11% (ADHS 2009)	15%	Data not available
2: At least 60% of service delivery points have no stock-out of contraceptives in the last six months	20% stock out progestin only pill (POP)	12% stock out POPs	Not Achieved: 27.4% stock out in POPs [82] as of 4th Quarter 2014
3: Protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence adopted and implemented.	FP programme evaluation conducted	Piloting of integrated RH package and FP protocol	Achieved: Piloting of integrated RH package and FP protocol underway.
4: Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	Male 40.4% (ADHS 2009)	Male 50%	36.9[83] (2012 UNAIDS) Comparable data not available[84]

[82] The MoH contraceptive supply is threatened by a major, if not total, stock-out of the Injectable Depo Provera, due to a complete cessation of procurement brought on by technical issues related to import procedures and product registration. Based on 4th quarter of 2014 data, this is a loss of 12.8 percent of total couple years protection provided by the national program (427 CYPs for Injectables/3333 CYPs for entire program = 12.8%). Source CYP Sheet from LMIS report fourth trimester 2014. Data for First and Second Quarter LMIS for 2015 are on request.

[83] UNAIDS 2012 for Albania,Percentage of adults who reported using a condom the last time they had higher-risk sex, (male, ages 15-49) (I-13) (36.9%) as reported at http://hivinsite.ucsf.edu/global?page=cr10-al-00&post=19&cid=AL (Accessed 9 Nov 2015).

[84] Comparison of data for male youth for the ADHS 2009 and the recent Health Behaviour in School-Aged Children (HBSC) survey done in 2013/2014 are consistent with the expectation of an increase in condom use since 2009. The recent 2013 HBSC survey found that 66% of boys and 40% of girls age 15 who have experienced sexual intercourse used a condom during their last sexual intercourse. Per the 2008/9ADHS (Page 210) among never-married women and men age 15-24 who had sexual intercourse in the past 12 months, 55 percent of men and 28 percent of women and used a condom at last sexual intercourse. Young men age 15-19 were more likely than those age 20-24 to use a condom at last sexual intercourse (57 and 54 percent, respectively). NB: Based on a small ADHS sub-sample, 54% of age 15-17 reported use of condom at last intercourse (n=40). Therefore, despite the non-comparability of these data, there is some modest evidence that condom use at last intercourse as of 2013/14 may have increased since 2009.

As shown below in Table 9, four of the five indicators for Outputs 1, 4 and 5 are likely to be achieved either fully or partially. As discussed above, the indicator for Output 4, to establish an SBCC communication program for youth, has only been partially addressed at the beginning of the SRH program activities in 2012 and has since been discontinued.

Table 9 UNFPA Albania SRH Output Indicators

SP Output 1: Increased national capacity to deliver integrated sexual and reproductive health services.			
Indicator	Baseline	Target	Actual (current)
1: Guidelines, protocols and standards for health care workers for the delivery of quality SRH services for adolescents and youth in place.	1	3	3: YFS Guidelines and YFS Protocols developed and rolled out in 8 Districts by ACPD and the Basic Package of PHC services, which includes ASRH services.
2: The costed integrated national SRH action plan developed.	1	Review of costing analysis based on the newly developed SRH guidelines and protocols	Significant progress/ongoing.
3: A functional LMIS for forecasting and monitoring RH commodities running.	LMIS for monitoring contraceptives established	Capacities of 36 districts LMIS focal points and PHC providers strengthened	Significant progress: 93.4% of service delivery points reported LMIS data in 4th Quarter of 2014.
SP Output 4: Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments.			
Indicator	Baseline	Target	Actual (current)
Social behaviour change communication (SBCC) strategy for adolescent and youth including those from key populations in place	none	PHC providers skills on HIV service provision strengthened	**Partially achieved.**[85] Provider skills on HIV service do not constitute SBCC. SBCC strategy for youth was implemented early on by NESMARK in 2012, but not continued. UNFPA supported work by STOP AIDS and Action Plus clearly meet this target among Tirana high risk populations.
SP Output 5: Increased national capacity to provide SRH services in humanitarian settings.			
Indicator	Baseline	Target	Actual (current)
National humanitarian contingency plan includes MISP and addresses SRH needs of women, adolescents and youth incl. services for survivors of sexual violence in crises	National emergency contingency plan in place.	National capacities to implement MISP is strengthened	**Achieved:** MISP Questionnaire completed and follow-on MISP training completed with GoA ministry counterparts.

[85] The UNFPA Albania was cited for its achievement in compliance with UNAIDS UBRAF in 2014, "sexual and reproductive health/HIV needs of prisoners were addressed in Albania and Togo, where condoms and HIV testing and counselling were promoted." "In Albania and Somalia, UNFPA supported incorporating actions for women and girls in national HIV strategic plans, including through gender assessments of the AIDS response (UNAIDS UBRAF Performance Monitoring Report 2014)" Date: 30 June – 2 July 2015 Venue: Executive Board Room, WHO, Geneva. Agenda item 4.1 UNAIDS Unified Budget, Results and Accountability Framework 2012–2015 UNAIDS Performance Monitoring Report 2014

Constraining and facilitating factors and the country context

Based on stakeholder interviews, site visits, group discussions and document review, the Albanian context is a difficult and volatile environment for integrated gender responsive SRH programs. As noted above, the elections of 2013 were a constraint with the transition to a new government.. Entrenched Albanian cultural traditions make it very difficult for PHC staff to make refers for clients suffering DV, and demand for modern methods of contraceptives remains low, especially in rural areas. The effects of the global recession of 2008/9 have undercut the financial resources of the GoA to fully fund SRH services. There has been a major decline in donor support for SRH related programs, which has made fund raising within the PoC especially difficult for UNFPA Albania. As shown by the dramatic 50% decline from US$3.2 million in 2012 to US$1.5 million in 2014, UNFPA/Albania was faced with a huge constraint to adjust its budget to the unexpectedly tight restrictions on its budget. As one respondent stated, "Apart from UNFPA, few donors are maintaining support for SRH. Almost everyone else has given up."

Despite the constraints, there are important facilitating factors for work on SRH. First, is the well-established long-term rapport between UNFPA Albania leadership and SRH staff with key GoA ministries and Agencies, MoH, IPH and HII as well as close working relations with sister UN agencies, such as UNICEF, UNAIDS and the WHO. Another facilitating factor is the success at baseline in developing SRH strategy and policy documents that encourage active expansion of SRH services. This includes the strong collaboration with the agency responsible for CME accreditation and the use of costing to help define the financial implications of SRH services for the HII.

EFFICIENCY

The questions: For all 4 areas – 3.A. Were the outputs achieved reasonable for the resources spent? **(3.A.i)** For the resources spent, were the outputs achieved reasonable? **(3.A.ii)** Could more results have been produced with the same resources? **(3.A.iii)** Were the resources spent as economically as possible? **3.B.** Could different interventions have solved the same problem at a lower cost?

Summary Findings – Efficiency of SRH Based on stakeholder interviews and analysis of available cost data on expenditures for specific sub-activities, UNFPA Albania has accomplished a great deal for the respective activities and outputs with the resources spent. A review of basic indicators for 34 trainings, demonstrated that the training has, with few exceptions, been economical. Review of budgeted costs for sub-activities seem reasonable, but there are limitations in the ability of UNFPA Albania's ATLAS system to readily obtain expenditure data to the level of sub-activities.

As shown below in Figure 9, the expenditures for the SRH portfolio of program activities has steadily increased from just $67,000 in 2012 to $235,000 in 2014 with a large planned budget of more than $400,000 in 2015. As shown in Table 10 of the budgeted activities outlined in UNFPA Albania Annual Work Plans (AWPs) for 2012 through 2015, the large majority are focused on Output 1, with less than 12 percent for Output 4 and less than 2 percent for Output 5. Based on stakeholder interviews and analysis of available cost data on expenditures for specific sub-activities, the overall conclusion is the UNFPA Albania has accomplished a great deal for the respective activities and outputs with the resources spent. A review of basic indicators for 34 trainings, such as cost per training day, cost for participant and cost per training, demonstrate that the training has, with few exceptions, been economical. Average cost per training participant was US$61.79 with a range from $25 to $788 per participant (the outlier of high very high cost per training participant was an 8 day course for 18

participants on effective perinatal care, which had 5 expert trainers[86]).

Review of budgeted costs for sub-activities seem reasonable, but there are limitations in the ability of UNFPA Albania's finance tracking system (ATLAS) to readily obtain data to the level of sub-activity. Overall data on budget monitoring are only tracked by major activity codes, not by sub-activity. Very few respondents to stakeholder interviews were able to comment on the question of efficiency, but of those who did, all felt that UNFPA Albania has been efficient in the management of its funds. One senior stakeholder commented on the composition of the UNFPA SRH team, which demonstrates its efficiency by virtue of being small but has accomplished a great deal and is strategic to leverage resources to extend its funds.

Figure 9 SRH Related Expenses 2012-2014 and Budget for 2015

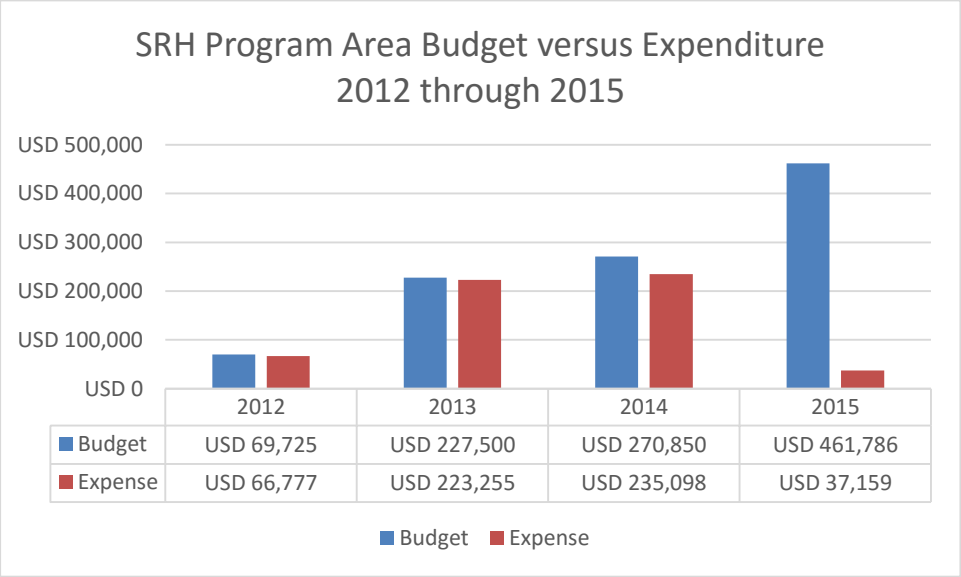


Table 10 Total SRH Budget Allocation by Activity 2012-15 based on UNFPA Albania AWPs

Output 1. SRH:Activity 01. Committee/Advocacy and Awareness of RH Issues	USD 176'000	23.3%
Output 1. SRH: Activity 02. Support Implementation of CSS	USD 104'000	13.8%
Output 1. SRH: Activity 03. Improve Efficiency of Natl FP Program	USD 90'200	12.0%
Output 1. SRH: Activity 04: BC and CC prevention/Increased access to and use of Quality MCH services	USD 132'900	17.6%
Output 4. SRH: Activity 05. STI Surveillance/Activity/ Activity 06 Strengthen National response to HIV/AIDS/STIs	USD 89'000	11.8%
Output 1. SRH: Activity 06. Research and Studies/2014 Health Systems Strengthening Initiatives	USD 124'000	16.4%
Output 1. SRH: Activity 8: Strengthen GBV response within Health Care System	USD 24'000	3.2%
Output 5. SRH: Activity 10: Strengthen national response in addressing RH issues in crisis and emergency situations	USD 14'000	1.9%
Total	USD 754'100	100.0%

[86] This warrents further analysis as an identical training on effective perinatal care for 8 days with 5 trainers and 16 participants took place at about one tenth the cost per participant, US$ 76. It should be noted that the requested costs per training were only provided for a total of 34 out of 43 training carried out for SRH.

SUSTAINABILITY

The questions: For all 4 areas – 4.A. Are programme results sustainable in short perspectives (<=5 years)? **4.B.** Are programme results sustainable in long - term perspective (>5 years)? **4.C.** Did UNFPA Albania ensure sustainability of its programme interventions? Yes or No. **4.D.** If yes, how UNFPA Albania did ensure sustainability of its programme interventions?

Summary Finding – Sustainability of SRH Program There is strong evidence of both short- and long-term sustainability of program results from certain program activities. Respondents outlined how there was a long-term sustainability of UNFPA Albania activities with the long-term scale up of UNFPA pilot projects and institutionalization of training and protocols. UNFPA Albania success in obtaining CME credit accreditation for training courses has made a big difference in sustained interest in participation in SRH capacity building. UNFPA/Albania success in supporting the development of protocols and guidelines, and in getting them costed to assist the HII assume responsibility for paying for PHC services, has been a strong basis for getting long-term MoH buy-in for key SRH services. There are situations, however, where strategies are in place but, despite costing, budgets are still not available**.**

Based on stakeholder interviews, review of project documents there is strong evidence of both short- and long-term sustainability of program results from certain program activities. Some respondents outlined how there was a long-term sustainability of UNFPA Albania activities with the long-term scale up of UNFPA pilot projects and institutionalization of training and protocols. UNFPA Albania success in obtaining CME credit accreditation for training courses has made a big difference in sustained interest in participation in SRH capacity building. UNFPA/Albania success in supporting the development of protocols and guidelines, and in getting them costed to assist the HII assume responsibility for paying for PHC services, has been a strong basis for getting long-term MoH buy-in for key SRH services. There are situations, however, where strategies are in place but, despite costing, budgets are still not available. This process takes time and continued advocacy, especially by providing evidence of the return on the investment of SRH services.

4.2 Youth

RELEVANCE

The questions: For all 4 areas - 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners; **1.B.** To what extent is the current programme reflective of i) UNFPA policies and strategies, ii) global priorities including the goals of the ICPD Program of Action and the MDGs, iii) how well has it been aligned to the objectives set out in the PoC?

Summary Finding – Relevance of Youth Program Area UNFPA Albania supported programs are highly relevant in part due to the fact that they are based on in-depth analysis of data on youth and active consultations with youth. The UNFPA CP collaborates closely key youth advocate stakeholders within the PoC, including UNICEF, UNWomen, UNAIDs and the WHO. The CP's youth oriented initiatives and its activities are closely aligned with best practices for youth, including IPPF standards for YFS and the International Technical Guidance on Sexuality Education developed by UNESCO.

The UNFPA CP Youth Program area is based on intensive efforts to understand the needs and constraints faced by youth in Albania through both quantitative and qualitative assessments prior to and

during the current CP cycle. Examples of UNFPA-supported youth assessments include the in-depth analysis of the 2008/9 ADHS which resulted in the 2011 analysis of Risky Behaviours and Unhealthy Lifestyles among Albanian Yo ths, an in-depth analysis of CENSUS 2011 data about young people to be completed this year, a comprehensive 2013 study of the Difficulties and Strengths to the Youth of Tirana High Schools, and the recent study of Health Behaviour in School-Aged Children survey 2013/2014 that was conducted by Albanian Institute of Public Health.

UNFPA CP Youth programs are entirely consistent with youth needs and expectations, in part because of UNFPA's consistent effort to actively consult with youth as part of its programs, such as the recent Youth Voice and the "Make it Possible" advocacy campaigns, the lead up to the UNFPA supported development of Youth Friendly Services Guidelines in 2012 and the recently approved National Youth Action Plan 2015-2020. The UNFPA CP collaborates closely key youth advocate stakeholders within the PoC, including UNICEF, UNWomen, UNAIDs and the WHO. The CP's youth oriented initiatives and its activities are closely aligned with best practices for youth, including IPPF standards for YFS and the International Technical Guidance on Sexuality Education developed by UNESCO.

The 2012-16 CP is entirely reflective of the UNFPA Strategic Plan (2014-2017) Outcome 2 with an increased priority on adolescents, including very young adolescent girls and the prevention of early marriage. The UNFPA CP has shown initiative within the PoC to encourage youth participation in programs that address the MDGs and ICPD Post 2015 development agenda. For example, UNFPA supported the "The world we want" the national consultations that were part of a project to represent the youth priorities for the Post-2015 development agenda,

EFFECTIVENESS

The questions: For all 4 Focus areas - 2. A. Were the CP's intended outputs and outcomes achieved?
2.B. To what extent did the outputs contribute to the achievement of the outcomes?
2.C. What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary Finding – Effectiveness of Youth Programs The UNFPA Albania CP youth outcome and outputs are likely to be achieved. There is evidence of progress in all three outputs in support of Outcome 2. It appears there is significant buy-in from the MoE and an expectation that CSE will be part of the educational system. In years 2012 and 2013 a great deal of progress was made for the development of YFS Guidelines and Manuals, Training of HCPs on YFS. Based on stakeholder interviews, document review and site visits and focus group discussions with these some members of high risk populations (CSWs, women prison inmates), despite the fairly small numbers of persons reached, it is clear that the combined effects of at least three of the four programs over time has in fact contributed to Output 8. There are challenges for these promising youth programs. There is some uncertainty for final context for CSE within the MoE. CSE may be within Sports, Civics, Biology or a special Health Education curriculum.

Based on stakeholder interviews, focus group discussions with youth, site visits to youth agencies and service delivery sites, as well as desk review and analysis of secondary data, the CP SRH program is clearly contributing to the overall SP Outcome 2 for "Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health." There is evidence of progress in all three outputs in support of Outcome 2. Three sets of program activities have been developed and implemented in support of the Youth Program outputs.

Activity 1, the Development of cross curricular module on SRH for students and teachers G4-12, directly corresponds to SP Output 7 and consists of three main sub activities, the cooperation with ACPD to develop CSE modules for grades 4-12, the testing of these modules in selected schools, and the training of teachers to implement them. These activities progressed well, implemented by ACPD, from 2012 through 2013, but in Nov 2013 an educational reform process began, which required the revision of the modules to reflect the reforms in order to be acceptable to the MoE. In 2014, UNFPA succeeded in getting a collaborative agreement with the IED, closely allied with the MoE, to complete the revised modules and continue the process of piloting and teacher training. The progress so far, while somewhat slow, is encouraging. It appears there is significant buy-in from the MoE and an expectation that CSE will be part of the educational system. The CSE program is reported to be in the piloting stage in 6 districts, not just for CSE, but within the full curriculum reform process.

Activity 2, Capacity Building of youth on YFS in order to make informed decisions on ASRH/RR, corresponds to Output 8, and consists of three main sub activities implemented by ACPD, an IPPF affiliate that has in-depth experience with YFS, currently running three youth centers. In years 2012 and 2013 a great deal of progress was made for the development of YFS Guidelines and Manuals, Training of HCPs on YFS as well as training of Youth on YFS with advocacy and media training to promote YFS[87]. Since then, the pace has slowed down considerably, with an intensive process of revision and review by experts, reflecting in part efforts to develop YFS guidelines that are compatible with WHO guidelines and the recently developed basic package of PHC. As of 2015, very little effort is being made on the original YFS manual and guidelines, with more focus going toward advocacy work and training youth on YFS. Notwithstanding the decline in momentum, this has been a strong effort with potential to significantly increase youth demand and access to PHCs for SRH services.

Activity 3, Advocacy and Awareness on condom use and SRRH among youth in and out of schools/key populations, corresponds to Output 8 and includes four highly pertinent sub-activities implemented by four well established UNFPA implementing partners: lifeskills education and condom promotion for in and out of school youth by Nesmark, community based advocacy and awareness for Roma and other at risk populations for HIV, RR and ASRH by ACA, outreach for IDUs, CSW and LGBT for HIV and RR by Action Plus[88], and Advocacy and awareness for key populations (prison populations, IDUs and at risk youth) by Stop AIDS. While the content of these sub-activities has varied somewhat each year, the combination of effort from these four IPs, appears to be well considered with potential for synergy, especially the work of Action Plus and Stop AIDS among extremely high risk populations that have much higher prevalence of HIV and other STIs compared to Albania's more affluent society. Based on stakeholder interviews, document review and site visits and focus group discussions with these some members of high risk populations (CSWs, women prison inmates), despite the fairly small numbers of persons reached, it is clear that the combined effects of at least three of the four programs over time has in fact contributed to Output 8, increasing capacity of partners to design and implement comprehensive programs to reach marginalized adolescent girls.. The sustained commitment made by UNFPA Albania to support these types of innovative programs is to be commended.

[87] Based on ACPD annual reports, 54 trainers were trained in 3 locations in 2012, 59 in 2013. Thirty-five youth were trained in YFS Tirna and Vlora in 2013.

[88] Aksion Plus is focused on targeted intervention to IDUs, sex workers and LGBT (human and health rights approach) in order to reduce any risk to HIV and other STIs, empower sex workers through direct services, as well as by the provision of information, education, life skills, peer education and capacity building of active and former sex workers (Source Action Plus 2013 Annual Report)..

Challenges

Activity 1: While promising, there are important potential threats to CSE efforts related to the process of educational reform. For example, at the same time teachers are being trained and aspects the CSE are being piloted, the actual curriculum and teacher manuals have not been completed, and there is uncertainty for final context for CSE. CSE may be within Sports, Civics, Biology or a special Health Education curriculum. Furthermore, stakeholders acknowledged that adult teachers are shy about teaching SRH material and tend to skip the chapters on RH. There is also a real concern that there is limited utility for teacher training workshops that are being carried out despite these ambiguities and with the full expectation that teachers may have left their positions by the time the final CSE program is given a green light.

Activity 2: Despite the initial progress, the effort to expand YFS within PHC Centers does not appear to have maintained the initial momentum. According to one stakeholder, apart from ACPD youth centers, YFS are not currently available in the health system. Based on experience in other countries, this is not surprising, as efforts to increase youth access and demand for SRH services at PHC centers can be extremely difficult to sustain. The presence of trained staff who are receptive to youth for ASRH services, does not equate to increased demand and access by youth. Other factors are also in play.

Activity 3: The framework of four simultaneous interventions focused in large measure on the SRH and RR needs of at risk youth is compelling, but the actual levels of implementation have varied in intensity as well as geographically. For example, the Nesmark efforts for Peer education on ASRH and RR among in and out of school youth, was a relatively small program in the Durres area that was maintained for only one year in 2012 (98 women and 77 students reached in one year and 6600 condom distributed, plus a print, radio and TV awareness campaign). The ACA efforts, which are commendable in the focus on Roma and other at risk groups, have been implemented in more rural districts that do not overlap with the other three programs. The Action Plus and STOP AIDS program work mostly in Tirana and appear to have a synergistic overlap in making referrals to each other and like-minded agencies such as ACPD. The number of clients serviced by these two programs is not that large (for example, as reported in their 2014 reports for April-December, Action Plus served about 10-15 persons per day with outreach, trained 121 persons and 25 CSWs, and STOP AIDS served 224 IDUs of whom 125 were counseled and tested for HIV, 44 IDU clients referred to supportive and distributed 4800 condoms, reached 96 MSM or whom 36 were counseled and tested for HIV, trained 10 prison staff, and outreach sessions with 280 prisoners). While the numbers are limited, these two agencies are reaching some of the most at risk populations in Albania with effective harm reduction strategies and therefore are very likely to be averting a significant number of new HIV, Hep B and C and Syphilis infections, possibly sufficient to offset the costs of the programs. If all four of the programs had been implemented in one contiguous area, with a valid baseline and follow up it might have been feasible to document a significant impact using rigorous evaluation design, pooling resources from the four projects for otherwise prohibitively data collection.

Outcome Indicators

As shown below in Table 11, there are four indicators for the UNFPA Albania Monitoring and Evaluation Data base (Draft as of February 2014) for the Youth Outcome. Three of the indicators are either achieved or may be achieved, while the overall indicator for the SP Outcome 2 cannot be measured until the next ADHS. The indicator for Output 6 has met the target for three new participatory platforms that advocate for increased investments in marginalized adolescents and youth. As discussed above, the

indicator for Output 7 to implement CSE within the MoE school system may be achieved, but is currently quite uncertain given the constraints of the 2013 educational reform. The indicator for Output 8 is considered achieved by virtue of the fact that there are already six UNFPA supported programmes that that reach out vulnerable groups including those at risk of child marriage.

Table 11 UNFPA CP Youth Outcome 2 and Related Outputs

SP Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.			
Indicator	Baseline	Target	Actual (current)
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male).	Female 35.9% Male 22%[89] Source ADHS 2008/9	Female 43.1% (20% increase) Male 26.4% (20% increase)	**Data not available.** The indicators were chosen on the grounds that a new DHS will take place.
SP Output 6: Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights needs in national laws, policies, programmes, including in humanitarian settings.			
Indicator	Baseline	Target	Actual (current) **Achieved**
No. of participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes.	4. review youth strategy in place; RH strategy in place; Roma strategy in place; HIV/AIDS strategy in place	3 (new platforms)	3 new platforms **achieved**: a) Country Coordination Mechanism on HIV/AIDS revitalized and functioning b) Approved and costed Youth Action Plan 2015-20. c) ACPD YFS Guidelines,
SP Output 7: Increased national capacity to design and implement community and school-based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality.			
Indicator	Baseline	Target	Actual (current)
Indicator: National comprehensive sexuality education curricula are aligned with international standards.	0	Target: Testing of book G12; national conference; media support.	**May be achieved**
SP Output 8: 8: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage.			
Indicator	Baseline	Target	Actual (current) **Achieved**
Indicator: No. of advocacy/capacity building programmes that reach out vulnerable groups including those at risk of child marriage.	0	6 programmes.	ACA, Stop AIDS, Action Plus, ACPD Youth friendly, Youth Voice Campaign,Young men and boys against GBV.

[89] Instituti i Shendetit Public Tirane National AIDS Program UNGASS Country Progress Report Reporting period: January 2008-december 2010

Constraining and facilitating factors and the country context

Based on stakeholder interviews, site visits and group discussions and desk review a range of constraints and facilitating factors emerged with respect to the implementing the UNFPA youth activities.

Constraints: With respect to CSE, despite excellent work by ACPD, the change of government following the national elections and Nov 2013 Educational Reform appears to have been a set back, requiring a revamp of the strategy, working with IED, which is a slower process that has many uncertainties such as the problem of where CSE will be implemented (within Phys Ed, or Health Ed, or Biology etc.).

On the part of both IPs and government counterparts, the serious decline of the economy and lack of resources were repeatedly cited as constraints. Respondents appreciated UNFPA's support for research studies but were frustrated. Respondents stated. "They focus on studies, we need implementation of services. I have studies and recommendations, no resources to help provide services" "We have good studies, but we need funds to provide services." Ultimately, despite UNFPA Albania success in developing strategies and supporting research, strategies are in place but, despite costing, budgets are still not available.

There are clearly important cultural constraints such as adult teachers' reluctance to teach SRH topics in schools, and pervasive reluctance regarding hormonal methods exists among potential users as well as among many providers, mostly due to fear of side effects. A common constraint, related to lack of resources, is the relatively small size of the UNFPA supported interventions to reach in and out of school youth relative to the need, an example being fairly low coverage, insufficient intensity and duration of outreach activities such as the Nesmark 2012 program in Durres.

Facilitating Factors: Program activities to work with at risk in- and out-of-school youth benefit from UNFPA's strong rapport with key stakeholder agencies within the PoC as well as key GoA ministries. There is a perception that UN agencies have made it a priority to with vulnerable populations, which makes it easier for IPs to collaborate. UNFPA support gives IP additional legitimacy that facilitates collaboration with other institutions. Thanks in part to UNFPA's long-term advocacy for youth focus in strategy documents, there is a favourable policy context in support of youth initiatives. UNFPA's workstyle was also view as an important facilitating factor. UNFPA is viewed as hard working, a small team that helps resolve problems with flexibility. Compared with other donors, UNFPA listens to opinions on client needs. They are willing to go beyond the SOW. Compared to other UN agencies they are non-intrusive, and supportive. They are not arrogant, abusive, rather they are friendly and they cooperate. "They are a partner, not a donor." Finally, regarding efforts to work with youth, it was repeatedly mentioned that youth are eager to work and to help, and want to be change agents. This is a facilitating factor for the design and implementation of programs for youth.

EFFICIENCY

The questions: For all 4 areas – 3.A. Were the outputs achieved reasonable for the resources spent? **(3.A.i)** For the resources spent, were the outputs achieved reasonable? **(3.A.ii)** Could more results have been produced with the same resources? **(3.A.iii)** Were the resources spent as economically as possible? **3.B.** Could different interventions have solved the same problem at a lower cost?

Summary Findings – Efficiency of Youth. Overall, the activities implemented toward the achievement of outputs for the Youth Program area appear to be reasonable for the amount of resources expended. Most respondents were unable to comment on the question of efficiency, but of those who did, most felt that UNFPA Albania has been careful to conserve the funds it manages.

Stakeholders from youth counterpart agencies commenting on UNFPA Albania's efficiency stated, "They are very efficient, on time" and "Despite being a relatively small UN agency with a small budget they are cost effective." Inefficiencies have resulted from the changes in sequence of youth related activities, whereby training and piloting of guidelines and curricula have taken place before the final curricula and manuals have been completed.

As shown below in Figure 10, the total expenditures for the youth portfolio of program activities has declined over time, from $278,000 in 2012 to $144,000 in 2014 with a planned budget of more than $173,000 in 2015. On the basis of stakeholder interviews, document review, and financial analysis of UNFPA Albania Atlas and project monitoring data, overall the activities implemented toward the achievement of outputs for the Youth Program area appear to be reasonable for the amount of resources expended. As with the SRH program area, the overall conclusion is the UNFPA Albania has accomplished a great deal for the respective activities and outputs with the resources spent.

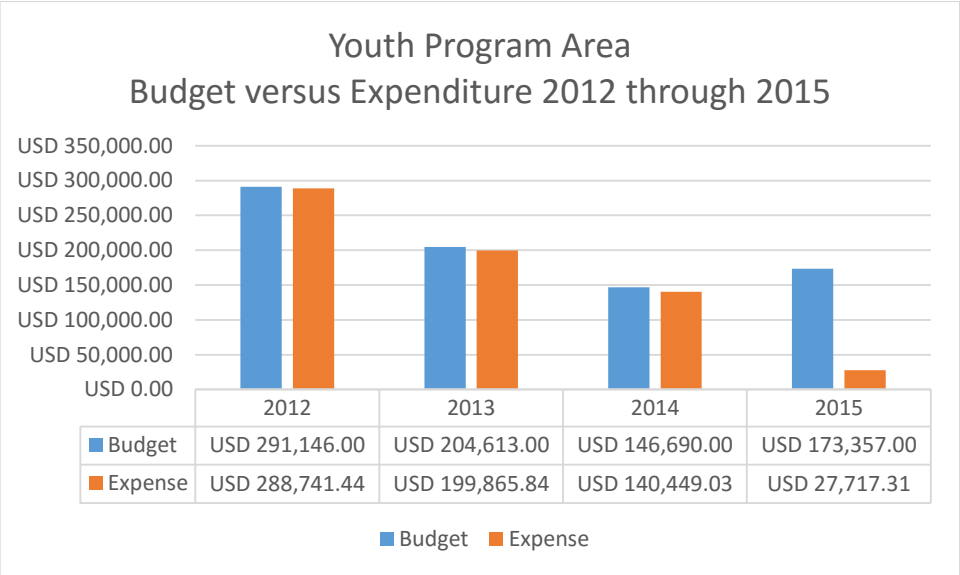
Where budget information for sub-activities were available[90], most of IP budgets for youth programs seemed appropriate for the activities carried out. As noted above for SRH costs, based on a review of budgeted costs for sub-activities seem reasonable, but there are limitations in the ability of UNFPA Albania's finance tracking system (ATLAS) to readily obtain data to the level of sub-activity. Overall data on budget monitoring are only tracked by major activity codes, not by sub-activity. Most respondents were unable to comment on the question of efficiency, but of those who did, most felt that UNFPA Albania has managed its funds quite well and efficiently. Stakeholders commenting on UNFPA Albania efficiency stated, "They are very efficient, on time" and "Despite being a relatively small UN agency with a small budget they are cost effective."

A review of basic indicators for 18 trainings, including cost per training day, cost for participant and cost per training, the training has been economical. The average cost per training participant was US$61 with a range from $28 to $286 per participant (this highest cost per training participant was a 1-day course for 10 participants on advocacy and participatory government with three expert trainers). None of the other trainings exceeded $85 per day per participant.

The current approach working with IED on CSE, where trainings and piloting are taking place in 6 districts, does not seem optimal from an efficiency vantage point. This is because the actual curriculum, manuals, and final decisions on where the CSE will be implemented (within Biology, Sports, Civics or within a Health Education program) have not been finalized. While it is advantageous to have a close affiliation of the MoE as an implementing partner, especially to promote buy-in for CSE, it would be more efficient to delay training and piloting until the curriculum, manual and institutional arrangements are complete. A similar inefficiency is evident with the UNFPA funds invested with YFS through ACPD, where training and piloting have been done on a YFS program that subsequently is being revised.

[90] In some cases, the approved AWPs did not specify the actual amounts for individual sub-activities, making it impossible to assess the overall reasonableness of the planned budgets. For example, the budget amounts for sub-activities for ACPD for youth programs for 2013 through 2015 were left blank.

Figure 10 Youth Program Budget Versus Expenditure 2012-2015



SUSTAINABILITY

The questions: For all 4 areas – 4.A. Are programme results sustainable in short perspectives (<=5 years)? **4.B.** Are programme results sustainable in long - term perspective (>5 years)? **4.C.** Did UNFPA Albania ensure sustainability of its programme interventions? Yes or No. **4.D.** If yes, how UNFPA Albania did ensure sustainability of its programme interventions?

Summary Finding – Sustainability of Youth Program. Based on stakeholder interviews and review of project documents, there is potential for UNFP-supported youth initiatives to be institutionalized within multiple GoA ministries, including the MoH and MoE and MoSWY. The role of UNFPA in the development and costing of the recently approved Youth Action Plan 2015-20 in collaboration with the Ministry of Social Welfare and Youth is a particularly strong example of both short- and long-term sustainable program results

There is evidence of both short- and long-term sustainability of program results for some of the youth program activities. Based on stakeholder interviews and review of project documents, there is potential for UNFP- supported youth initiatives to be institutionalized within both the MoH and MoE. While there are uncertainties, such as with CSE within the MoE (due to 2013 educational reform process) and YFS guidelines (still a work in progress within the MoH), UNFPA Albania has nonetheless established a strong foot-hold for youth initiatives within these Ministries. The role of UNFPA in the development and costing of the recently approved Youth Action Plan 2015-20 in collaboration with the Ministry of Social Welfare and Youth is a particularly strong example of both short- and long-term sustainable program results. While some of the UNFPA Albania programs are likely to be discontinued if funding is stopped (such as advocacy campaigns like the Youth Voice program), some implementing partners have succeeded in developing alternate sources of funding, obtaining support from the Ministry of Finance for IDUs, or through innovative subscription approach with dues paid to help sustain support activities for CSWs. UNFPA Albania has been supporting efforts to apply for the next round of GF, a good way to leverage its limited resources for short-term sustainability. When asked if UNFPA Albania had ensured sustainability for programs is supported, some GoA respondents pointed out that UNFPA has not raised false expectations, and has always made it clear that they cannot fund services.

4.3 Gender and Gender Based Violence

RELEVANCE

The questions: For all 4 areas - 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners; **1.B.** To what extent is the current programme reflective of i) UNFPA policies and strategies, ii) global priorities including the goals of the ICPD Program of Action and the MDGs, iii) how well has it been aligned to the objectives set out in the PoC?

Summary Finding – Relevance of Gender and GBV : UNFPA supported interventions are in line with the priorities of Government of Albania (GoA) policies on ensuring GE and protection of women, mothers and children. These priorities are reflected in the UNFPA global mandate and the country programme (CP) has included a wide range of the interventions to address gender equality issues. There is a close harmonization of activities between Government policies and UNFPA programme activities within the PoC. These interventions include the action plan for male involvement to prevent GBV, interventions to help the GoA meet the CEDAW recommendations, and the ICPD Program of Action–interventions, such as addressing Gender biased sex selection, training the representatives from the Ministry of Social Welfare to prepare the 4th CEDAW report, and the representatives from Ombudsman to carry out the CEDAW Shadow Report, inclusion of Albanian's parliamentarians to integrate the actions of ICPD 2014 in the Post 2015 agenda, and the health response to GBV as part of the implementation of national GE Strategy. The UNFPA is recognised as key agency on gender and women among other UN agencies in Albania.

Based on the interviews with stakeholders and desk review, it has been confirmed that activities carried out by UNFPA to address GBV are closely aligned with priorities of Albanian Government. A concrete example is the development of the National Action Plan for Male Involvement to prevent GBV-DV (Joint efforts with UNDP, UN Women) that is endorsed by the Ministry of Social Welfare and Youth. This Plan envisages a time span from 2014-2019, that corresponds closely to the new revised National Strategy for GE, GBV 2015-2020.

The UNFPA during this programme cycle 2012-2016 has carried out interventions to address the CEDAW recommendations. The CP has documented and combats harmful practices by developing a Communication Strategy on Addressing Gender Biased Sex Selection, a wide awareness raising campaign "16 days of activism" organized with local and national NGOs, including artistic and education activities and information sharing and educational sessions on male involvement, GBV, community and youth mobilization. The "He for She Campaign" (a joint effort with UNDP), is another example where UNFPA has worked to improve GE, strengthen institutional capacities, and engage different stakeholders to address issues related to GE, GBV, DV.

With regard to the alignment with ICPD goals, UNFPA provided support to the MP Albania delegation to participate in the meeting of Stockholm with the participation of parliamentarians from all regions of the world, to set a course of action for the implementation of the Programme of Action of ICPD beyond 2014 and how to integrate it into the Post 2015 development agenda. The sex selection communication strategy 2015-2017 is guided by the Programme of Action of the 1994 Cairo International Conference on Population and Development (ICPD), which recommends the elimination of *"all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex*

selection." (Paragraph 4.16).

Based on the stakeholders interviews with management and service-level stakeholders at the national and district level, training follow up interviews, and site visits to Durres and Kukes Health Centres, it is confirmed that UNFPA has addressed the GBV cases through the health sector in support of the implementation strategy of the second National Strategy for Gender Equality and GBV-DV, 2011-2015, and CEDAW recommendations. One major success emphasized by the interviewees was the completeness of the National Training Plan for all primary health care providers, and the financial support provided to the NCSS (IP) by UNFPA to train the health care providers at national level and to strengthen the TOT network. It has been confirmed that this training is accredited by the National Centre of Continuing Education for a period of three years time. Training has helped the health sector to move forward the agenda on GBV, in particular to strengthening the national institutional capacity for gender equality in compliance with recommendations of CEDAW Report 2010 "*National machinery for the advancement of women"*[91].

EFFECTIVENESS

The questions: For all 4 Focus areas - 2. A. Were the CP's intended outputs and outcomes achieved? **2.B.** To what extent did the outputs contribute to the achievement of the outcomes? **2.C.** What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary Finding – Effectiveness of Gender and GBV: The majority of UNFPA CP activities show promise for completion or substantial progress by the end of this programme cycle. With the support of the UNFPA capacities at the country level have been developed toward addressing GBV and CEDAW Reporting. The 4th CEDAW Report was submitted in November 2014, and UNFPA, as well as UNWomen are supporting the completion of the CEDAW Shadow Report by a CSO and the Ombudsman who were trained for this purpose.. A national action plan for male involvement to prevent GBV has been developed by UNFPA. More attention is needed on the issue of advancing gender equality through advocating and implementing laws and policies, despite the contribution provided in male and youth involvement to address the GBV issues. Although the health response to GBV initiative is seen as success, based on a UNFPA supported assessment, it appears that the level of societal emancipation, and social and economic development does not support the expected impact of trainings.

There has been some progress made for Outcome 3 and the associated Output 9, Output 10, and Output 11. As shown below in the Table 12, the outcome and at least two of the outputs are likely to be achieved. Regarding the Outcome 3, Albania's GE Action Plan 2011-2015 has made references to gender budgeting, and costing of RH services within basic package, which was to be achieved in 2014. However, reproductive rights with specific targets and national public budget allocations are not yet integrated in the GE Action plan. The estimated time to review the RH Strategy and link it with the national gender equality strategy is within 2015.

[91] CEDAW (2010), Concluding observations of the Commitee on the Elimination of Discrimination against Women

Table 12 UNFPA Albania Gender Outcome and Output Indicators

Outcome 3: Advance gender equality, women's and girl's empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and you			
Indicator	Baseline	Target 2016	Actual
Gender equality national actions plan is in place and integrates reproductive rights with specific targets and national public budget allocations	0	Review of costing analysis based on the newly developed SRH guidelines and protocols	Likely to be achieved
Output 9: Strengthened international and national protection system for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence			
Indicator	Baseline	Target 2016	Actual
National inquiries concerning the exercise of RH and rights to SRH	0	2	No
A functioning tracking and reporting system to follow up on the implementation of Reproductive rights recommendations	A system in place at Min Foreign Affairs	The system has a regular tracking plan	No
Output 10: Increased capacity to prevent gender – based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian setting			
Indicator	Baseline	Target 2016	Actual
Gender based violence prevention and response integrated into national SRH programmes	GBV part of PHC services	GBV integrated into SRH programmes	Likely to be only partially achieved
Output 11: Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations.			
Indicator	Baseline	Target 2016	Actual
Civil society organizations that have supported the institutionalization of programmes to engage men and boys on gender equality (including gender-based violence), sexual and reproductive health and reproductive rights.	Gender equality strategy and action plan in place	At least 10 CSOs implement accountability mechanism	Likely to be achieved
Partners/ civil society organizations that have implemented accountability mechanisms for addressing the reproductive rights of women and girls and marginalized and key populations.	National strategy on domestic violence and action plan in place	At least 12 partners have included male involvement in their programmes to address GBV, RH and RR	No
Actions taken on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle.	No official records	AWPs that include UPR recommended actions are implemented	Likely to be achieved

Related Output 9, although the specific indicators have not been achieved, the progress on the CEDAW Report shows that Ombudsman is better empowered over the years to address issues of human rights,

gender equality and discrimination. Following the consultations regarding the preparations of the 4th CEDAW report, it is confirmed by the interviewees that the Ombudsman would carry out a CEDAW Shadow Report which was encouraged by the CEDAW international consultant that UNFPA (joint effort with UNWOMEN) hired to support the Ministry of Social Welfare in preparing. Such results overcome to some degree the limited achievement of the set targets of the Output 9.

In addition to the indicators shown above, there are other examples where the effective implementation of activities has made a contribution to the Output 10. UNFPA has addressed the GBV issues through the health sector. These trainings have increased the capacity to the health care providers to address and report GBV cases that is now considered a criminal act and is part of the Albania Criminal Code with the Law No. 23/2012. Based on the interviews with stakeholders in Durres and Kukes, as a result of the trainings, the gender equality strategy is followed up on yearly basis and, while extremely rare, the GBV issues are reported by the health centres to the local government structures in Durres district on semi-yearly basis. To be noted is the establishment of the office for the gender equality and child protection within Municipality of Durres. Harmonization of work regarding GBV issues, with different stakeholders, including local government demonstrates concrete positive actions taken in the community level.

Following the GBV trainings in Health Care Centres in Durres, the referral list of GBV resources has been prepared, the GBV website has been completed, and social experts have been appointed within the health centres in order to respond to the cases of domestic violence. *"*With the support of UNFPA the GBV has become priority within the health sector in Albania*"* – stressed one of the respondents.

Following the trainings of PHC staff, the NCSS (IP) has carried out an Impact Assessment on GBV in February 2014 with UNFPA support. This assessment provides evidence to the MoH and other institutions about the measures needed to address the low levels of reporting of GBV cases identified by health sector. This report confirmed the fact that during May 2013 - July 2013, 1,462 heath service workers have been trained. The major positive impacts of the trainings in the PHC were the trainings of 12 Trainers (TOT) with focus on GBV, and to change the approach toward violence by treating the victims within both health and social dimensions. Despite this training, the impact assessment report emphasises the fact, "there were very few cases of reporting the violence from the health services workers*" (*pg.17*)*[92]

In order for the health workers to start the procedure of recording incidents of abuse, and to refer victims for additional social and legal services, a written consent by the victim is needed. The impact assessment report documents some the causes contributing to the low level of reporting on violence. The causes include myths and barriers on reporting because of the fear from the perpetrator, the lack of knowledge about the different forms of violence, lack of trust in confidentiality, and the limited access in health care centres. One health worker pointed out "victims of violence come to the health centre to take medical examination and the husband/perpetrator is waiting outside the door. What I can do, I'm scared for her and for myself*" (pg. 20)*[93]

The results of this report have been confirmed by the respondents who were interviewed for this evaluation. They stressed the fact that integration of GBV issues into Albanian health system has brought changes in attitude and approaches toward violence, GBV is seen now as public health issue, not simply

[92] NCSS (2014), Impact Assessment Report for trainings with focus on GBV in PHC, Tirane
[93] NCSS (2014), Impact Assessment Report for trainings with focus on GBV in PHC, Tirane

as a human rights problem. However, despite the above success, and all the work done in the policy level with protocols, and accredited trainings delivered to the health workers, there are only few cases of violence reported and addressed for further intervention by the health system.

The victims hesitate to provide consent for reporting due to the backward mentality of Albania's women, only reporting violence when it becomes unbearable. Based on the interviews, reasons for reluctance in providing consent are the lack of trust in confidentiality and perceptions for poor protection of patient privacy and autonomy. Additional causes mentioned are poor living conditions, and the lack of job, and the lack of shelters for victims of violence.

It is the opinion of the evaluators that the extensive training for a health response to GBV has been premature. This is because of the Albania's pervasive culture and traditions, poor infrastructure to support the victims of violence, the lack of emancipation, in particular in rural areas, poor cooperation and poor capacities of other referral agencies and structures, and poor living conditions within the marginalized community.

Moreover, given the disappointing outcomes of the GBV trainings in PHC setting, the following activities planned in the AWP 2015 under SRH: 1) Elaborate an Action Plan with health care institutions and IP managing GBV activities 2) Revise national GBV Manual based on most recent WAVE manual and Development of GBV protocol to be applied at PHC level. These planned activities raise the question: *Is any reason to expect it will improve things for victims of violence?*

The impact assessment report delivered by NCSS provides recommendations on how to address the violence within and beyond the health system level. Some of the recommendations include the need to integrate the GBV services in all legal and organizational framework of the primary health care services, the need for improving the working environment with focus on respecting the human dignity, the need for supportive, educative, and communication materials, the need for increased commitments of all actors including the community to participate in preparing the dynamic action plan, the need for commitments from other institutions beyond the health sector to prevent and address the violence cases; the effective coordination of all actors at all levels to address the violence.

Additionally, a practical tool such as the draft report of the police response to GBV, has been introduced in July 2015 to advance the knowledge and agenda of GBV within Albanian State Police structures[94], as part of the referral mechanism. This report provides valuable recommendations on how to establish the GBV response in the frame of improving community policing. Some of the recommendations include changes in the internal organization and structures of the state police, increasing the internal capacities of the police workers, improving the advocacy, counselling, safety planning, and the effectiveness of infrastructure such as women' shelter for reducing intimate partner re-victimization, helplines and psychosocial interventions, strengthening the cooperation with other referral agencies such as local government units and social service offices, and proposal to introduce legal changes aiming to strengthen the initiative and the decision making of the police to treat the GBV and DV cases.

[94] The report is supported by the Programme of Swedish Government to support the Ministry of the Interior Issues, the Albanian State Policy, on community policing programme

Constraining and facilitating factors and the country context

Based on the responses from the stakeholders' interviews, there is a wide range of issues cited as factors that facilitated or limited the progress of UNFPA GBV work. Key facilitative factors include UNFPA's close trusted working relationship with counterpart agencies, less bureaucratic procedures and flexibility given the small size of the UNFPA Albania, open dialogue with government institutions such as Ministry of Social Welfare and Youth, IPs, donors. In addition, UNFPA's close cooperation with other UN Agencies such as UNDP, UN Women, UNICEF and participation with UN Gender working group has also facilitated their work due to the mix of skills and expertise of working group members. On the other hand, the UNFPA Albania has faced major constraints, including the lack of financial commitment by government institutions due in part to their bureaucratic procurement procedures, the workload of the programme associate who covers three main pillars of the programme (Gender, PD, and Youth), and the lack of bylaws to be introduced by government that ensure the protocols including GBV will be properly implemented.

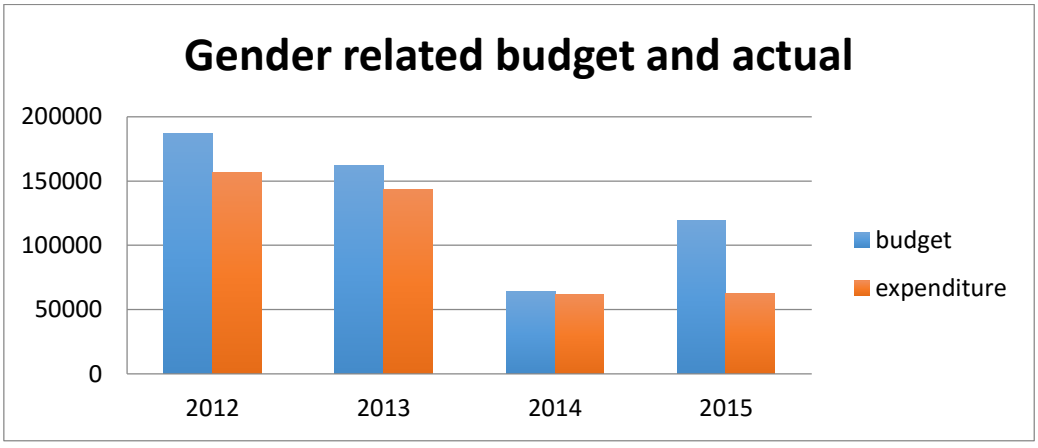
EFFICIENCY

The questions: For all 4 areas – 3.A. Were the outputs achieved reasonable for the resources spent? **(3.A.i)** For the resources spent, were the outputs achieved reasonable? **(3.A.ii)** Could more results have been produced with the same resources? **(3.A.iii)** Were the resources spent as economically as possible? **3.B.** Could different interventions have solved the same problem at a lower cost?

Summary Finding – Efficiency of GBV: The GBV interventions have contributed within the country programme despite limited human and financial resources. There are cases where funds are used with efficiency, for example the cost per training participant were quite low, and the perceptions of the respondents interviewed for this evaluation is that UNFPA use the funds in the scrutinized manner. Given the low number of referrals for GBV from PHC settings, however, alternative interventions, outside the PHC context, might have resulted in more benefits to victims of DV for the amount expended.

For the amount of funding available, UNFPA Albania has made progress in GBV in 2015 compared to the previous year 2014. The amount of funds dedicated to GBV has decreased from the highest level, $US 187,300 in 2012 to the lowest at $US 63,650 in 2014, see Figure 11.

Figure 11 Gender related budget and expenses (US$)



The respondents felt that UNFPA has used resources in an efficient way. Their perception is that UNFPA staff monitor and scrutinize every single activity and costs associated to them. However, majority of the respondents stated they don't actually know the resources available to UNFPA in order to assess the results achieved. Based on the analysis of the financial data and review of project deliverables such as trainings, the GBV portfolio has been spent with efficiency. The average cost per person training day is 22$, and the overall cost per each training is equal to 487$. Review of certain budgeted costs for sub-activities seem reasonable, but there are limitations in the ability of UNFPA Albania's finance tracking system (ATLAS) to readily obtain data to the level of sub-activity. Overall data on budget monitoring are only tracked by major activity codes, not by sub-activity.

SUSTAINABILITY

The questions: For all 4 areas – 4.A. Are programme results sustainable in short perspectives (<=5 years)? **4.B.** Are programme results sustainable in long - term perspective (>5 years)? **4.C.** Did UNFPA Albania ensure sustainability of its programme interventions? Yes or No. **4.D.** If yes, how UNFPA Albania did ensure sustainability of its programme interventions?

Summary Finding – Sustainability of Gender and GBV: UNFPA has made a strong focus on capacity building as a strategy toward strengthening the institutions for long-term sustainability. UNFPA has also contributed to strategic policy developments, such as the CEDAW process, and sustained efforts to improve the context for GBV both within and outside the health care delivery setting. The institutional capacity building is a joint effort between UNFPA and its government agencies and ministries, and implementing partners. Introduction of GBV in the University's Curricula and the ToTs available among the health care workers, as well as the concrete cases of sustainable activities described by the respondents, demonstrate that UNFPA has ensured at some degree sustainability of its programme interventions. UNFPA Albania's support for work with men and boys offers some potential for both short- and long-term program impact, not only for GBV, but also for improvement in knowledge about SRH and in use of more modern family planning methods.

Despite their admitted dependence of UNFPA funding to support GBV related activities, most of respondents felt they have acquired a sustainable capacity. For example, the inclusion of gender issues in the curricula of medicine faculty ensures some sustainability toward building capacity on gender issues within the health sector. The availability of 12 GBV Trainers on staff, as well the Manual for Health Care Practitioners are other examples of ensuring sustainability of the GBV health response. Moreover, the GBV training is an accredited program awarded with 10 CPD credits integrated as an indicator of the health services workers' Performance Evaluation. UNFPA Albania's support for work with men and boys offers some potential for both short and long-term program impact, not only for GBV, but also for improvement in knowledge about SRH and in reported condom use.[95] It must be acknowledged, however, that changing cultural norms is inherently a long-term process. Respondent stressed - "We *have laid the ground, but we need to continue so as not to lose the momentum"*. The question on long - term sustainability (greater than 5 years) was a challenge for most of the respondents to answer

[95] Evaluation of a programs for male youth in the Balkans have observed improvement in knowledge about SRH and in reported condom use at last sex among students (See ICRW 2012 draft report, Evaluation of the Implementation and effectiveness of the CARE NW Balkans's Young Men Initiative).

4.4 Population and Development

RELEVANCE

The questions: For all 4 areas - 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners; **1.B.** To what extent is the current programme reflective of i) UNFPA policies and strategies, ii) global priorities including the goals of the ICPD Program of Action and the MDGs, iii) how well has it been aligned to the objectives set out in the PoC?

Summary Finding- Relevance of PD: High relevance of UNFPA activities within national priorities and strategies, which are consistent with the needs of Implementing Partners; UNFPA contributions toward increasing capacities of INSTAT addresses MDGs and ICPD issues that are pertinent to UNFPA mandate. SDGs prompt the need for UNFPA to contribute more in PD, as the demand for more data and deep analysis, as well as expertise on new SDG indicators, will become more critical.

A careful review of the key activities and interviews with stakeholders knowledgeable about UNFPA PD activities showed that the PD Focus area is consistent with the needs of its beneficiaries, especially the staff and specialists employed by the main implementing partner agencies, and within national priorities and strategies. Additionally, respondents felt that contribution of UNFPA to PD is reflective of the MDGs and ICPD Program of Action, helping improve capacity for in depth demographic analysis of the 2011 Census to understand trends in life expectancy and demographic transition from a high fertility to a below replacement fertility country, areas that are clearly pertinent to UNFPA's mandate. UNFPA supported technical assistance is particularly relevant given Albania's trends toward an older population age structure, which require expertise in population projections as well as support for policy development for the needs of its older citizens. The recently completed 2015 CCA concluded that strengthening statistics and greater availability of data are essential and that improvements are needed in several statistical domains, including demographic statistics. UNFPA's support for PD related activities is aligned with the development of the SDGs, which will be guiding the next PoC. UNFPA has and will probably continue to facilitate capacity building for INSTAT demographers and analysts as the demand for perfecting SDG indicators will become more acute over time.

EFFECTIVENESS

The questions: For all 4 Focus areas - 2. A. Were the CP's intended outputs and outcomes achieved? **2.B.** To what extent did the outputs contribute to the achievement of the outcomes? **2.C.** What were the constraining and facilitating factors and the influence of context on the achievement of results?

Summary Finding – PD Effectiveness: UNFPA activities for PD have clearly contributed to the achievement of the PD Outcome and Outputs. Respondents confirmed there is a need for more data, such as continuous time series data in order to better understand the trends in Albania. The demands for monitoring the SDGs will require more data in the future. The delay in fielding the next ADHS is a major impediment to the assessment of progress on key SRH indicators and for the development of follow-on activities for the next cycle. Although the 2008/9 ADHS was partly initiated by UNFPA, it is expected that the GoA should undertake the lead to coordinate this next ADHS exercise. The lack of funds, limited expertise and a lack of commitment on the part of the of GoA were mentioned as the main reasons for the delay of the ADHS. There are expectations that UNFPA should play a key role to push this agenda forward.

Based on stakeholder interviews, group discussions with stakeholders from INSTAT as well as desk review and analysis of secondary data such as IPs annual reports, the CP PD program is clearly contributing to the overall **Outcome 4**: *Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality*. See Table 13 below. There has been progress toward Indicator 1 for Outcome 4, with papers on youth and elderly based on Census 2011 data anticipated to be published within year 2016. Regarding the second indicator under Outcome 4, it is confirmed there were evaluations on SRH completed by alternative sources and launched within year 2015, meeting the expectations of stakeholders within the PD pillar.

There is evidence of progress in the **Output 12:** *Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities,* with UNFPA investment highly pertinent activities in capacity building for INSTAT and other line Ministries staff. Regarding **Output 14:** *Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development,*, stakeholders recognised as a drawback the two-year delay in undertaking the new ADHS due to the lack of funds, limited locally expertise and lack of commitments from GoA. There is an expectation from stakeholders for UNFPA to play a more active role and push this agenda forward in 2016.

Table 13 UNFPA PD Outcome 4, Outputs 12 and 14

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.			
Indicator	Baseline	Target 2016	Actual
1. The last 2011 Census data processed, analysed and disseminated following internationally agreed recommendations.	CENSUS completed	2 UNFPA specific papers[96] on youth and elderly launched and data available for public	Likely to be achieved
2. Number of completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth	0	Alternative CSO report on SRH launched	Achieved
Output 12: Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities.			
Indicator	Baseline	Target 2016	Actual
National statistical authorities have institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) gender-based violence.	INSTAT, statistical units in line ministries	Capacities of statistical staff in at least 3 ministries (Min Youth, Min Education, MoH) strengthened	Likely to be achieved

[96] Published by INSTAT

Output 14: Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development.			
Indicator	Baseline	Target 2016	Actual
No of papers, articles, and research based on in-depth analysis of census and other population and health surveys data.	0	At least 4 new secondary data analyses / papers based on DHS data	Not achieved (DHS delay)

Major achievements under Outcome 4:

- A social inclusion profile of elderly is being carried out and finalized within September 2015. This study will serve as a good source to put forward agenda of the third age.
- Demography" magazine published with the support of UNFPA including, a wide number of topics related to the aging population, migration, and improvement of quality of life is an investment in capacity building for demographic analysis,
- Major funding for in depth analysis for youth and elderly of the 2001 census, and support for major monograph on gender disaggregated data (INSTAT (2014), Women and Man in Albania).
- Health Behaviour in School-Aged Children survey 2013/2014, a national study (joint effort of IPH, UNFPA and UNICEF that included a sample of girls and boys aged 11, 13, 15 who attend school. This survey was focused on behaviour that affect the health of adolescents, and it provided very strong evidence for programme and policy interventions regarding the health of the young people and improving life skills.
- The study on youth: behaviour, strength and weaknesses have been completed by IP (ACPD, support from UNFPA) with data fully disseminated within year 2013. This study has analysed the behaviour and attitudes of young people in high schools of Tirana and has made recommendations to institutions to address key issues of youth and life styles.

Challenges: Based on interviews and desk research the degree of utilization of census data has been delayed and appears to be quite low, due in part to the dislocation caused by the change of government in 2013. For example, the youth and elderly data from the 2011 Census are not yet disseminated. The respondents stressed a need for more data and cycle data, continuous time series data in order to understand the trends in Albania.

UNFPA Albania is committed to the goal of, "Delivering a world where every pregnancy is wanted." Having accurate data on abortion is an essential component of efforts to assess levels of unwanted pregnancy in Albania. UNFPA Albania has shown leadership in supporting the IPH abortion surveillance program. Unfortunately, despite ongoing efforts to improve the system, there is concern that the IPH surveillance system is under reporting abortions, especially in the private sector. The previous two nationally representative surveys that were designed to collect comprehensive data on men and women's sexual and reproductive health, the 2002 Albania RH Survey and the 2008/9 Albania DHS were unable to report on abortion data due to under reporting (Westoff 2008, IPH, MoH, INSTAT, CDC 2002, INSTAT, IPH, Macro 208/9). It is entirely feasible to collect accurate data on abortion in Albania. Sound methodologies exist for the accurate measurement of abortion through RH surveys[1]. Based on

[1] See the chapter, "Three Approaches to Improving the Use of Face-to-Face Interviews to Measure Abortion" in Susheela S. Remez L. and Tartaglione A, Methodologies for Estimating Abortion Incidence and Abortion-Related Morbidity: A Review. AGI and ISUSSP with support from UNFPA. 2010.

experience with countries in the region where abortion has been measured in nationally representative surveys, there is no reason to assume abortion cannot be accurately measured in Albania[2].

Major Achievements under Outputs 12& 14:

- Gender perspectives in Albania Census 2011 analysis is launched within year 2014 as a result of joint efforts among UNFPA, UNWomen and INSTAT. This study contained important evidence for policy makers on gender and development issues as well as it provided specific recommendations to further strengthen gender statistics in Albania.
- UNFPA has supported the trainings of technical staff from INSTAT and Ministry of Social Welfare and Youth on production and utilization of gender statistics.
- Based on the interviews with stakeholders, the INSTAT has been supported by University of Prague through the UNFPA, for trainings on projections and demography, and recently for aging. One of them commented "*UNFPA supports Innovation at INSTAT, for example they have calculated the lifelong learning for youth*". For elderly, they are planning to identify the variables that impact most on the elderly in order to calculate the index for aging. However, despite INSTAT efforts and their willing .to do innovative things, it needs a great deal of data, and the methodology is complex and difficult.
- With UNFPA support, INSTAT has increased its own capacities through participating in international conferences and inviting academics from LSE, and well-known European Universities to share experience for conducting deep analysis and innovative work such as population segmentation on family planning.
- The major success of INSTAT on data analysis, deep analysis for youth, deep analysis for elderly, gender bias selection study, census analysis is attributed to the joint effort of UNFPA and INSTAT.

Challenges: Despite all the achievements, the respondents stressed the need to ensure that the deep analysis' findings and recommendations from INSTAT in-depth analysis need to be taken into board from the decision – makers. For example, INSTAT has conducted a deep analysis for Roma community, but there was uncertainty as to whether the results have been taken into consideration by policy makers. Such a lack of utilization might discourage INSTAT from further professional development and taking on more in-depth data analysis, if the studies' results do not feed into a concrete strategy at the policy level.

The stakeholders interviewed for this evaluation recognised the importance of the new Demographic Health Survey (DHS), as an undertaking that provides information on health, population, demographic indicators, which indeed measures the progress of a country. There was a consensus that the two years delay in the DHS was a serious problem that needed urgent action.

Addition to important MCH, HIV and SRH indicators, the DHS is very helpful tool for the gender analysis data due to the rapidly changes of the Albanian society. As a concrete example: "the domestic violence analysis has been made with data of the 2013 from a special study supported by Eurostat due to the lack of data from national source*"*- comment from respondent.

[2] For example, see Chapter 4 of the 2003 CDC Macro report on Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report. It presents nationally representative DHS Data on abortion for Moldova, Romania, Russia, and Ukraine in Eastern Europe; Armenia, Azerbaijan, and Georgia in the Caucasus; and Kazakhstan, the Kyrgyz Republic, Turkmenistan, and Uzbekistan in Central Asia. Also see Westoff C. Recent Trends in Abortion and Contraception in 12 Countries. Office of Population Research, Princeton University. Macro. 2005. He found that, overall, in two thirds of abortions were due to contraceptive failure. In most of the countries where there were increases in use of modern methods there were significant declines in abortion.

While, the last DHS in Albania has been carried out in 2008-2009, the serious analysis and consultation about the new DHS has already started.

There were different opinions about the root causes of this DHS delay. There was the perception that the MoH is keen in pushing the agenda of DHS, but the availability of funding is key obstacle, although the DHS should be less expensive due to the increased local capacities, previous experience and the existing methodology. Some respondents were not at all in favour of the DHS carried out by the GoA due to the poor internal capacities, health sector fragmentation and government fragmentation, resulting in generation of the non-reliable data for health, population and demographic.

There were some opinions and expectations of the respondents that UNFPA should have taken initiatives in carrying out DHS, but coming into power of the new government with new priorities and aspirations (2013) as well as the tragic passing of UNFPA's PD dedicated Programme Analyst programme have influenced at some degree to the slowness of this exercise. Some respondents commented that "is being a necessity the appointment of someone with a strong relevant background in statistics to cover the PD area."

Several respondents felt that UNFPA has been supporting progress on the DHS and cannot be considered responsible for the delays in preparation, "Other players and factors are involved such as funding, UNICEF, MACRO role etc." Additionally, there were others that confirmed that UNFPA has been sufficiently proactive, but there was a lack of commitment by GoA, due to other priorities.

Constraining and facilitating factors and the country context

There were very positive perceptions among the stakeholders for the UNFPA contribution in PD, for example it was viewed as a valuable gateway or access to technical assistance. It is highly appreciated their contribution to increase internal capacities of the government institutions such as INSTAT, Ministry of Social Welfare and Youth, harmonization of regional interventions such as HBSC.

Constraining factors include lack of capacity for in-depth demographic analysis. The emerging SDGs suggest where will be a broad gap for data and analytical expertise. Other factors: Restriction to use data due to national elections in 2013, lack of a dedicated UNFPA staff to look after the PD issues, limited funds, and inadequate commitments from other government institutions, and a shortage of funds from donors.

EFFICIENCY

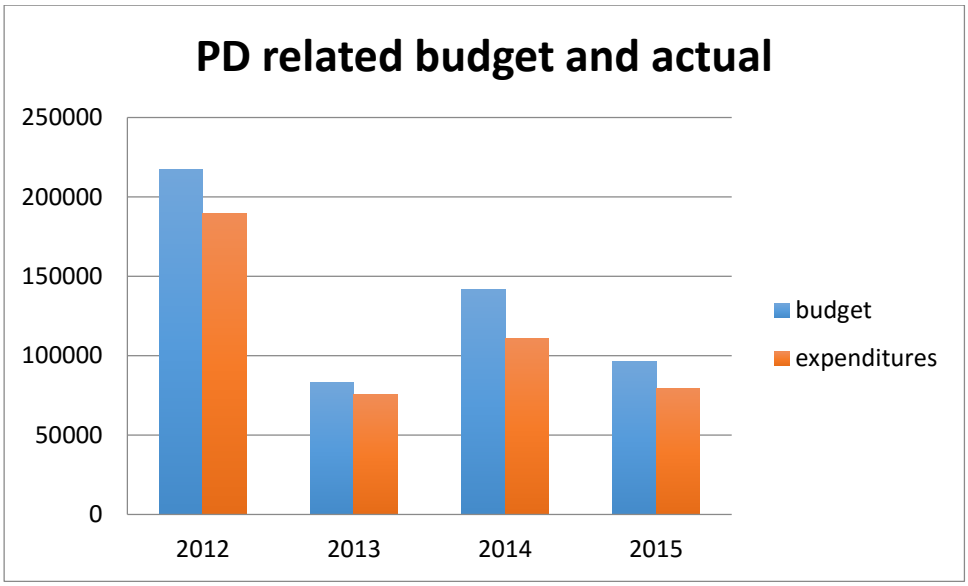
The questions: For all 4 areas – 3.A. Were the outputs achieved reasonable for the resources spent? **(3.A.i)** For the resources spent, were the outputs achieved reasonable? **(3.A.ii)** Could more results have been produced with the same resources? **(3.A.iii)** Were the resources spent as economically as possible? **3.B.** Could different interventions have solved the same problem at a lower cost?

Summary Finding – Efficiency of PD: In general, the country programme has achieved its results in PD with the allocated resources and limited human resources, and despite the constraints in the country context. The cost per training participant is reasonable, although for some trainings cost per training day seemed somewhat high (This has not been investigated further due to the time limitations). More effective monitoring of budget to the level of sub-activity could help ensure better control of the planned sub/activities.

For the amount of funding the UNFPA Albania has made progress in PD in 2015 compared to year 2013. However, the funds allocated to PD area have decreased from 217,550$ in 2012 to 96,219$ in 2015, see Figure 12 below. The respondents felt that UNFPA has used the resources in an efficient way. Their perception was the resources dedicated to INSTAT have been totally justified, because through trainings they have managed to build knowledge and capacities to carry out in depth analysis, which indeed have been well received by the users. UNFPA staff was felt to monitor and scrutinize all activities and costs associated with them. "They try to support us by contracting the most suitable technical experts, only after conducting carefully a situation analysis" – comment from respondent. However, majority of respondents stated they don't know the resources of UNFPA in order to assess the results achieved.

Based on data received from the UNFPA Albania CO, there were 17 PD related capacity building activities delivered mostly in years 2012, 2013. They include a training in statistics, eight roundtables with stakeholders from local institutions and community on gender-based sex selection, two capacity building trainings for the PD Parliamentary group, and six ICPD advocacy trainings for the youth voice campaign in 2014. Regarding costs for training, costs seem reasonable. For example, the average cost for each training participant for the ICPD advocacy trainings was USD$ 43, and the overall cost for each training was USD$ 1,084. Review of certain budgeted costs for sub-activities seem reasonable, but there are limitations in the ability of UNFPA Albania's finance tracking system (ATLAS) to readily obtain data to the level of sub-activity. Overall data on budget monitoring are only tracked by major activity codes, not by sub-activity.

Figure 12 PD Related Budget and Expenses (US$)



Based on the semi-structured interviews, virtually all respondents felt that the inputs and outputs were timely. Virtually all delays or cancellations of key activities were due to the sensitive policy context, the national elections in 2013 disallowing the Census soft data becoming available, the lack of commitment on the part of government counterparts, and shortage of funding.

SUSTAINABILITY

The questions: For all 4 areas – 4.A. Are programme results sustainable in short perspectives (<=5 years)? **4.B.** Are programme results sustainable in long - term perspective (>5 years)? **4.C.** Did UNFPA Albania ensure sustainability of its programme interventions? Yes or No. **4.D.** If yes, how UNFPA Albania did ensure sustainability of its programme interventions?

Summary Finding – Sustainability of PD: There is evidence of improved PD related capacity for data collection and at some degree for data analysis for sustained results in short- and long-term. This capacity building includes efforts of INSTAT to establish a statistical school to share experience and provide learning opportunities for specialists in public and private sector.

Based on stakeholder interviews there was a mixed response to the issue of short-term sustainability. Most felt that the training provided long-term benefits and that they used the knowledge and skills they acquired. This is in part attributed to UNFPA contribution in capacity building. But there was an acknowledgement that, in addition to the need for staff to stay abreast of newer techniques in demography, staff turn-over implied a need for continuous training. Stakeholders nonetheless confirmed that the trainings received contributed to knowledge for sustainable development and capacity builidng of INSTAT. Respondents appreciated the support for international travel for conferences and training, which would not be an option for them otherwise. The respondents stressed that there is potential for long - term impact, because INSTAT is the only Institute in Albania that has capacities to disseminate the SDGs properly, and their studies and paper, can influence the formal and informal policies established by policy makers. As another concrete example of long-term sustainability, respondents mentioned the future INSTAT plan to build a statistical school. They would share experience and provide trainings, not only for junior staff working in INSTAT, but also for other specialist working in public and the private sector that love data. "*We want to create an open data source*" – comment from the respondents.

4.5 Advocacy and Communication and Advocacy

Summary Findings for Advocacy and Communication (CA): The main overall annual objectives of the CA plans are closely tied to key UNFPA global and regional mandates, such as the ICPD beyond 2014, with a focus on youth and the Post 2015 sustainable development framework and SDGs. The CA is quite efficient in that it is largely implemented on a part-time basis through the energetic initiative of the NPA, who has many other competing demands for her time. The CA strategy has effectively addressed the need for web-based outreach; this includes maintaining of the UNFPA website and development of social media. Generally the CA activities are small in scope and the budget does not permit rigorous assessment of impact on knowledge or attitudes, much less changes in behaviours. The CA work of UNFPA Albania depends entirely on ongoing UNFPA budgets, but leverages the PoC CA activities for greater impact The CO should explore opportunities for joint programming within the PoC for a major SRH initiative that would target rural areas where demand for effective methods of contraception is low.

Overview: The UNFPA Albania CP has developed communication and advocacy plan (CA) as an important cross-cutting component. Given UNFPA's new business model as proposed by the SP2014-2017, there may well be an increased focus on advocacy and policy dialogue in the next PoC program cycle. Based on interviews and document and budget review, UNFPA Albania's CA activities have been implemented in a consistently professional manner, guided by coherent and comprehensive annual

CA plans (See UNFPA. Albania Communications and Advocacy Strategy for 2014 and 2015). These annual CA plans are entirely consistent with the PoC 2012-16 "Communicating as One" Communications strategy (UN Albania Communications Strategy. July 2012). The UNFPA Albania CA plans include a tracking system to monitor progress toward advocacy on a wide range of key issues of importance to UNFPA Albania.

Relevance: The main overall annual objectives of the CA plans for 2014 and 2015 are closely tied to key UNFPA global and regional mandates, such as the ICPD beyond 2014 with a focus on youth and the Post 2015 sustainable development framework and SDGs. These objectives are systematically addressed with events scheduled with local and national audiences: Government agencies, media/press, academia, civil society, donors, the UNCT and the general population. The key issues tracked in the annual plans (see Annex 2 of CA Plans for 2014 and 2015) clearly demonstrate a close fit with UNFPA global mandates, the ICPD, the MDGs, SDGs, as well as PoC priorities. While highly relevant to the PoC, national stakeholders and donors, and the general public, the CA does not focus directly on needs of specific beneficiaries or at risk populations. In this sense, because the CA activities are not targeting client beneficiaries directly, they are not truly relevant to the wants and needs of client/beneficiaries. Communication for behavioural change / BCC and awareness raising campaigns are considered to be part of the UNFPA Albania programme component areas, hence interventions and respective budgets would need to be included in programme outputs, and are not funded through CA.

Efficiency: The CA is quite efficient in that it is largely implemented on a part-time basis through the energetic initiative of the NPA, who has many other competing demands for her time. The CO has budgeted fairly modest resources annually for a portfolio of CA activities (ranging from $24,000 for international days and CO website and publications in 2012 to 5,000 in 2013, $22,000 in 2014 and $23,000 in 2015. (Based on annual work plans for 2012, 2013 and 2014). The largest budget item is for the Youth Voice campaign, which has regional support.

Effectiveness: The CA activities are balanced between general communications activities (for key public events, key UNFPA-priority national day promotional activities, information/advocacy materials, and website and social platforms) and communication work in support of the four main program components. The CA strategy has effectively addressed the need for web-based outreach; this includes maintaining of the UNFPA website and development of social media. Based on interview findings, UNFPA-supported Youth Voice campaign activities were well received. The CO assesses CA activities through careful monitoring of process measures such as media-reporting following major public events, reporting on the numbers of visitors of UNFPA's online and social platforms (for example see detailed UNFPA media reports on the Youth Voice campaign, 2012-2014 Media links to visual products, and reports on Website and Facebook visitors 2014-2015). Generally the CA activities are small in scope and the budget does not permit rigorous assessment of impact on knowledge or attitudes, much less changes in behaviours. As a result, there is no basis for assessing effectiveness of these CA efforts on the knowledge, attitudes or behaviours of target populations.

Sustainability: The CA work of UNFPA Albania depends entirely on ongoing UNFPA budgets, but leverages the PoC CA activities for greater impact. By virtue of advocacy with national stakeholders as well as training media staff on key issues, there is some potential for short-term sustainable impact.

The collaboration of the UNFPA Albania's CA activities with the UN Communications working group is a strong example of effective UNCT cooperation. The PoC CA strategy makes an explicit commitment to help augment and re-enforce areas of comparative advantage sister UN Agency, including UNFPA.

The CO should explore opportunities for joint programming within the PoC for a major SRH initiative that would target rural areas where demand for effective methods of contraception is low. Where feasible, in addition to its primary advocacy work, the UNFPA Albania's CA activities should support SRH sub-activities with a narrow set of clearly defined issues and implement social behaviour change communication (SBCC) programs with sufficient dosage levels that can demonstrate impact as measured by rigorous baseline and follow-up surveys.

CHAPTER 5. UNCT Cooperation and Value added

5.1 UNCT Cooperation

Evaluation Questions: For all 4 areas – EQ6.A. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms to implement the PoC? EQ6.B. To what extent does the UNDAF/PoC fully reflect the interests, priorities and mandate of UNFPA in the country? EQ6.C Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

Summary of Findings: UNFPA Albania has clearly demonstrated that it has been an active and constructive partner contributing to the functioning and coordination of UNCT activities within the PoC. The UNFPA Albania Assistant Representative plays an active role as a member of the Governance Theme Group, Results Management Group, UNCT, OMT and UN Security Team. UNFPA Albania program staff participate regularly in meetings of 8 of the 15 Output working groups. Based on stakeholder interviews there was evidence that UNFPA Albania works well within the PoC. UNFPA Albania is recognized for its collaboration with UNWomen on GBV and with UNICEF and the WHO for collaboration on YFS and the timely collection of representative survey data on youth. Stakeholder interviews confirmed that the UNDAF PoC fully reflects UNFPA mandates and does not inhibit UNFPA Albania from pursuing its global and regional mandates. UNFPA Albania is recognized for its work within the PoC Outputs and Outcomes and its work, for example for FP and SRH, is recognized and appreciated by representatives of PoC sister agencies.

The UNFPA Albania CP must be understood within the context of the Albania PoC, which is a collaboration of 17 UN agencies that, as of 2014, works within one framework to address four main outcomes with a combined total of 15 Outputs.[97] Based on extensive stakeholder interviews and review of project documents, UNFPA Albania has clearly demonstrated that it has been an active and constructive partner contributing to the functioning and coordination of UNCT activities within the PoC. UNFPA Albania staff have accumulated a great deal of in-depth experience in the procedures required to work within the PoC, this being their second full PoC program cycle. The PoC imposes a substantial additional workload on UNFPA Albania in order to ensure close collaboration with all sister agencies in a unified planning process. In addition to having to develop AWPs within the UNFPA global framework, each year UNFPA Albania has to develop AWPs within the PoC. UNFPA Albania's Assistant Representative plays an active role as a member of the Governance Theme Group, Results Management Group, UNCT, OMT and UN Security Team. As shown in Table 14 below, UNFPA Albania senior program staff participate regularly in meetings of 8 of the 15 Output working groups. A visual image of the relative amounts of UNFPA Albania 8 output work plans within the PoC are shown below in Figure 13. In addition, the UNFPA Albania National Programme Associate Program has shown a great deal of initiative to ensure UNFPA Albania plays a very active ongoing role working with the with UN Communications Group[98]. Prior to her unfortunate passing in 2012, UNFPA Albania's former PD Programme Analyst was Chair of the PoC Data committee.

[97] Initially there were 11 Outcomes and 41 Outputs, which were reduced per recommendations of the PoC Mid-term evaluation, completed in 2014. See: Albania Common country programme document 2012-2016. 2011.; Mid Term Review Report Government of Albania - United Nations Programme of Cooperation 2012-2016. June 2014.; A.MacKenzie and S.Ymeri. Evaluation of the Government of Albania and United Nations Programme of Cooperation (PoC) 2012-2016: Draft Report 29 May, 2015.; PoC 2012-2016 2014 Progress Report.
[98] An overview of the UNFPA role in Advocacy and Communications will be included in the final draft of this report.

Table 14 UNFPA Albania participation on 8 PoC output working groups as of Janury 2015[99]

Outcome	Name of working group	Member of WG?	Co-Chair of WG?
Human Rights	Output 1.1 Normative reporting tracking and quality	Yes	Yes
	Output 1.2 Access to justice and civil society support	Yes	No
	Output 1.3 Eliminating Violence in society	Yes	No
Inclusive social policies	Output 2.1 Health	Yes	No
	Output 2.2 Education	Yes	No
	Output 2.4 Social Protection	Yes	No
Governance and Law	Output 3.1 Parliament and electoral institutions	Yes	No
	Output 3.2 Mainstreaming gender and gender responsive budgeting	Yes	No

Based on stakeholder interviews there was evidence that UNFPA Albania works well within the PoC. Respondents felt that, "The good thing there is no overlap. UNICEF does child health, UNFPA does MCH and FP. In Albania the collaboration between UNPA, UNICEF and WHO is good." UNFPA Albania has taken an important role in the response to HIV/AIDS with the decline in funds from the GF and has shown leadership in supporting Albania's application for additional GF resources. UNFPA Albania's collaboration with PoC national communication campaigns, such as the Youth Voice program, are highly appreciated both inside and out of the PoC. Similarly UNFPA Albania is recognized for its collaboration with UNWomen on GBV and with UNICEF and the WHO for collaboration on YFS and the timely collection of representative survey data on youth. For example, one respondent stated, "As professionals in the field of gender, we have always coordinated and planned together, we share common goals and respond to country needs."

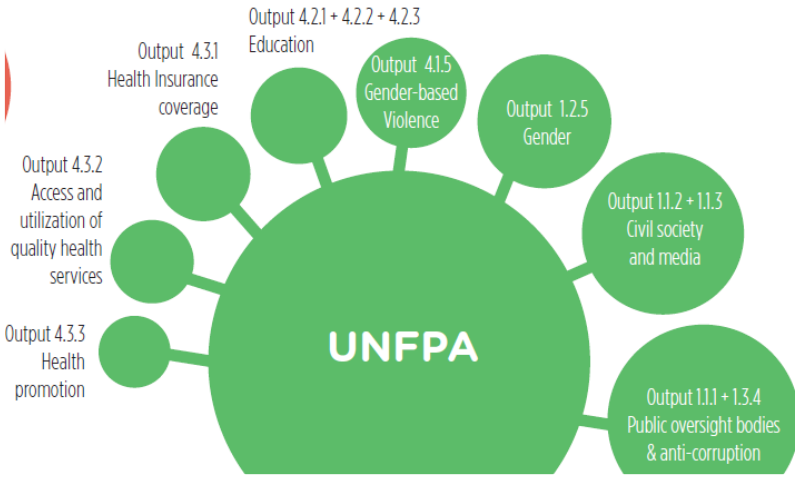
Within the PoC, given that there is now almost ten years of experience with joint programs, respondents pointed out that there is effectively no alternative to collaboration. "There is very solid joint program which has become a normal. It is all integrated with common indicators. We all agree on our comparative advantages." Another respondent stated, "Health policy is trusted to UNFPA, how to make the health policy more inclusive. This is UNFPA's added value."

There was a perception among stakeholders that the UN agencies with larger budgets have a greater say in PoC decisions and funding allocation. But, given the relatively small size of the UNFPA Albania team and their budget, stakeholders felt that UNFPA Albania impact was quite good and that their role is complementary to other UN agencies. Some respondents felt that UNFPA could and should demonstrate greater leadership for some areas, pointing out that they are not currently leading on any of the working groups. While UNFPA was felt to be very constructive and complementary within the PoC, it was felt that the leadership and the drive tends to be provided by others. Stakeholders expressed interest in UNFPA providing more leadership on PD, more of a voice and expertise in relation to demographics and the aging population. For example, one respondent commented on the UNFPA re-evaluation of its mandate, citing a tension between its RH and PD strategy. While it was acknowledged that currently the bull's eye for UNFPA is SRH, and that this is UNFPA's comparative advantage, UNFPA could do much more on the PD. This was felt to be a real additional comparative advantage that is going to become even more important with the emerging emphasis on data, in particular the gap of data for the SDGs, which was found in the recent PoC evaluation.

[99] List of output working groups as per the new results framework 2015-2016 for the GoA and UN PoC 2012-2016 as of January 8, 2015.

Stakeholder interviews confirmed that the UNDAF PoC fully reflects UNFPA mandates and does not inhibit UNFPA Albania from pursuing its global and regional mandates. This is with the caveat UNFPA Albania has to negotiate strenuously within the PoC to obtain coherence funding for its activities, especially given the acute lack of donor funding in the current Albania context. Respondents did not identify any instances where UNFPA Albania was not being sufficiently recognized for its work within the PoC Outputs and Outcomes. Similarly, UNFPA Albania's work, for example for FP and SRH, was recognized and appreciated by representatives of PoC sister agencies.

Figure 13 PoC View of UNFPA Activities from the 2014 UN Progress Report for Albania based on signed AWPs



5.2 Value Added

Evaluation Questions: For all 4 areas – 5.A. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? **5.B.** Are these strengths a result of UNFPA corporate features or are they specific to CO features?

Summary of Findings: The UNFPA is acknowledged by the UN Agencies, implementing partners and other collaborators from government as a reliable and responsive key lead agency for SRH, Youth, Gender and GBV; by comparison, the PD focus area, while well received by implementing partners, is perceived by some members of the UNCT as less visible with relatively less impact.

Overall, based on extensive stakeholder interviews with a wide range of respondents, UNFPA Albania was perceived to be a steady, efficient, smooth and reliable partner that does not require excessive administrative steps and paper work. Respondents felt UNFPA Albania was quick and responsive: "*They are trying to push things forward, beyond working hours."* Stakeholders consistently commented that UNFPA Albania is less bureaucratic than other agencies: "*They are a partner rather than a donor*", very cooperative, yet holding IPs accountable in the same time. UNFPA Albania staff were described as professional, committed, proactive and dedicated.

Some common themes that emerged from respondents' feedback on added value that UNFPA Albania brings in: facilitation of policy dialogue, a strong advocacy role especially in sensitive areas such as SRH and LGBT. One respondent explained: "*Being a traditional society, increasing access to sexual reproductive health is still a challenge in rural areas in Albania.* UNFPA Albania was cited for both

its in-country and outside technical expertise: *"In the last census they were a prominent actor, not just with funds, but also with training and development of questionnaire*". Additional themes included UNFPA Albania's strong partnership with the government ministries such that UNFPA mandates are accepted by the government. Respondents felt that UNFPA Albania has a unique expertize especially in the FP, HIV/AIDS prevention, particularly approaching marginalized groups such as LGTB, Prisoners, commercial sex workers, Roma population, and their contribution in elderly and youth.

UNFPA Albania was frequently commended for its joint programming experience, good coordination and leadership role in SRH and its established liaison with research institutes and well known universities in particular in PD area. Respondents also acknowledged UNFPA's capabilities related to GBV and the implementation of CEDAW. Stakeholders frequently commented on how UNFPA Albania has indeed provided added value to the overall development efforts with other partners. While respondents cited UNFPA as a predictable and stable source of regular and concrete support for PD activities, and has always demonstrated a willingness to help, some respondents expressed concern that UNFPA PD activities were less visible and less effective compared to other UNFPA Focus Areas. Respondents felt that the urgent need for a follow-on ADHS as well as the emerging demands of the SDGs provide a strong rationale for continued UNFPA Albania support and contribution for PD in the coming years.

CHAPTER 6 Conclusions and recommendations

Strategic Conclusions

Strategic Conclusion 1: Criteria - Effectiveness /Program Area - SRH/GBV and Youth. In two instances in this UNFPA Albania program cycle (for example GBV training for PHC staff, and training of teachers to implement CSE curricula), trainings took place before the conditions were conducive to trainees actually implementing the program they were trained to implement. UNFPA Albania needs more in-depth assessment and planning to ensure more progress on infrastructure before launching large scale trainings.

Strategic Conclusion 2: Criteria -Effectiveness/ Program Area - SRH and Youth. A large number of small sub-activities (such as found in the SRH and Youth Program Areas) may dilute effort and thereby detract from impact. Given the small number of UNFPA Albania staff, there are disadvantages to funding relatively small and uncoordinated sub-activities in insolation from each other.

Strategic Conclusion 3: Criteria –Efficiency /Program Areas - All. UNFPA Albania does not have a centralized budget monitoring system to track the expenditures to the level of sub-activities. UNFPA Albania needs to improve control of the budgets of sub-activities in order to ensure that outputs are achieved as per annual working plan.

Strategic Conclusion 4: Criteria - Effectiveness/Program Areas -All. With only a few exceptions, such as the very useful impact assessment of the GBV training, UNFPA Albania has not funded external assessments of the progress of its major sub-activities. There is a need to routinely fund external analysis the results achieved by major sub-activity interventions to assess whether the sub-activity objectives are met.

Strategic Conclusion 5: Criteria - Effectiveness/Program Area -SRH. Availability of costing information is not always sufficient to generate concrete commitments by GoA ministries to allocate funding. Additional data are needed to better understand the net return on investments in SRH services, such as cervical cancer or SRH/FP health promotion. In particular, there is a need to present the economic case that prevention activities are sound investments because they save more costs for medical treatment (saved costs for averted abortions or averted cases of cervical cancer) than the funds invested in prevention activities. The MoH may need greater evidence for the cost-effectiveness and/or cost benefit of preventive public health measures, such as CC screening or SBCC programs, before it will invest more in services.

Program Related Conclusions

SRH Conclusion 1: Criteria- Effectiveness/Program area-SRH. The UNFPA-supported ACA implemented district level initiative to link PHC services with the community through community health promotion has demonstrated potential to improve both demand and access to SRH services among vulnerable populations in rural areas in rural districts.

SRH Conclusion 2: Criteria- Effectiveness/Program Area - SRH. A nation-wide demand creation campaign is needed to increase demand for effective methods of contraception (condoms, hormonal methods and long acting methods, injectables and IUDs). The UNFPA CP supported Social marketing effort in 2012 was inadequate in scope and duration.

SRH Conclusion 3: Criteria-Effectiveness, sustainability/Program Area-SRH. UNFPA/Albania supported SRH program initiatives to promote FP within a package of PHC services and to develop a health promotion strategy are well-grounded, based on in-depth assessments, and show promise to improve capacity for quality and increase access and demand for SRH services. The LMIS and abortion surveillance programs provide a useful basis for monitoring long-term progress with these initiatives.

SRH Conclusion 4: Criteria-Effectiveness, sustainability/Program Area-SRH. The UNFPA Albania supported WHO Quality of Care for Maternity Hospitals has demonstrated some effectiveness in improving quality of care that might lead toward a reduction of maternal morbidity and mortality as well as toward reduced neonatal mortality. The program is important not only for progress in quality improvement, but because it helps maintain a quality assurance system that was developed over time with considerable investment, both by WHO and UNFPA.

SRH Conclusion 5: Criteria-Effectiveness, sustainability/Program Area-SRH. The UNFPA-supported effort to establish a cervical cancer screening program appears to have lost momentum. Unlike breast cancer, cervical cancer is clearly associated with sexually transmitted infections, which is part of UNFPA's SRH mandate. Given Albania's middle income status, UNFPA Albania should not support services, but given UNFPA's mandate to support efforts to prevent STIs and HIV, the cervical cancer program effort needs some additional short-term targeted support to be re-invigorated, to identify the most timely and efficient next steps to increase progress toward a national program.

Youth Conclusion 1: Criteria-Effectiveness and Sustainability/Program Area-Youth. Given the major progress made by UNFPA-supported IPs in the development of CSE curriculum materials in collaboration with the MoE and given the significant potential for CSE sustainability, it is important to ensure that the CSE curriculum is finished and the details of implementation are finalized in collaboration with the MOE as soon as feasible.

Youth Conclusion 2: Criteria-Effectiveness, Sustainability/Program Area -SRH/Youth. Through its support for longstanding IP NGOs, UNFPA/Albania has a demonstrated a genuine commitment to the development of demand and access for preventive health services among key populations and has established a basis for meaningful ongoing collaboration for inclusion of these marginalized populations in future preventive health initiatives.

GBV Conclusion 1: Criteria-Effectiveness/Program Area-Gender. Given the lack of an Albanian cultural and political environment conducive to referrals for victims of DV and given the resulting very low number of referrals for GBV from PHC settings, further training of PHC staff and further revisions of the GBV Training manual are not likely to be effective.

GBV Conclusion 2: Criteria-Effectiveness, Sustainability. Program Area-Gender. UNFPA Albania has established a long-term collaboration with UNWomen and other agencies in the development and implementation of programs to involve men and boys as partners preventing GBV. These programs for men and boys to address gender violence have both short- and long-term potential not only for promotion improved gender norms, but also for improved knowledge of SRH issues, including condom use and FP.

PD Conclusion 1: Criteria-Effectiveness/Program Area-PD. In view of UNFPA's universally acknowledged prior role in the implementation and analysis of the 2008/9 ADHS, UNFPA Albania has an important role as a joint team member to move the next ADHS forward.

PD Conclusion 2: Criteria-Effectiveness/Program Area-PD. Given the uncertainty among some stakeholders as to whether in-depth analysis of census results are taken into consideration while preparing strategies, there is a need to monitor the actual use of the detailed census studies, such as youth and the elderly, for the development of policy, strategy and guidelines.

PD Conclusion 3: Criteria-Effectiveness/Program Area-PD. The lack of accurate abortion surveillance data as well as the under-reporting of abortion in national surveys remains a serious problem that undermines the ability of Albania's public health institutions to develop sound SRH strategies based on an accurate understanding of patterns of unwanted pregnancy. It would be completely unacceptable to implement with next ADHS without generating accurate abortion data.

PD Conclusion 4: Criteria-Effectiveness/Program Area-PD. As evidenced by the findings of the CCA, statistical needs are emerging as a high priority for future PoC program activities. There is a need for greater UNFPA Albania leadership, visibility and staff support for on PD issues.

Strategic Recommendations

Strategic Recommendation Number 1 (Linked to Strategic Conclusion 1, Program Areas SRH,GBV): To better ensure that larger scale trainings, such as training PHC staff on GBV, will actually lead to the desired outcomes, the next CP should make a provision for in-depth qualitative assessments and stakeholder consultations as part of the planning process before implementation of large training programs.	To: Country Office Priority level: High

Strategic Recommendation Number 2 (Linked to Strategic Conclusion 2): The next program cycle should attempt to restrict the number of sub-activities within outputs to address a narrower set of priorities and thereby reduce management time and cost and potentially increase the quality and effectiveness of sub-activities.	To: Country Office Priority level: High

Strategic Recommendation Number 3 (Linked to Strategic Conclusion 3): Actual expenditure performance needs to be compared with planned budgets for each sub-activity and the appropriate action needs to be taken for those sub-activities that are not proceeding according to plan. This can be achieved by taking advantage of the new GPS financial monitoring system capability to track expenditures at the level of sub-activity.	To: Country Office Priority level: High

Strategic Recommendation Number 4 (Linked to Conclusion 4): UNFPA Albania should consider more outsourcing for evaluation to provide independent quality assurance for the work done in fieldwork for the most significant sub-activities.	To: Country Office Priority level: High.

Strategic Recommendation Number 5 (Linked to Strategic Conclusion 5): I In the current and next cycle, as part of its policy focus, UNFPA Albania should support technical assistance to provide cost-effectiveness or cost-benefit analysis to provide compelling objective economic arguments in favor	To: Country Office Priority level: High

of greater investments in preventive health care related to SRH and FP, such as cervical cancer screening or sexual and reproductive health promotion.	

Program Recommendations

SRH Recommendation Number 1 (Linked to SRH Conclusion 1): Given the evidence that the ACA program has increased demand and access for SRH services in rural areas, in the current and next program cycle, UNFPA Albania should expand the ACA Initiative to link PHC services with the community through community health promotion to all rural districts where feasible.	To: Country Office Priority level: High

SRH Recommendation Number 2 (Linked to SRH Conclusion 2): **Rec 2.1:** Develop effective strategies to reach men and couples to encourage switching from withdrawal to more effective methods. **Rec 2.2.:** In the current and future program cycle, support a strong well-funded high-quality demand creation campaign that uses state-of-the-art theory-based SBCC combination prevention approaches that is firmly based on qualitative research that provides insights to how to develop effective strategies to reach men and couples to encourage switching from withdrawal to more effective methods. UNFPA Albania should consider launching this demand creation as a joint campaign with UNWomen and UNICEF.	To: Country Office Priority level: High

SRH Recommendation Number 3 (Linked to SRH Conclusion 3): **Rec 3.1**: In the current and future program cycle, continue to support the promotion of FP within an integrated package of services while supporting the development of health promotion strategy, **Rec 3.2:** In the current and future program cycle, provide ongoing support for LMIS, and abortion surveillance.	To: Country Office Priority level: High

SRH Recommendation Number 4 (Linked to SRH Conclusion 4): In the current and future cycle, UNFPA Albania should invest additional funds to maintain the WHO Quality of Care Program in selected maternity hospitals. This investment should only be made with the understanding that, a) it is not duplicating any other alternate quality of care initiatives, and b) that an exit strategy to secure ongoing MoH/HII financial support will be developed.	To: Country Office Priority level: High

SRH Recommendation Number 5 (Linked to SRH Conclusion 5): With the understanding that UNFPA Albania should not support services in a middle income country, given UNFPA's mandate to support efforts to prevent STIs and HIV, UNFPA should consider alternative options to assist the cervical cancer program effort. One option might be to provide international consultant for additional short-term targeted support to re-	To: Country Office Priority level: High

invigorate the cervical cancer screening program, to identify the most timely and efficient next steps to increase progress toward a national program.	

Youth Recommendation Number 1 (Linked to Youth Conclusion 1): UNFPA Albania should work closely with key CSE IPs and MoE counterparts to encourage the rapid completion of the CSE curriculum. As part of this effort, UNFPA Albania should support the MoE toward a resolution of outstanding issues for the way forward for the actual implementation of the CSE curriculum.	To: Country Office Priority level: High ongoing

Youth Recommendation Number 2 (Linked to Youth Conclusion 2): **Rec 2.1:** UNFPA/Albania should build upon and expand support to IPs that work with key populations and vulnerable youth to ensure genuine inclusive participation in preventive programs with emphasis on an integrated SRH service delivery package and reduction of bias and discrimination. **Rec 2.2:** Encourage greater cooperation among IPs that work with key populations and vulnerable youth (such as Action Plus, Stop AIDS and ACA), to achieve greater impact.	To: Country Office Priority level: High

GBV Recommendation Number 1 (Linked to GBV Conclusion 1**):** **GBV Rec 1.1:** UNFPA Albania should not invest in a) further GBV training for PHC workers and b) further revision of the GBV Training Manual based on the WAVE report, until the environment is more conducive to referrals. **GBV Rec 1.2:** Consider re-allocating funds designated for the GBV training and for revision of the GBV training manual to fund proven interventions with young men that address both GBV and SRH, including the encouragement of the use of modern methods of contraception.	To: Country Office Priority level: High

GBV Recommendation 2: (Linked to GBV Conclusion 2). In the current and following cycle, UNFPA Albania should advocate for the inclusion of additional SRH content (including condom promotion and family planning) in ongoing programs for men and boys.	To: Country Office Priority level: High

PD Recommendation Number 1 (Linked to PD Conclusion 1 and 4): Strengthen UNFPA leadership on PD and ADHS issues. For example, consider building the PD focus area by recruiting a dedicated staff member with statistical demographic/ economics background to handle PD issues as the demand for more data in the future will increase with SDGs	To: Country Office Priority level: High

PD Recommendation Number 2 (Linked to PD Conclusion 2): Develop indicators to track the use of in-depth UNFPA-supported studies to be sure they are actually utilized to inform policy and strategy development.	To: Country Office Priority level: High

PD Recommendation Number 3 (Linked to PD Conclusion 3): While the next ADHS may not take place until the next UNFPA program cycle, UNFPA Albania should be active in preparing for the next ADHS to ensure the availability of accurate SRH indicators, including accurate data on abortion. One option would be to support intensive technical assistance from international experts, with a provision for careful pre-testing of internationally validated data collection instruments, to ensure that accurate national SRH data, including data for abortion, will be collected for Albania.	To: Country Office Priority level: High

REFERENCES

1. Assembly of Republic of Albania (2008), "Law on Gender Equality in Albania", http://www.osce.org/albania/36682?download=true, Accessed on 24 August
2. CEDAW (2010), Concluding observations of the Committee on the Elimination of Discrimination against Women
3. Central Intelligence Agency (2015), https://www.cia.gov/library/publications/the-world-factbook/geos/al.html , Accessed on 23 August
4. Charles F. Westoff (2008), A New Approach to Estimating Abortion Rates. DHS Analytical Studies No. 13.
5. European Commission (2014), Albania Progress Report, http://ec.europa.eu/enlargement/pdf/key_documents/2014/20141008-albania-progress-report_en.pdf, Accessed on 31 August
6. NCSS (2014), Impact Assessment Report for trainings with focus on GBV in PHC, Tirane
7. Index mundi (2013), http://www.indexmundi.com/facts/albania/urban-population, Accessed on 23 August
8. Index mundi (2014), http://www.indexmundi.com/g/g.aspx?c=al&v=30, Accessed on 23 August
9. Index mundi (2014), http://www.indexmundi.com/albania/economy_profile.html, Accessed on 23 August
10. INSTAT (2008), Marriages classified by sex and age groups for the year 1990-2008, www. Instat.gov.al, Accessed on 26 August
11. INSTAT (2009), Albanian Demographic and Health Survey 2008-2009, http://dhsprogram.com/pubs/pdf/fr230/fr230.pdf, Accessed on 26 August
12. INSTAT (2009) Demographic and Health Survey. Key Findings, http://www.unicef.org/albania/ADHS_Broshura-ANG.pdf, Accessed on 26 August
13. INSTAT (2014) Gender Perspectives in Albania
14. INSTAT Albania (2014), http://www.instat.gov.al/en/themes/labour-market.aspx
15. http://www.instat.gov.al/media/258323/gender_perspectives_in_albania.pdf, Accessed on 27 August
16. OECD (2013), Aid at a glance charts, http://www.oecd.org/countries/albania/aid-at-a-glance.htm Accessed 31 August
17. OSCE (2015), Republic of Albania, Local Elections. Needs assessment mission report, http://www.osce.org/odihr/elections/albania/153461?download=true, Accessed on 27 August
18. Programme for International Students Assessment (PISA) (2011), https://nces.ed.gov/surveys/pisa/, Accessed on 31 August
19. Republic of Albania, Council of Ministers (2013), National Strategy for Development and Integration 2014-2020- Draft, http://shtetiweb.org/wp-content/uploads/2014/06/NSDI_2014-2020_version_JUne-2013.pdf, Accessed on 27 August
20. World Bank (2014), http://data.worldbank.org/country/albani, Accessed on 27 August
21. World Bank (2014), http://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD, Accessed on 23 August
22. World Bank (2014), http://data.worldbank.org/indicator/SP.ADO.TFRT, Accessed on 24 August
23. World Bank (2014), Health Expenditure, http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS, Accessed on 27 August

25. World Bank (2014), http://data.worldbank.org/indicator/DT.ODA.ODAT.PC.ZS?page=1, Accessed on 10 September
26. World Bank (2014), http://data.worldbank.org/indicator/SP.POP.GROW/countries/AL?display=default, Accessed on 27 August
27. World Bank (2014), http://data.worldbank.org/indicator/AG.LND.TOTL.K2C, Accessed on 23 August
28. World Economic Forum, GCI 2013, http://reports.weforum.org/global-competitiveness-report-2014-2015/economies/#indexId=GCI&economy=ALB, Accessed on 27 August
29. WHO (2013), http://www.who.int/countries/alb/en/, Accessed on 24 August
30. WHO (2013), http://www.who.int/gho/maternal_health/countries/alb.pdf, Accessed on 26 August
31. United Nations Albania (2010) Albania National Report on Progress Toward Achieving the Millennium Development Goals, http://www.undp.org/content/dam/undp/library/MDG/english/MDG%20Country%20Reports/Albania/Albania_MDGReport_2010.pdf, Accessed on 31 August
32. United Nations Albania (2011), Albania Common Country Programme Document 2012-2016 http://www.unicef.org/about/execboard/files/Albania_final_approved_2012-2016_20_Oct_2011.pdf, Accessed on 27 August
33. United Nations (2013), UN support to social inclusion in Albania 2013-2016 (UN internal document)
34. UN Statistics Division (2015), Millennium Development Goals Indicators, http://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=570, Accessed on 24 August
35. United Nations (2015), Updates for the MDG database, Unmet need for family planning, http://www.un.org/en/development/desa/population/theme/family-planning/index.shtml, Accessed on 24 August
36. UNAIDS Albania (2013), http://www.unaids.org/sites/default/files/epidocuments/ALB.pdf, Accessed on 1 September
37. United Nations, CEDAW (2010), responses to the list of issues and questions with regard to the consideration of the third periodic report, Albania, http://www.bayefsky.com/docs.php/area/issuesresp/treaty/cedaw/opt/0/state/2/node/4/filename/albania_cedaw_2010, Accessed on 10 September 2015
38. United Nations Development Programme (2014), Human Development Reports http://hdr.undp.org/en/countries/profiles/ALB, Accessed on 25 August
39. United Nations Development Programme (2014), Human Development Reports,shttp://hdr.undp.org/en/content/human-development-index-hdi-table, Accessed on 27 August
40. UNESCO Institute for Statistics (2013) Adult and Youth literacy, http://www.uis.unesco.org/Education/Documents/literacy-statistics-trends-1985-2015.pdf, Accessed on 26 August
41. UNESCO Institute for Statistics (2015) http://data.uis.unesco.org/?queryid=14, Accessed on 26 August
42. UNFPA (2012), Child marriage in Albania, http://eeca.unfpa.org/sites/default/files/pub-pdf/unfpa%20albania%20summary.pdf, Accessed on 26 August

Annex 1. Terms of Reference

Country Programme Evaluation Albania
TERMS OF REFERENCE

Introduction

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA aims at developing the policies and programs that are envisioned to contribute to the reduction of poverty as well as to ensuring that every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled.

The purpose of this Country program evaluation is to assess the programme performance. More specifically, the evaluation will look into determining factors that facilitated or hindered achievement, and document the lessons learned from the past cooperation along with the UNDAF evaluation that could inform the formulation of the next Country Programme of UNFPA and in support to the Government of Albania.

The main audience and primary users of the evaluation is the UNFPA Albania CO, national partners and relevant government agencies. They all will benefit from findings, conclusions and recommendations of the evaluation. UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) and Evaluation Office (EO) will also benefit from the evaluation process and resulting report. In addition, the UN agencies represented in the country will use findings of this evaluation during the development of the next UNDAF.

The evaluation will be conducted by independent evaluators in close cooperation with EO of UNFPA, EECARO Regional Adviser on M&E and UNFPA Albania CO.

Country context

Albania has made progress over the last decade in its transition from a closed society followed by an interim state of conflict and anarchy to become a stable democracy with sustained economic growth, ranking 95th in the 2014 UNDP Human Development Report with an overall HDI of 0.716, placing the country in the category of high human development. Moreover, Albania has committed itself to achieving the Millennium Development Goals (MDGs).

Following the enactment of the Stabilization and Association Agreement (SAA), Albania officially applied for EU membership in late 2009. In June 2014, the European Union endorsed granting Albania the candidate status. The Government of Albania is in the process of preparing the new National Strategy on Development and Integration covering the period 2014-2020.

The health system in Albania is facing serious challenges starting with severe disparities in accessing health services. This has been a result of barriers linked to both geographical distribution of resources and financial mechanisms that lead to anti-poor arrangements for health care delivery. The quality of delivered care is low and the inefficiency of services leads to poor health gains for the population, particularly mothers and children. There is widespread recognition at the national level of the need to strengthen the stewardship function of the MoH.

Government expenditures on health remain low, although there has been a marginal increase in expenditures on primary health care. The government's expenditures on health amount to 3.1% of GDP with the rest as out-of-pocket payment. The high share of private outof-pocket funding for health care creates serious inequities in access. Average out-of-pocket expenditure for one out-patient care visit amounts to 50% of the average monthly spending of the poorest households.

According to the 2002 reproductive health survey, 70% of prenatal care is inadequate. National expertise and capacities to provide services in the area of reproductive health and childhealth are limited. Contraceptive

Prevalence Rate is low. Women's access to, and knowledge of, quality reproductive health services are weak. As a result, maternal death and abortion rates in Albania are the highest in Europe and there is a worrying increase in the incidence of sexually transmitted infections. Furthermore, breast and cervical cancer is increasing, with breast and gynaecological exams generally available only in Tirana.

There are concerns with the level of violence against women, and while data is limited, issues such as early marriage, gender-biased sex selection and adolescent pregnancy remain pertinent.

Albania was one of eight countries around the world selected in January 2007 to pilot the 'One UN" Programme. The Delivering as One UN (DaO) is characterised by elements such as "DaO, One Budgetary Framework, One Leader and One Office." Albania's first One UN Programme was signed in October that same year (2007) and ended in 2011.

A number of lessons learned from the 2007-2011 programme, identified partly through the "Country Led Evaluation — Delivering as One Albania", which took place in 2010, fed into the formulation of the new Programme of Cooperation 2012-2016, the current "UNDAF". These included the importance of the commitment of the UN Country Teams/HQ, Government and donors as the most critical pre-requisites for DaO pilots; the importance of the effectiveness of processes, structures and controls; and the need to balance the new challenges and additional pressures in implementing One UN pilots with corporate rewards.

The total estimated budget of the UN Programme of Cooperation from 2012-2016 was $132 million and was to be implemented by 20 participating agencies including Non-Resident Agencies. The results framework of the Programme of Cooperation 2012-2016 contained 11 outcomes and 41 outputs. The Programme's outputs are made operational through the development of joint annual work plans which form an agreement between the UN agencies and implementing partners on the use of resources.

The Programme of Cooperation also envisaged joint programme reviews that allow for timely measurement of progress and performance thereby allowing for adjustment of programme implementation. The key partners in the implementation of the Programme of Cooperation are the Government, namely the Department of Development Programming, Financing and Foreign Aid (DDPFFA) within the Prime Minister Office and line Ministries, UN Agencies, development partners, and civil society organizations. While the management processes are implemented by the UNCT, which is supported by inter-agency advisory bodies, including: (i) the Operations Management Team; (ii) the Communications Team; (iii) the Gender Working Group; (iv) the HIV/AIDS Theme Group; and (v) the Results-Based Management Advisory Committee.

A UN Resource Mobilization Strategy 2012-2016 has been developed and serves as a guiding tool in support of UNCT resource mobilization efforts. Key strategic considerations and specific actions to be taken are identified in order to target the most viable donors to UN resource mobilization potential in a challenging and evolving development landscape.

Moreover, the One Coherence Fund was established in 2007 to support the achievement of the outcomes articulated in the Programme of Cooperation. The Coherence Fund complements other funding sources such as the core or regular resources of individual Agencies. The Coherence Fund has been operational throughout the period 2007-2016

During the first half of 2014, UN Albania in partnership with the Government of Albania conducted the Mid Term Review 2014 of the PoC. The Mid Term Review, finalized and endorsed in June 2014, aimed to look back at the first two years of implementation of the Government of Albania (GoA) and United Nations (UN) Programme of Cooperation 2012 – 2016, and draw lessons and recommendations from it, in particular that the PoC framework was fragmented with too many and too narrowly defined outputs and that it was considered financially unviable.The new results framework, derived from this review, significantly reduced the number of outcomes (from 11 to 4) and outputs (from 41 to 15) and lifted the overall strategic level of each result. The new results framework has four 'pillars': (i) Human Rights; (ii) Inclusive Social Policies; (iii) Governance and Rule of Law; (iv) Regional and Local Development.

Background information on the UNFPA contribution to the Programme of Cooperation (PoC)

UNFPA has been active in Albania since late 1980s. UNFPA is part of the PoC (2012-2016). The approved UNFPA Programme has been aligned with the national priorities, the MDGs, the ICPD Programme of Action, UNFPA corporate Strategic Plans and, subsequently to the UN Mid-Term Review 2014.

The overall goal of the UNFPA Country Programme is to contribute to the development and consolidation of the democratic state and establishment of equal opportunities for men and women in order to improve the quality of life in Albania by supporting the following PoC outcomes:

(a) Strengthened public oversight, civil society and media institutions make authorities more accountable to the public, and better able to enforce gender-equality commitments in planning, programming and budgeting processes;
(b): Public administration has enhanced capacities, practices and systems to effectively deliver on national development priorities and international obligations
(c): The rights of disadvantaged individuals and groups are equally ensured through legislation, inclusive policies, social-protection mechanisms and special interventions;
(d): Boys and girls over the age of three (including youth), especially from marginalized groups, access and participate in high-quality education and learning opportunities;
(e): The health of the population is protected by universal health insurance coverage, and high-quality, gender-sensitive and age-appropriate public health services for all, including identified at-risk populations is available;
(f): All people are better able to take advantage of their fundamental right to work, have greater and inclusive employment opportunities, and can engage in comprehensive social dialogue

The components of UNFPA support are: Reproductive Health, Population and Development, Gender and Youth.

Reproductive Health Program Area: UNFPA is committed to strengthening and improving the quality of health care service delivery and in advancing health reform strategies in the country by strengthening health system governance and leadership; strengthening Health Information Systems; improving quality of service delivery; and building social capital by engaging and empowering communities.

Population and Development related work aims to support a more comprehensive and functional national statistical system, central in monitoring National Strategy for Development and Integration (NSDI) and ICPD and in development of evidence –based planning and programming. UNFPA supports the efforts on strengthening the capacity of the Government and Non-State users manage the demand, supply and use of disaggregated data for policy making, service delivery and reporting.

Gender Equality Programme Area: UNFPA's contribution to address gender equality focus mainly on strengthening the capacities of state institutions, public oversight bodies, civil society and media to ensure the promotion of GE and RR, to mainstream gender issues into legislation, strategies and policies and to address GBV.

Youth related Programme Area: The work related to youth aims to support the design and establishment of comprehensive sexuality education; to advocate for healthy lifestyles education and youth friendly services for adolescents and young people promoting healthy life, attitudes and behaviour and healthy relationships in a healthier and more positive environment that promotes gender equality and addresses RH from human rights perspective.

The UNFPA Albania 2012-2016 Results and Resources Framework approved by the Executive Board in June 2011was developed in line with the UNFPA Strategic Plan 2011-2013, and afterwards, in 2014, it was aligned with the revised UNFPA Strategic Plan 2014-2017. Currently the third UNFPA Country Programme

contributes to SP outcomes 1,2,3,4 and outputs 1,4,5,6,7,8,9,10,11,12,14. Please refer to Annex 1, Annex 2 and Annex 4.

The programme is being implemented in close partnership with Albanian Government and its line ministries, as well as civil society organizations, and is being implemented nationally The original CPAP 2012-2016 approved by Executive Board foresaw a total of $7,6 m for the 5-year programme, of which $3.5m core funds and $4.1 m to be raised from non-core resources. After the Mid-Term Review in 2014, in view of the realignment of the Country Programme to the new UNFPA Strategic Plan, the new UN Programme of Cooperation Outcomes and Outputs and the new donor and financial situation in the country, the UNFPA Country Office overall programme contribution was amended to total $3.5 m (of which $2.6 m core funds and $0.9 m to be raised from non-core funds).

OBJECTIVES AND SCOPE OF THE EVALUATION

The purpose of this evaluation is to conduct a quasi end programme cycle evaluation to assess the achievement of the UNFPA programme, the factors that facilitated/hindered achievement, and to compile lessons learnt so as to inform development of the next UNFPA programme.

In 2016 UNFPA CO concludes implementation of the current UNFPA Albania CP 2011-2016. In view of this, an in-depth evaluation of the current CP constitutes an essential step to identify the major achievements as well as challenges encountered while implementing the current CP and ensure that the lessons learnt are duly reflected in the forthcoming CP 2017-2021.

The overall objectives of the Country Programme Evaluation (CPE) are:

- An enhanced accountability of UNFPA and Country Office for the relevance and performance of the country programme
  Provide an evidence basis for the design of the next programme cycle

The specific objectives will be:

1. To provide an independent assessment of the progress of the UNFPA Programme towards the expected outputs and outcomes set forth in the results framework of the country programme, as well as its contribution to the common results framework of the PoC[100].
2. To provide an assessment of the country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results.

The evaluation will focus on assessing the outputs and outcomes achieved through the implementation of the programme. The evaluation should consider UNFPA's achievements since January 2012 against intended results and examine the unintended effects of UNFPA's intervention and compliance with UNFPA's Strategic Plan, as well as its relevance to national priorities and those of the PoC. The evaluation will assess the extent to which the current CP, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of the results achieved to date. The scope of the evaluation will include an examination of the relevance, effectiveness/coherence, efficiency, and sustainability of the current CP, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results.

The evaluation will cover the Albania CP from 2012 to 2014 (present). The evaluation is expected to take place during the period June- October 2015.

[100] There is a comprehensive evaluation of the PoC being finalized. which is to consider the agency contributions to the overall UN results framework. While the emphasis of the CPE will be on the UNFPA contribution to UNFPA specific results, it should also refer to and draw on the wider evaluation and contribution to common results.

EVALUATION CRITERIA AND EVALUATION QUESTIONS

Relevance, effectiveness, efficiency, sustainability as well as coordination with the UNCT and added value of UNFPA will constitute core evaluation criteria for the subject assignment. The guiding questions will be as follows[101]:

Relevance

- To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?
- To what extent is the current programme reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs and how well has it been aligned to the objectives set out in the PoC?

Effectiveness

- Were the CP's intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?
- What were the constraining and facilitating factors and the influence of context on the achievement of results?

Efficiency

- Were the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost?

Sustainability

- Are programme results sustainable in short and long-term perspectives? How did UNFPA Albania ensure sustainability of its programme interventions?
- Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

UNCT Coordination

- To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms to implement the PoC?
- To what extent does the UNDAF/PoC fully reflect the interests, priorities and mandate of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

Added Value

- What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the CO features?

Based on this indicative list of issues, as well as on a reconstruction of the country programme intervention logic, the evaluators will submit, within the design report, a final list of evaluation questions (limited to 10 as a maximum) to be approved by the Evaluation Manager and the Evaluation Reference Group.

[101] Further discussion and finalization of the evaluation questions will be done during the design report process.

METHODOLOGY AND APPROACH

Data Collection

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups and field visits as appropriate. The evaluation will review documents including strategic plan/Multi-year Funding Framework, UNDAF, Country Programme Documents, Country Programme Action Plan, AWPs, Standard Progress Reports, Country Office Annual Reports, UNDAF MTR report; b) conduct field visits to the selected project sites; and c) interviews with stakeholders including national counterparts, implementing partners, development partners and target beneficiaries.

The collection of evaluation data will be carried out through a variety of techniques that will range from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme officers.

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

EVALUATION PROCESS

The evaluation will unfold in five phases, each of them including several steps:

Preparation phase

During this phase UNFPA Albania CO will: prepare ToR; receive approval of the ToR from the UNFPA Evaluation Office (EO); select potential evaluators; receive pre-qualification of potential evaluators from Evaluation Office; Recruit external evaluators; Assembly of Evaluation Reference Group (RG); Compile Initial list of documentation\Stakeholder mapping and list of Atlas Projects.

Design phase

During this phase evaluation team will conduct:

- Documentary review of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined;
- Stakeholder mapping – The evaluation team will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- Analysis of the intervention logic of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;
- Finalization of the list of evaluation questions; and preparation of evaluation matrix;

- Development of a data collection and analysis strategy as well as a concrete work plan for the field phase.

At the end of the design phase, the evaluation team leader will present a design report (including evaluation matrix, the CPE agenda with support of CO, data collection and analysis methods) based on the template provided in the UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA.

Field phase

After the design phase, the evaluation team will undertake a two -week in-country mission to collect and analyze the data required in order to answer the evaluation questions final list consolidated at the design phase.

At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

Reporting phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the debriefing meeting. This **first draft final report** will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group and consolidated by the evaluation manager will then allow the evaluation team to prepare a **second draft of the final evaluation report**.

This second draft final report will be disseminated among key programme stakeholders (including key national counterparts) for the comments. The **final report** will be drafted shortly taking into account comments made by the programme stakeholders.

Dissemination and Follow-up phase

Management Response – the country office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures. The evaluation report will be shared with Regional Office and Evaluation Office at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Country Programme Document in 2016. The report and the management response will be published on the UNFPA website.

EXPECTED OUTPUTS/ DELIVERABLES

The evaluation team will produce the following deliverables:

- Design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase; (the report should be maximum 40 pages)
- Debriefing presentation document (Power Point and/or two -three pages overview) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;
- First and second draft final evaluation reports
- Final report prepared taking into account all the comments made. (the report should be maximum 40 pages plus annexes)

All deliverables will be drafted in English. All reports should follow structure and detailed outlines provided in the UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA. The final report will be translated into Albanian.

WORK PLAN/ INDICATIVE TIMEFRAME

PHASES/DELIVERABLES		RESPONSIBLE	PARTNERS	DEADLINE
Preparation phase	Finalization of ToR by CO with input by RO M&E Adviser: approval of ToR by Evaluation Office (EO).	Evaluation Manager (EM), Assistant Representative (AR)	RO M&E adviser, EO	27th May
	Selection of potential evaluators by CO with input by RO M&E adviser; pre-qualification of potential evaluators by Evaluation Office. Recruitment of external evaluators.	EM, Admin Finance Associate (AFA)	AFA, RO M&E adviser, EO	End July
	Assembly of Evaluation Reference Group (ERG).	EM, AR	CO staff	13th June
	Compilation of Initial list of documentation\Stakeholder mapping and compilation of list of Atlas Projects.	EM, AR	CO staff	July
Design phase	Preparation and submission of a design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase.	Evaluators	EM, RO M&E adviser, CO staff, ERG	20 August - 13 September
Field phase	Conducting data collection and analysis.	Evaluators	EM, CO staff, ERG	14-27 September
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations.	Evaluators	EM, CO staff, ERG	28-30 September
Synthesis phase	Production of the first draft final report.	Evaluators	EM	01-05 October
	Comments by the evaluation reference group.	ERG	EM	06-13 October
	Production of the second draft final report.	Evaluators		14-17 October
	EQA of the second draft final report.	EM	Representative, AR	19-21 October
	Production of the Final Report.	Evaluators		22-26 October
	EQA of the final evaluation report.	EM, RO M&E adviser,	Representative, AR	27 October
	Final EQA.	EO	EM, RO M&E Adviser	28 October

PHASES/DELIVERABLES		RESPONSIBLE	PARTNERS	DEADLINE
Dissemination and Follow-up	Management response.	Representative, AR	EM, CO staff	29 October
	CPE report, final EQA and Management response published on CO website and UNFPA evaluation database.	EM, IT Associate	EO	30-31 October

COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

The evaluation will be carried out by a team consisting of one **International Consultant /Evaluation Team Leader (TL), and one National Evaluation Consultant.** Team members should be committed to respecting deadlines of delivery outputs within the agreed time-frame and with the combined technical knowledge and expertise necessary to cover all programme areas of the UNFPA porgramme.

Evaluation team leader will be responsible for the production and timely submission of the expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the national evaluation consultant and will also be responsible for the quality assurance of all evaluation deliverables. The Team Leader will be responsible for covering at-least one of the components of the Country Programme. The Evaluation team leader will be an international expert in evaluation of development programmes with the following necessary competencies:

- Extensive (at least 7 years) previous experience in leading evaluations, specifically evaluations of international organizations or development agencies. Previous experience conducting evaluation for UNFPA will be considered as an asset.
- The evaluation team leader needs to have demonstrated expertise in at least one of the three components of the country programme (ie. sexual and reproductive health, population and development, gender).
- Familiarity with UNFPA's work and mandate
- Familiarity and experience of working in the Eastern Europe and Central Asia Region (EECA).
- Excellent analytical, communication and writing skills
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams
- Fluency in English is required.

National Evaluation Consultant will have in-depth knowledge and experience of two components of UNFPA programmatic areas (to complement that of the TL so that all components are covered) and excellent knowledge of the national development context, issues and challenges in the country. She/he will take part in the data collection and analysis work during the design and field phases. Evaluation National Consultant will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of Evaluation National Consultant in the entire CPE process including participation at interviews/meetings and technical inputs and reviews of the design report, draft evaluation report and final evaluation report will be agreed by the Evaluation Team Leader and will be done under his/her supervision and guidance. The necessary competencies of Evaluation National consultant will include:

- Extensive (at least 7 years) previous experience in monitoring and evaluation
- The evaluation team member needs to have demonstrated expertise in at least two of the three components of the country programme (ie. sexual and reproductive health, population and development, gender).
- Familiarity with UNFPA's work and mandate
- Strong interpersonal skills and ability to work in a multi-cultural team
- Excellent analytical, communication and writing skills in English
- Fluency in Albanian and English is required.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

REMUNERATION AND DURATION OF CONTRACT

Repartition of workdays among the team of experts will be the following:

- 55 (fifty five) workdays for the International Consultant /Evaluation Team Leader;
- 50 (fifty) workdays for Evaluation National Consultant;

The repartition of workdays per expert and per evaluation phase is the following:

PHASES/DELIVERABLES		RESPONSIBLE	PLACE	TIME-FRAME	No. of Workdays
Design phase	Preparation and submission of a design report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home - based	20 August - 09 September	21x
	Review and approval of design report	ERG	Home - based	10-13 September	
Field phase	Conducting data collection and analysis	All evaluation team	Tirana, selected sites	14-27 September	14x
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	All evaluation team	Tirana	28-30 September	3x
Synthesis phase	Production of the first draft final report	All evaluation team	Home - based	01-05 October	5x
	Comments by the evaluation reference group	ERG	Home - based	06-13 October	
	Production of the second draft final report	All evaluation team	Home - based	14-17 October	4x
	EQA of the second draft final report	EM	Home - based	19-21 October	3x
	Production of the Final Report	International Consultant /Evaluation Team Leader, Evaluation National Consultant (limited involvement- 2 work days)	Home - based	22-26 October	5x
					55x

Workdays will be distributed between the date of contract signature and the end date of the evaluation.

Payment of the Evaluation Team will be made in three tranches, as follows:

1. First Payment (20 percent of total) – Upon UNFPA's approval of design report
2. Second payment (30 percent of total) – Upon the submission of the first draft evaluation report; and
3. Third payment (50 percent of total) – Upon UNFPA's acceptance of the final evaluation report.

Daily Subsistence Allowance (DSA) will be paid per night spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

MANAGEMENT AND CONDUCT OF THE EVALUATION

The Country Programme Evaluation will be conducted according to the above Work Plan/ Indicative Timeframe. Overall guidance to the CPE will be provided by the UNFPA Country Director for Albania with support of the Evaluation Reference Group. Evaluation will be managed and coordinated by the UNFPA Assistant Representative.

The UNFPA CO Evaluation Reference Group composed of representatives from the UNFPA country office in (country), the national counterparts, and the UNFPA regional office as well as from UNFPA relevant services in headquarters. The main functions of the reference group will be:

- To discuss the terms of reference drawn up by the Evaluation Manager;[102]
- To provide the evaluation team with relevant information and documentation on the programme;
- To facilitate the access of the evaluation team to key informants during the field phase;
- To discuss the reports produced by the evaluation team;
- To advise on the quality of the work done by the evaluation team;
- To assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

The UNFPA CO Assistant Representative (AR) will support the team in designing the evaluation; will provide ongoing feedback for quality assurance during the preparation of the design report and the final report. The UNFPA CO AR/ produces the EQA for the final draft evaluation report and the final evaluation report in consultation with the RO M&E adviser and approves deliverables of the evaluation and sends final report and EQA to Evaluation Office. The UNFPA CO Evaluation Manager ensures dissemination of the final evaluation report and the main findings, conclusions and recommendations.

UNFPA CO will provide the evaluation team with all the necessary documents and reports and refer it to web-based materials. UNFPA management and staff will make themselves available for interviews and technical assistance as appropriate. The CO will also provide necessary additional logistical support in terms of providing space for meetings, and assisting in making appointments and arranging travel and site visits, when it is necessary. Use of office space and computer equipment may be provided if needed.

BIBLIOGRAPHY AND RESOURCES

1. Programme of Cooperation (PoC) 2012-2016
2. Final common country programme document for Albania 2012-2016
3. Reviewed RRF 2012-2014
4. UNFPA SP 2014-2018
5. Resource Allocation memos 2012, 2013,2014.

[102] Due to the size of the office Albania CO does not have a separate post for Evaluation Manager, but in the said case the AR will undertake that function

6. PoC Midterm Review Report – Albania
7. Revised UNFPA Strategic Plan (2012-2013)
8. Annual Work Plans
9. Field Monitoring Visit Reports
10. Yearly Standard Progress Reports -UNCT
11. Country Office Annual Reports (COARs) to the UNFPA Executive Director
12. Handbook to "How to Design and Conduct a Country Programme Evaluation at UNFPA"
13. Country led evaluation 2010
14. UNFPA Evaluation Office webpage: //www.unfpa.org/public/home/about/Evaluation

ANNEXES

- *Ethical Code of Conduct for UNEG/UNFPA Evaluations*
- *List of Atlas projects for the period under evaluation*
- *Information on main stakeholders by areas of intervention*
- *Short outlines of the design and final evaluation reports*
- *Evaluation Quality Assessment template and explanatory note*
- *Management Response*

Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent,** implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.

5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

[Please date, sign and write "Read and approved"]

Annex 2. Albania CPE Evaluation Matrix

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ 1.A. To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?	A.EQ.1. A.1 The current CP is based on a thorough assessment of the needs and expectations of key beneficiaries and development partners.	Evidence of use of credible and rigorous baseline quantitative and qualitative assessments for the development, implementation and updating of the outputs and activities for the CP for each of the for program areas: SRH, Youth, Gender and PD.	-Needs assessments of key beneficiary populations supported by UNFPA and other agencies: -National and regional survey data DHS 2008, -2011 National Census -Child Marriage, School-Age Children, Sex imbalances at Birth, Assessment of Impact of GBV etc. -Country policy and Strategy documents; -PoC 2012-16 -UNCT strategic plans. -2015 CCA findings for key beneficiary populations,	-Document review -Key stakeholder interviews, -Client/beneficiary interviews and Focus Group Discussions (FGDs) -Secondary data analysis of both qualitative and quantitative studies (NB: The above for each of the four program areas).
A.EQ.1. A.1 There were several thorough assessments on the needs and expectations of key beneficiaries and development partners. Examples of credible and rigorous assessments include: SRH 2012 Family Planning Assessment (Dr. B. Koo) 2013 UNFPA Alb Market Segmentation Report 2013 Albania Community Assist (ACA). Barriers to Sexual And Reproductive Health And Rights (SRHR) in primary health care. 2013 Philip Davies. Recommendations for the Implementation of Breast and Cervical Cancer Prevention Programs in Albania.. 2014 Albania Community Assist (ACA). Good Practices 2013-2014: Access to Health Services of Adolescent and Reproductive Health for Vulnerable Groups. UNFPA Supported Report. 2014 Quality Study on Total Market Approach 2014 UNFPA-funded Alternative Assessment of SRH in Albania (ACPD/CSRH 2014). 2014 N. Ceka et al. Practice of primary health care providers in respect to utilization of an integrated approach of care and use of existing resource materials in Family Planning Service. UNFPA Supported Report. December, 2014. 2014 Mid-term revision of National Contraceptive Security Strategy (CSS) Youth 2011 Analysis of Risky Behaviours and Unhealthy Lifestyles among Albanian Youths, 2012 UNFPA Alb. Report on SRH Albania Youth Education 2013 Study of the Difficulties and Strengths to the Youth of Tirana High Schools, 2013, 2014 Action Plus Annual Reports 2013, 2014 STOP AIDS Annual Reports 2015 IPH w UNFPA UNICEF support. Health Behavior in School-Aged Children survey, 2013/2014 2015 National Youth Action Plan 2015-2020. UNFPA Regional Report on Peer Education in Albania Gender 2012. UNFPA and World Vision. Sex Imbalances at Birth in Albania. . 2012 UNFPA Alb. Child marriage in Albania 2014 UNFPA Alb, NCSS. Impact Assessment Report for trainings with focus on GBV in PHC, Tirane. 2014 INSTAT Gender Perspectives in Albania (w UNFPA Support) 2015 Draft Report 2015 on Police Function on GBV				

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
PD 2009. INSTAT (2009), Albanian Demographic and Health Survey 2008-2009. 2011. Flora Ismaili, Sonela Xinxo, Ruzhdie, Bici "Factors affecting Family Planning Behavior in Albania" in ADVANCED ANALYSIS OF ALBANIAN DEMOGRAPHIC AND HEALTH SURVEY 2008-09 DATA. Supported by UNFPA and UNICEF. Tirana 2011. 2013, 2014 INSTAT Census Data and Reports on line. 2015 INSTAT 2015 Women and Men in Albania. 2015 Drafts In-depth analysis of 2011 Census data: Youth and Elderly.				
Comment on EQ1A. The use of the word, "final" is interpreted to mean the recipients of services at the lowest level service delivery point. This is a very broad question, which assumes a consensus, which may not exist, among beneficiaries, national policies, and development partners.	A.EQ.1.A.2 The needs of the key target beneficiaries and partners population, including vulnerable and special groups, are addressed during planning and implementation of the UNFPA CP.	Degree of concurrence of CP outputs and activities with priorities identified within available data for: beneficiary needs, government policies, and UNCT priorities within each of the four program areas: SRH, Youth, Gender and PD.	-UNCT documents (PoC Yearly Standard Progress Reports), - UNFPA CP COARs, Site visit reports, Annual Work Plans, country policy documents; -CCA 2015.	-Document review, -Key stakeholder interviews, -Client/beneficiary interviews and FGDs. -Secondary data analysis. (NB: The above for each of the four program areas).
A.EQ.1.A.2 The needs of the key target beneficiaries and partners population, including vulnerable and special groups, are addressed during planning and implementation of the UNFPA CP. There is clear evidence of strong needs assessments done as part of the 2012-16 program cycle. See above listing for each of the four program areas. Based on interviews, site visits and FGD discussions with key populations (see excepts below from Roma, CSWs, prison inmates, and high risk LGBT youth), it is very clear that three of the IPs are deeply committed to reaching vulnerable populations and have a genuine long-term in-depth relationship with these key target beneficiaries. ACA with Roma/Egyptian: FGD w 8 Roma women age 41 to 63- "The lady [from ACA] here has helped allot. They have reconciled couples. They have gone for mediation between wives and husbands. They have gone on cases for divorce. We have been supported. They learned how to mediate. People are like the fingers of the hand. We have been trained. The reality here is such. It would be shameful for me to report my husband. I would not get him back. Of course in the training, if your husband becomes too violent you have to go to the police. It is better to reconcile than send to the police." FGD with 5 Roma/Egypt age 15 to 49, all but one female.- "I have worked for a long time in health sector and I am a member of Roma community. [Before] Roma community members hesitated to ask for services, for example STI or condom use. But [now] people who are part of trainings, and they ask for condoms. We have seen different behaviours of young people. Based on this training we have worked with youth, and they come back to us and ask us for condoms. After we finish the trainings, we were equipped with tools. To make it easier to talk to the communities of different ages, when they saw we were members of the community, they trust us. Action Plus with CSWs: FGD with 5 CSW age 20 to 41, all but one female: "First, they have respected us. They have helped us with the medicines. We get humane warmth here. When we have problems with the health system and the police, an Action Plus social worker helped us get a medical check-up and then buys the medicine for them. I brought [other CSWs] here because I have suffered a lot. I want my friends to be a bit happier. AP is the only organization that works with us and helps us. The AP staff are our teachers, they are our parents. We do not have parents." STOP AIDS with prison inmates: FGD with 6 pre-trail detention women age 18 to 38: "They are very polite and good. Yes, the Stop AIDS program is worth it. We learn things, it is valuable. There are some other infectious diseases. We live in a community and there is fear. The knowledge and the information [is needed because] the women are afraid. [They think] You can get it from clothes. There is mis-information."				

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ 1.B. To what extent is the current programme reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs and how well has it been aligned to the objectives set out in the PoC?	A.EQ1.B. The current UNFPA CP reflects and is effectively aligned with four key policy/strategy areas: UNFPA policies and strategies, goals of ICPD PoA, the MDGs, and of the Program of Cooperation (PoC).	Degree of concurrence of UNFPA CP with UNFPA policies and strategies, goals of ICPD PoA, and MDGs, and alignment with objectives of the Program of Cooperation (PoC) within each of the four program areas: SRH, Youth, Gender and PD.	-UNFPA, ICPD and MDG, PoC strategic policy and monitoring documents -Key Senior Policy informants within GoA Ministries, UNCT and development partners.	-Document review -Key stakeholder interviews. (NB: The above for each of the four program areas).

Comment on EQ 1.B: This question addresses four separate areas, but there is overlap among them. It is assumed that there should be greater focus on MDGs 4 and 5 compared to other MDGs.

A.EQ1.B. The current UNFPA CP reflects and is effectively aligned with four key policy/strategy areas: UNFPA policies and strategies, goals of ICPD PoA, the MDGs, and of the Program of Cooperation (PoC). There is very strong evidence of concurrence with all four sets of policies for all four focus areas. As shown in Annex 5, in 2014 all four program outcomes were aligned with the UNFPA SP 2014-2017. See Footnote, "Further to the Executive Board approving a new corporate Strategic Plan which came into effect in 2014, the CO aligned the existing outcomes and outputs with the new set."

SRH: UNFPA Albania supported SRH strategies directly reflect UNFPA SP 2014-2017, ICPD PoA, MDGs, especially MDG4 and MDG5 as well as the Albania PoC. The ICPD international development goals and treaty obligations were "referred to specifically in the text and results framework of the Albania PoC, or in subsequent PoC progress reports and reviews." (See page 11, 2015 PoC Evaluation Report). The UNFPA supported Market Segmentation Research done in 2013 explicitly defines contraceptive security in accordance with the ICPD goal of universal access to reproductive health services (page 10. UNFPA Albania 2013)

Youth: Examples of alignment are demonstrated the development UNFPA support for CSE, "Development Comprehensive sexuality education for in- and out-of-school young people, consistent with their evolving capacities, is integral to the achievement of the goals and objectives of the ICPD" E/CN.9/2014/4 page 17. The recent endorsed UNFPA-supported 2015 Youth Action Plan calls for the establishment of youth friendly services, which "aims at increasing the approach to information sources and reception of high quality sexual and reproductive health services (2015 YAP page 30) The UNFPA supported IP, ACPD reported in 2014 that it has worked with MoH officials toward to advance the ICPD PoA and ensure its integration in the Post 2015 framework at national level (ACPD Annual report 2014 page 13.). Based on interviews and document review, the Youth Voices campaign is clearly aligned with the MDGs and SDGs in 2014 and 2015.

Gender: Per page 10 of the 2014 UNFPA WAVE Resource package, which is cited as in use by UNFPA Albania in follow up to its health system response activities, "eliminating gender- based violence will remain a key priority in the ICPD Beyond 2014 and post-2015 global development agendas".

PD: Based on interviews and document review the UNFPA support for PD activities, in particular for INSTAT are clearly aligned with ICPD beyond 2014 commitment to integrating population dynamics into development planning (See page 24 of the ICPD Beyond 2014 Report "Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014". Report of the Secretary-General. January 2014.)

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ 2.A. Were the CP's intended outputs and outcomes achieved?	A.EQ2.A. The CP intended outputs and outcomes were achieved within each of the four program areas: SRH, Youth, Gender and PD	-Quantitative: Level of achievement against indicators/targets (as outlined in CP monitoring framework) over time within each of the four program areas: SRH, Youth, Gender and PD. -Qualitative: Stakeholder perceptions of achievement of outputs and outcomes within each of the four program areas: SRH, Youth, Gender and PD	-AWPs, COARs, Project Reports, CP, Revised CP Framework. -Stakeholders. - Most recent surveys and other available data within each of the four program areas: SRH, Youth, Gender and PD.	-Document review, - stakeholder interviews, -site visits, -training follow-up and client/beneficiary interviews (NB: The above within each of the four program areas: SRH, Youth, Gender and PD).

A.EQ2.A. The CP intended outputs and outcomes were achieved within each of the four program areas: SRH, Youth, Gender and PD.

SRH - SP Outcome 1. Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access. Achieved by virtue of the finding that the three SRH outputs were found to have made significant progress.

SP Output 1: Increased national capacity to deliver integrated sexual and reproductive health services. Based on interviews, document reviews, site visits and review of available data, overall evidence of increased national capacity to deliver integrated SRH services.

SP Output 4: Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments. Based on interviews, document reviews, site visits and review of available data, overall evidence of increased national capacity to deliver HIV programmes that are free of stigma.

SP Output 5: Increased national capacity to provide SRH services in humanitarian settings. Based on interviews and document review, evidence that MISP training has been implemented based on a completion of detailed humanitarian setting SRH questionnaire.

Youth- SP Outcome 2. Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health. Achieved by virtue of the finding that three Youth outputs were found to have made significant progress.

SP Output 6: Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights needs in national laws, policies, programmes, including in humanitarian settings. Evidence of success in supporting the collection of high quality current data on the needs of Albania youth combined with the support for the endorsement of a costed national Youth Action Plan

SP Output 7: Increased national capacity to design and implement community and school-based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality. Evidence of progress towards CSE in collaboration with Albania Ministry of Education.

SP Output 8: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage. Evidence of implementing partner (ACA, Action Plus and Stop AIDS) progress in design and implementation of programmes that reach marginalized youth, including adolescent girls at risk of child marriage.

Gender- SP Outcome 3. Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. Achieved based on evidence of progress on two of the three Gender outputs.

SP Output 9: Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence. Evidence of progress on the CEDAW Report- Ombudsman is more empowered to address issues of human rights, gender equality and discrimination.

SP Output 10: Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multi-sectoral services, including in humanitarian settings. Not likely to be achieved due to failure of training of HCPs in PHCs to generate referrals for victims of DV.

SP Output 11: Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations. Evidence of progress on institutionalization of programmes to engage men and boys on gender equality.

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
PD- SP Outcome 4. Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality. Achieved based on evidence of progress with the analysis of the 2011 Census as well as progress on both of the PD outputs. SP Output 12: Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities. Evidence from interviews and document review of progress with support to INSTAT for the in-deep analysis of national Census data for youth, in-depth analysis for elderly, and support for important studies such as gender bias selection study and two studies on youth. SP Output 14: Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development. Clear evidence from interviews and document review of success with high quality capacity building in collaboration with University of Prague through the UNFPA for trainings on projections and demography for INSTAT analysts.				
Comment on EQ 2.A.: The formulation of some of the outputs and outcomes is fairly imprecise and general and therefore difficult to assess.				
EQ 2.B. To what extent did the outputs contribute to the achievement of the outcomes?	A.EQ2.B. The activities and outputs have contributed to a measurable and meaningful extent to the achievement of outcomes within each of the four program areas: SRH, Youth, Gender and PD.	-Pertinent indicators from CP Planning and Tracking Tool for output and outcome specific programme components within each of the four program areas: SRH, Youth, Gender and PD. -Stakeholder qualitative perceptions on impact of activities and output impact on outcomes within each of the four program areas: SRH, Youth, Gender and PD - Client/beneficiary qualitative perceptions on impact of activities and output impacts on outcomes.	-Key stakeholders -Client beneficiaries - CP Planning and Tracking Tool; -CP M&E database, -AWPs, -COARs, -National, Regional quantitative data (DHS 2008, 2011 National Census, and other available data). -PoC progress reports -CCA 2015	-Document Review -Stakeholder interviews within each of the four program areas: SRH, Youth, Gender and PD -Client beneficiary interviews and FGDs within each of the four program areas. -Secondary data analysis. (NB: The above for each of the four program areas).
Comment on EQ2.B: As formulated, the second clause in the second part of the effectiveness question EQ2B is redundant. It is already addressed in EQ2A. Therefore, delete: .." what was the degree of achievement of the outcomes?" The pathways for the proposed logic model are simplistic and do not fully account for external factors, such as other program activities and important contextual issues such as economic and social factors. The formulation of some of the outputs and outcomes is fairly general and therefore the pathways for impact from output to outcomes is difficult to assess. A.EQ2.B. The activities and outputs have contributed to a measurable and meaningful extent to the achievement of outcomes within each of the four program areas: SRH, Youth, Gender and PD. While the formulation of the outputs and outcomes is fairly imprecise, which introduces a subjective quality to the analysis, as shown above for EQ2A, it is feasible to point to significant and meaningful achievements in activities that contribute to virtually all of the outputs. This is consistent with overall logic model that anticipated that the outputs would contribute to the outcomes.				

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ 2. C. What were the constraining and facilitating factors and the influence of context on the achievement of results?	A.EQ.C - The UNFPA CP has encountered significant constraints as well as facilitating factors that both impeded and aided the achievement of results in each of the four program areas.	Contextual information related to constraints and facilitating factors for specific activities and outputs within each of the four Focus Areas.	- Key informant interviews, - Trends in pertinent indicators. -COARs, -Implementing agency reporting -Media reports	-Document review, -Stakeholder interviews with UNCT and IPs - Site visits, and -Client Beneficiary interviews. -Secondary data analysis (NB: The above for each of the four program areas).
Comment on EQ2.C: NB: for the purpose of the evaluation, the word "context" refers to "constraining and facilitative factors. Need to divide constraints and facilitating factors in terms of internal to UNFPA/external to UNFPA A.EQ.C - The UNFPA CP has encountered significant constraints as well as facilitating factors that both impeded and aided the achievement of results in each of the four program areas. Based on document review, stakeholder interviews with UNCT and IPs, site visits and secondary data there are diverse qualitative and quantitative contextual data on both constraints and facilitating factors for all four focus areas, both internal and external to UNFPA (regional and global).				
EQ 3.A. Efficiency- Were the outputs achieved reasonable for the resources spent? Paraphrase: Could more results have been produced with the same resources? Paraphrase: (From first part of question 3.b) Were resources spent as economically as possible?	A.EQ3.A - UNFPA Albania has expended resources to achieve outputs at a level that is consistent with standard norms for the cost of implementing program activities in each of the four program areas.	Amount of resources used to achieve the activities, outputs as compared to the standard norms for the cost of achieved outputs.	-Key stakeholders; -Documentation of programme inputs by category (human, financial, technical). -Feedback on quantity and quality of TA provided to implementing agencies. -Atlas data. -COARs -IP reporting data. Training data.	-Key stakeholder interviews, -Document review -Budget review of sentinel activities vs budget in AWPs. (NB: The above for each of the four program areas).
Comment on EQ3.A. There is an inherent subjectivity to the definition and measurement of what is "reasonable" output for resources spent. .AEQ3.A - UNFPA Albania has expended resources to achieve outputs at a level that is consistent with standard norms for the cost of implementing program activities in each of the four program areas. In addition to basic cost components for training, cost data were available from the IP AWPs budgets which give a sense of how reasonable costs are, for example cost per day for experts and for logistics such as per diem and transport. These costs, with only a few exceptions, were within the norm for what is considered reasonable for Albania. Budget and expenditure data were only available in the requested templates at the activity level. There were limitations on the detail of budget and expenditure data for sub-activities, which were not available for some sub-activities in annual work plans. The team was not able to obtain detailed budgets for UNFPA executed sub-activities, nor was the team able to obtain detailed accounting of expenditures for sub-activities implemented by UNFPA.				

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ3B. Efficiency - Could different interventions have solved the same problem at a lower cost?	A.EQ3B - The interventions selected for each of the four program areas were comparable to alternate approaches in cost and effectiveness.	Comparison of estimated cost for a given output to estimated cost of an possible alternative interventions.	-Key stakeholders; -Documentation of programme inputs by category (human, financial, technical). -Feedback on quality of TA provided to implementing agencies. Atlas data. Training data.	-Key stakeholder interviews, -Document review, -Budget review. (NB: The above for each of the four program areas).
Comment on EQ3B: This question is inherently hypothetical, but it should still be addressed by considering alternate scenarios for program activities. A.EQ3B - The interventions selected for each of the four program areas were comparable to alternate approaches in cost and effectiveness. There were some instances where the interventions were not comparable to alternate approaches and were somewhat inefficient. Two such instances were efforts to train staff before infrastructure was in place to allow them to a) make referrals for GBV and b) teach CSE curricula (the curricula has not been finalized and there is no clear plan for where and who will teach the curricula).				
EQ 4.A Sustainability- Are programme results sustainable in short term perspectives?	A.EQ4.A - The UNFPA CP has developed program capacity and infrastructure that can be sustained in the short term (up to five years) in each of the four program areas.	-Short-term ability of institutions to continue functions without external support. - Measures of capacity building, esp. training activities. -Patterns of staffing turnover -Counterpart agency short-term budgeting over time.	-CCA 2015 - UNFPA CP COARs, AWPs, - Implementing agency reports. -Training data. -Stakeholders in management positions within Ministry and IPs -Client beneficiaries.	-Key stakeholder interviews, -Training follow-up interviews -Client/beneficiary interviews -Document review -Budget review. (NB: The above for each of the four program areas).
Comment on EQ4A:For this evaluation recommend, “short-term” = Five years or less, “Long-term” = Greater than five years A.EQ4.A - The UNFPA CP has developed program capacity and infrastructure that can be sustained in the short term (up to five years) in each of the four program areas. The UNFPA Albania CP focus on Strategies, guidelines and protocols and action plans is helpful for the short-term (up to 5 years) perspective. Likewise, UNFPA Albania support for capacity building, especially training for cadre of staff who do not have a high level of turnover, such as analyst staff at INSTAT, has potential for short-term sustainability.				

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ 4.B Sustainability- Are programme results sustainable in long-term perspective (>5 Years)?	A.EQ4.B - The UNFPA CP has developed program capacity and infrastructure that can be sustained in the long term (more than five years) in each of the four program areas.	-Long-term (> 5 year) ability of institutions to continue functions without external support in all four program areas. -Measures of capacity building, esp. training activities. -Patterns of staffing turnover and counterpart agency - Long-term budgeting over time (evidence of Ministry buy-in).	-Costed National Ministry Strategic Planning documents, -CCA 2015 -UNFPA CP, COARs, AWPs, - Implementing agency reports. - Training data. - Stakeholders in management positions and beneficiaries.	-Key stakeholder interviews with Senior policy makers within Ministry and IPs, -Document review, -Budget review. -Training follow-up interviews. (NB: The above for each of the four program areas).
A.EQ4.B - The UNFPA CP has developed program capacity and infrastructure that can be sustained in the long term (more than five years) in each of the four program areas. This is somewhat subjective, and many respondents were not comfortable trying to speculate on greater than five year time span. Based on stakeholder interviews, UNFPA Albania has explicitly opted for approaches that would ensure sustainability. Senior informants clearly expressed their view that UNFPA supported policies and pilot programs have gone on to be ongoing MoH sponsored programs and policies. Stakeholders have also stressed that UNFPA Albania has made it clear from the outset that UNFPA Albania will not be able to support operating costs for services. SRH: The UNFPA Albania effort to revise the National SRH Strategy and to develop a Health Promotion Strategy are clearly a concerted effort toward sustainable change in MoH PHC service delivery. Youth: The drafting and costing and subsequent adoption of the 2015 National Youth Action Plan has clear implications for long term impact, as does the support for the development of CSE with the MoE. Gender: UNFPA support for monitoring of CEDAW through capacity building has clear long-term implications. PD: UNFPA support for capacity building, for the 2011 Census and for in-depth analysis of the census for youth and elderly have long-term implications.				
EQ 4.C. Did UNFPA Albania ensure sustainability of its programme interventions? If Yes to either EQ4.A or EQ4B	See above for EQ4A and EQ4B for each of the four program areas.	See above for EQ4A and EQ4B for each of the four program areas.	See above for EQ4A and EQ4B for each of the four program areas.	See above for EQ4A and EQ4B for each of the four program areas.

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ 4.D. If yes to 4.C. How UNFPA Albania did ensure sustainability of its programme interventions?	A.EQ4D.The UNFPA CP has ensured sustainability of its program interventions for both short-term (<=5 years) or long-term (>5 years) among each of the four program areas.	Documented examples of UNFPA CP success in generating counterpart commitment to and success in funding and staffing ongoing program activities among each of the four program areas.	-Stakeholders in senior management positions. -Counterpart IP agency workplans -National Ministry Strategic Planning documents, -CCA 2015 -UNFPA CP COARs, AWPs, -Implementing agency reports. - Training data.	-Document review. -Stakeholder interviews, -Training follow-up interviews. - Budget review (NB: The above for each of the four program areas).
A.EQ4D.The UNFPA CP has ensured sustainability of its program interventions for both short-term (<=5 years) or long-term (>5 years) among each of the four program areas. Two important concrete UNFPA Albania strategies to ensure sustainability were A) costing of action plans, strategies and services to enhance the likelihood of GoA financial support (See A Adhami, F Hobdari , G. Koduzi and N Sinani "A step forward to define the costs of services in PHC Costing the services of the elderly and reproductive health within the primary health care basic package of services" Supported by UNFPA Albania 2013. B) Certification of trainings to meet requirements for continuing medical accreditation (CMA) which creates a strong incentive for doctors and nurses to participate in continuing education trainings, such as the training program for HCPs on GBV in PHC settings.				
EQ 5. Sustainability - Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?	A.EQ.5. UNFPA CP stakeholders have demonstrated a willingness to continue and replicate programme activities and adapt the results of these activities in other contexts in each of the four program areas.	-Self-reported willingness of stakeholders to continue functions, replicate activities and adapt program results to other contexts without external support. - Measures of capacity building, esp. training activities. - Patterns of staffing turnover and counterpart agency short- and long-term budgeting over time.	-National Ministry and IP Strategic Planning documents, -UNFPA CP, COARs, AWPs, -Implementing agency reports. -Training data. - Stakeholders in management positions and beneficiaries.	-Key stakeholder interviews in senior management, -Document review, -Budget review. -Training follow-up interviews. (NB: The above for each of the four program areas).
Comment on EQ5. There is an inherent subjectivity in measuring "readiness" but there is still the possibility of obtaining objective evidence that stakeholders have taken measures that ensures that they are ready to continue supporting program activities. A.EQ.5. UNFPA CP stakeholders have demonstrated a willingness to continue and replicate programme activities and adapt the results of these activities in other contexts in each of the four program areas SRH: There is evidence of support at the district level for continuation of the ACA implemented initiative for community outreach for the basic package of primary health services. There is also evidence of MoH commitment to continue LMIS, abortion surveillance, the CSS and TMA for contraception. Youth: The MoE has shown a commitment to implement CSE, despite the constraint of the educational reforms begun in 2013 and the lack of clarity on the final implementation approach.. Gender: Despite the lack of evidence for referrals for victims of DV, there is strong commitment to continuing trainings for GBV with HCPs within PHC SDPs. PD: There is evidence of willingness to continue the use of innovative demographic techniques for in depth analysis of census data as well as to replicate the ADHS within INSTAT.				

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ6. A. UNCT Coop - To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms to implement the PoC?	A.EQ.6.A -The UNFPA CO has made consistent positive contributions to the consolidation and functioning of UNCT coordinating mechanisms (working groups and joint programs) toward implementation of the PoC in each of the four program areas.	Reported level of UNFPA Alb CO staff participation in: -UNCT planning and coordination functions. -Pertinent UNCT theme groups -Other UNCT administrative bodies for coordination of activities. -Concrete examples of UNFPA Alb participation in the process of consolidation of UNCT coordination procedures and programs.	- UNCT staff at senior management and theme group levels. -Stakeholders at Ministry and IP partner agencies. -PoC documents, -UNCT Theme group minutes -PoC Midterm review -UNCT PoC Annual Reports. -CCA 2015	-Stakeholder interviews with UNRC and members of UNCT theme groups and UN agencies. -Stakeholder interviews with Ministry and IP partners -Document review of coordination of joint program activities (NB: The above for each of the four program areas).

A.EQ.6.A -The UNFPA CO has made consistent positive contributions to the consolidation and functioning of UNCT coordinating mechanisms (working groups and joint programs) toward implementation of the PoC in each of the four program areas. Apart from a lack of leadership in the area of population and development, based on stakeholder interviews, and document review it is clear that the UNFPA Albania team has consistently made positive contributions.

Contribution to Working Groups: As shown in the roster of UNFPA participation on working groups, the UNFPA Albania team is active on multiple groups. The UNFPA Albania Assistant Representative plays an active role as a member of the Governance Theme Group, Results Management Group, UNCT, OMT and UN Communications Group. UNFPA Albania senior program staff participate regularly in meetings of 8 of the 15 Output working groups.

Contributions to POC Outcomes: As shown below, the 2015 PoC Evaluation demonstrates multiple instances where UNFPA is the lead or co-lead on program activities are contributing to three important PoC Outcomes of Social Inclusion, Education and Health.

Outcome 4.1Social Inclusion

Capacity development for the government's monitoring& evaluation frameworks, including development of tools, statistics and data collection systems; including secondary studies based on such statistical frameworks to support evidence-based policymaking

Achievement against the planned PoC outputs As verified during the evaluation by PoC partners from government and civil society:

Output 4.1.1 Gender sensitive social protection policies and legislation reformed to ensure that the rights of the vulnerable groups are met

Analytical studies to support evidence based policy making,

4.1.2 Capacities of the government and relevant partners, including civil society, strengthened to plan, monitor and evaluate, including from a gender perspective, the implementation of improved social inclusion policies

Studies and research for evidence based policymaking, including the secondary analysis of the 2011 Census data

Outcome 4.2 Education

Output 4.2.1. Policies and practices in place to ensure inclusive participation and completion of pre-university education

Other achievements include the introduction of comprehensive sexuality education modules in the school curriculum and promotion of an approach based on life skills and competencies.

Contribution to PoC outcome and National development priorities

Standard (ELDS) standards through cooperation with the Institute for Development on Education. UN has also supported the revision of curricula in the pre-university system to include knowledge and awareness of children at a young age on a range of issues including reproductive health, HIV/AIDS, healthy nutrition and human rights.

Outcome 4.3 Health

Outcome 4.3: Health insurance is universal and quality, gender sensitive and age appropriate public health services available to all including at-risk populations

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
The PoC intends to achieve this outcome by providing contributions through technical assistance and capacity building activities for policymaking particularly in the area of attainment of the objective for universal health coverage, improvement of healthcare services for the whole population and vulnerable communities in particular as well as the early prevention, detection and control for non-communicable diseases. Community based interventions have complemented work with government partners to increase awareness and participation. 4.3.1 Health insurance coverage increased by expanding benefits, simplifying procedures and enhancing information for all Support for the revision and costing of the basic healthcare package resulting in increase in number of consultations New prevention packages included in PHC service delivery such as support for the screening for population 40-65yrs 4.3.2 Demand for, equitable access to and utilization of quality health services increased, especially for children, young people and elderly, and other vulnerable or at risk groups Improved access to healthcare services through support for planning and implementation of check-up for 40–65 year-olds, Support for development of new standards and protocols for Mother and Child Healthcare centers 4.3.3 Prevention measures and Promotion of Public Health enhanced through multi-sectorial dialogue and community participation Increased awareness for breast cancer and organisation of the Conference on Breast Cancer Continued assistance in awareness for reproductive health, child nutrition protocols Contribution to PoC outcome and National development priorities The UN has played an important role, in cooperation with the government and other development partners in reviewing the standards and protocols as well as costing for basic healthcare packages in order to increase effectiveness and efficiency of basic services. Specialised assistance has been provided in a number of technical areas, including support and procurement of medical equipment for non-communicable diseases (cancer) and training and equipment for nuclear medicine; training of regional medical staff on maternal and child health protocols and introduction of child well-being standards in cooperation with the National Center for Quality Control and Accreditation.				
EQ6. B. To what extent does the UNDAF/PoC fully reflect the interests, priorities and mandate of UNFPA in the country?	A.EQ6.-UNFPA global mandates are being effectively implemented within the Albania PoC in all four program areas.	Mapping of key global UNFPA (e.g.SP 2014-2018) mandates and priorities within Alb PoC strategic documents and annual program activities for each of the four program areas.	-UNFPA Global Strategy documents (UNFPA SP 2014-2018) -Senior UNFPA CO and UNCT management, -PoC strategy and reporting documents -PoC Midterm review, -PoC Annual Reports. -UNFPA CP COARS -CCA 2015	-Document review, -Key stakeholder interviews with UNFPA Alb CO staff as well as UNCT (UNRC and theme group members).. (NB: The above for each of the four program areas).

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
A.EQ6.-UNFPA global mandates are being effectively implemented within the Albania PoC in all four program areas. Per above in A.EQ1.B. The current UNFPA CP reflects and is effectively aligned with four key policy/strategy areas: UNFPA policies and strategies, goals of ICPD PoA, the MDGs, and of the Program of Cooperation (PoC). There is very strong evidence of concurrence with all four sets of policies for all four focus areas. As shown in Annex 7, in 2014 all four program outcomes were aligned with the UNFPA SP 2014-2017. See Footnote, "Further to the Executive Board approving a new corporate Strategic Plan which came into effect in 2014, the CO aligned the existing outcomes and outputs with the new set." SRH: UNFPA Albania supported SRH strategies directly reflect UNFPA SP 2014-2017, ICPD PoA, MDGs, especially MDG4 and MDG5 as well as the Albania PoC. The ICPD international development goals and treaty obligations were "referred to specifically in the text and results framework of the Albania PoC, or in subsequent PoC progress reports and reviews." (See page 11, 2015 PoC Evaluation Report). The UNFPA supported Market Segmentation Research done in 2013 explicitly defines contraceptive security in accordance with the ICPD goal of universal access to reproductive health services (page 10. UNFPA Albania 2013) Youth: Examples of alignment are demonstrated the development UNFPA support for CSE, "Development Comprehensive sexuality education for in- and out-of-school young people, consistent with their evolving capacities, is integral to the achievement of the goals and objectives of the ICPD" E/CN.9/2014/4 page 17. The recent endorsed UNFPA-supported 2015 Youth Action Plan calls for the establishment of youth friendly services, which "aims at increasing the approach to information sources and reception of high quality sexual and reproductive health services (2015 YAP page 30) The UNFPA supported IP, ACPD reported in 2014 that it has worked with MoH officials toward to advance the ICPD PoA and ensure its integration in the Post 2015 framework at national level (ACPD Annual report 2014 page 13.). Based on interviews and document review, the Youth Voices campaign is clearly aligned with the MDGs and SDGs in 2014 and 2015. Gender: Per page 10 of the 2014 UNFPA WAVE Resource package, which is cited as in use by UNFPA Albania in follow up to its health system response activities, "eliminating gender- based violence will remain a key priority in the ICPD Beyond 2014 and post-2015 global development agendas". PD: Based on interviews and document review the UNFPA support for PD activities, in particular for INSTAT are clearly aligned with ICPD beyond 2014 commitment to integrating population dynamics into development planning (See page 24 of the ICPD Beyond 2014 Report "Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014". Report of the Secretary-General. January 2014.)				
EQ6.C Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA? Comment: Alignment with UNFPA mandates may have changed over time due to the 2014 Aligned CP Output and Outcomes framework.	A.EQ6.C - The UNFPA Alb CP's core mandated activities, outputs and outcomes as implemented within the Albania PoC are recognized and acknowledged by UNCT.	-Congruence of PoC and UNCT activities, outputs and outcomes with the 2014 UNFPA Aligned CP framework. -Qualitative data on UNCT recognition of UNFPA Alb contributions to PoC.	Senior UNFPA staff management, Senior UNCT staff (UNCR and theme group members) UNFPA CP and PoC documents, PoC Midterm review, UNCT Annual Reports. UNCT theme group minutes CCA 2015 PoC Endline evaluation.	- Document review, - Key stakeholder interviews with UNCT senior staff as well as UNFPA Alb CO staff. (NB: The above for each of the four program areas).
A.EQ6.C - The UNFPA Alb CP's core mandated activities, outputs and outcomes as implemented within the Albania PoC are recognized and acknowledged by UNCT. As shown above in AEQ6A, the 2015 PoC Evaluation demonstrated multiple instances where UNFPA is the lead or co-lead on program activities are contributing to three important PoC Outcomes of Social Inclusion, Education and Health. Based on stakeholder interviews there was a strong recognition of UNFPA core activities. Apart from comments that the UNFPA Albania was not sufficiently visible and was not showing sufficient leadership in the PD focus area, there were no examples found where UNFPA activities were not acknowledged or appreciated by UNCT respondents.				

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
EQ7.A. Added Value- What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? NB: To reduce sensitivity, it can be paraphrased as, "What is UNFPA's comparative advantage in the Albania development community."	A. EQ7.A - UNFPA is recognized for having comparative advantage for certain program areas, in comparison with other implementing agencies and development partners, including other UN agencies.	-Stakeholder perceptions of UNFPA performance in key program activities relative to other Albania development partners and UN Agencies. -Specific case examples where UNFPA Alb may have demonstrated a special competence that is not available from other sources.	-Senior Stakeholders among the UNCT, GoA Ministry staff, - UNFPA staff management, -CP, CPD, UNDAF documents, -PoC Midterm review, -PoC Annual Reports.	-Document review, -Key stakeholder interviews. (NB: The above for each of the four program areas).
Comment on Question 7.A will focus primarily on other UN agencies, but should make comparison to any and all pertinent agencies in the country. This question needs to be addressed with great sensitivity. It is particularly sensitive to ask Ministry respondents and IPs to compared UNFPA to other UN Agencies. Some respondents may decline to answer. AEQ7.A - UNFPA is recognized for having comparative advantage for certain program areas, in comparison with other implementing agencies and development partners, including other UN agencies. Based on stakeholder interviews and document review, there were multiple examples where UNFPA was cited as having comparative advantages, in all four program areas. Examples that are cross cutting include the following: UNFPA is highly responsive. Not bureaucratic. Very strong on strategy. Good communication. SRH: SRH is central to UNFPA's perceived value added, by virtually all stakeholders, it has a normative rights based agenda, that deals with topics no one else will deal with. It is not just FP, SRH and Rights but MSM, CSW, LGBT. Health policy is entrusted to UNFPA as its added value. Youth: They are strong on youth. They move fast. If you arrange conference, they are supportive. They are small team, but they help resolve problems. They are not arrogant, abusive, they are friendly, they cooperate. Gender: The UNFPA is recognised as key agency on gender and women among other UN agencies in Albania. PD: UNFPA Albania's activities were perceived to be less visible and less effective within the PoC compared to other UNFPA Focus Areas.				
EQ7.B. Are these strengths a result of UNFPA corporate features or are they specific to the CO features?	A.EQ7.B - UNFPA Alb's comparative advantage in certain program areas may result from UNFPA corporate resources and expertise as well as UNFPA Alb CO attributes and competencies.	-Examples of program strengths, best practices and/or innovation that are the result of UNFPA Albania CO efforts and competencies. -Examples of program strengths that are a result of UNFPA corporate features.	-Senior stakeholders at GVT Ministries, UNCT, UNFPA Albania CO, and IP agencies -UNFPA program reporting documents. -Site Visits -National strategy documents, and GVT budget plans. -Media reports	-Document review. -Stakeholder interviews -Site visits -Client beneficiary interviews -Budget review. (NB: The above for each of the four program areas).

Evaluation Question	Assumptions/Answers	Indicators	Source	Method
Comment on QE7B: The phrase, "specific to the country office features" is interpreted to mean unique positive innovations and attributes of UNFPA Albania program activities and staff that set it apart from global UNFPA policies and procedures. A.EQ7.B - UNFPA Alb's comparative advantage in certain program areas may result from UNFPA corporate resources and expertise as well as UNFPA Alb CO attributes and competencies. The UNFPA country office was viewed as highly competent and hardworking with close collegial ties with national stakeholders within the GoA. Based on stakeholder interviews and document review there were regional strategies that have been well received by MoH and other stakeholders in Albania. Examples of regional strategies and initiatives that are well received include Cervical Cancer, Contraceptive Security, Total Market Approach and prevention of sex selection.. The global SP 2012-14 mandate to work "upstream" has fit well with GoA Ministries for strategy development.				

Annex 3 Design report Sampling Plan (excerpted from Design Report)

4.2.Methods for data collection and analysis

Overview: The collection of evaluation data will be carried out through a variety of techniques that will range from direct observation to informal and semi-structured interviews and focus/reference groups, where feasible. The analysis will build on triangulating information obtained from various stakeholders' views as well as with secondary data and documentation reviewed by the team.

The evaluation will follow the principles of the UN Evaluation Group's norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and will be guided by the UN ethics guidelines for evaluators in accordance with the UNEG's Ethical Guidelines for Evaluation, at www.unevaluation.org/ethicalguidelines.

The evaluation will be based on five key activities:

6. Desk review of documents and financial and other pertinent program data.
7. Site visits to UNFPA targeted areas.
8. Interviews with stakeholders (including national counterparts, implementing partners and development partners)
9. Interviews with UNFPA Albania program Clients/beneficiaries for all four focus areas.
10. Training follow-up interviews with trainees in UNFPA supported training events.

Stakeholder Involvement: Meetings will be held with key stakeholders, in particular, an evaluation reference group (ERG). This ERG will be made up of representatives from appropriate State and Entity level ministers, civil society organizations, NGOs, donor community as well as all implementing agencies and representatives of beneficiary client groups, including women's health advocates, and youth representatives. The objective of these meetings is to ensure an opportunity for stakeholders to participate in the design, data collection, analysis and development of recommendations.

Site visit Schedule: Visits will be made to implementation agencies at the State and Entity level, selecting sites chosen on the basis of consultation with stakeholders with attention to achieving a balanced review of project activity and client/beneficiaries among the three main Albania regions, Northern, Central and Southern areas. See the attached draft site visit schedule and stakeholder listing in Annex 6a and Annex 6b.

Desk Review and synthesis by the Four Outcomes per Outcome/output Matrices: The Desk review will address each of the above mentioned four CPAP Outcomes with an assessment of the respective outputs and activities within each Outcome. The desk review will be based on the above mentioned Evaluation TOR criteria for the two evaluation components: 1) the analysis by focus areas (Relevance, Effectiveness, Efficiency, Sustainability) and 2) the analysis of the CPAP's positioning (Coordination with the UNCT and Added value). This desk review will be implemented using a criteria matrix that covers the key activities for each output (See Annex 7).

Stakeholder Interviews with semi structured questionnaire based on the Evaluation TOR criteria: These interviews will be conducted with a consistent set of precautions for informed consent and confidentiality. See attached draft instrument in Annex 8 and the site visit planning calendar. (Annex 6a) As needed, all interviews to be done in Albanian with translation. As outlined in the section on the development of the sampling frame below in Section 4.3, a purposive selection will be made of key informants, with an attempt to achieve a balance according to region and focus area (See Table 7). In addition, key informants will be selected from donor agencies and UN agencies.

Table 15. Proposed Stakeholder Interviews by State and Entity Level and Focus Area

Type of stakeholder	Northern	Central	Southern	Total
RH Implementers	4	4	4	12
Youth Implementers	4	4	4	12
GE Implementers	4	4	4	12
PD Implementers	4	4	4	12
Donor Agency staff	NA	6	NA	6
UN Agency staff	NA	6	NA	6

UNFPA Staff	NA	10	NA	10
Total	16	38	16	70

Training Follow-up Assessment: A sampling frame will be developed from all training events sponsored by the CPAP in the last four years. A systematic random sample will be taken to choose training participants in order to get as good a balance as possible on trainings conducted within the four focus areas (RH, Youth, GE and PD) in major training category areas. There will be oversampling to anticipate loss to follow-up and non-response. The minimum target sample size is for **twenty completed interviews** with a reasonable balance across the four focus areas (See Table 8). A semi-structured questionnaire will be developed with a consistent set of precautions for informed consent and confidentiality with questions to assess the extent to which trainees are a) still working in their respective focus area, b) are using the skills they learned, c) estimated number of clients they serve per year (See Annex 10). As needed, interviews will be carried out with translation. To save time, to the maximum extent possible the training follow-up interviews will be done jointly in small groups using anonymous self-administered questionnaires.

Table 16. Proposed Training Follow-up Interviews by State and Entity Level and Focus Area

Focus area of trainee	Northern	Central	Southern	Total
RH	4	4	4	12
PD	4	4	4	12
GE	4	4	4	12
PD	4	4	4	12
Total[103]	16	16	16	48

Client/Beneficiary Interviews and Focus Group Discussions (FGDs): Using a qualitative semi-structured interview questionnaire, interviews will be conducted with client/beneficiaries of activities conducted within each of the four focus areas. Using tailored discussion Guides, at least four FGDs will be conducted (with from 4 to 8 participants each) with beneficiaries from each of the four focus areas. There will be oversampling to anticipate loss to follow-up and non-response. The minimum target sample size is for twenty completed interviews with a reasonable balance across the four focus areas (See Table 9). These interviews will assess client satisfaction with the services they have received from implementing agencies working within each of the four focus areas. See the draft interview questionnaire in Annex 8.

[103] In view of the critical need to ensure that an adequate number of stakeholder interviews are completed, it may be difficult to complete the number of training follow-up interviews and client/beneficiary interviews shown in Tables 8 and 9. The evaluation team will attempt to collect a minimum of 20 training follow up interviews and 20 client/beneficiary interviews.

Table 17. Proposed Client/Beneficiary Interviews and FGDs by Region and Focus Area

Focus area of Client/beneficiary	No of FGDs	Northern	Central	Southern	Total Clients
RH	1	3	3	3	9
Youth	1	3	3	3	9
GE	1	3	3	3	9
PD	1	3	3	3	9
Total	4	12	12	12	36

4.3. Selection of the sample of stakeholders

Intensive effort have been made to ensure that a wide range of stakeholders will be consulted during the CPE, with a good balance for each of the activities within all four of the CPAP focus areas at the Regional, District level and below. Based on the attached stakeholder framework developed in consultation with UNFPA Albania, the sample of stakeholders, while purposive and non -random, should provide an accurate range of information and perceptions among all of the implementing agencies (Site visit Planning Schedule and Stakeholder listing in Annex 6a and Annex 6b). The selection of implementing partner (IP) agency respondents will be guided in part by the relative importance of the IP in size of budget and national coverage.

4.4. Availability assessment, limitations and risks

Limitations and possible biases of the approach: There are several important limitations in the proposed methods. First due to limited time and resources it will not be feasible to collect representative samples. While there is some opportunity for a randomization process for the training follow-up assessments, all other samples will be purposive and not truly representative of the target populations of stakeholders and client/beneficiaries. The evaluation will be inherently qualitative in nature due to the small, non-random sample sizes. Second, due to the short time frame permitted to plan the evaluation (less than three weeks in country), it is likely that response rates for certain interview categories will be lower than desired. There are possible biases in the selection of respondents due to the requirement to select locations on a purposive non-random basis. To avoid the possibility of bias from the presence of UNFPA staff, all interviews will be conducted by the evaluation team in private without any UNFPA agency staff present.

As noted above, in view of the critical need to ensure that an adequate number of stakeholder interviews are completed in each region, it may be difficult to complete the number of follow-up interviews and client/beneficiary interviews shown in the above tables. The numbers shown are the absolute maximum possible number with the time and resources available for the evaluation.

Annex 4. Logic model for the UNFPA Albania 2014 Aligned CP framework

The first focus area, Reproductive Health Outcome 1, [see Figure 1 below], is intended to increase the availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV). Outcome 1 is to be achieved through three Aligned Strategic Plan (SP) Outputs: SP Output 1. Increase national capacity to deliver integrated sexual and reproductive health services; SP Output 4. Increased national capacity to deliver HIV programmes that are free of stigma and discrimination; and SP Output 5- Increased national capacity to provide SRH services in humanitarian settings.

The second focus area, Youth Outcome 2, [see Figure 2], places increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education. This Youth Outcome 2 is to be achieved through three aligned SP outputs: SP Output 6: Increased national capacity to conduct evidence-based advocacy, SP Output 7: Increased national capacity to design and implement community and school-based comprehensive sexuality education (CSE) programmes, and SP Output 8: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls.

The third focus area, Gender Equality Outcome 3, [see Figure3], is to advance gender equality, women's and girls' empowerment, and reproductive rights through three aligned outputs: SP Output 9: Strengthened international and national protection systems for advancing reproductive rights, SP Output 10: Increased capacity to prevent gender-based violence, and SP Output 11: Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment.

The fourth focus area, Population and Development Outcome 4, [see Figure 4], is to strengthen national policies and international development agendas through integration of evidence-based analysis on population dynamics. This Outcome 4 is to be accomplished through two outputs: SP Output 12: Strengthened national capacity for production and dissemination of quality disaggregated data on population and development, and SP Output 14: Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development.

Figure 1. SRH- Simplified logic model for the UNFPA Albania 2014 Aligned CP framework

UNFPA Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality.

Reproductive Health Program Area

PoC Outcome 2 - Inclusive Social Policy: The rights of individuals and groups are ensured through equitable, inclusive and evidence based sectoral policies.

UNDAF/UN Programme of Cooperation Aligned CP Outcome 1 (revised as per MTR):

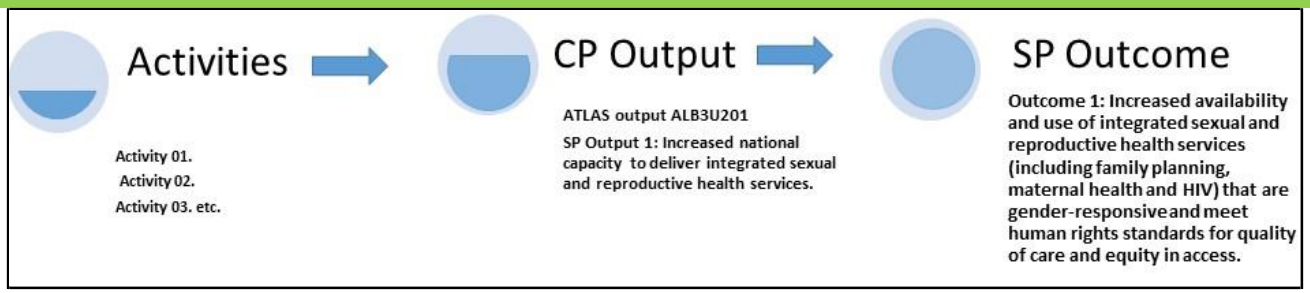


Figure 2. Youth- Simplified logic model for the UNFPA Albania 2014 Aligned CP framework

Youth Related Program Area

PoC Outcome 2 - Inclusive Social Policy: The rights of individuals and groups are ensured through equitable, inclusive and evidence based sectoral policies.
PoC Output 2.1 - Health: Health care policies and sector reform enabled towards equitable universal health coverage.
PoC Output 2.2 - Education: Early childhood development and education policies ensure equal opportunity and inclusion for individuals and groups.

UNDAF/UN Programme of Cooperation Aligned CP Outcome 2 (revised as per MTR):

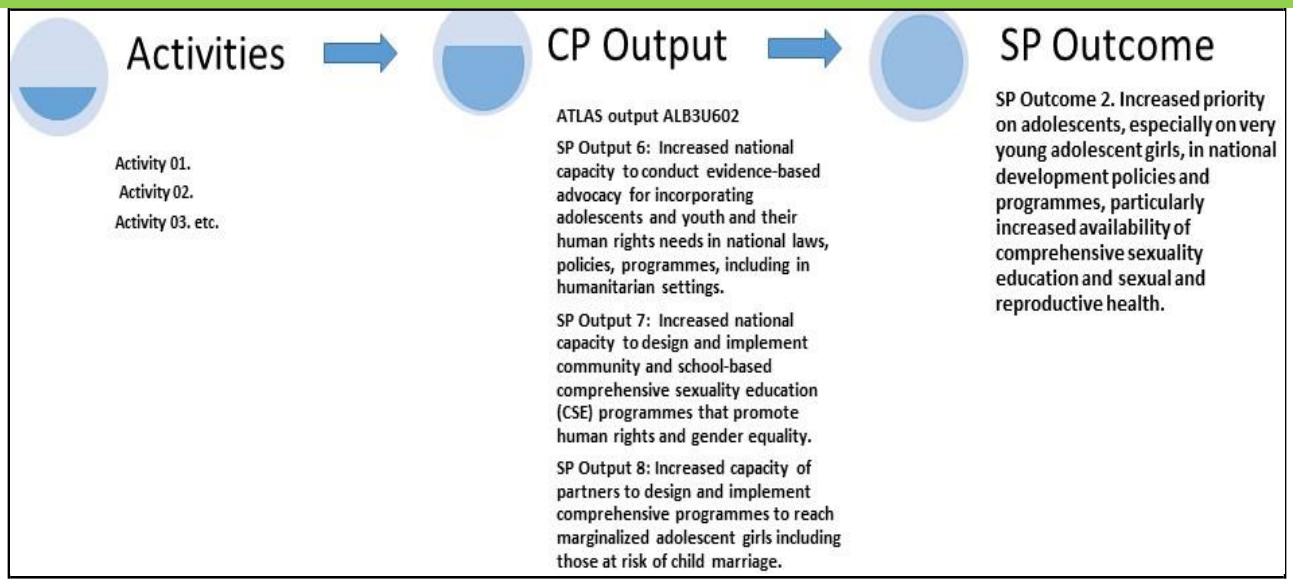


Figure 3. Gender- Simplified logic model for the UNFPA Albania 2014 Aligned CP framework

Gender Equality Program Area

PoC Outcome 1 - Human Rights: Human Rights and gender equality considerations guide interactions between citizens and institutions.
PoC Output 1.1 - Parliament: Government of Albania meets its international human rights reporting obligations and application of normative standards through tracking implementation. PoC Output 1.3 - GBV: Mandated line ministries and state institutions ensure that their practices and policies effectively prevent and address violence (against women and children) in society.
PoC Outcome 3 - Governance: Human Rights and gender equality considerations guide interactions between citizens and institutions.
PoC Output 3.1 - Gender mainstream: Line ministries and public service delivery institutions are able to mainstream gender and conduct gender responsive planning and budgeting and evidence-based policy making at all levels.

UNDAF/UN Programme of Cooperation Aligned CP Outcome 3 (revised as per MTR):

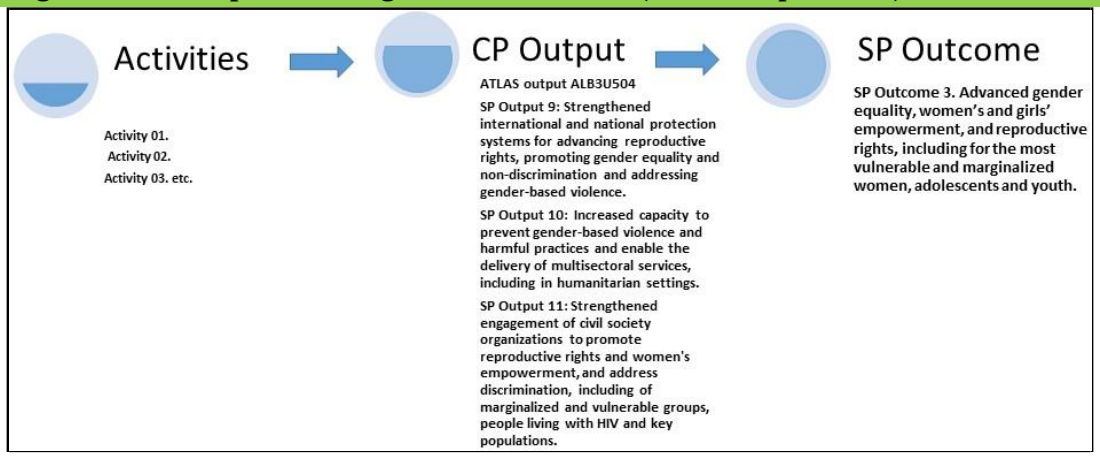


Figure 4. PD - Simplified logic model for the UNFPA Albania 2014 Aligned CP framework

Population and Development Program Area

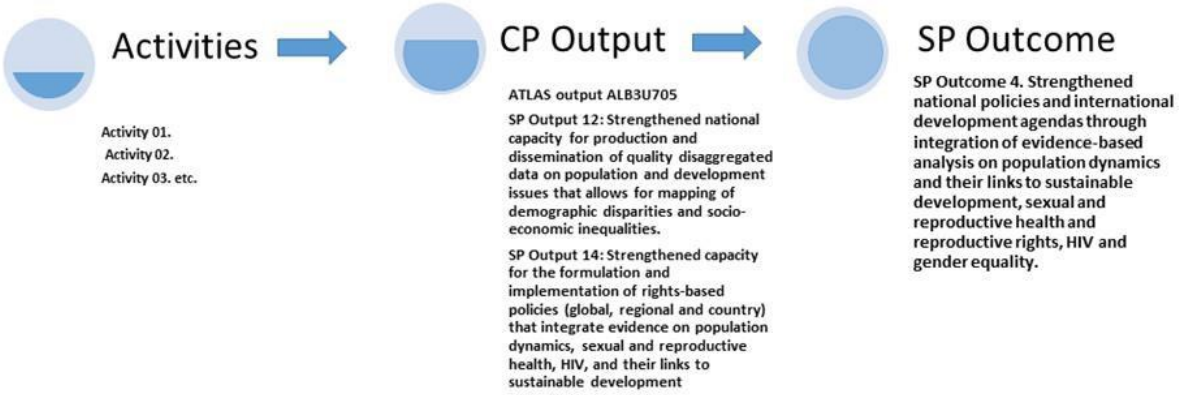
PoC Outcome 1- Human Rights: Human Rights and gender equality considerations guide interactions between citizens and institutions.

PoC Output 1.2 - CSOs & media ICPD: The Ministry of Justice, state institutions and civil society channel public demand for justice and ensure support services are established and accessible to provide resolution

PoC Outcome 2 - Inclusive Social Policy: The rights of individuals and groups are ensured through equitable, inclusive and evidence based sectoral policies.

PoC Output 2.4 - Social protection/Ageing: Social protection and inclusion mechanisms ensure that social needs of the disadvantaged individuals and groups are equally met.

UNDAF/UN Programme of Cooperation Aligned CP Outcome 4 (revised as per MTR):



Annex 5 Albania Alignment Table

UNFPA Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality					
UNDAF/UN Programme of Cooperation outcomes (revised as per MTR) [1]					
Original CP outcomes & indicators[2]	**Aligned CP outcomes & indicators**[3]	**Original CP Outputs & indicators**	**Aligned CP Outputs & Indicators**	**Budget under CPAP 2012-2016**[4]	**Budget after MTR 2015-2016**[5]
DRF Outcome 2. Increased access to and utilization of quality maternal and newborn health services. **DRF Outcome 3.** Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions. **Indicator:** Unmet need for family planning for married women (15-49 years) decreased Baseline: 60% ; Target: 20% **Indicator:** rate of improvement in sexual	**SP Outcome 1.** Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access. **Indicator 1:** Contraceptive Prevalence Rate - CPR (total) Baseline: 11% (2009) Target: 15% **Indicator 2:** At least 60% of service delivery points have no stock-out of contraceptives in the last six months	**Output ALB3U201:** Technical and institutional capacities strengthened to integrate comprehensive RH services and standardized and oversight mechanisms into primary health care and maternity units, and to implement the National RH Strategy. **Indicator 1:** Contraceptive Prevalence Rate (CPR) Baseline: 10.6 % (DHS 2008 – 9) Target: Increased by 30% **Indicator 2:** Publication and Launching of CS Strategy Baseline: 0 Target: National Contraceptive Security Strategy published and launched	**ATLAS output ALB3U201** ***SP Output 1:*** Increased national capacity to deliver integrated sexual and reproductive health services. **Indicator 1:** Guidelines, protocols and standards for health care workers for the delivery of quality SRH services for adolescents and youth in place. Baseline: rate 1[6] Target: rate 3 **Indicator 2:** The costed integrated national SRH action plan developed. Baseline: rate 1 Target: Review of costing analysis based on the newly developed SRH guidelines and protocols **Indicator 3:** A functional LMIS for forecasting and monitoring RH commodities running.	Budget, total $ 2.6 mio: $ 1.5 regular funds $ 1.1 other/gap 43% of core funds	Budget, total $ 1.5 mio: $ 1.1 regular funds $ 0.4 other/gap 43% of core funds

[1] The UNFPA country programme in Albania is set with in the Delivering as One framework. For the linkages between the UNFPA outcomes and outputs and the corresponding outcomes and outputs in the UN Programme of Cooperation, please see attached document UNFPA Albania CP M&E Framework.
[2] Note: These outcomes refer to the approved country programme which began in 2012 derived from the UNFPA corporate strategic plan at the time. The CO selected the most appropriate outcomes in the national context.
[3] Note: Further to the Executive Board approving a new corporate Strategic Plan which came into effect in 2014, the CO aligned the existing outcomes and outputs with the new set.
[4] Note: Indicative allocations for the country programme as approved by the Executive Board. See also detailed annex indicating actual resource allocations and targets.
[5] Revised resource allocations and indicative targets for non-core based on application of same proportions as approved in the Executive Board and given the ceilings allocated to Albania by EECARO for the period up to end of current programme. The amount reflected is the revised 5 year period amount over the whole CP. The actual allocations and targets for each year are detailed in the annex mentioned in the previous note.
[6] Agreed rating system: 1 – no progress or steps towards achieving the target are made;
2 – some limited and/or fragmented measures towards achieving the target are taken;
3 - consistent progress is made at systems level towards achieving the target;
4 – critical systemic changes are in place to ensure the target will be met.

reproductive health key health indicators – contraceptive prevalence rate (modern methods) for married women (15-49 years) Baseline: 10.6% (2009); Target: 15%	Baseline: 20% stock hand (progestin only pill) Target: 12% stock out (progestin only pill) **Indicator 3:** Protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence adopted and implemented Baseline: FP programme evaluation conducted Target: Piloting of integrated RH package and FP protocol **Indicator 4:** Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male) Baseline: male 40% Target: male 50%	**Indicator 3:** A)% of most at risk people, including children, young people, accessing and utilizing the basic package as per defined protocols and clinical guidelines. B) Development of a comprehensive package of integrated RH (training and IEC/BCC materials) for PHC providers and clients. Baseline: 60% Target: A) 85% B) Training; counselling aid and client package of RH materials, developed (2016) **Indicator 4:** Number of promotional activities for prevention of non-communicable diseases (cancer and other areas) Baseline: 0 Target: Yearly activity for each of the clusters under non-communicable diseases	Baseline: LMIS for monitoring contraceptives established Target: Capacities of 36 districts LMIS focal points and PHC providers strengthened ***SP Output 4:*** Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments. **Indicator:** Social behaviour change communication (SBCC) strategy for adolescent and youth including those from key populations in place Baseline: none Target: PHC providers skills on HIV service provision strengthened ***SP Output 5:*** Increased national capacity to provide SRH services in humanitarian settings. **Indicator:** National humanitarian contingency plan includes MISP and addresses SRH needs of women, adolescents and youth incl. services for survivors of sexual violence in crises Baseline: national emergency contingency plan in place Target: National capacities to implement MISP is strengthened		
DRF Outcome 4. Increased access to and utilization of quality HIV and STI prevention services, especially for young people (including adolescents)	**SP Outcome 2.** Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly	**Output ALB3U602:** Capacity of national institutions and CSOs strengthened to provide high quality gender sensitive, sexuality information and to address SRH and HIV/AIDS	**ATLAS output ALB3U602** ***SP Output 6:*** Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights needs in national laws,	Budget, total $ 2.3 mio: $ 0.9 regular funds $ 1.4 other/gap 26% of core funds	Budget, total $ 0.9 mio: $ 0.7 regular funds $ 0.2 other/gap 26% of core funds

and other key populations at risk. **DRF Outcome 6.** Improved access to SRH services and sexuality education for young people (incl adolescents) **Indicator:** percentage of secondary schools that implement health and sexual and reproductive health curricula Baseline: 0%; Target: 20%	increased availability of comprehensive sexuality education and sexual and reproductive health. **Indicator:** Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male). Baseline: 74% both male female; 72% females; 76% males Target: 80% for both males and females	prevention needs with focus on key populations and young people in and out of school. **Indicator 1:** Percentage of primary and secondary education level schools teaching comprehensive cross-curriculum covering SRH Baseline: 0 Target : 100% by 2016 **Indicator 2:** Percentage of young people aged 15-24 with comprehensive knowledge about HIV Baseline: 35.9% (DHS 2008-2009) Target (2016): increase by 40%	policies, programmes, including in humanitarian settings. **Indicator:** No. of participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes Baseline: review youth strategy in place; RH strategy in place; Roma strategy in place; HIV/AIDS strategy in place Target: ***SP Output 7:*** Increased national capacity to design and implement community and school-based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality. **Indicator:** National comprehensive sexuality education curricula are aligned with international standards. Baseline: 0 Target: Testing of book G12; national conference; media support ***SP Output 8:*** Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage. **Indicator:** No. of advocacy/capacity building programmes that reach out vulnerable groups including those at risk of child marriage. Baseline: 0 Target: 6 programmes		

DRF Outcome 5. Gender equality and RR advanced particularly through advocacy and implementation of laws and policies **Indicator:** proportion of currently married women aged 15-49 who participate in decision-making in the following areas: health care, major household purchases, purchases of daily household needs, and visits to her family or relatives, disaggregated by residence and wealth quintile Baseline: 56% (a) percentage who participate in all four decisions: 56% (b) urban: 68% (c) rural: 47% (d) lowest wealth quintile: 37.5% Target: 25% increase **Indicator:** Percentage of gender-based violence cases addressed by the health system Baseline: 1%; Target: 25%	**SP Outcome 3.** Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. **Indicator 1:** Gender equality national action plan in place and integrates reproductive rights with specific targets and national public budget allocations. Baseline: 0 Target: Review of costing analysis based on the newly developed SRH guidelines and protocols **Indicator 2:** Actions taken on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle. Baseline: No official records Target: AWPs that include UPR recommended actions are implemented	**Output ALB3U504:** Capacities of state institutions, public oversight bodies, civil society and media to promote GE and RR, to mainstream gender issues into legislation, strategies and policies, to empower women and to address GBV with focus on health sector strengthened. **Indicator 1:** no of gender sensitive discussions taking place in parliamentary standing committees annually on population, health and HIV/AIDS related issues. Baseline: 1 annually Target: at least 2 annually **Indicator 2:** no of national policy documents with specific gender objectives and indicators Baseline: 2 Target: 4 **Indicator 3:** No of GBV cases addressed by health system Baseline: 1% Target: 25% **Indicator 4:** number of women reached by integrated health education Baseline: 0; Target: 18,000	**ATLAS output ALB3U504** ***SP Output 9:*** Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence. **Indicator 1:** No. of national inquiries conducted by a National Human Rights Institution concerning the exercise of reproductive rights and right to SRH. Baseline: 0 Target: 2 **Indicator 2:** A functioning tracking and reporting system to follow up on the implementation of reproductive rights recommendations and obligations established and running Baseline: A system in place at Min Foreign Affairs Target: the system has a regular tracking plan ***SP Output 10:*** Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings. **Indicator:** Gender based violence prevention, protection and response integrated into national SRH programmes. Baseline: GBV part of PHC services Target: GBV integrated into SRH programmes ***SP Output 11:*** Strengthened engagement of civil society organizations to promote	Budget, total $ 1.0 mio: $ 0.2 regular funds $ 0.8 other/gap 5% of core funds	Budget, total $ 0.25 mio: $ 0.1 regular funds $ 0.15 other/gap 5% of core funds

		Indicator 2: GBV prevention, protection and response integrated into national SRH programmes. Baseline: no Target: yes **Indicator 3:** Percentage of gender-based violence cases addressed by the health system Baseline: 1% Target: 25% **Indicator 4:** No of CSOs that have supported the institutionalization of programmes to engage men and boys on gender equality (incl. GBV), SRH and reproductive rights. Baseline: National strategy and action plan on domestic violence in place Target: At least 12 partners	reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations. **Indicator 1:** No. of civil society organizations that have implemented accountability mechanisms for addressing the reproductive rights of women and girls and marginalized and key populations. Baseline: Gender equality strategy and action plan in place Target: at least 10 CSOs implement accountability mechanism **Indicator 2:** No of civil society organizations that have supported the institutionalization of programmes to engage men and boys on gender equality (including gender-based violence), sexual and reproductive health and reproductive rights. Baseline: National strategy on domestic violence and action plan in place Target: at least 12 partners have included male involvement in their programmes to address GBV, RH and RR		
DRF Outcome 7. Improved data availability and analysis around population dynamics, SRH,(incl FP), and gender equality	**SP Outcome 4**. Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.	**Output ALB3U705:** National capacities for the production utilization and dissemination of quality statistical data on population dynamics, youth, gender equality, SRH, older people and people with disabilities enhanced. **Indicator 1:** proportion of national policies that	**ATLAS output ALB3U705** ***SP Output 12:*** Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities. **Indicator:** National statistical authorities have institutional capacity to analyse and use disaggregated data	Budget, $ 1.2 mio: $ 0.4 regular funds $ 0.8 other/gap 11% of core funds	Budget, $ 0.45 mio: $ 0.3 regular funds $ 0.15 other/gap 11% of core funds

	Indicator 1: The last 2011 Census data processed, analyzed and disseminated following internationally agreed recommendations Baseline: CENSUS completed Target: 2 UNFPA specific papers on youth and elderly launched and data available for public **Indicator 2:** Number of completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth Baseline: 0 Target: alternative CSO report on SRH launched	incorporate population dynamics, reproductive health and rights and gender equality Baseline: 40%; Target: 70% **Indicator 2:** four new health and population national studies carried out Baseline: zero; Target: four **Indicator 3:** all health and population indicators disaggregated by sex and geography Baseline: not available; Target: yes **Indicator 4:** census data processed and disseminated Baseline: not available; Target: yes	on a) adolescents and youth and b) gender-based violence. Baseline: INSTAT, statistical units in line ministries Target: capacities of statistical staff in at least 3 ministries (Min Youth, Min Education, MoH) strengthened ***SP Output 14:*** Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development **Indicator:** No of papers, articles, and research based on in-depth analysis of census and other population and health surveys data Baseline: 0 Target: at least 4 new secondary data analyses / papers based on DHS data		
		UMBRELLA-PCA ALB3A100 ICPD agenda advocated for and communicated widely.		Budget, $ 0.5 mio (or 15% of regular funds)	Budget, $ 0.4 mio (or 15% of regular funds)

Annex 6a UNFPA Albania CPE Site Visit Schedule

Preliminary Schedule for UNFPA Albania CP Evaluation 14-30 September 2015

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sept 14 9:00 In-briefing with UNFPA 10:00-12:00 In-briefing with Evaluation Ref Group (ERG) All members 12:00 UNFPA Finance Artur Ago Elida Nuri Team Lunch 13:00 -14:00h 14:00 Briefings on UNFPA SRH Area Dorina Tocaj 15:00 Briefings on UNFPA Youth Area Elsona Agolli 16:00 Briefings on UNFPA Communication Area Elida Nuri	**Sept 15** 9:15-10.15 INSTAT Mr. Gjergji Filipi Director General 10:30-11.30 IP1 NCSS Mrs. Mirela Muca, Director Min 11.30-12.30 Technical team Soc.Welfare&Youth Mrs. Ilda Bozo Dep for Soc Pols Mrs Etleva Sheshi Gender Specialist Ms. Denada Seferi Team Lunch 13:00 -14:00h 14:00-15.00 MOH Mrs. Milva Ekonomi Deputy Minister 15.00-16.00 Technical team Mr. Gazmend Bejtja Dir of Health Care Dir Mr. Erol Como Chief of PH Unit Mrs. Nedime Ceka Chief of Early Prev & Diag Unit/Hlth Care Dir 16:15 Briefings on UNFPA PD Area	**Sept 16** 9:00-9.30 UNRC Courtesy Visit *Mrs. Z. Touimi - Benjelloun (UNRC) Mrs. Fioralba Shkodra (Coordination Specialist) 9:45-11.00 UNCT Social Inclusion and Social Protection WG 11:15-11.50 UNWomen *David Saunders(Rep) 12:00 UNICEF Mrs. A. Scolamiero (Rep for Albania) Mrs. Mariana Bukli (Health Officer) Ms. Elda Hallkaj (M&E) Team Lunch 13:00 -14:00h 15:00 Min of Ed Nora Malaj Dep Min of Educ 16:00 Soc.Welfare&Youth Mrs B. Kospiri Deputy Minister 17:00 IP2 NESMARK Mr. Ardian Paravani, Director	**Sept 17** 9:15-10.30 Briefings on UNFPA Gender Area Elsona Agolli 11:00 IP3 ACA Mrs. Holta Koci, Director 12:00 IP4 ACPD Mrs. Lida Grabova, Director Team Lunch 13:00 -14:00 14:00 IP5 IED Mr. Gerti JANAQI, Director Mrs. Edlira MEZINI (SINA), Specialist 15:15 IP6 Aksion Plus Mr. Genci Mucollari, Director 16.15 IP7 StopAIDS Arian Boci, Director Dritan Kamani, Coordinator	**Sept 18** 9:00-10.30 10.30-11.30 IPH 12:00-13.00 Health Ins. Fund *Mrs. A. Adhami / Cela Director / PHC Directory Mrs. Leonora Hyka Chief Budget Sector in the Economic Directory Team Lunch 13:00 -14:00h 14:00-15.00 Swiss Ag Dev Coop *Mr. Sokol Haxhiu (NPO - Health) Mrs. Silvana Mjeda	**Sept 19** Tirana 10:00 Visiting the Health Center no.3 to meet with PHC providers and clients of SRH services. Dr. Lindita Myzyri 11:30 SSI s with beneficiaries Mr. Andi Rabiaj Y-Peer Focal Point and/or Ms. Megi Shuke, Vice President AISEC Lida, Sona	**Sept 20** Rest and data synthesis Legend: Ministry Counterparts UNCT Counterparts Implement Partners FGDs Training Follow-up and Client Exit Interviews

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sept 21 7.00 departure to Southern Site Visits (Berat Region: Berat, Skrapar and Kucove Districts) Meetings to be arranged with: Ministry Stakeholders Health Care Providers Marginalized / Vulnerable communities (including Roma and Egyptians) Community health Volunteers Field visits arranged in the three districts ACA SRH NCSS - GBV	**Sept 22** Southern Site Visits (Berat Region: Berat, Skrapar and Kucove Districts) Meetings to be arranged with: Ministry Stakeholders Health Care Providers Marginalized / Vulnerable communities (including Roma and Egyptians) Community health Volunteers Field visits arranged in the three districts ACA SRH NCSS - GBV Return to Tirana If returning to Tirana by 14.00, may meet 14.30-15.30 Mrs. Emira Galanxhi Social Statistics Director at INSTAT 16:00 – 17:00 WHO *Mrs. Ledia Lazeri (Head of WHO Country Office)	**Sept 23** 08.00 departure to Central and North Site Visits (Durres, Shkoder) Meetings to be arranged with: Ministry Stakeholders Health Care Providers Areas to be explored: Quality Improvement Initiatives in the Maternity Hospitals; GBV Working with the most vulnerable and marginalized (Roma and Egyptians) Durres 1. ACPD for Quality Improvement Initiative focused on MCH 2. NCSS for GBV Shkoder 1. ACA for vulnerable communities 2. SOS Village for Youth Voice Campaign	**Sept 24** SMALL BAJRAM HOLIDAY (official UN holiday in Albania). Tirana Team Rest and data synthesis FGD with beneficiaries (Youth Peer Educators) Through.. Mr. Andi Rabiaj Y-Peer Focal Point	**Sept 25** 07.00 departure to Northern Site Visits (Kukes) Meetings to be arranged with: Ministry Stakeholders; Health Care Providers; Areas to be explored: Quality Improvement Initiatives in the Maternity Hospitals; Working with Youth and Vulnerable communities ACPD for Quality Improvement Initiative focused on MCH AP for Youth and Vulnerable communities	**Sept 26** 10:45 – 11:15 Focus Group Discussions in Tirana: Aksion Plus facilitate the organization of FGDs	**Sept 27** Tirana Rest and data synthesis

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sept 28 Tirana 9:00-10:00 Meeting with Mrs. Zhaneta Shatri Health FP USAID 10:30 – 11:30 Debriefing with NPA RH Dorina Tocaj 12:00-13.00 Meeting with Orjana Arapi Alpina Qirjazi SCDC Team Lunch 13:00 -14:00 14.15 National Center for Quality, Safety, and Accreditation of Health Institutions Mrs. Mirela Celo, Director Mrs. Yllka Llanaj, Specialist Rozarta Nezaj, Specialist 15:30 Min of SW&Y Focal Points(s) Youth Mrs. Merita Xhafaj General Dir for Soc Pols, Ms. Brisida Kertusha Youth Specialist Ms. Jehona Roka Youth Specialist	**Sept 29** Tirana 09:00 – 10:00 Meeting with UNDP Communication Specialist and Head of UN Communication Group Nora Kushti 10.00-11.30 Mirela Dyrmishi Adelina Elezi Viola Selmani Ramiz Kernaja ASRH Tirana 11:30 – 12:30 Debriefing with NPA G&Y Elsona Agolli Team Lunch 13:00 -14:00h 14.00-15.00 Out-briefing to UNFPA RR and/or other UNFPA Team 15:30 – 16:30h Focal Points – Gender (ERG member) Ms. Enkelejda Lopari Gender and social issues specialist EU	**Sept 30** Tirana SPR 10:00 – 12:00 Meeting with Kadri Sulaj Director of Prisons FGD with SRH beneficiaries (women prisoners; key populations) 12:15- 13:15 Mr. Ilir Shamata,Head National Center for Continuous Medical Education Team Lunch 13:15 -14:15h 15.30-16.30 Focal Point(s) for PD INSTAT Ms. Majlinda Nesturi Specialist Mrs. Nurie Caushi Health Statistics Mr. Rudin Hoxha Ms. Isida Gorce Ms. Anila Kasneci Statist. Specialist 16:30 – 17:30 Meeting with Elderly Focal Point	**Oct 1** Tirana SPR 4:00 am Sam Clark Departure from Tirana for Rome by Air	**Oct 2**	**Oct 3**	**Oct 4** Sam Clark Return to Tirana from Rome Sam Clark Departure to Washington DC the following day. TK1074 05OCT 1 TIAIST HK1 0910 1150

Annex 6b Updated Stakholders List

No	Title/profession	Contact name	Email	Tel/mobile	Address
1	Nurse	Mrs. Dashuri Beqiri	veliajd@yahoo.com	+355 0696939615;	Lgj: “Kushtrimi”, Pall.220, shk.1, Ap.5, Berat
2	Obsester - Gynaecologist	Mrs. Lindita Myzyri	lindita_myzyri@hotmail.com	+355 0692051921;	Vila 31,Mullet,Tirana
3	Health Education Specialist	Ms. Florinda Balla	floraballa@yahoo.com	+355 0682360831;	Rruga e Kavajes, Pll. 91, Ap12, Tirana
4	General Doctor	Mrs. Teuta Pipa	teutapipa@hotmail.com	+355 0692617767;	Rr. Bardhok Biba P.75, sh.1, ap.16, Tirana
5	Social Worker	Mr. Denis Kapllani		+355 0692976197;	Poliçan
6	General Doctor	Mrs. Liljana Ballço	liljanaballco@yahoo.com	+355 0692795139;	Lgj.11,Rr" Thodhoraq Saro", Korçë
7	Family Doctor	Ms. Thomaida Ekonomi	idaekonomi@yahoo.com	+355 0667070876;	Lgj.7, Bll.Rinia, P 1,Sh b/15, Korçë
8	Nurse	Ms. Gelartina Muçollari	genamucollari@yahoo.com	+355 0693236807;	Blloku Nr3, Rr.Ahmet Bektashi, Erseke
9	Family Doctor	Ms. Ejona Braho	ejonabraho@hotmail.com	+355 0694288244;	Lagjia Sporti, Gramsh
10	Pharmacist	Ms. Erjeta Ashiku	erjetaashiku@yahoo.com	+355 692825513;	Rr e Durresit, Kulla Fatari 2, Ap4, Tirana
11	Dentist	Ms. Klajda Shkembi	klajdashkembi@gmail.com	+355 683194916;	Çorovode
12	Roma Activist	Ms. Silvana Qori		+355 695534822;	Ura Vajgurore
13	Roma Coordinator	Mrs. Fatmira Dajlani		+355 695155501;	Fushe Kruje
14	Nurse	Ms. Flora Toma	tomaflora@yahoo.com	+355 662039120;	Spitali Rajonal, Lezhe
15	Nurse / Lectore	Ms. Alma Pulaj	alma_pula@yahoo.com	+355 672797091	Nurse faculty, Tirana University
16	Toxicologist	Mr. Andrin Tahiri	_	+355 693244830	Hospital -Laprake
17	Neuropsychiatrist	Dr. Pasho Maksuti	_	+355 692206280	Mother Tereza Hospital
18	outreach	Ms. Fatmira Duka	_	+355 683269521	
19	Doctor	Mr. Fabian Cenko	_	+355 44500519	Albanian Centre for Health Educational and Research
20	Doctor	Mr. Gazmir Demiri		+355 694743153	Hospital -Durres
21	Nurse	Mr. Gjergj Karroqaj		+355 692409746	Hospital- Vlora
22	Nurse	Mr. Gerion Shaqiri		+355 693215569	Hospital -Korca

23	Doctor	Mr. Perparim Cela		+355 670236350	Hospital -Shkodra
24	Psychologist	Ms. Migena Hida		+355 692685236	
25	Volunteer	Ms. Laureta Bushi	lauretabushi@hotmail.com	+355 674883804	Tirane
26	Volunteer	Mr. Dhimiter Hazizaj	dhazizaj@gmail.com	+355 694406274	Tirane
27	Journalist	Ms. Eglantina Bardhi	ebardhitgf@yahoo.com	+355 692066522	Tirane
28	Journalist	Ms. Raimonda Nelku	raimondanelku@gmail.com	+355 673040255	Tirane
29	Journalist	Mrs. Sonila Mlloja	sonilamlloja@yahoo.it	+355 698570166	Tirane
30	Journalist	Ms. Klodiana Kapo	klodiana.kapo@gmail.com	+355 692056944	Tirane
31	Curriculum Specialist	Ms. Edlira Sina	edlirasina@yahoo.com	+355 674053169	Institute of Education Development
32	Health Specialist	Ms. Aida Hasmeta	aida.hasmeta@shendetesia.gov.al	+355 692457404	Ministry of Health
33	HIV/AIDS specialist	Mr. Arjan Harxhi	arjanharxhi@hotmail.com		University Hospital
34	Gender specialist	Mrs. Monika Kocaqi	monikakocaqi@icloud.com		Gender Specialist
35	Gender and social issues specialist	Ms. Enkelejda Lopari	kelalopari@gmail.com		EU
36	Social issues specialist	Ms. Irida Agolli-Nasufi	iagolli@yahoo.com	+355 692030553	Faculty of Social Sciences
37	M&E specialist	Ms. Elda Hallkaj	eldahallkaj@gmail.com		UNICEF
38	Deputy Minister/ Ministry of Health	Mrs. Milva Konomi	_		Ministry of Health
39	Y-peer focal point	Mr. Andi Rabiaj	andirabiaj@gmail.com		Y-Peer
40	Director of INSTAT	Mr. Gjergj Filipi	_		INSTAT
41	Director of Social Statistics	Mrs. Emira Galanxhi	_		INSTAT
42	Deputy Minister/ Minister of Social Welfare and Youth	Mrs. Bardhylka Kospiri	_		Ministry of Social welfare and youth
43	Social policiy specialist	Mrs. Etleva Sheshi	_		Ministry of Social welfare and youth
44	Gender and social issues specialist	Mrs. Denada Seferi	_		Ministry of Social welfare and youth
45	Director of Health Care Department	Mr. Gazmend Bejtja	_		Ministry of Health
46	Chief of PH Unit	Mr. Erol Como	_		Ministry of Health
47	Chief of Early Preventive and Diagnostic Unit	Mrs. Nedime Ceka	_		Ministry of Health
48	United Nations Resident Coordinator	Mrs. Z. Toimi	_		UN
49	Coordination Specialist of UNRC	Mrs. Fioralba Shehu	_		UN
50	National Programme Officer	Mrs. Estela Bulku	_		UN Women
51	Representative of UNICEF in Albania	Mrs. A. Scolamiero	_		UNICEF

52	Health Officer	Mrs. Mariana Bukli	_		UNICEF
53	Director of IP	Mrs. Mirela Muca	_		IP NCSS
54	Director of IP	Mr. Ardian Paravani	_		IP Nesmark
55	Director of IP	Mrs. Holta Koci	_		IP ACA
56	Director of IP	Mrs. Lida Grabova	_		IP ACPD
57	Director of curricula	Mrs. Gerti Janaqi	_		Institute of Education Development
58	Specialist of curricula	Mrs. Edlira Mezini	_		Institute of Education Development
59	Director IP	Mr. Genci Mucollari	_		IP Aksion Plus
60	Director IP	Mr. Arian Boci	_		IP Stop Aids
61	Coordinator IP	Mr. Dritan Kamani	_		IP Stop Aids
62	Director	Mrs. A. Adhami	_		Health Fund Institute
63	Chief Budget Sector	Mrs. Leonora Hyka	_		Helath Fund Institute
64	National Programme Officer	Mr. Sokol Haxhiu	_		Swiss Agency for Development and Cooperation
65	National Programme Officer	Mrs. Silvana Mjeda	_		Swiss Agency for Development and Cooperation
66	Head of WHO Office	Mrs. Ledia Lazeri	_		WHO
67	Health FP	Mrs. Zhaneta Shatri	_		USAID
68	SCDC office	Mrs. Alpina Qiriazi	_		Prime Minister Office
69	Director	Mrs. Mirela Cela	_		National Center for Quality, Safety, Accreditation of Health Institutions
70	Focal Point on Youth (general Director for Social Politics)	Mrs. Merita Xhafaj	_		Ministry of Social welfare and youth
71	Head of UN Coomunication Group	Mrs. Nora Kushti	_		UN
72	Director of Prisons	Mr. Kadri Sulaj	_		Women's Prison
73	Head of National Center for Continuos Medical Education	Mr. Ilir Shamata	_		National Center for Continuos Medical Education
74	Focal Point on Elderly	Mrs. Ermira Pirdeni	_		Elderly Network
75	Member of Elderly Network	Mr. Ilia Telo	_		Elderly Network
76	Member of Elderly Network	Mr. Osman Terziu	_		Elderly Network

77	Statist. Specialist	Mr. Rudin Hoxha	rhoxha@instat.gov.al		INSTAT
78	Statist. Specialist	Mr. Denis Kristo	dkristo@instat.gov.al		INSTAT
79	Statist. Specialist	Ms. Isida Gorce	igorce@instat.gov.al		INSTAT
80	Statist. Specialist	Ms. Anila Kasneci	akasneci@instat.gov.al		INSTAT
81	Statist. Specialist	Ms. Majlinda Nesturi	mnesturi@instat.gov.al		INSTAT
82	MINISTRY of HEALTH (Director of Emergency Department)	Mr. Rakip Gjoni	Rakip.Gjoni@shendetesia.gov.al	+355 695377094	
83	HIV National Program expert	Mrs. Marjeta Dervishi	marjeta_dervishi@yahoo.com	+355 696024884	
84	Institute of Public Heath - expert	Mrs. Lumturi Merkuri	lmerkuri@hotmail.com	+355 672047920	
85	Maria Stopes Clinic - medical doctor	Ms. Eva Sahatci	evasahatci@hotmail.com	+355 692060741	
86	CARITAS	Ms. Besmira Rroku	rrbesmira@yahoo.it		
87	Institute of Public Heath - expert	Mr. Alban Ylli	albanylli@yahoo.co.uk	+355 694078236	
88	Institute of Public Heath - expert	Ms. Kozeta Filipi	kkozeta@hotmail.com		
89	Medical doctor - DRSH Durres	Ms. Dhurata Tromplini Tafa			
90	Medical doctor - Oncology Tirana Hospital	Ms. Nevila Rexhaj		+355 672089991	
91	Institute of Public Heath - expert	Ms. Jeta Lakrori	jetalakrori@yahoo.com	+355 692337683	
92	Hygea Hospital - Chirurgery	Mr. Sokol Ruci		+355 672083926	
93	Chef of Obstetric in S.U.O.GJ Tirana	Mr. Maksim Gjoni	mblk-4@hotmail.com	+355 692038559	
94	Chef of Neonatology University Hospital	Mr. Eduard Tushe	edtushe@gmail.com	+355 682154748	
95	Vice President of Peritonalogia Association in Albania	Mr. Astrit Bimbashi	bimbshiastrit@yahoo.com	+355 692097808	
96	Medical Doctor in Anesthesia - O.G.U.H in Tirana	Ms. Adriana Misja	amisja@hotmail.com	+355 692047094	
97	Dr Ob- Gynecology in University Hospital -	Ms. Enkeleda Prifti	enkeledaprifti@yahoo.com	+355 692087257	
98	Chef of the Nursery in Neonatology in Hospital Koço Glozheni	Ms. Blerta Dardha	blertadardha@gmail.com	+355 694023268	
99	Hygea Hospital - Medical Doctor	Ms. Donika Beba		+355 692269575	
100	CRCA	Ms. Blerina Metaj	blemetaj@yahoo.it	+355 672075420	
101	Stop Aids	Mr. Dritan Kamani	kamanidritan@gmail.Com		
102	ASHR -Medical Doctor	Ms. Suzana Gjevori	zanagjevori@yahoo.com	+355 672571891	
103	Aulona Center	Ms. Enela Mone	aulona.center@gmail.com	+355 33224531	Vlore
104	Youth Center PO - Projects Coordinator	Ms. Brunilda Hylviu	brunahylviu@gmail.com	+355 672571831	

105	Aulona Center	Ms. Enela Mone	aulona.center@gmail.com	+355 33224531	Vlore
106	Youth Center PO - Youth coordinator	Ms. Blerina Shehu	belashehu@gmail.com	+355 695722233	
107	Student	Mr. Londi Ziko	londi13z@yahoo.com	+355 692126313	
108	Public Health Dept -Durres	Evelina Balliu	evelinaballiu@yahoo.com	+355 692621951	Durres
109	Public Health Dept -Durres	Lida Boshku		+355 692082463	Durres
110	Public Health Dept -Gjirokaster	Bledar Ahmetaj	blediahmeti@yahoo.com	+355 695436076	Gjirokaster
111	Public Health Dept - Shkoder	Irena Shestani		+355 684021687 / 2242509	Shkoder
112	Regional Health Dept -Berat	Valbona Papa		+355 682594159	Berat
113	ASHR Tirane	Mirela Dyrmishi	mirelabelishta@yahoo.ca	+355 692240561	Tirane
114	Public Health Dept - Fier	Alberina Vallja	alberinavallja@yahoo.com	+355 692642234	Fier
115	ASHR Tirane	Adelina Elezi	elezi_adela@live.com	+355 693235590	Tirane
116	ASHR Tirane	Viola Selmani		+355 693442575	Tirane
117	ASHR Tirane	Ramiz Kernaja	rkernaja@hotmail.com	+355 682384304	Tirane
118	Public Health Dept - Korce	Thomaidha Kola (Konomi)		+355 0684070876	Korce
119	Public Health Dept - Diber	Arian Stafa	arianstafa1@yahoo.com	+355 672085605 / 692803113.	Diber
120	Public Health Dept - Elbasan	Helga Kongoli	helgakongoli@yahoo.com	+355 672082809	Elbasan
121	Public Health Dept -Lezhe	Gazmend Brahja	brahja@hotmail.com	+355 672038570	Lezhe
122	Public Health Dept -Bulqize	Afrim Sula	afrimsula@gmail.com	+355 67 20 85 919	Bulqize

Annex 7. Generic Template for Analysis Matrix for Albania CPE

Population and Development Component:

UNFPA Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality

UNFPA SP Outcome 4. Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Overall Outcome indicators:

Indicator 1: The last 2011 Census data processed, analyzed and disseminated following internationally agreed recommendations Baseline: CENSUS completed Target: 2 UNFPA specific papers on youth and elderly launched and data available for public

Indicator 2: Number of completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth Baseline: 0 Target: alternative CSO report on SRH launched

PD ATLAS output ALB3U705

SP Output 12: Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities.

Output 12 Indicator: National statistical authorities have institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) gender-based violence. **Baseline:** INSTAT, statistical units in line ministries **Target**: capacities of statistical staff in at least 3 ministries (Min Youth, Min Education, MoH) strengthened

SP Output 14: Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development

Output 14 Indicator: No of papers, articles, and research based on in-depth analysis of census and other population and health surveys data **Baseline:** 0 **Target:** at least 4 new secondary data analyses / papers based on DHS data

Key Activity Analysis Matrix by Evaluation Criteria –This is a hypothetical example for PD. Activities are not actual.

Key PD Activities (Sub-set of all activities) Not available (NA)	Relevance	Effectiveness	Efficiency	Sustain-ability	UNCT coordination	Added Value	Recommendations, Comments on Best Practices
1.PD: Activity 01 Advocacy & awareness on ICPD							
1.1 PD 2012							
1.2 PD 2013							
1.3 PD 2014							
1.4 PD 2015							
1.5 PD 2016	NA	NA	NA	NA	NA	NA	NA
2. PD: Activity 02. Secondary data analysis							
2.1 PD 2012							
2.2 PD 2013							
2.3 PD 2014							
2.4 PD 2015							
2.5 PD 2016	NA	NA	NA	NA	NA	NA	NA
5. PD: Activity 05. Dev. stat.regulatory framework							
5.1 PD 2012							
5.2 PD 2013							
5.3 PD 2014							
5.4 PD 2015							
5.5 PD 2016	NA	NA	NA	NA	NA	NA	NA
6. PD: Activity 06. Monitoring and Evaluation activities "Field Monitoring Visits of the CO staff to the project sites.							
6.1 PD 2012							
6.2 PD 2013							
6.3 PD 2014							
6.4 PD 2015							
6.5 PD 2016	NA	NA	NA	NA	NA	NA	NA

Annex 8 – 1. Stakeholder Inception Report Interview Questionnaire

Introduction: Thank you for agreeing to meet with us today. Our names are Sam Clark and Dr. Holtjana Bello. We are evaluation consultants and have been hired to conduct an end-of-project evaluation of the UNFPA CP for 2012- 2016. This project began in 2012 and the program has been implemented in collaboration with Albanian Ministries and a wide range of other stakeholders.

Goals and objectives of the Survey: After more than three years since the beginning of the project, now that many of the components have been implemented, this evaluation will

a) assess, as systematically and objectively as possible, the following six criteria: relevance, effectiveness, efficiency, sustainability, United Nations Country Team Coordination, and added value.
b) assess the achievements of the project against its 4 outcomes and 9 outputs, and the future needs of Albania for Sexual and Reproductive Health (SRH), Youth SRH, Gender Equality (GE) and Population and Development (PD).
c) develop a document that will help key stakeholders, including UNFPA Albania, various Ministries of the donors, to make reasonable choices regarding the approach towards interventions in the country and the components that should be maintained, modified or added in the upcoming projects.

Ground Rules: This interview is confidential and voluntary. Your name will not be linked to any of the findings. If you are willing to be quoted, this is appreciated. But no data will be associated with your name unless cleared in advance by you. You can end the interview at any time and have no obligation to answer any questions asked.

1. Date:
2. Name:
3. Contact information for clearance:
4. Position:
5. Number of years have worked in this position:
6. Confirmation that respondent knows what the UNFPA CP is and what is has done in at least one of the four Outcomes and where. i) Little ii) Some iii) Well informed

7. Which of the following four outcomes are you most familiar with?

- SP Outcome 1. SRH: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.
- SP Outcome 2. Adolescent SRH: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.
- SP Outcome 3. Gender and GBV: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.
- SP Outcome 4. Population and Development: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

8. Based on what we have told you about the TOR for our evaluation, what recommendations would you have on the best approach for us to take? What suggestions do you have for the design of our evaluation?
9. If this evaluation is to be worthwhile to you, what key issues should it address?
10. What important documents and data would you recommend that we review?
11. Who are some of the key informants you would recommend we talk with?
12. Who are the key groups/beneficiaries from this CP? How would you recommend we proceed in order to identify a sample of these groups/beneficiaries for interviews?

We appreciate your help. Thanks for your cooperation!

Annex 8-2 Stakeholder Interview Questionnaire

UNFPA Albania CP Evaluation Stakeholder Interview Questionnaire

This questionnaire is intended for a

full range of stakeholders:

(Ministry counterparts, Implementing partners, Donors, NGOs, and UN agency staff)

7 September 2015

Introduction: Thank you for agreeing to meet with us today. Our names are Sam Clark and Dr. Holtjana Bello. We are evaluation consultants and have been hired to conduct an end-of-project evaluation of the UNFPA CP for 2012- 2016. This project began in 2012 and the program has been implemented in collaboration with Albanian Ministries and a wide range of other stakeholders.

Goals and objectives of the Survey: After more than three years since the beginning of the project, now that many of the components have been implemented, this evaluation will

- Assess, as systematically and objectively as possible, the following six criteria: relevance, effectiveness, efficiency, sustainability, United Nations Country Team Coordination, and added value.
- Assess the achievements of the project against its 4 outcomes and 9 outputs, and the future needs of Albania for Sexual and Reproductive Health (SRH), Youth SRH, Gender Equality (GE) and Population and Development (PD).
- Develop a document that will help key stakeholders, including UNFPA Albania, various Ministries of the donors, to make reasonable choices regarding the approach towards interventions in the country and the components that should be maintained, modified or added in the upcoming projects.

Ground Rules: This interview is confidential and voluntary. Your name will not be linked to any of the findings. If you are willing to be quoted, this is appreciated. But no data will be associated with your name unless cleared in advance by you. You can end the interview at any time and have no obligation to answer any questions asked.

Date and Location of Interview: Day Mo Year

Location of Interview:_____

2. **Name:**
3. **Contact information for clearance**:
4. **Position and Organization:**

- **Position with respect to policy:** Does the respondent work at a level where he/she has an understanding of national donor policy issues? **Circle one:** Yes No.
- Number of years has worked in this position:_____Years
- **Confirmation that respondent knows what the UNFPA CP is** and what is has done in at least one of the four Outcomes shown below. **Circle one:** i) Little ii) Some iii) Well informed

Which of the following four outcomes outputs are you most familiar with? Circle the one most familiar with.

Outcome 1. Sexual and Reproductive Health: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

Outcome 2. Adolescent Sexual and Reproductive Health: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.

Outcome 3. Gender and Gender Based Violence: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

Outcome 4. Population and Development: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Evaluation Component I: ANALYSIS BY FOCUS AREAS

Introduction "You have said that you are most familiar with Outcome [mention the outome or outcomes they are most familiar with]. We would like to ask some questions about this particular outcome/ these particular outcomes and the UNFPA Country Program (CP) as a whole.

If you feel the question is too general or is at a policy level you are not comfortable with, this is not a problem. We will skip to the next question."

Relevance

Question 9a: (EQ 1.A). To what extent is the current programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?

Question 9b: (EQ 1.B.) To what extent is the current programme reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs and how well has it been aligned to the objectives set out in the PoC?

UNFPA Policies/Strategies	Fully reflective, Partially reflective, Not reflective
ICPD Program of Action	Fully reflective, Partially reflective, Not reflective
MDGs	Fully reflective, Partially reflective, Not reflective
Objectives of the PoC?	Fully reflective, Partially reflective, Not reflective

Effectiveness

Question 10a. (EQ2A) Were the CP's intended outputs and outcomes achieved? If so, to what degree?
Paraphrase: Were the desired results achieved? If Yes, to what degree?

Outputs	Fully achieved	Partially achieved	Not achieved at all
Outcomes	Fully achieved	Partially achieved	Not achieved at all

Question 10b. (EQ 2.B.) To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?

Outputs Fully contributed Partially contributed Not contribute at all.

Outcomes Fully achieved Partially achieved Not achieved at all

Question 10c. (EQ2C) What were the constraining and facilitating factors and the influence of context on the achievement of results? Paraphrase: What helped in achieving results in general? Were there any constraints/barriers in achieving these results?

Constraining Factors

Facilitating Factors

Influence of context

Efficiency

Question 11a. (EQ3.A) Were the outputs achieved reasonable for the resources spent?

Paraphrase 1. For the resources spent, were the outputs achieved reasonable? Paraphrase 2. Could more results have been produced with the same resources? Paraphrase 3. Were resources spent as economically as possible?

Yes/No/Partially

Please explain your answer:

Question 11b. (EQ 3.B) Could different interventions have solved the same problem at a lower cost?

Yes/No/Partially

Please explain your answer:

Sustainability

12 a. (EQ 4.A) Are programme results sustainable in short perspectives (<=5 years)?

12b (EQ 4.B) Are programme results sustainable in long-term perspective (>5 years)?

12c (EQ 4.C). Did UNFPA Albania ensure sustainability of its programme interventions? Yes or No.

12d (EQ 4.D). If yes to 12.C. How UNFPA Albania did ensure sustainability of its programme interventions?

12e (EQ 5). Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

Component II: ANALYSIS OF UN Country Team coordination and UNFPA added value.

13a (EQ6.A.) To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms to implement the PoC?

13b. (EQ6.B.) To what extent does the UNDAF/PoC fully reflect the interests, priorities and mandate of UNFPA in the country?

13c. (EQ6.C) Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

14. Added Value

14a (EQ7.A.) What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies?

14b (EQ7.B.) Are these strengths a result of UNFPA corporate features or are they specific to the CO features?

Annex 8-3a Albania CPE Training Follow-up Questionnaire

Training Follow-up Questionnaire Draft 0.1 - 16 Sept 2015 Preliminary – Do not distribute	
Introduction: Explain purpose of interview as part of evaluation of the UNFPA Country Program. Explain that the interview is voluntary and confidential; no data will be linked to them. **Do not write name.**	
- **Unique Questionniare ID Number:___/___** - **Date: dd/mm/yr** - **Name of interviewer:**	**4. Location of Interview** (Name Office and Town)
- **Normal place of residence:** - **Normal place of employment:**	- **Sex: Male/Female** - **Age:**
- **Category of trainee:** (Indicate background, for example, Family Dr, GP, Nurse, Peer Educator, Police, Ministry official, Other: - **If nurse or doctor**: Level of Medical training completed_____ - **For Peer Educator or other:** Educational level completed: Less than Secondary, Secondary, college, post	
12. What type of training did you receive? (NB: Probe to be sure it was funded through the UNFPA Program) **Circle one** from the following list of trainings: Alb3U201 Integrated ASRH Alb3U602 Youth and Media Alb3U705 Sex Selection Alb3U705 Pop/Demog/Research	
5 Was this training useful to you? Yes No (Please explain) 6 a. Did you gain new information? Yes No (please explain) 14.b. Did you gain new skills? Yes No (please explain)	
- What did you find the least useful from this training? _____ - Did the training have any relevance for your daily work? If yes how? - When you returned to work from your training, were you able to apply the knowledge and skills from your training on a regular basis? Yes or No. Explain your answer._____	
18. Did the training program encourage you to take actions when back to work? Yes/No If so, what action taken._____ 19. Was there any post-training support by the UNFPA program? If Yes, Explain. _ If no, do you think that is important? _____ If Don't know, code 8 for not applicable. 20. Did you find the training improved the quality of your performance on the job? Yes/No. Explain_____ 21. Would you want to have additional training, (not just the training you had) but for any other aspect of your work? Yes or No. 22. If yes, what kind of training would be most beneficial for you now?	
23. If no, why not? **Please Turn Over!**	

24. For Family Medicine Doctors, General Practitioners (GPs), b/Gyns, and Nurses: Do you currently provide FP and other RH services? Yes/No.

If yes, how many days in the last month? _____

On average, how many hours do you provide these services per day?

On average, how many clients do you work with on a given day?

25. For peer educators:
Do you currently provide peer educator services? Yes/No.

If yes, how many days in the last month? _____

On average, how many hours do you provide these services per day? _____ On average, how many youth do you work with on a given day? _____

Thank you for your assistance!

Annex 8-3b. Albanian UNFPA Alb. CPE Training Follow-up Questionnaire

Pyetesor per te vleresuar Trajnimet	
Hyrje: Pershendetje, ne jemi Sam Clarck dhe Holtjana Bello. Ne jemi vlersues te pavarur te kontraktuar per te kryer vleresimin e programit te UNFPA. Ne jemi duke kryer intervisat me njerez te cilet kane marre sherbimin nga (UNFPA). Nese ju jeni dakord te merrni pjese, ne do t'ju pyesim rreth experiences tuaj ne lidhje me UNFPA. ***Shenim: Asnje e dhene ne kete interviste nuk do te lidhet me emrin tuaj.***	
1. Nr. i intervistes …… 2. Date: ---------- **3. Emri i te intervistuarit:**	**4. Vendi i intervistes** (Emri i zyres dhe qyteti)
- **Vendi ku banoni:** - **Vendi ku punoni:**	- **Sex: M/F** - **Mosha:**
- **Kategoria e te trajnuareve:** (tregoni background, per shembull Doktor Familje, Infermier , Trajner, Police, Punonjes Ministrie etj) - **Nese jeni Doktor apo Infermier**: Nivelin/ llojin e trajnimeve qe kane marre_____ - **Per trajneret apo te tjere/** Nivelin e arsimit qe kane: Te mesem/ te larte/ pas universitar Less than Secondary, Secondary, college, post graduate.	
12. C'fare lloj trajnimesh keni marre? (Shenim: Sigurohuni qe keto trajnime jane financuar nga Programi i UNFPA **Rrethoni nje** nga lista e trajnimeve me poshte Alb3U201 Shendeti Riprodhues Alb3U602 Rinia dhe Media Alb3U705 Perzgjedhja e seksit ne lindje Alb3U705 Kerkim shkencon	
Ishte ky trajnim i dobishem per ju? Po/ Jo (ju lutem shpjegoni) • A i pasuruat ju njohurite tuaja? Po Jo (ju lutem shpjegoni) • Keni perfituar ju njohuri te reja? Po Jo (ju lutem shpjegoni)	
7 Cila ishte pjesa me pak e dobishme e trajnimit ?_____ 8 Ka ky trajnim lidhje me punen e perditshme qe ju kryeni? Nese PO, si? 9 A ishit ju ne gjendje te aplikonit njohurite dhe aftesite e marra ne trajnim ne menyre te rregullt, pasi perfunduat trajnimin? Po ose JO . Shpjegoni pergjigjen ----------	
- A ju nxiti ju ky program trajnimi te merrni hapa konkrete pasi u kthyet ne pune? Po/Jo Neso PO, C'fare hapash ndermorret_____ - A keni marre ndonje suport te tipit Post-Training nga UNFPA ? Nese Po, shpjegoni _____ Nese jo, a mendoni qe kjo eshte nje gje e rendesishme qe duhet kryer? _____ - A mendoni qe trajnim i marre ju ndihmoi juve te permiresoni performancen tuaj ne pune? PO/JO. Shpjegoni_____ - A do te donit te kishit marre trajnime te tjera, qe lidhen me aspekte te tjera te punes tuaj? PO/JO	
22. Neso PO, cilat trajnime do te ishin me te dobishme per ju ne keto momente?	
23. Neso jo, pse jo?	

24. Per Mjeket e Familjes, Praktikantet (GP) Ob/Gyns, dhe infermiere:
A ofroni ju sherbime te Planifikimit Familjar apo sherbime te tjera te Shendetit Riprodhues ?Po/Jo.

Nese PO, sa dite ne muajin e fundit ? ____

Mesatarisht, sa ore ne dite ofroni kete lloj sherbimi ? ____

Mesatarisht, sa kliente vizitoni ju brenda nje dite?

25. Per Trajneret:
A ofroni ju per momentin sherbime trajnimi? PO/JO.

Nese PO, sa dite ne muajin e fundit? _____

Mesatarisht, sa ore ne dite ofroni ju trajnime? _____

Mesatarisht, me sa te rinj ju punoni brenda nje dite te caktuar ?_____

Faleminderit

Annex 8-4a Albania CPE Client Questionnaire

Client/Beneficiary Questionnaire (Draft 0.1 – Do not distribute) 16 Sept 2015

Informed Consent Statement for Client/Beneficiaries

Hello, my name is (**name of interviewer**). We are here to learn about the quality of the counselling, information and services you have received from [**Name of Institution in location… Albania**]. We are conducting interviews with people like you who have received services from [**Name of Institution in Albania**]. If you agree to participate, we would ask you a few questions about your experience with [**Name of Institution**].

Before I ask you any questions we are required to explain some important ground rules for our interview. Any answers you wish to give are completely **CONFIDENTIAL**, meaning that no one other than me and my colleague will be able to see your answers. Your name and address will **NEVER** be associated with the answers you give. You have every right to refuse to participate in this interview. Whether or not you choose to answer questions will not affect the services you receive from [**Name of Institution**] in any way. If you do agree to answer questions for this evaluation, you may still refuse to answer any question or stop answering questions altogether.

Interviewer Probe: Do you understand what I have just explained to you? Circle one: Yes/ No.

If no, what do you not understand? [Provide explanations as needed]

Do you now understand what I have just explained to you? Interviewer to Circle one: Yes/No

If no, Thank respondent and discontinue interview.

If yes, Do you agree to be interviewed? Interviewer to Circle One: Yes/No

_____ _____

Signature of Interviewer **Date (dd/mm/yyyy)**

Witness (co-interviewer or translator)

Questions for all client/beneficiaries	
Q1. Name of Interviewer : **Q2. Date (dd/mm/yyyy):** **Q3. Unique Interview Number:_____**	
Q4. Sex: Male/Female **Q5. Age: <18, >18 and <30, >=30 (circle one)** **Q6. Name of UNFPA supported agency or facility:**	**Q7. Type of agency: (Maternity Hosp, PHC, other?)** **Circle one** **Q8. Sector: (Government, Private, NGO, Other)** **Circle one**
Q9. Educational level of person interviewed: **< secondary, secondary, college, post graduate**	**Q10. Location of Interview: Town, District Name** **Q11. Rural, Urban**
Q12. Current employment if any:	**Q13. Region:**
Q14. Types of services received: What types of services have you received from this agency? (List types of services, such as counselling, education, referrals, support etc.)_____ **Q15. Additional services recommended: Q15.A.** Are there additional services that you feel this agency should provide? **Q15.B.** If yes, what are they?	
Respondent perception of usefulness of services: **Q16**. Of the services you mentioned, which ones are the most useful to you? _____ **Q17.** Of the services you mentioned, which ones are the least useful to you? _____	
Respondent rating of satisfaction with services: **Q19.A**. Are you satisfied with all of the services you mentioned? Circle one: satisfied / not satisfied. **Q19.B**. If yes, please explain your answer. **Q20A**. Are you are **not** satisfied with any of the services you mentioned? **Q20B.** If you are not satisfied with one or more services, please explain your answer.	
Quality of advice or counselling: **Q21. Q21A.** Were you satisfied with the advice or counselling you received? Circle one: satisfied / not satisfied **Q21B**. Please explain your answer:	
Respect: Q22.A Were the staff understanding and respectful to you? Circle one: satisfied / not satisfied **Q22B**. Please explain your answer:	
Recommendations: Q23. What would you recommend to improve the quality of services you received from this agency?	
End interview and thank participant!	

Annex 8-4b Albanian – UNFPA Albania CPE Client Questionnaire

Pyetesor per perfitueset e sherbimit

Fjali informues per te intervistuarin

Pershendetje, ne jemi Sam Clarck dhe Holtjana Bello. Ne jemi ketu te mesojme rreth cilesise se sherbimit, informacionit dhe sherbimeve qe je keni marre nga (----------). Ne jemi duke kryer intervisat me njerez te cilet kane marre sherbimin nga (---------- ---------). Nese ju jeni dakord te merrni pjese, ne do t'ju pyesim rreth experiences tuaj me (----------).

Cdo pyetje qe ne do t'ju bejme jane plotesisht KONFIDENCIALE, qe do te thote qe asnje tjeter vec meje dhe koleges time do te mund te shoh pergjigjet tuaja. Emri juaj dhe adresa juaj nuk do te lidhet me pergjigjet qe ju do te jepni. Ju keni te drejte te refuzoni pjesemarrjen tuaj ne kete interviste. Deshira juaj per t'u pergjigjur ketij pyetesori nuk do te lidhet me sherbimin qe ju merrni nga (----------). Nese ju zgjidhni t'iu pergjigjeni pyetjeve, ju mund te refuzoni ti pergjigjeni pyetjeve te vecanta apo te nderprisni pergjigjet tuaja, nese e shihni te arsyeshme.

Jeni dakord te intervistoheni? Po/Jo

_____ _____

Firma e te intervistuarit **Date (----------)**

Pyetje per perfitueset e sherbimit	
P1. Emri i te intervistuarit : **P2. Date (----------):**	**P3. Numri i intervistes:_____**
P4. Sex: M/F **P5. Mosha: <18, >18 and <30, >=30 (rretho nje)** **P6. Emri i Agjencise/ IP qe ka mbeshtetur UNFPA** _____	**P7. Lloji i Agjencise: (Maternitet, Qender e Sherbimit Publik, te tjera?)** ***Rretho nje*** **P8. Sektor: (Qeveri, Privat, OJF, te tjera)** ***Rretho nje***
P9. Niveli i arsimit te personi te intervistuar: **< I larte, I mesem, 8-vjecar>**	**P10. Qyteti ku zhvillohet intervista** **P11. Rurale, Urban**
P12. Ku punoni?:	**P13. Rajon:**
P14. Llojet e sherbimeve te marra: C fare lloj sherbimesh ju keni marre nga kjo agency? (Listoni llojet e sherbimeve te tille si advocacy, trajnim, mbeshtetje, refferrals etj. _____ **P15. Sherbime te tjera te rekomanduara: A.** Ka sherbime te tjera shtese qe mendoni qe kjo agjenci duhet te ofroje? **P15.B.** Nese Po, cilet jane ato?	
Perceptimi i te intervistareve ne lidhje dobishmerine e sherbimeve: **P16**. Cilet sherbime jane me te dobishme per ju nga ato qe ju permendet? _____ **P17.** Cilet sherbime jane me te pak te dobishme per ju nga ato qe ju permendet ? _____	
Kenaqesia e te intervistuareve nga sherbimet e marra: **P19.A**. Jeni **i/e kenaqur** nga te gjitha sherbimet e permendura me siper? *Rrethoni nje* : I kenaqur/ I pakenaqur **P19.B**. Nese Po, ju lutem shpjegoni pergjigjen tuaj. **P20A**. Jeni **I pakenaqur** me sherbimet e permendura? **P20B.** Nese ju nuk jeni I kenaqur me nje apo disa sherbime, ju lutem shpjegoni pergjigjen tuaj.	
Cilesia e keshillimeve te marra **P21. P21A.** A jeni ju i kenaqur me sherbimin e keshillimit te marre? *Rrethoni nje*: i kenaqur / i pakenaqur **P21B**. Ju lutem shpjegoni pergjigjen tuaj:	
Respekt: P22.A A ishte stafi i sjellshem me ju. *Rrethoni nje*: I kenaqur / I pakenaqur **P22B**. Ju lutem shpjegoni pergjigjen tuaj:	
Rekomandim: P23. Cfare do te rekomandonit ju per te permiresuar me tej cilesine e sherbimeve te ofruar nga kjo agjenci ?	
Faleminderit!	

Annex 8-5a UNFPA Albania CPE FGD

Focus Group Discussion (FGD)

Guide

(For use with youth peer-educators/client beneficiaries of UNFPA Albania Supported Programs)

Unique FGD ID Number	___ ___ ___ ___ *To be filled by evaluation team*
Interviewer/Facilitator Name(s)	
Notes on this form taken by (name)	
Date of FGD	Day: Month: Year: 2014
Location: Name of District	
Location: Specific Site/Facility	

FGD Participant Information					
Number	Sex/Gender: Female Or Male	Age	Currently in School? If yes, current level. If no, highest level achieved?	Trained to be a peer educator?.	Currently working as a peer educator?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Introduction: Hello and Thank you for agreeing to meet with us today. Our names are Sam Clark and Dr. Holta Bello. We are evaluation consultants and have been hired to conduct an evaluation of UNFPA/Albania supported programs that have been implemented since 2012.

We would like to ask you questions about UNFPA Albania supported programs for youth in Albania.

We would like to discuss these programmes with you, as well as your knowledge, beliefs, attitudes, practices related to sexual and reproductive health, well as gender and gender-based violence.

Participation in this discussion today is voluntary and you may decline to answer any individual question. You may also discontinue participation at any time. The information you provide will be kept strictly confidential and will not be disclosed to others.

One of us will be asking the questions, while the other will take notes based on what you say.

Before beginning, we would like to recommend some ground rules for our discussion.

- This conversation should be treated as confidential. Whatever is discussed here should not be shared outside of this group after the discussion has finished.
- Please respect each other's opinions.
- There is no right or wrong answer.
- The information you provide will not be linked to you in any way. Your honest responses to our questions will be highly appreciated.

We hope today's discussion will be balanced. This is an open discussion and everyone is entitled to his or her own opinions so please feel free to express what you think and feel.

You are the experts, and we are here to learn from you and ensure that we keep the discussion to a reasonable time. We hope it will not take more than an hour and a half. We will be serving refreshments afterwards.

If any of you would prefer not to participate you can leave any time. Can we begin? Thank you.

All probes are optional but all questions should be asked.
1) **Can you tell us about being a peer educator? What does a peer educator do?** **Probe:** How many Peer Education sessions have you done? How many participants are in your sessions?
2**) Can you tell us about why did you decided to do Peer Education?**
3) What have you learned from Peer Education? **Probe:** What kind of new information, what new skills? **Probe:** Do you feel you had adequate training to be a peer educator?

4) Can you tell us about any advantages of being a Peer Education **Probe:** How do you benefit from being a peer educator?
5) Please tell us about the challenges of being a peer educator. What are the most difficult aspects for you. **Probe:** What constraints have you faced? **Probe:** What facilitates your work?
6) What recommendations do you have for UNFPA Albania to improve Peer Education programs and programs for youth in general?

Thanks for your participation and assistance!

Possible additional questions to consider
Level of knowledge of youth on the rights, needs and potential issues related to SRH
7) What do you think are the rights of youth to SRH services?
8) Are there any SRH services for youth in your area? If so, What do you think of the SRH services for youth in your area?
Level of awareness and degree of satisfaction with youth SRH care providers.
What do you think of the health education, sexual health services and contraceptive/ family planning methods provided for youth in your locality? **Probe:** Does your local Service Delivery Point (SDP) provide (culturally) sensitive, respectful services to everyone in your locality? **Probe:** What kind of health education and family planning methods does the SDP have to offer youth in your community? **Probe:** Does your local staff at our SDP have the right kind of skills, knowledge and experience to help you?

Annex 8-5b UNFPA Albania CPE FGD Guide CSW

Focus Group Discussion (FGD) Guide

Sept 2017

(For use with Action Plus client beneficiaries of UNFPA Albania Supported Programs)

Unique FGD ID Number	___ ___ ___ ___ *To be filled by evaluation team*
Interviewer/Facilitator Name(s)	
Notes on this form taken by (name)	
Date of FGD	Day: Month: Year: 2014
Location: Name of District	
Location: Specific Site/Facility	

FGD Participant Information					
Number	Sex/Gender: Female Or Male or Transgender	Age	Current occupation	Participated in Action Plus programs?	How long have they had an association with Action Plus
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Introduction: Hello and thank you for agreeing to meet with us today. Our names are Sam Clark and Dr. Holta Bello. We are evaluation consultants and have been hired to conduct an evaluation of UNFPA/Albania supported programs that have been implemented since 2012. Action Plus has received support from UNFPA/Albania and we would learn about your experiences with Action Plus.

Participation in this discussion today is voluntary and you may decline to answer any individual question. You may also discontinue participation at any time. The information you provide will be kept strictly confidential and will not be disclosed to others.

One of us will be asking the questions, while the other will take notes based on what you say. Before

beginning, we would like to recommend some ground rules for our discussion.

- This conversation should be treated as confidential. Whatever is discussed here should not be shared outside of this group after the discussion has finished.
- Please respect each other's opinions.
- There is no right or wrong answer.
- The information you provide will not be linked to you in any way. Your honest responses to our questions will be highly appreciated.

This is an open discussion and everyone is entitled to his or her own opinions so please feel free to express what you think and feel.

This is not a test. We are here to today to learn from you about your key priorities and concerns and about your association with Action Plus. Again, you are the experts, and we are here to learn from you and ensure that we keep the discussion to a reasonable time. We hope it will not take more than an hour and a half. We will be serving refreshments afterwards.

If any of you would prefer not to participate you can leave any time. Can we begin? Thank you.

All probes are optional but all questions should be asked.
1) **To start with, we would ask you about some of your day to day challenges. Can you share any examples of the special challenges you face today, taking into account the type of work you do?** **Probe:** What are the special difficulties and obstacles you face given the type of work you do? **Probe:** Please tell us about the challenges of being a sex worker. What are the most difficult aspects for you? **Probe:** What constraints have you faced? **Probe:** On the positive side, can you share any examples of things that facilitates your work, makes your work easier?
2**) We understand that you have all been involved with Action Plus activities. Can you tell us about why did you decided to be involved with Action Plus?**
3a) What kind of services does Action Plus provide? **3b) Have you received any training from Action Plus? If so, what type?** **Probe:** What kind of new information, what new skills? **Probe:** Do you feel you had adequate training from Action plus? **Probe:** Is this enough for you, or would you like them to provide any other education**.**

4) Can you tell us about any advantages of Action plus activities?
Probe: How do you benefit from Action Plus?

5a) Can you tell us about any disadvantages of Action plus activities?
Probe: Have you had any problems with Action Plus?

5b) **What recommendations would you make to improve what Action Plus does?**

6) What recommendations do you have for UNFPA Albania to improve programs and services for CSWs and other vulnerable groups in Albania in general?

Thanks for your participation and assistance!

Possible additional questions to consider
Level of knowledge on the rights, needs and potential issues related to SRH
7) What do you think are the rights of CSW to SRH services?
8) Are there any SRH services for CSWs in your area? If so, What do you think of the SRH services for CSWs in your area?
Level of awareness and degree of satisfaction with CSW SRH care providers.
9) What do you think of the health education, sexual health services and contraceptive/ family planning methods provided for CSWs in your locality? **Probe:** Does your local Service Delivery Point (SDP) provide (culturally) sensitive, respectful services to everyone, including CSWs, in your locality? **Probe:** What kind of health education and family planning methods does the SDP have to offer CSWs in your community? **Probe:** Does your local staff at your SDP have the right kind of skills, knowledge and experience to help you?

Annex 8-5c UNFPA Albania CPE FGD Guide StopAIDS

Focus Group Discussion (FGD) Guide

Sept 2017

(For use with Stop AIDS client beneficiaries of UNFPA Albania Supported Programs)

Unique FGD ID Number	___ ___ ___ ___ *To be filled by evaluation team*
Interviewer/Facilitator Name(s)	
Notes on this form taken by (name)	
Date of FGD	Day: Month: Year: 2014
Location: Name of District	
Location: Specific Site/Facility	

FGD Participant Information					
Number	Sex/Gender: Female Or Male or Transgender	Age	Current occupation prior to being in institution	Participated in StopAIDS programs?	How long have they had an association with Stop AIDS?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Introduction: Hello and thank you for agreeing to meet with us today. Our names are Sam Clark and Dr. Holta Bello. We are evaluation consultants and have been hired to conduct an evaluation of UNFPA/Albania supported programs that have been implemented since 2012. STOP AIDS has received support from UNFPA/Albania and we would learn about your experiences with STOP AIDS program activities here.

Participation in this discussion today is voluntary and you may decline to answer any individual question. You may also discontinue participation at any time. The information you provide will be kept strictly confidential and will not be disclosed to others.

One of us will be asking the questions, while the other will take notes based on what you say. Before

beginning, we would like to recommend some ground rules for our discussion.

- This conversation should be treated as confidential. Whatever is discussed here should not be shared outside of this group after the discussion has finished.
- Please respect each other's opinions.
- There is no right or wrong answer.
- The information you provide will not be linked to you in any way. Your honest responses to our questions will be highly appreciated.

This is an open discussion and everyone is entitled to his or her own opinions so please feel free to express what you think and feel.

This is not a test. We are here to today to learn from you about your key priorities and concerns and about your awareness about STOP AIDS programs. Again, you are the experts, and we are here to learn from you and ensure that we keep the discussion to a reasonable time. We hope it will not take more than an hour and a half. We will be serving refreshments afterwards.

Remember, this is voluntary. You do not have to be in this group today. If any of you would prefer not to participate you can leave any time. Do any of you want to leave? This is fine if you leave. There is no penalty or problem if you wish to leave right now.

Can we begin? Thank you.

All probes are optional but all questions should be asked.
1) **To start with, we would ask you about some of your day to day challenges here, especially related to health care services. Can you share any examples of the special challenges you face today?** **Probe:** What are the special difficulties and obstacles you face here? **Probe:** Please tell us about the challenges of being here, especially with regard to health care. What are the most difficult aspects for you? **Probe:** What constraints have you faced? **Probe:** On the positive side, can you share any examples of things that help you get health care services here?
2**) We understand that you have all been involved with some STOP AIDS programs here. activities. Can you tell us about this program activity?**
3a) What kind of services does the STOP AIDS program provide? **3b) Have you received any training from the STOP AIDS Program? If so, what type?** **Probe:** What kind of new information, what new skills? **Probe:** Do you feel you had adequate training from Stop AIDS?

4) Can you tell us about any advantages of Stop AIDS activities?
Probe: How do you benefit from STOP AIDS program?

5a) Can you tell us about any disadvantages of Stop AIDS activities?
Probe: Have you had any problems with the STOP AIDS program?
Any problems, could they do better?

5b) **What recommendations would you make to improve what STOP AIDS does here?**

6) What recommendations do you have to improve programs and services for people in prisons and other vulnerable groups in Albania in general?

Thanks for your participation and assistance!

Possible additional questions to consider
Level of knowledge on the rights, needs and potential issues related to SRH
7) What do you think are the rights of prisoners to SRH services?
8) Are there any SRH services for prisoners here? If so, What do you think of the SRH services for prisoners here?
Level of awareness and degree of satisfaction with prison SRH care providers.
9) What do you think of the health education, sexual health services and contraceptive/ family planning methods provided for prisoners here? **Probe:** Does your local Service Delivery Point (SDP) provide (culturally) sensitive, respectful services to everyone here? **Probe:** What kind of health education and family planning methods does the SDP have to offer prisoners in your community? **Probe:** Does your local staff here have the right kind of skills, knowledge and experience to help you?

Annex 8-5d UNFPA Albania CPE FGD Guide ACA Roma 1

Focus Group Discussion (FGD) Guide

Sept 2017

(For use with Roma Egyptian and other vulnerable client beneficiaries of UNFPA Albania Supported Programs)

Unique FGD ID Number	___ ___ ___ ___ *To be filled by evaluation team*
Interviewer/Facilitator Name(s)	
Notes on this form taken by (name)	
Date of FGD	Day: Month: Year: 2014
Location: Name of District	
Location: Specific Site/Facility	

FGD Participant Information					
Number	Sex/Gender: Female Or Male	Age	Participated in ACA Training? Yes or No	Self-Identified Cultural background: Roma, Egyptian, Other	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Introduction: Hello and Thank you for agreeing to meet with us today. Our names are Sam Clark and Dr. Holta Bello. We are evaluation consultants and have been hired to conduct an evaluation of UNFPA/Albania supported programs that have been implemented since 2012.

We would like to ask you questions about UNFPA Albania supported programs for Roma and Eguptians in Albania.

We would like to discuss these programmes with you, as well as your knowledge, beliefs, attitudes, practices related to sexual and reproductive health (by this we mean, Maternal and Child Health, Family Planning STI screening and related services), well as gender and gender- based violence.

Participation in this discussion today is voluntary and you may decline to answer any individual question. You may also discontinue participation at any time. The information you provide will be kept strictly confidential and will not be disclosed to others.

One of us will be asking the questions, while the other will take notes based on what you say. Before

beginning, we would like to recommend some ground rules for our discussion.

- This conversation should be treated as confidential. Whatever is discussed here should not be shared outside of this group after the discussion has finished.
- Please respect each other's opinions.
- There is no right or wrong answer.
- The information you provide will not be linked to you in any way. Your honest responses to our questions will be highly appreciated.

We hope today's discussion will be balanced. This is an open discussion and everyone is entitled to his or her own opinions so please feel free to express what you think and feel.

You are the experts, and we are here to learn from you and ensure that we keep the discussion to a reasonable time. We hope it will not take more than an hour and a half. We will be serving refreshments afterwards.

If any of you would prefer not to participate you can leave any time. Can we begin? Thank you.

All probes are optional but all questions should be asked.
1) **Are there any barriers you, and members of your community, face in getting access to Sexual and Reproductive Health Services?** **Probe:** What types of things make it difficult for you to get services from the local community health center in your community? For example, cost, location, distance, language, attitudes of providers?
2**) How many of you have participated in the ACA training related to ASRH?** **Probe:** Have any of you been trained to be a health promoter in your community? **Probe:** For those of you who were in the training, can you tell us about why you decided to be in the training?
3) What have you, and members of your community, gained from the ACA training? **Probe:** What kind of new information, what new skills? **Probe:** Do you feel you had adequate training to be a community health promoter? No. More the better. Knowledge never ends. We have experts with us when we go to the community with a nurse or a doctor or the nurse. They were covering. **Probe:** What did you gain? **Probe:** Do they link members of the community with the health centers?

4) Can you tell us about any changes in your community after the ACA ASRH training?
Probe: What specific changes have occurred in your communtiy as a result of this training?

Probe: What specific benefits have occurred as a result of the training?

5) Please tell us about the challenges of being a community health promoter. What are the most difficult aspects for you?
Probe: What constraints have you faced?
Probe: What facilitates your work?

6) What recommendations do you have for UNFPA Albania to improve the health promotion programs and programs for your community in general?

Thanks for your participation and assistance

Annex 8-5e UNFPA Albania CPE FGD Guide ACA Roma 2

Focus Group Discussion (FGD) Guide

Sept 2017

(For use with Roma Egyptian and other vulnerable client beneficiaries of UNFPA Albania Supported Programs)

Unique FGD ID Number	___ ___ ___ ___ *To be filled by evaluation team*
Interviewer/Facilitator Name(s)	
Notes on this form taken by (name)	
Date of FGD	Day: Month: Year: 2014
Location: Name of District	
Location: Specific Site/Facility	

FGD Participant Information					
Number	Sex/Gender: Female Or Male	Age	Participated in ACA Training? Yes or No	Self-Identified Cultural background: Roma, Egyptian, Other	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Introduction: Hello and Thank you for agreeing to meet with us today. Our names are Sam Clark and Dr. Holta Bello. We are evaluation consultants and have been hired to conduct an evaluation of UNFPA/Albania supported programs that have been implemented since 2012.

We would like to ask you questions about UNFPA Albania supported programs for Roma and Egyptians in Albania.

We would like to discuss these programmes with you, as well as your knowledge, beliefs, attitudes, practices related to sexual and reproductive health (by this we mean, Maternal and Child Health, Family Planning STI screening and related services), well as gender and gender- based violence.

Participation in this discussion today is voluntary and you may decline to answer any individual question. You may also discontinue participation at any time. The information you provide will be kept strictly confidential and will not be disclosed to others.

One of us will be asking the questions, while the other will take notes based on what you say. Before

beginning, we would like to recommend some ground rules for our discussion.

- This conversation should be treated as confidential. Whatever is discussed here should not be shared outside of this group after the discussion has finished.
- Please respect each other's opinions.
- There is no right or wrong answer.
- The information you provide will not be linked to you in any way. Your honest responses to our questions will be highly appreciated.

We hope today's discussion will be balanced. This is an open discussion and everyone is entitled to his or her own opinions so please feel free to express what you think and feel.

You are the experts, and we are here to learn from you and ensure that we keep the discussion to a reasonable time. We hope it will not take more than an hour and a half. We will be serving refreshments afterwards.

If any of you would prefer not to participate you can leave any time. Can we begin? Thank you.

All probes are optional but all questions should be asked.
1) **Are there any barriers you, and members of your community, face in getting access to Sexual and Reproductive Health Services?** **Probe:** What types of things make it difficult for you to get services from the local community health center in your community? For example, cost, location, distance, language, attitudes of providers?
2**) How many of you have participated in the ACA training related to ASRH?** **Probe:** Have any of you been trained to be a health promoter in your community? **Probe:** For those of you who were in the training, can you tell us about why you decided to be in the training? **Probe:** Were you trained about GBV? If so, what did you learn?
3) What have you, and members of your community, gained from the ACA training?

4) Can you tell us about any changes in your community after the ACA ASRH training?
5) Please tell us about the challenges of being a community health promoter. What are the most difficult aspects for you?
6) What recommendations do you have for UNFPA Albania to improve the health promotion programs and programs for your community in general?

Thanks for your participation and assistance!

Annex 9. Draft Matrix Program Activities by Implementing Agency by Region by District*-

Regional Area/District	SRH & HIV	ASRH	G&GBV	PD	Vulner-able Pops: MSM, IDU, LGBT	Vulnerable Population: Roma	Community and Health Providers training (not clear what areas)
Northern							
Malesi e Madhe,	ACA		ACA				
Shkoder	NESMARK (SM and LMIS)/ ACA	ACPD / ACA / AP (YFS)	ACA		AP		
Lezhe	ACA (Sex based Abo Training)		NCSS			ACA	
Kukes		AP (YFS)			AP		
Central							
Tirana	ACPD/ Stop AIDS NESMARK (SM, LMIS, Peer Ed)	ACPD ACA (Photonovel) AP (YFS)	ACA ACA (Photonovel)	UNFPA	AP	ACA	
Durres		AP (YFS)	NCSS		AP	ACA	
Elbasan	NESMARK (SM and LMIS)	ACA (Photonovel) AP (YFS)	ACA (Photonovel)		AP	ACA	
Gramsh							ACA
Fushe Kruje						ACA	
Rrogozhine.		AP (YFS)			AP		
Southern							
Fier		ACA (Photonovel)	ACA (Photonovel)			ACA	
Berat	ACA (Sex based Abo Training)	ACA (Photonovel)	ACA (Photonovel)				ACA
Kucove	ACA (Sex based Abo Training)						ACA
Gjirokaster			NCSS				
Vlora	NESMARK (SM and LMIS)	ACPD AP (YFS)			AP		
Korce		ACA (Photonovel)	ACA (Photonovel)				ACA
Erseke							ACA
Skrapar							ACA

4/Sept

***Based on UNFPA email. See next page.**

1. **ACA (Albania Community Assist)**
2. **ACPD (Albania Centre for Population and Development)**
3. **AP (Aksion Plus)**
4. **NCSS (National Centre for Social Studies)**

5. **NESMARK (social marketing (SM) foundation)**
6. **Stop AIDS**

UNFPA's activities since 2012-2014 have taken place in:

Work implemented by:

ACPD (Albania Centre for Population and Development): Tirana (most of the activities related to protocols, CSE (comprehensive sexuality education) and youth and Vlora and Shkoder related to youth on ASRH.

NCSS (National Centre for Social Studies): All over Albania in the case of the national training of health care providers on GBV and specifically Gjirokaster, Durres, Lezhe in the development of a communication plan of primary health care to respond to GBV.

ACA (Albania Community Assist): For work related to vulnerable communities of Roma Population: Tirane, Elbasan, Durres, Fushe Kruje, Fier,
For work related to GBV and SRH: Shkoder, Malesi e Madhe,
For work related Sex Biased abortion advocacy and training: Berat, Kucove, Lezhe,
For work related to advocacy through photonovel on issues related to ASRH, GBV: Elbasan, Fier, Korce , Berat, Shkoder, Tirana
For work related community and health providers training: Korce, Erseke, Berat, Skrapar, Kucove, Gramsh.

NESMARK (social marketing foundation): all over the country on condom distribution and training on LMIS in Tirane, Elbasan, Vlore, Shkoder. Peer Education related activities in Tirana.

Aksion Plus: activities related to vulnerable groups MSM, LGBT, IDU and advocacy on youth friendly services: Tirana, Vlora, Durres, Shkoder, Elbasan, Kukes, Rrogozhine.

Stop AIDS: work with vulnerable groups in prisons: Tirana.

UNFPA direct execution of programme work is mainly in Tirana as it is at policy and advocacy level with stakeholders, CSO, national partners.

Annex 10 Listing of Trainings Template

Project Code ALB3U201									
Project Code and Year	Activity No	Type Training	No of Trainers	No of Trainees in each training	No of trainings	Total number of trainees	Location of Training	Days of Training	Dates completed
2012	ACTIVITY01	Education and training on SRH among drug users, LGBT and Sex Workers (SW) in Tirana and 5 other towns	5	15	7	104	Tirana, Vlora, Durres, Shkoder, Elbasan, Korca	7	Jul-Dec.12
2012	ACTIVITY02	Efective Perinatal Care	5	18	1	18	Kukes	8	Jun-14
2013	ACTIVITY01	Capacity building on integrated ASRH, Gender & Health Rights at PHC & community level	8	27;21;17;	3	50 doctors/nurse; 15 community mediators	Berat, Kuçova, Lezha	14 each training 42 days total;	Sep-Nov-13
2013	ACTIVITY02	Efective Perinatal Care	5	16	1	16	Durres	8	Jun - 14
2013	ACTIVITY03	Trainings on STI/HIV -infection prevention	5	12	22	264	Tirana, Vlora, Durres, Shkoder, Elbasan, Korca	22	Apr-Dec.13
2014	ACTIVITY01	Management of cancer screening programs	6	35	1	35	Tirana	5	nov-2014
2014	ACTIVITY01	Training on EPC	5	16	2	32	Durres, Kukes	16	Jun-14
2014	ACTIVITY02	Enhance the technical and managerial skills of LMIS	1	23	4	92	Tirane, Elbasan, Vlore, Shkoder	7	Q2 + Q4
2014	ACTIVITY03	Capacity building on HIV/STI/SRH among drug users, LGBT, SW	3	15	8	120	Tirana,	8	Jul.-Dec.14
2014	ACTIVITY04	Capacity building on improving the access of SW, IDUs, MSM toward SRH services	7	23	10	230	Tirana, Kukes, Rrogozhine	10	Apr.- June 14

2014	ACTIVITY03	Capacity building on integrated ASRH, Gender & Health Rights in district level of Skrapar and Berat	8	17;28;	2	45	Poliçan-Skrapar, Ura Vajgurore- Berat	14 each training 28 days total;	Jun - Jul 2014
2014	ACTIVITY05	National workshop HIV PMTCT and Syphilis	1	35	1	35	Tirane	1	December 9, 2014
2015	ACTIVITY04	Capacity building on integrated ASRH, Gender & Health Rights at PHC & community level	12	32;29;31; 35	4	127	Çorovoda -Skrapar, Gramsh, Korça, Erseka	14 each training 56 days total;	June- July 2015
2015	ACTIVITY05	Trainings on STI/HIV -infection prevention at district level	2	20	4	80	Korça, Gramsh	2	September 2015
2015	ACTIVITY06	Trainings on peer education at district level	2	20	4	80	Korça, Gramsh	2	September 2015
2015	ACTIVITY10	Sexual and Reproductive Health programme in crisis and post-crisis situations, MISP in RH training	1+ 8 facilitators	37	1	37	Tirana	3	10th-12th June 2015

ALB3U504											
Project Code and Year	Activity No	Type Training	No of Trainers	No of Trainees in each training	No of trainings	Total number of trainees	Location of Training	Days of Training	Dates completed	% of female/Male	cost of trainings in ALL
2012	ACTIVITY01	TOT Capacity building on GBV	2	20	3	60	Tirana, Shkodra, Vlora	5	July-Nov-12	65% females	250,000
2012	ACTIVITY01	Capacity building on GBV	2	30	2	60	Tirana	5	May-June-12	65% females	170,000
2012	ACTIVITY01	Capacity building on GBV	2	10	4	40	Tirana	4	Jul-Dec-12	75% females	60,000
2012	ACTIVITY01	Training on GE, RR, FP, GBV, Early marriages of widow & women in need	5	18,22, 10	3	50	Malesia e Madhe, Shkodra	12	Sep-Oct-12		

2012	ACTIVITY02	Workshops with local institutions on GE, GBV	2	15	2	30	Malesia e Madhe	1	Sep-Oct-12		
2013	ACTIVITY01	Trainings on GBV	2	22	68	1462	Shkodra, Kukes, Vlora, Berat, Gjirokastra, and Tirana	2	Jan-Jun-13	65% females	4,020,500
2013	ACTIVITY01	Trainings on gender mainstreaming	2	10	4	40	Tirana	4	Jul-Aug-13	70% females	50,000
2013	ACTIVITY01	Trainings on gender mainstreaming	2	20	5	100	Fier	5	Jul-Aug-13		

ALB3U602

Project Code and Year	Activity No	Type Training	Number of Trainers	Number of Trainees in each training	Number of trainings	Total number of trainees	Location of Training	Days of Training	Dates completed	% female/male	cost of trainings in ALL
2012	ACTIVITY01	Peer Educator Training	7	25	7	175	Tirana	7	Q3 + Q4	65% females	611,000
2012	ACTIVITY01	Capacity building on integrated SRH at PHC level Keys to youth friendly services (service providers)	6	19, 17, 18	3	54	Tirana, Shkodra, Vlora	6	7th-8th November 9th-10th November 23rd-24th November		
2012	ACTIVITY01	Sexuallity and Life skills (teachers)	2	10	1	10	Tirana	3	3th-4th-5th June		
2012	ACTIVITY 1	Training of teachers						Jan-00	Nov-12		262,900
2012	ACTIVITY 1	HCP trainings	6	19, 17, 18	3	54	Tirana, Shkodra, Vlora	6	7th-8th Nov 9th-10th Nov 23rd-24th Nov	60 % females	515,100
2012	ACTIVITY01	Prevention of overdose among young intravenous drug user	1	13	1	13	Tirana	1	July-2012		
2012	ACTIVITY03	STI/HIV Prevention among most at risk adolescents	1	17	1	17	Tirana	1	Sep-2012		
2012	ACTIVITY01	Prevention of overdose among young intravenous drug user	1	18	1	18	Tirana	1	Oct-2012		

2012	ACTIVITY03	STI/HIV Prevention among most at risk adolescents	1	20	1	20	Tirana	1	Oct-2012		
2012	ACTIVITY03	STI/HIV prevention among groups at risk	1	7	1	7	Tirana	1	July-2012		
2012	ACTIVITY01	Proper use of condoms and water base lubricant	1	9	1	9	Tirana	1	Sep-2012		
2012	ACTIVITY01	Negotiation skills on use of condoms among male partners	1	7	1	7	Tirana	1	Nov-2012		
2012	ACTIVITY01	Drug Injection and risk of contracting blood borne viruses	1	13	1	13	Tirana	1	Nov-2012		
2012	ACTIVITY01	Continuing Education in Family Medicine	1	25	1	25	Tirana	3	Sep 28-30, 2012		
2012	ACTIVITY01	HIV/AIDS Preventive Education program in school system	2	5	2	10	Tirana	1	Oct-2012		
2012	ACTIVITY01	HIV, substance abuse and counseling	2	15	1	15	Durres	1	Nov. 17, 2012		
2012	ACTIVITY01	Performing STI tests and collecing samples	1	2	1	2	Tirana	1	Nov-2012		
2012	ACTIVITY04	3-day training on YFS	2	20	1	20	Tirana	3	Mar-12		
2012	ACTIVITY04	Training Young Roma &Egyptians /health mediators on ASRH (ELWC joint UN project)	6	20;15;	2	35	Fushekruje, Fier	14	Sept-Oct-12		
2012	ACTIVITY04	Strengthen Community health mediators/Young Roma on RR, Early marriages (ELWC joint UN project)	2	15	2	30	Elbasan , Fushekruje,	2	Sept-Oct-12		

2013	ACTIVITY01	Keys to youth friendly services (service providers)	3	15, 17, 20	3	52	Tirana, Vlora, Tirana	6	6th-7th June; 14th -15th May; 8th-9th October		
2013	ACTIVITY01	Keys to youth friendly services (young people)	2	17.18	2	35	Tirana, Vlora, T	2	23th-24th November; 25th-26 th November		
2013	ACTIVITY01	Keys to youth friendly services (journalists)	1	15	1	`15	Tirana	2	20th-12th December		
2013	ACTIVITY 1	Testing of teachers	3	18	1	18	Tirana	3	Nov-13	100% Females	150,000
2013	ACTIVITY 1	HCP trainings	3	15, 17, 20	3	52	Tirana, Vlora, Tirana	6	6th-7th June; 14th -15th May; 8th-9th October	40 % M; 60 %F	525,000
2013	ACTIVITY01	Prevention of overdose among young intravenous drug user	2	12	2	24	Tirane	1	Apr/Jul 2013		
2013	ACTIVITY03	STI/HIV Prevention among most at risk adolescents	2	13	2	26	Tirane	1	May/Aug 2013		
2013	ACTIVITY01	Drug Injection and risk of contracting blood borne viruses	2	16	2	32	Tirane	1	Jun/Sep 2013		
2013	ACTIVITY01	Proper use of condoms and water base lubricant	2	8	3	24	Tirana	1	Apr/Jul/Oct 2013		
2013	ACTIVITY01	Negotiation skills on use of condoms among male partners	2	8	3	24	Tirana	1	Jun/Sep/Dec 2013		
2013	ACTIVITY03	Drug abuse and HIV prevention among young most at risk adolescents	4	25	1	25	Tirane	1	May 2013		
2013	ACTIVITY04	M&E surveillance and reporting system	2	6	2	12	Tirane	1	May/Jul 2013		

2013	ACTIVITY01	HIV/AIDS prevention, safer sex, substance abuse	3	17	9	153	Tirane	1	Apr-Dec 2013		
2013	ACTIVITY03	Reducing risk practices for acquiring Hep C infection	1	6	1	6	Tirane	1	October 2013		
2013	ACTIVITY01	HIV pre and post counseling and the importance of HIV testing	1	12	1	12	Tirane	1	November 2013		
2014	ACTIVITY 2	Keys to youth friendly services (young people)	2	17.18	2	35	Tirana, Vlora	2	23th-24th November; 25th-26 th November	45% M; 55%F	350,000
2014	ACTIVITY 3	Keys to youth friendly services (journalists)	1	15	1	23	Tirana	2	20th-12th December	25% M; 75%F	240,000
2014	ACTIVITY01	Prevention of overdose among young intravenous drug user	1	14	1	14	Tirane	1	April 2014		
2014	ACTIVITY01	Drug Injection and risk of contracting blood borne viruses	1	17	1	17	Tirane	1	June 2014		
2014	ACTIVITY03	HIV testing techniques and results	2	8	2	16	Tirane	1	May/Jun 2014		
2014	ACTIVITY01	HIV/AIDS prevention, safer sex, substance abuse	3	25	9	225	Tirane	1	Apr-Dec 2014		
2014	ACTIVITY01	The benefits of using low-dead-space syringes	1	16	1	16	Tirane	1	July 2014		
2014	ACTIVITY02	Family Planning, HIV infections and dual protection method	1	18	1	18	Tirane	1	Sep 2014		
2014	ACTIVITY01	Proper use of condoms and water base lubricant	1	8	5	40	Tirane	1	Jul-Dec 2014		
2014	ACTIVITY01	Negotiation skills on use of condoms among male partners	1	8	5	40	Tirane	1	Aug-Dec 2014		

2014	ACTIVITY04	Monitoring, surveillance and reporting system	1	12	1	12	Tirane	1	Sep 2014		
2014	ACTIVITY03	Sexual Transmitted Infections among injecting drug users	1	19	1	19	Tirane	1	Oct 2014		
2014	ACTIVITY01	Used needles and bacterial infections	1	23	1	23	Tirane	1	Dec 2014		
2014	ACTIVITY01	What is peer education?	1	8	1	8	Tirane	1	Nov 2014		
2015	ADVOCACY	Advocacy and participatory government	3	10	1	10		8	July-August 2015	80% females	351,500

ALB3U705											
Project Code and Year	Activity No	Type Training	Number of Trainers	Number of Trainees in each training	Number of trainings	Total number of trainees	Location of Training	Days of Training	Dates completed	% female/male	cost of trainings in ALL
2012	ACTIVITY02	Capacity Building of PD Parliamentary Group	2	6	1	6	Tirana	2	Nov-12		
2012	Activity 02	Capacity Building of PD Parliamentary Group	2	6	1	6	Tirana	2	Nov-12		
2012	ACTIVITY04	Training on statistics	2	20	1	20	Tirana	3	3-Mar-12		
2013	ACTIVITY04	Campaign of Sex selection Roundtables with stakeholders, local institutions, and community on Sex Selection.	2	25	8	200	Berat, Kuçova, Lezha	1	Sept - Nov 2013		
2014	ADVOCACY ON ICPD	Youth voice campaign (1st phase)	3	25	6	150	Tirane, Shkoder, Vlore, Korce	1 day each	Nov-Dec 2014	60% females	800,000