

**STANDARD MEMORANDUM OF UNDERSTANDING (MOU) FOR
MULTI-DONOR TRUST FUNDS AND JOINT PROGRAMMES
USING PASS-THROUGH FUND MANAGEMENT**

Memorandum of Understanding

Between
UNICEF, WHO
and
UNFPA

regarding the Operational Aspects of a

Partnership to improve Women's and Children's Health in Kosovo

WHEREAS, the **Participating United Nations Organizations** signing this Memorandum of Understanding (hereinafter referred to collectively as the "Participating UN Organizations") have developed a Partnership to improve Women's and Children's Health in Kosovo starting on 01 March 2012 and ending on 29 February 2016 (hereinafter referred to as the "Fund/Programme"), as may be amended from time to time, as part of their respective development cooperation with the Government of Kosovo, as more fully described in the Joint Programme document "Partnership to improve Women's and Children's Health in Kosovo" dated 16 January 2011, document no. (hereinafter referred to as the "TOR/Joint Programme Document"), a copy of which is attached hereto as ANNEX A, and have agreed to establish a coordination mechanism (hereinafter referred to as the "Steering Committee") to facilitate the effective and efficient collaboration between the Participating UN Organizations and the host Government (if applicable) for the implementation of the Fund/Programme;

WHEREAS, the Participating UN Organizations have agreed that they should adopt a coordinated approach to collaboration with donors who wish to support the implementation of the Fund/Programme and have developed a TOR/Joint Programme Document to use as the basis for mobilising resources for the Fund/Programme, and have further agreed that they should offer donors the opportunity to contribute to the Fund/Programme and receive reports on the Fund/Programme through a single channel; and

WHEREAS, the Participating UN Organizations have further agreed to ask UNFPA (which is also a Participating UN Organization in connection with this Fund/Programme) to serve as the administrative interface between the donors and the Participating UN Organizations and for these purposes UNFPA has agreed to do so in accordance with this Memorandum of Understanding.

NOW, THEREFORE, the Participating UN Organizations and the UNFPA (hereinafter referred to collectively as the "Participants") hereby agree as follows:

4. The Administrative Agent will enter into a Standard Administrative Arrangement, in the form attached hereto as ANNEX B (hereinafter referred to as an “Administrative Arrangement”), with each donor that wishes to provide financial support to the Fund/Programme through the Administrative Agent. The Administrative Agent will not agree with the Donor to amend the terms of Annex B without prior written agreement of the Participating UN Organizations. The Administrative Agent will ensure the posting of a copy of the Administrative Arrangement it enters into, as well as information on donor contributions, on the website of the Administrative Agent (<http://www.unfpakos.org>), as well as the website of the UN in Kosovo (www.unkt.org), as appropriate.

5. None of the Participating UN Organizations will be responsible for the acts or omissions of the Administrative Agent or its personnel, or of persons performing services on its behalf, except in regard to its respective contributory acts or omissions. With respect to contributory acts or omissions of the Participating UN Organizations, the resulting responsibility will be apportioned among them or any one of them to the extent of such contributory acts or omissions, or as may otherwise be agreed. In addition, donors will not be directly responsible for the activities of any person employed by the Participating UN Organizations or the Administrative Agent as a result of this Memorandum of Understanding.

6. The Administrative Agent will be entitled to allocate an administrative fee of one percent (1%) of the amount contributed by each donor signing an Administrative Arrangement, to meet the Administrative Agent’s costs of performing the Administrative Agent’s functions described in this Memorandum of Understanding.

7. Where the Administrative Agent is also a Participating UN Organization, a clear delineation, including distinct reporting lines and an accountability framework, will be established and maintained within the organization designated as the Administrative Agent between its functions as an Administrative Agent and its functions as a Participating UN Organization.

Section II **Financial Matters**

The Administrative Agent

1. The Administrative Agent will establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds received pursuant to Administrative Arrangement (hereinafter, the “Fund/Programme Account”). The Fund/Programme Account will be administered by the Administrative Agent in accordance with the regulations, rules, directives and procedures applicable to it, including those relating to interest. The Fund/Programme Account will be subject exclusively to the internal and external auditing procedures laid down in the financial regulations, rules, directives and procedures applicable to the Administrative Agent.

2. The Administrative Agent will not absorb gains or losses on currency exchanges which will increase or decrease the funds available for disbursements to Participating UN Organizations.

3. Subject to the availability of funds, the Administrative Agent will make disbursements from the Fund/Programme Account based on instructions from the Steering Committee, in line with the budget set forth in the Programme Document, as amended from time to time by the Steering Committee. The disbursements will consist of direct and indirect costs as set out in the budget.

4. The Administrative Agent will normally make each disbursement within three (3) to five (5) business days after receipt of the relevant approved programmatic document/Joint Programme Document, in accordance with the instructions received from the Steering Committee in line with the TOR/Joint Programme Document, along with a copy of the relevant approved programmatic document/Joint Programme Document, signed by all the parties concerned. The Administrative Agent will transfer funds to each Participating UN Organization through wire transfer. Each Participating UN Organization will advise the Administrative Agent in writing of the bank account for transfers pursuant to this Memorandum of Understanding. When making a transfer to a Participating UN Organization, the Administrative Agent will notify that Participating UN Organization's Treasury Operations of the following: (a) the amount transferred, (b) the value date of the transfer; and (c) that the transfer is from the UNFPA in respect of the Fund/Programme in Kosovo pursuant to this Memorandum of Understanding.

5. Where the balance in the Fund/Programme Account on the date of a scheduled disbursement is insufficient to make that disbursement, the Administrative Agent will consult with the Steering Committee and make a disbursement, if any, in accordance with the Steering Committee's instructions.

The Participating UN Organizations

6. Each Participating UN Organization will establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds disbursed to it by the Administrative Agent from the Fund/Programme Account. That separate ledger account will be administered by each Participating UN Organization in accordance with its own regulations, rules, directives and procedures, including those relating to interest. That separate ledger account will be subject exclusively to the internal and external auditing procedures laid down in the financial regulations, rules, directives and procedures applicable to the Participating UN Organization concerned.

7. Each Participating UN Organization will use the funds disbursed to it by the Administrative Agent from the Fund/Programme Account to carry out the activities for which it is responsible as set out in the approved programmatic document/Joint Programme Document, as well as for its indirect costs. The Participating UN Organizations will commence and continue to conduct operations for the Programme activities only upon receipt of disbursements as instructed by the Steering Committee. The Participating UN Organizations will not make any commitments above the approved budget in the approved programmatic document/Joint Programme Document, as amended

from time to time by the Steering Committee. If there is a need to exceed the budgeted amount, the Participating UN Organization concerned will submit a supplementary budget request to the Steering Committee.

8. Indirect costs of the Participating UN Organizations recovered through programme support costs will be 7%. In accordance with the UN General Assembly resolution 62/208 (2007 Triennial Comprehensive Policy Review principle of full cost recovery), all other costs incurred by each Participating UN Organization in carrying out the activities for which it is responsible under the Fund/Programme will be recovered as direct costs.

Section III **Activities of the Participating UN Organizations**

1. The implementation of the Programme activities will be the responsibility of the Participating UN Organizations and will be carried out by each Participating UN Organization in accordance with its applicable regulations, rules, directives and procedures. On the termination or expiration of this Memorandum of Understanding, the matter of ownership of supplies and equipment will be determined in accordance with the regulations, rules, directives and procedures applicable to such Participating UN Organizations, including, where applicable, any agreement with the relevant host Government (if applicable).

2. Any modifications to scope of the approved programmatic document/Joint Programme Document, including as to their nature, content, sequencing or the duration thereof will be subject to mutual agreement in writing between the relevant Participating UN Organization and the Steering Committee. The Participating UN Organization will promptly notify the Administrative Agent through the Steering Committee, of any change in the budget as set out in the Programme Document.

3. Where a Participating UN Organization wishes to carry out its Programme activities through or in collaboration with a third party, it will be responsible for discharging all commitments and obligations with such third parties, and no other Participating UN Organization, nor the Administrative Agent, will be responsible for doing so.

4. In carrying out their Programme activities, none of the Participating UN Organizations will be considered as an agent of any of the others and, thus, the personnel of one will not be considered as staff members, personnel or agents of any of the others. Without restricting the generality of the preceding sentence, none of the Participating UN Organizations will be liable for the acts or omissions of the other Participating UN Organizations or their personnel, or of persons performing services on their behalf.

5. Each Participating UN Organization will advise the Administrative Agent in writing when all activities for which it is responsible under the approved programmatic document/Joint Programme Document have been completed.

6. The Participating UN Organizations recognize that the donors reserve the right to discontinue future contributions if reporting obligations are not met as set forth in the Administrative Arrangement; or if there are substantial deviations from agreed plans and budgets. If it is agreed among the donor(s), the Administrative Agent and the concerned Participating UN Organization under the Administrative Arrangement that there is evidence of improper use of funds, the Participating UN Organization will use its best efforts, consistent with its regulations, rules, policies and procedures to recover any funds misused. The Participating UN Organization will, in consultation with the Steering Committee and the Administrative Agent, credit any funds so recovered to the Fund/Programme Account or agree with the Steering Committee to use these funds for a purpose mutually agreed upon. Before withholding future contributions or requesting recovery of funds and credit to the Fund/Programme Account, the Administrative Agent, the concerned Participating UN Organization and the donor will consult with a view to promptly resolving the matter.

7. The Participating UN Organizations recognize that it is important to take all necessary precautions to avoid corrupt, fraudulent, collusive or coercive practices. To this end, each Participating UN Organization will maintain standards of conduct that govern the performance of their staff, including the prohibition of corrupt, fraudulent, collusive or coercive practices, in connection with the award and administration of contracts, grants, or other benefits, as set forth in their Staff Regulations and Rules and Financial Regulations and Rules, including regarding procurement. In the event that a Participating UN Organization determines that an allegation in relation to the implementation of activities – including that corrupt, fraudulent, collusive or coercive practices may have taken place - is credible enough to warrant an investigation, it will promptly notify the Steering Committee and the Administrative Agent, to the extent that such notification does not jeopardize the conduct of the investigation. The allegation will be dealt with in accordance with the Participating UN Organization's accountability and oversight framework and by the Participating UN Organization's unit in charge of investigations. Upon completion of the investigation, the Participating UN Organization will inform the Steering Committee and the Administrative Agent about the results of the investigation.

8. As an exceptional measure, particularly during the start up phase of the Fund/Programme, subject to conformity with their financial regulations, rules and directives, Participating UN Organizations may elect to start implementation of Programme activities in advance of receipt of initial or subsequent transfers from the Fund/Programme Account by using their own resources. Such advance activities will be undertaken in agreement with the Steering Committee on the basis of funds it has allocated or approved for implementation by the particular Participating UN Organization following receipt by the Administrative Agent of an official commitment form or signature of the Administrative Arrangements by donors contributing to the Fund/Programme. Participating UN Organizations will be solely responsible for decisions to initiate such advance activities or other activities outside the parameters set forth above.

Section IV Reporting

1. Each Participating UN Organization will provide the Administrative Agent with the following statements and reports prepared in accordance with the accounting and reporting procedures applicable to the Participating UN Organization concerned, as set forth in the TOR/Joint Programme Document. The Participating UN Organizations will endeavour to harmonize their reporting formats to the extent possible.

- (a) Annual narrative progress reports, to be provided no later than three months (31 March) after the end of the calendar year;
- (b) Annual financial statements and reports as of 31 December with respect to the funds disbursed to it from the Fund/Programme Account, to be provided no later than four months (30 April) after the end of the calendar year;
- (c) Final narrative reports, after the completion of the activities in the approved programmatic document/Joint Programme Document and including the final year of the activities in the approved programmatic document/Joint Programme Document, to be provided no later than four months (30 April) of the year following the financial closing of the Fund/Programme. The final report will give a summary of results and achievements compared to the goals and objectives of the Fund/Programme; and
- (d) Certified final financial statements and final financial reports after the completion of the activities in the approved programmatic document/Joint Programme Document and including the final year of the activities in the approved programmatic document/Joint Programme Document, to be provided no later than six months (30 June) of the year following the financial closing of the Fund/Programme.

2. The Administrative Agent will prepare consolidated narrative progress and financial reports, based on the reports referred to in paragraph 1 (a) to (d) above, and will provide those consolidated reports to each donor that has contributed to the Fund/Programme Account, as well as the Steering Committee, in accordance with the timetable established in the Administrative Arrangement.

3. The Administrative Agent will also provide the donors, Steering Committee and Participating UN Organizations with the following statements on its activities as Administrative Agent:

- (a) Certified annual financial statement (“Source and Use of Funds” as defined by UNDG guidelines) to be provided no later than five months (31 May) after the end of the calendar year; and

- (b) Certified final financial statement (“Source and Use of Funds”) to be provided no later than seven months (31 July) of the year following the financial closing of the Fund/Programme.

4. Consolidated reports and related documents will be posted on the websites of the UN in Kosovo (www.unkt.org) and the Administrative Agent (www.unfpakos.org).

Section V **Monitoring and Evaluation**

1. Monitoring and evaluation of the Fund/Programme will be undertaken in accordance with the provisions contained in the TOR/Joint Programme Document, which are consistent with the respective regulations, rules and procedures of the Participating UN Organizations.

2. The donor(s), the Administrative Agent and the Participating UN Organizations will hold annual consultations, as appropriate, to review the status of the Fund/Programme.

Section VI **Audit**

1. The Administrative Agent and Participating UN Organizations will be audited in accordance with their own Financial Regulations and Rules and, in case of MDTFs, in accordance with the Framework for auditing multi-donor trust funds which has been agreed to by the Internal Audit Services of participating UN organizations and endorsed by the UNDG in September 2007.

Section VII **Joint Communication**

1. Each Participating UN Organization will take appropriate measures to publicize the Fund/Programme and to give due credit to the other Participating UN Organizations. Information given to the press, to the beneficiaries of the Fund/Programme, all related publicity material, official notices, reports and publications, will acknowledge the role of the host Government, the donors, the Participating UN Organizations, the Administrative Agent and any other relevant entities. In particular, the Administrative Agent will include and ensure due recognition of the role of each Participating UN Organization and national partner in all external communications relating to the Fund/Programme.

2. The Administrative Agent in consultation with the Participating UN Organizations will ensure that decisions regarding the review and approval of the Fund/Programme as well as periodic reports on the progress of implementation of the Fund/Programme, associated external evaluation are posted, where appropriate, for public information on the websites of UN in Kosovo (www.unkt.org) and the Administrative Agent (www.unfpakos.org). Such reports and documents may include Steering

Committee approved programmes and programmes awaiting approval, fund level annual financial and progress reports and external evaluations, as appropriate.

Section VIII **Expiration, Modification and Termination**

1. This Memorandum of Understanding will expire upon completion of the Fund/Programme, subject to the continuance in force of paragraph 5 below for the purposes therein stated.
2. This Memorandum of Understanding may be modified only by written agreement between the Participants.
3. Any of the Participating UN Organizations may withdraw from this Memorandum of Understanding upon giving thirty (30) days' written notice to all other Participants to this Memorandum of Understanding subject to the continuance in force of paragraph 5 below for the purpose therein stated.
4. The Administrative Agent's appointment may be terminated by the Administrative Agent (on the one hand) or by the mutual agreement of all Participating UN Organizations (on the other hand) on thirty (30) days' written notice to the other party, subject to the continuance in force of paragraph 5 below for the purpose therein stated. In the event of such termination, the Participants will agree on measures to bring all activities to an orderly and prompt conclusion so as to minimize costs and expense.
5. Commitments assumed by the withdrawing or terminating Participants under this Memorandum of Understanding will survive the expiration or termination of this Memorandum of Understanding or the termination of the Administrative Agent or withdrawal of a Participating UN Organization to the extent necessary to permit the orderly conclusion of the activities and the completion of final reports, the withdrawal of personnel, funds and property, the settlement of accounts between the Participants hereto and the settlement of contractual liabilities that are required in respect of any subcontractors, consultants or suppliers. Any balance remaining in the Fund/Programme Account or in the individual Participating UN Organizations' separate ledger accounts upon completion of the Fund/Programme will be used for a purpose mutually agreed upon or returned to the donor(s) in proportion to their contribution to the Fund/Programme as agreed upon by the donors and the Steering Committee.

Section IX **Notices**

1. Any action required or permitted to be taken under this Memorandum of Understanding may be taken on behalf of the Administrative Agent, or his or her designated representative, and on behalf of a Participating UN Organization by the head of office in Kosovo, or his or her designated representative.

2. Any notice or request required or permitted to be given or made in this Memorandum of Understanding will be in writing. Such notice or request will be deemed to be duly given or made when it will have been delivered by hand, mail or any other agreed means of communication to the party to which it is required to be given or made, at such party's address specified in ANNEX C to this Memorandum of Understanding or at such other address as the party will have specified in writing to the party giving such notice or making such request.

Section X
Entry into Effect

This Memorandum of Understanding will come into effect upon signature by authorized officials of the Participants and will continue in full force and effect until it is expired or terminated.

Section XI
Settlement of Disputes

1. The Participants will use their best efforts to promptly settle through direct negotiations any dispute, controversy or claim arising out of or in connection with this Memorandum of Understanding or any breach thereof. Any such dispute, controversy or claim which is not settled within sixty (60) days from the date either party has notified the other party of the nature of the dispute, controversy or claim and of the measures which should be taken to rectify it, will be resolved through consultation between the Executive Heads of each of the Participating UN Organizations and of the Administrative Agent.

IN WITNESS WHEREOF, the undersigned, duly authorized representatives of the respective Participants, have signed this Memorandum of Understanding in the English in three copies.

ANNEX A: Joint Programme document "Partnership to improve Women's and Children's Health in Kosovo"

ANNEX B: Standard Administrative Arrangement between the Donor and the Administrative Agent

ANNEX C: Notices

ANNEX C

NOTICES

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Programme Title: **Partnership to improve Women's and Children's Health in Kosovo**

Joint Programme Outcome(s):

Impact 1: Improved governance for the health care system in Kosovo

Impact 2: Improved maternal and child health

Impact 3: Increased empowerment of women and children and raised awareness on maternal and child health

Programme Duration: 4 years

Anticipated start/end dates: March 2012

Fund Management Option(s): Pass-through

Administrative Agent: UNFPA

Total estimated budget: 2,523,500 EURO

Participating UN organizations:

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Acronyms

CPD	Continuing Professional Development
DHS	Demographic and Health Survey
ECHO	Echocardiography – Ultrasound
EPC	Effective Perinatal Care
EU	European Union
FP	Family Planning
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus / Acquired ImmunoDeficiency Syndrome
HMIS	Health Management and Information System
IMCI	Integrated Management of Childhood Illness
IUD	IntraUterine Device
LMIS	Logistics Management and Information System
MCARH	Mother Child and Reproductive Health (Office)
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MOU	Memorandum Of Understanding
MSM	Men having Sex with Men
OP	Orientation Program
PHC	Primary Health care
PIWaCH	Partnership to Improve Women’s and Children’s Health (in Kosovo)
RH	Reproductive Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmittable Infection
UN	United Nations
UNICEF	United Nations Children Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNMIK	United Nations Mission In Kosovo
UNSC	United Nations Security Council
WHO	World Health Organization

1. Situation analysis

With a GDP per capita estimated at €1,850 per year, with 47 percent unemployment rate and 29 percent of low employment rate, Kosovo continues to be one of the poorest areas in Europe. Kosovo's population is currently estimated at 1,733,872 (2011 est.), of which 45% lives in poverty and 16.67% in extreme poverty (World Bank). While amongst all population children are at greater risk of poverty, children of minorities are currently facing an even higher risk of poverty multiple deprivations.

Kosovo's main mean of supporting poor families continue to be the social assistance scheme. However, coverage of the existing social assistance scheme is limited and covers approximately 14 percent of the population and approx. 50% of the extreme poor. The Demographic and Health Surveys (2003 and 2009) and the recent 2011 census preliminary data reveal notable changes, with population ageing as a result of decreased fertility rates and in age-specific mortality rates combined with age-selective emigration.

After 1999, Kosovo has been under the international administration of the Interim Mission of United Nations in Kosovo (UNMIK), under UNSC Resolution 1244. On 17 February, 2008, the Kosovo Assembly declared independence and its commitment to implement the settlement proposal of UN Special Envoy Martti Ahtisaari; the International Court of Justice in The Hague assessed in July 2010 that the declaration of independence does not violate the international law. However, pending guidance from the Security Council, the UN in Kosovo continues to consider UN SC Resolution 1244 (1999) as the legal framework for the implementation of its mandate in light of evolving circumstances.

The scars of decades of neglect and repression prior to the 1999 conflict resulted in many challenges that the "new born" state faces to establish its government institutions and to enable its integration into Europe and being recognized further as a country around the world.

The health system remains fragile, relying mainly on out-dated infrastructure from the former Yugoslav regime with state-owned health care facilities and insufficient public funding through the social security system. Moreover, the health care system is widely influenced by a history of private medical practices and clinics opened by ethnic Albanian specialists during the years of repression. The level of public spending on health is the lowest in the region (2.9% of GDP in 2009) and is focused on curative and hospital care and very little expenditure on preventative and primary health care. Hospital facilities are under-used and over-staffed. Out-of-pocket expenditures, especially for purchasing medication, reach 40 to 60% of the total health expenditure. The lack of quality standards and service protocols significantly hinder the quality of health care services. Also, the lack of accurate and reliable health and demographic data and vital indicators continues to be a big concern in Kosovo with regard to evidence-based planning and programming of the health sector.

According to the World Bank, technically all Kosovars have access to health care, although it is not always the case in practice. The most common barriers to health care access are the high service fees and payments for drugs. Minority communities often have particular difficulty in accessing health services, as well as people living in poverty, the elderly, invalids and those living in rural areas.

Health and nutrition indicators in Kosovo are still far from neighboring countries and in particular the EU average. There is a lack of knowledge and awareness among communities and families about adequate home care management, child physical and cognitive development and general reproductive health. Kosovo young population lacks information on their rights or life skills such as unprotected sex, drugs, alcohol, tobacco and HIV/AIDS. Political and cultural barriers often prevent information and services from reaching young men and women; there is a general reluctance in families, communities and schools to discuss reproductive health and sexual behaviour.

The maternal and child health status in Kosovo are considered the poorest in the region. Child mortality is considered among the highest in the region. According to the 2010 Perinatal Situation report, the 2010 perinatal mortality rate is estimated 19.1/1,000 live births (stillbirths plus deaths during the first week of life).

The neonatal mortality has decreased from 14.8/1000 live births in the year 2000 to 7.8/1000 live births in 2010. However, mortality data does not include the deaths at home and in private sector, therefore the information might be biased as deaths are either codified in a different category or not registered at all. The immunization coverage rate is over 90%, but it is considered to be lower among Roma, Ashkali and Egyptian communities. While all household salt samples are iodized, the prevalence of anemia among school children was 15.7%, whereas pregnant women are facing a moderate problem of anemia.

Despite considerable improvements and positive trend, maternal health is considered to be poor. Based on the Perinatal Situation in Kosovo for 2000-2010, the maternity hospitals reported 12 maternal deaths in 2009 and two maternal deaths in 2010 (*only deaths occurring in the public health system facilities*). However, a sound maternal mortality audit system is still missing and these numbers are lower than expected by experts, suggesting that there may be serious underreporting of deaths of women who died in childbirth.

Antenatal care remains focused on the specialized services, mostly in the private sector, with very low number of consultations at Primary Health Care/Family Medicine (78.1% of mothers report more than four antenatal visits, mostly performed by gynecologists, with 71.3% of visits in the private sector). An estimated 95% of deliveries are occurring in baby friendly health care facilities; but home deliveries with traditional birth attendants are quite common among Roma, Ashkali and Egyptian communities.

Smoking represents the most widespread public health risk in Kosovo. According to 2009 WHO survey, 20.9% of pregnant women smoke during pregnancy, and 53.6% of new-born are daily exposed to cigarette smoke.

STIs and HIV/AIDS: Kosovo has a relatively low HIV/AIDS prevalence rate (less than 1% among the general population and less than 5% among high-risk groups). However, the situation remains uncertain due to underreporting and lack of surveillance systems. The large youth population combined with lack of prevention among high risk groups, growing number of intravenous drug users, sex workers, the discriminated MSM community, changing social norms, the large mobile and migrating community and the low awareness about HIV prevention methods – all represent risk factors, which the weak health sector might have difficulties to address.

According to DHS 2003 and 2009, nearly 90% of men and 80% of women have heard about HIV/AIDS, with no significant difference between rural and urban areas, but with ethnic and sex differences. Knowledge is considerably low among minority communities (Serbian, Ashkali, Gorani, Bosnian, Turkish and especially Roma women). Awareness on HIV/AIDS is strongly related to the level of education; 85% of persons with at least lower secondary school have heard of HIV/AIDS compared to 60% with primary education and only 30% of those with no education. Stigma of people living with HIV/AIDS remains common, with only 1 out of 3 women declaring that they are willing to buy vegetables from a vendor living with HIV/AIDS. DHS 2003 also points to an increasing trend of incidence and prevalence of sexually transmitted infections (STI).

Family Planning: Family planning is important for the health of the mother and her children, as well as for the family's economic situation. Better family planning helps limit the number of abortions a woman may otherwise have because of unwanted or unplanned pregnancy. The low and decreasing rate of use of effective methods of contraception (15.1% of married women of reproductive age were using a modern method of contraception in 2009, compared to 22.6% in 2003) and the reliance of 44% of married women on relatively ineffective traditional method contraception (2009 DHS) are causes of concern. Kosovo families are becoming smaller, yet contraceptive use patterns and method choices are not consistent with the desire for smaller families and women risk unintended pregnancies resulting in abortions.

The knowledge of various contraceptive methods is high among all women in Kosovo (95.3%), contraceptive pills, IUDs and condoms being the best known modern methods. Even though most of the Kosovars know about at least one contraceptive method, the use of modern contraceptive methods is relatively low. Only 3% of single women have ever used a method of contraception.

2. Lessons learned

The current joint UNICEF, UNFPA and WHO programme builds on the previous Joint Programme “Improving Women’s and Children’s health in Kosovo” 2007-2011, funded by the Luxembourg government, as a unique collaboration to support government initiatives to strengthen the health care system, improve the quality of mother and child health care services and achieve the UN Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health).

And external evaluation of the 2007-2011 joint programme has documented the lessons learned for decision making on the continuation of the intervention and its approaches.

The external evaluation assessed that, despite changes in the country context, the joint programme was extremely relevant to Kosovo’s MCH and RH challenges. Also, the large majority of interviewed stakeholders agreed that there was an advantage to having three major UN Agencies combined into the administration of one program and the Ministry of Health highlighted the importance synergic approach by the three agencies for a coherent support.

The evaluation found evidence that the UN agencies made strong efforts to assure financial accountability on the part of local implementing agencies and that most of the activities appear to have been implemented within reasonable cost levels.

From gender perspective, most of the joint programme activities were found to be neutral, but there were examples of activities that were transformative, encouraging change toward greater equality for women.

The evaluation assessed that activities have potential for long-term impact, especially with the expanded regulatory framework and strategic planning. This potential will only be achieved if there is sustained follow-up to ensure adherence to the protocols and guidelines, especially by the MCH and RH Office.

Among the valuable recommendations by the external evaluation that informed the current joint programme are: prioritize a limited number of RH issues so as to work at a scale that will address a specific MCH and RH problem with sufficient resources to use the media effectively, especially TV; develop and fully fund a major coordinated campaign to reduce unwanted pregnancy; the Family Medical Strategy for Primary Health Care is necessary but not sufficient for MCH and RH; discourage one-off training and support a health systems approach; urgent follow-up is needed to address proximate causes of Maternal and Perinatal Mortality; support measures to consistently implement maternal death audits; establish intensive long-term (five-year) ongoing technical collaboration with international centers of excellence in Pediatrics and Obstetrics; increase the meaningful involvement of key government and private stakeholders; increase coordination and cooperation with other ongoing programs.

The recommendations of the external evaluation on innovative approaches on improving the monitoring and evaluation and on the improved governance of the joint programme are also incorporated into the current joint programme.

3. The joint programme

The formulation of a comprehensive UNFPA/UNICEF/WHO Joint Programme on improving women's and children's health was initiated during August/September 2011, after the presentation and endorsement of the joint external evaluation report. In the consultative process involving the Ministry of Health and the technical staff of the three participating agencies and with input from other stakeholders and partners, a number of possible approaches and strategies have been considered to assess the added value and areas for cooperation and mutual support. This process has been very fruitful and a broad range of activities are considered highly relevant and mutually reinforcing.

a. Strategic alignment

The joint programme is in line with global and national strategies on improving maternal and child health and with the UNKT Common Development Plan 2011-2015. The Programme considers the 'Every woman, every child' global initiative launched in 2010 by the UN Secretary General as its global framework, highlighting that different institutions can work together to save lives of women and children, by significantly improving women's and children's access to an affordable package of life-saving interventions within a strengthened health system.

The Joint Programme is aligned with UNFPA Strategic Plan and its mid-term review, and the International Conference on Population and Development's Programme of Action, by promoting universal access to sexual and reproductive health and rights, with focus on women and youth.

The programme is in line with WHO global strategies: the global strategy for the prevention and control of sexually transmitted infections 2006–2015; the Strategic Approach to strengthening sexual and reproductive health policies and programmes; and the Global Reproductive Health Strategy.

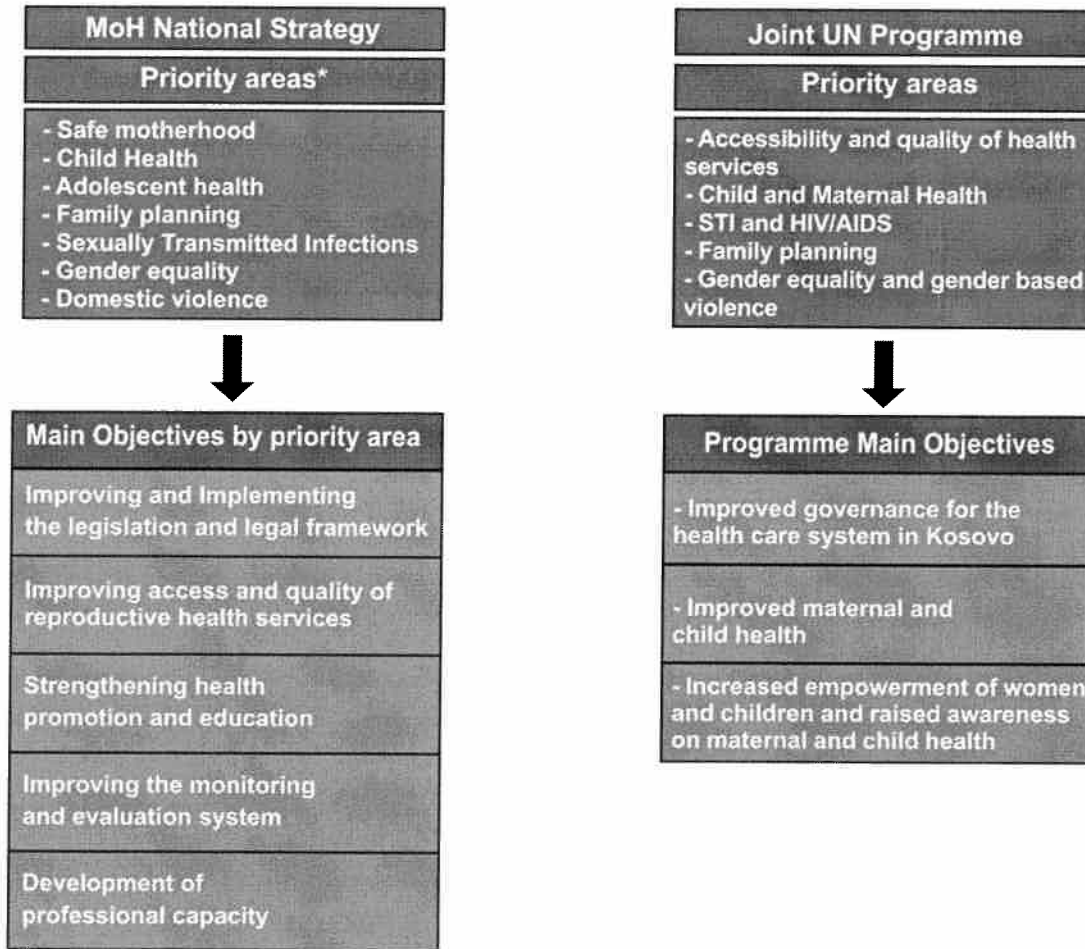
The programme is aligned with the principles of the Convention on the Rights of the Child, UNICEF Mid-Term Strategic Plan 2006-2013 and UNICEF Kosovo Programme Action Plan 2011-2015.

Linkages are also been made with the UN Kosovo Team (UNKT) Common Development Plan 2011-2015, taking advantage of existing expertise and networks and seeking synergies with existing interventions, cooperation and coordination mechanisms. Constant support will be provided by the UNKT Coordinator's Office, and any supporting efforts will be embedded in and harmonized with the overall project coordination.

The Joint Programme will strongly support the Ministry of Health's Sectorial Strategy 2011 - 2014, and its recently endorsed Strategy for Maternal, Child, Adolescent and Reproductive Health 2011 - 2015.

As shown in figure 1, both strategy and joint programme identify the areas of mother, adolescent and child health, improvement on quality and accessibility of health services, enhancement of skills and capacity of health personnel, education and awareness raising on gender equality, gender based violence, STIs and HIV/AIDS, as priorities. Effective Monitoring and Evaluation represents another shared objective across all priority areas of the strategy and the joint programme.

Figure 1: Comparison: National Strategy for Maternal Health, Child, Adolescent and Reproductive Health and the WHO/UNICEF/UNFPA joint programme
Priority areas and main objectives



* There are two other priority areas included in the strategy (cervical cancer and infertility) that are not part of the scope of the joint programme

The capacities of MoH staff regarding management, monitoring and accountability will be strengthened, and the Mother and Child Health office will be supported, which will facilitate effective implementation and monitoring of the strategy. Improved skills and knowledge of health personnel at primary, secondary and tertiary levels, on appropriate treatment, counseling and referral of women and children will contribute to the improvement of the quality of public health care services and will impact on the quality of the private health sector.

b. Sustainability, building institutional capacity

As mentioned in the problem analysis, the public health institutions in Kosovo are still fragile and the professional capacity of health service professionals need further improvement and there is low population awareness and knowledge about adequate home care management, child physical and cognitive development and general reproductive health.

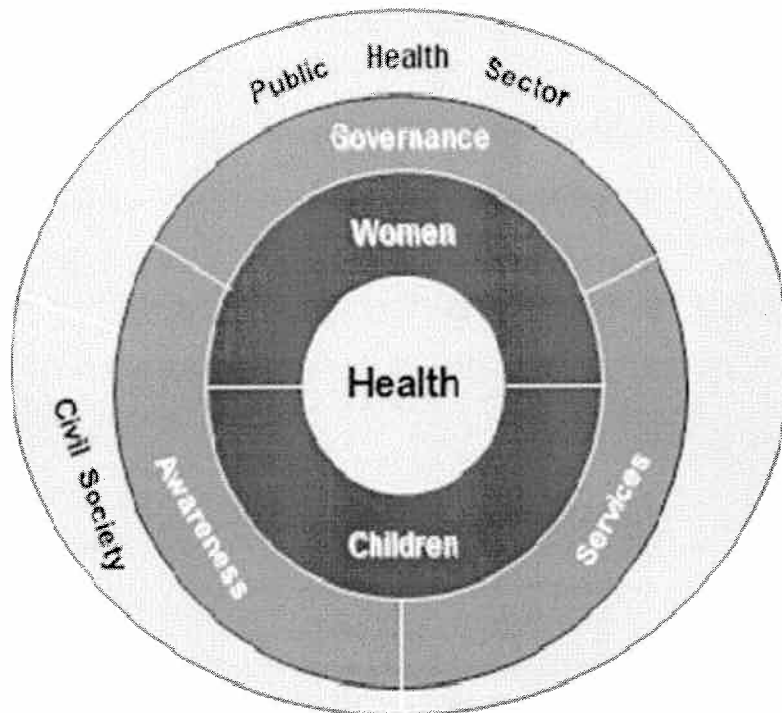
Awareness raising efforts have to be backed by adequate institutional support. The joint program will therefore adopt a three-track approach in improving women’s and children’s health:

Impact 1: Improved governance for the health care system in Kosovo

Impact 2: Improved maternal and child health

Impact 3: Increased empowerment of women and children and raised awareness on maternal and child health

Figure 2: UNFPA – UNICEF – WHO joint programme direction (Summarises the programme’s direction, main objective and primary stakeholders)



c. Stakeholders and beneficiaries

The Ministry of Health is the target and the main partner, but so are other government departments, donor organizations, civil society groups and communities themselves. The roles of these stakeholders are as follows:

Government: The Ministry of Health through the Mother, Child and Reproductive Health Office will have the leading role in the implementation of the joint programme, in collaboration with other relevant health institutions (the National Institute of Public Health, the Kosovo Mother and Child Health Council, professional associations such as the Kosovo Gynecological and Pediatric Associations, the Association of Family Physicians of Kosovo). Other Ministries such as the Ministry of Culture, Youth and Sport, Ministry of Education, Science and Technology, as well as other relevant ministries and institutions, can also be involved in relevant activities.

Media: The success of envisaged social communication and behavioural campaign and other activities and events proposed to be undertaken to raise awareness among communities will be contingent on the enthusiasm, support and coverage received from the print and visual media.

Communities and Non-Governmental Organizations: NGOs offer many comparative advantages, including practical experience drawn from past and on-going projects, firm grounding in local traditions, flexibility and easy acceptability among communities.

Main beneficiaries: Women and children from Kosovo are the primary stakeholders and the main beneficiaries of this Joint Programme. It is essential to identify and listen to their needs in order to intervene in an appropriate way. This will be done through research, situation analyses and the collection of qualitative and quantitative data, which will allow the management to adapt the programme to the actual situation in the field.

d. The proposed joint programme

The Joint Programme intends to achieve three impact results, through the implementation of a series of activities over a 4 year period.

Impact 1: Improved governance for the health care system in Kosovo

Outcome 1: By end of the programme, in 2015, the Ministry of Health and key health institutions should advance improvements in legislation, policy and strategy implementation and accountability of decision makers on issues impacting the quality of the healthcare framework for children and women

Output 1.1 *By end 2015, capacity of the Ministry of Health and other key institutions are strengthened to ensure coordination and implementation of legislation, policies and strategies on maternal and child care*

Activities:

WHO:

- Develop Clinical Guidelines and Protocols based on the WHO/EPC recommendations
- Develop Clinical Guidelines/Protocols on Maternal Health for PHC
- Support the Ministry of Health in preparing policies and Administrative Instructions on Mother and Child Health Services
- Organise a study visit to exemplary implementation unit of EPC abroad
- Support the process of reviewing and updating teaching/learning curricula of the medical faculty, the nursing and midwifery department of the Medical faculty and the CPD programme for FP/nurses and other health care professionals

UNICEF:

- Support the Ministry of Health in strengthening human and technical capacity of the MCAHR Office to support the implementation of the Strategy for Mother, Child, Adolescent and Reproductive Health , and to develop quality monitoring and evaluation activities
- Support the Parliamentary Commission for Health and Social Welfare on MCAHR issues by hiring an expert to the parliament

Output 1.2: *The Ministry of Health and other key stakeholders strengthen their planning and monitoring capacities for improved quality of MCH*

Activities:

UNFPA:

- Support the development and the implementation of LMIS and HMIS regarding Reproductive Health
- Support the development of the emergency obstetric care system
- Train the Institute of Public Health personnel on data collection and analysis, and on RH research methods
- Collect data on the Reproductive Health situation in Kosovo

WHO:

- Assess the health of students in Kosovo through a Global school-based student health survey,
- KAP Survey on feeding practices and care for infants and young children
- Assessment of the quality of hospital care for mothers and new-born babies

- Assessment of the Smoking prevalence and other psycho-active substance use among pregnant women
- Survey on the most frequent causes of diarrhea in childhood
- Study on the environmental influence on child health and development
- Assessment of the quality of health services for adolescent clients
- Neonatal mortality audits based on the WHO guidelines

UNICEF:

- Support the MoH / MCARH Office and other institutions (National Institute of Public Health, Statistical Agency of Kosovo) in strengthening data management, monitoring, evaluation and informed planning through technical support and the support of an M&E expert
- Support implementation of the Multiple Indicator Cluster Survey (MICS) in Kosovo
- Support situation analysis, antenatal care, immunization, public expenditure reviews through surveys.

Impact 2: Improved maternal and child health

Outcome 2: By end 2015, more women and children benefit from enhanced maternal and child health care

Output 2.1: Targeted key institutions provide improved quality MCH and health care services

Activities:

UNFPA:

- Development of clinical protocols and administrative guidelines on Reproductive Health related issues
- Training of health care providers on Reproductive Health services, including family planning
- Training of health care providers on youth friendly Sexual and Reproductive health services
- Training of family medicine doctors, nurses and midwives on STI prevention and treatment
- Training for health care providers on PMTCT prevention and SRH-HIV linkages
- Training for health care personnel, including midwives on effective perinatal care and emergency obstetric care

WHO:

- Support training and monitoring activities within Effective Perinatal Care Training strategy
- Training Trainers on antenatal EChO screening of the most frequent heart congenital anomalies
- Strengthening the PHC role on improving maternal and new-born care
- Implementing WHO Orientation Program (OP) on Adolescent Health for Healthcare Providers
- Building the capacity of family doctors and nurses in improving health care services for children (IMCI and WHO Child Growth Standards)

UNICEF:

- Drafting and implementation of the training plan in coordination with MoH and other authorities
- Support capacity building of health workers on infant and child feeding, breastfeeding, management of childhood illnesses

Output 2.2: Women and children benefit from improved access to and utilization of quality maternal and child health and health care services

UNFPA:

- Support Reproductive Health Commodity Security and the social marketing of contraceptives

WHO:

- Support establishing Community Nursing and Home Care Visits within the Family Medicine strategy, and Adolescent Friendly Health Services

UNICEF:

- Support the MoH, municipal authorities and relevant institutions to implement the family medicine concept, home care visits and deliver quality mother and child services, including for the poorest and marginalized groups.

Impact 3: Increased empowerment of women and children and raised awareness on maternal and child health

Outcome 3: By the end of 2015, more women, men and children will be empowered to demand, access and use quality health services

Output 3.1: *Women and children/youth make more responsible choices for healthy lifestyles and their environment.*

Activities:

UNFPA:

- Peer education sessions on SRH and STIs, including HIV/AIDS and associated stigma, focusing on youth, MSM and sex workers
- Community based education activities on Reproductive Health
- Community sessions with men on Reproductive Rights and Health, Family Planning and Gender Based Violence

WHO:

- Promote healthy behaviour in schools and communities through Outreach activities
- Anti-tobacco campaign and injury prevention

UNICEF:

- Technical support to draft and implement advocacy and media plan
- Outreach activities, broadcast of video clips and other promotional activities on child health

To ensure successful implementation and coordination among the three agencies, a results-based management approach will be adopted, and joint work plans and frameworks will be developed in the domains of Monitoring and Evaluation, advocacy and communications, trainings and capacity building

The three partner agencies will apply methods to increase capacity building and ensure sustainability, as well as measures to ensure transparency and accountability.

Output 3.2: *Key civil society actors and peer groups will actively advocate and promote maternal and child health, and the access to and use of health services*

Activities:

UNFPA:

- Awareness raising campaign on Reproductive Health, focusing on youth and other vulnerable groups
- Awareness raising campaign on modern family planning methods
- Establishment and training of Roma, Ashkali and Egyptian health mediators network

WHO:

- Awareness raising campaign on advantages of Family Medicine, and Mother and Child Health Care Service utilization

UNICEF:

- Support active involvement of civil society and peer groups in demanding, initiating and engaging in public health issues.

5. Joint Programme Implementation/ Fund management arrangements

The implementation of the Joint Programme activities/outputs will be the responsibility of the Participating UN Organizations (UNFPA/UNICEF/WHO) and will be carried out by each Participating UN Organization in accordance with their respective regulations, rules, directives and procedures applicable. Based on their mandate and technical capacity each Participating UN Organization will be responsible for specific program outputs and activities agreed upon in the annual work plans under the joint implementation modality.

The UN participating agencies (UNFPA/UNICEF/WHO) have agreed to use the pass-through fund management for the implementation of this joint programme and have jointly selected UNFPA to be the Administrative Agent for this purpose, based on experience from the first phase of the programme. The Participating UN Organisations will sign the standard UNDG-approved Memorandum of Understanding to that effect and the Administrative Agent will sign the Standard Administrative Agreement (also UNDG approved) with the donor for this joint programme.

a. Lead/Coordinating Agency

In addition to its role as Administrative Agent, UNFPA will also play the role of Lead Agency.

In its capacity as the **Lead Agency**, UNFPA will ensure steering of the programmatic direction of the joint programme through the utilization of the agreed coordination mechanisms. This will be done through holding regular programming meetings for the preparation of and implementation of a coherent workplan and respective annual budget (if applicable) and for ensuring consistent monitoring & evaluation functions. In furtherance of monitoring and evaluation, UNFPA will coordinate and consolidate the financial and programmatic reports to the donor.

b. Reporting/Monitoring and Evaluation

Financial and narrative reporting will be provided in accordance with the terms and conditions spelled out in the MoU and SAA. The Steering Committee members will agree on a format for the narrative report and provide their inputs to the Administrative Agent who will consolidate such inputs and submit a consolidated narrative report to the donor(s) and other members of the steering committee.

A detailed **Monitoring and Evaluation framework** will be developed, ensuring accountability for results. The joint programme will fund data collection and analysis activities that will contribute to tracking changes and impact evaluation.

A **joint external end-of-programme evaluation** will be organized during the last year of the joint programme to assess the programme impact on mothers' and children's health in Kosovo, to document lessons learned for decision making on the continuation of the intervention and its approaches.

c. Programme Governance

The Programme Steering Committee will ensure the overall programme oversight. The Steering Committee will comprise:

- The Permanent Secretary of the MoH, who will act as chair
- The Office of the Grand-Duchy of Luxembourg in Kosovo
- UNFPA – Head of Office
- UNICEF – Head of Office
- WHO – Head of Office

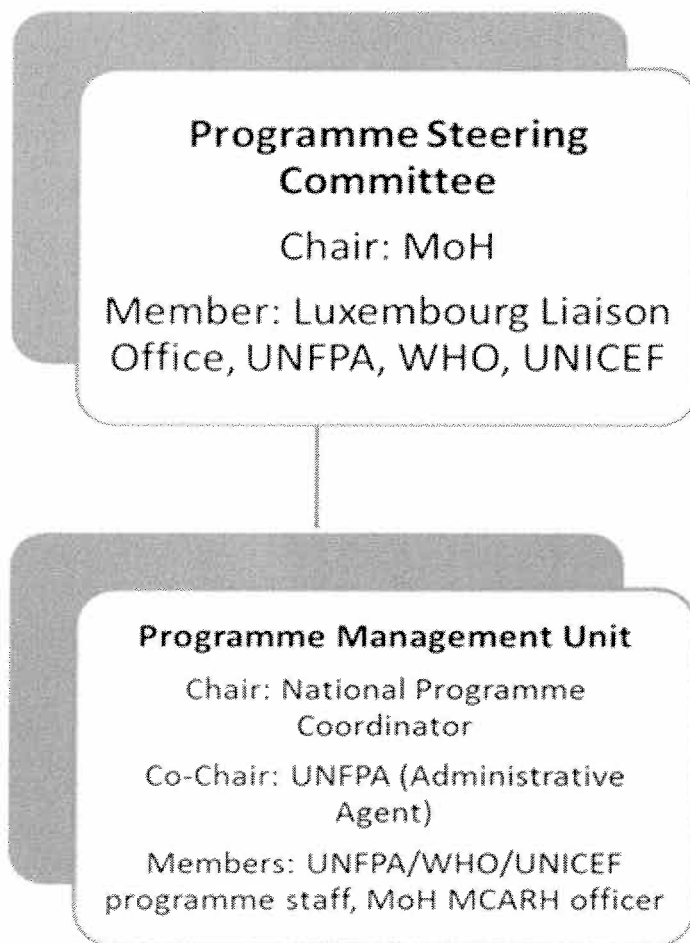
The role of the Steering Committee is to approve the work plan, the distribution of the funds to the participating UN organisations, the annual progress reports, and, if necessary, adapt and to re-orient the programme. The committee will meet bi-annually and, if estimated necessary, extraordinary meetings can be proposed by all its members. Other relevant stakeholders can be invited to participate as observers. The quarterly report, prepared by the Programme Coordinator, will be discussed jointly by the members of the Programme Steering Committee.

The Programme Management Unit will ensure technical coordination and implementation of the joint programming and comprise:

- The Ministry of Health – Officer for Mother and Child Care
- Dedicated Technical staff from each of the participating agencies.
Each agency will have staff fully or partially dedicated to the management and the implementation of this Joint Programme. Their role will be to manage, coordinate and monitor effective and efficient implementation of the agencies' respective programme outputs/activities, to cooperate and coordinate among members of the Programme Management Unit, and to liaise with partner organizations. Furthermore, relevant personnel, who will not be funded through the programme, will contribute with its expertise to the success of the programme, in areas like Monitoring and Evaluation, Advocacy, etc.
- The Programme Coordinator - will be responsible for the effective and efficient operational coordination and monitoring of all program activities. Under the overall responsibility of UNFPA Kosovo as the lead agency/administrative agent, the Programme Coordinator will be reporting to the Lead Agency and the keep the Programme Steering Committee informed. The Programme Coordinator will be recruited by UNFPA Kosovo, and will be located at the Ministry of Health and will support the MoH / Mother, Child and Reproductive Health Office. The coordinator will support and provide leadership to the programme team, expert consultants, translators, etc. and build smooth relationships with partners and related programmes. He/She will compile narrative reports, produced by the programme staff and related UN agencies into a consolidated report. He/she will also assist UNFPA Finance Branch in Headquarters (revenue@unfpa.org) to collect annual financial reports from Participating UN organisations if necessary, which will then be consolidated by UNFPA's Finance Branch and submitted to the donor through UNFPA's Resource Mobilization Branch. Additional informal and provisional financial reports, if deemed necessary, will be shared by the agencies locally and compiled for information purpose by the AA, to inform any relevant decision of the Steering Committee.

The Programme Management Unit will organize monthly meetings to monitor progress, coordinate the outputs/activities agreed on in the annual work plans and budgets, monitoring and evaluation framework and ensure coherence and consistency in program implementation. This will be ensured by all agencies being informed of ongoing activities led by other agencies, while being able to provide input and support on activity and program implementation during regular coordination meetings.

Figure 3: Illustration of the programme management bodies and structure



Annex I: Joint UNFPA – UNICEF – WHO Project

RESULTS FRAMEWORK

Impact 1: Improved governance for the health care system in Kosovo								
Outcome 1: By end 2015, the Ministry of Health and key health institutions advance improvements in policy making, budgeting and accountability of decision makers on issues impacting the quality of healthcare framework for children and women ¹								
Description/Assumption – Link to Kosovo priorities	Outcome Indicators ²	Baselines	Means of Verification	Timeframe	Indicative Resources (in EURO)			
					Total Outcome ¹	UNFPA	UNICEF	WHO
MoH Strategy – Priority areas: FPV1, Obj. 6	# of legislation, policies, strategies programs, guidelines and protocols in support of quality health care and services ³	2011: Health Sector Strategy 2011 – 2014; Strategy for MCARH; 2013: TBD; 2015: TBD	- Health policies and programmes	2012 - 2016	650,000	180,000	340,000	215,000
	# of meetings of the Parliamentary Commission for Health and Social Welfare on MCH issues	2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD						
	MoHis monitoring MCH issues ⁴	2011: NO; 2012: TBD 2013: YES; 2014: YES 2015: YES						
	MCRH Office reports annually ⁵	2011: YES; 2012: YES 2013: YES; 2014: YES 2015: YES						
	Reporting to key Global Health Oversight Systems (i.e. "Beyond the numbers", MDGs)	2011: NO; 2013: TBD 2015: TBD						

¹With a focus on the most marginalized

²For each indicator, details on the definitions, calculation methods, data sources, and the frequency of measurement are contained in the M&E framework

³In accordance with international/European health standards; based on available evidence

⁴The establishment of Health and Policy Planning Unit is foreseen in MoH Strategy 2011-2015

⁵Currently the MCH Officer reports to the Permanent Secretary

Output 1.1 By end 2015, capacities of the Ministry of Health and other key institutions are strengthened to ensure coordination and implementation of legislation, policies and strategies on maternal and child health⁶

Description/Assumption – Link to Kosovo priorities	Output Indicators	Baselines/Targets	Means of Verification	Timeframe	Indicative Resources (per year, in EURO)			
					Total Output 1.1	UNFPA	UNICEF	WHO
MoH Strategy – Main objectives by area: ‘Improving and implementing the legislation and legal framework and improving the monitoring and evaluation system.’ (overall strategy)	Strategy on MCARH is reviewed, implemented and monitored	2011: MCARH strategy endorsed by the Government; 5% activity implementation rate 2012: TBD; 2013: MTR 2014: TBD; 2015: evaluation	– Strategy on MCARH – MCARH Office work plans – MoH Annual Reports – Minutes of MCARH office coordination meetings	2012-2016	135,000	0	105,000	70,000
	MCARH office work plan and schedule of coordination meetings are developed, endorsed and implemented	2011: Workplan – YES 2012: Workplan – YES 2013: Workplan – YES 2014: Workplan – YES 2015: Workplan – YES 2011: Schedule – YES 2012: Schedule – YES 2013: Schedule – YES 2014: Schedule – YES 2015: Schedule – YES						

⁶Aligned with international standards and other relevant plans and programmes

Output 1.2 The Ministry of Health and other key stakeholders strengthen their planning and monitoring capacities for improved quality of MCARH								
Description/Assumption – Relation to Kosovo priorities	Output Indicators	Baselines/Targets	Means of Verification	Timeframe	Indicative Resources (per year, in EURO)			
					Total Output 1.1	UNFPA	UNICEF	WHO
MoH Strategy - Main objectives by area: 'Improving the monitoring and evaluation system' FVP1, Obj. 3, 6 FVP 2, Objective 3 'Improving and implementing the legislation and legal framework and improving the monitoring and evaluation system'	Integrated M&E framework/schedule on implementation of Strategy for MCARH is developed and implemented by MCH Officer	2011: M&E framework/schedule - NO 2012: M&E framework/schedule - YES 2013: M&E framework/schedule - YES 2014: M&E framework/schedule - YES 2015: M&E framework/schedule - YES	- Research plan - M&E framework/schedule on MRACH strategy - MoH Annual reports - Other key reports	2011-2016	515,000	180,000	235,000	145,000
	Research plan is developed, implemented and monitored and key research is conducted to inform key planning and monitoring processes ⁷	2011: 2011: Nutritional survey (anemia, iodine, stunting); Survey on Antenatal Care; Assessment of the quality of hospital care for mothers and newborn babies (March 2011); Smoking prevalence and other psycho-active substance use among pregnant women; 2012: research plan 2013: research plan 2014: research plan 2015: research plan	2011: YES; 2012: YES 2013: YES; 2014: YES 2015: YES					
	Annual reports and review on vital statistics, mortality and morbidity rates and causes are available							

⁷ Please refer to draft plan for research and evaluation 2012 – 2016

Impact 2: Improved maternal and child health

Outcome 2: By end 2015, more women and children benefit from enhanced maternal and child health care

Description/Assumption – Link to Kosovo priorities	Outcome Indicators ⁸	Baselines	Means of Verification	Timeframe	Indicative Resources (per year, in EURO)			
					Total Outcome ²	UNFPA	UNICEF	WHO
MoH Strategy – Priority areas: FPV1 Obj. 1-4, FPV2	Key Mortality Rates: Perinatal Mortality Rate (PMR); Infant Mortality Rate (IMR); Under 5 Mortality Rate (U5MR); Maternal Mortality Ratio (MMR)	2011: PMR: 19.1/1000 (2010); IMR: TBD; U5MR: TBD; MMR: TBD 2012: TBD 2015: TBD	- KDHS 2003 - MICS 2012	2012-2016	961,000	316,000	185,000	440,000
	% of pregnant women and youth smoking ⁹	2011: 21% pregnant women (WHO/NIPH), % of youth; 2012: TBD; 2013/14: TBD	- Official institutional reports (MoH, NIPH, etc.)					
	DTP3 and MMR vaccination coverage	2011: DTP 3 – 97%; MMR 93% (2009) 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD	- Vital statistics (SAK)					
	Exclusive breastfeeding rate (from 0 to 6 months of age)	2011: 12% (MNSS 2001) 2013: TBD	- Key research					
	<i>GBV indicator?</i>							

⁸For each indicator, details on the definitions, calculation methods, data sources, and the frequency of measurement are contained in the M&E framework.

⁹In a survey of young people in Kosovo commissioned by UNICEF Kosovo, 49% of respondents identified smoking as a health risk factor. One in five respondents indicated that they were current smokers, with a smoking prevalence of over 24% among those aged 18 to 24 years of age. (UNICEF Kosovo. Youth in Kosovo: Health, Education, Employment and Participation, a survey conducted by Index Kosova, Jun 2004).

Output 2.1 Targeted key institutions provide improved quality MCH and health care services								
Description/Assumption – Link Kosovo priorities	Output Indicators	Baselines/Targets	Means of Verification	Timeframe	Indicative Resources (per year, in EURO)			
					Total Output 2.1	UNFPA	UNICEF	WHO
MoH Strategy - Main objectives by area: 'improving and implementing the legislation and legal framework and improving the monitoring and evaluation system' FVP 1, Obj 1. (FVP 2, Obj. 1-6, 8, 10, 11, 13 and 17)			<ul style="list-style-type: none"> - Health sector action plans - MoH reports - Training and quality assessment reports - Monitoring findings, research and evaluations 	2011-2016	636,000	196,000	110,000	330,000
	# of maternities certified as baby friendly institutions	2011: 21 maternities; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD						
	% of pregnant women with four or more antenatal care visits	2011: 78% (2010); 2015: TBD						
	# of key health facilities that perform quality control ¹⁰	2011: partially (#) 2012: TBD; 2013: TBD 2014: TBD; 2015: TBD						
	# of health workers trained	2011: TBD; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD						

¹⁰ Selection of health facilities to be monitored will be provided with the workplans

Output 2.2 Women and children benefit from improved access to and utilization of quality maternal and child health and health care services

Description/Assumption – Link to Kosovo priorities	Output Indicators	Baselines/Targets	Means of Verification	Timeframe	Indicative Resources (per year, in EURO)			
					Total Output 2.2	UNFPA	UNICEF	WHO
MoH Strategy - Main objectives by area: 'Development of professional capacity' FVP 1, Obj 2, Obj 5	Health sector action plans are developed and implemented in three pilot municipalities ¹¹	2011: NO 2012: YES; 2013: YES 2014: YES; 2015: YES	- Surveys, research	2011-2016	325,000	120,000	75,000	110,000
	<i>Increased utilization of MCH services by marginalized and vulnerable groups</i> ¹²	2011: TBD; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD	- Official health records					
	# of regional hospitals with available antenatal screening for heart anomalies/ultrasound	2011: TBD; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD	- Reports from trainings					
	# of PHC institutions with functional Community Nursing and Home Care Visits within Family Medicine strategy	2011: TBD; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD	- Clinical Guidelines/Protocols approved by MH					
	Antenatal screening guidelines/protocols endorsed by MoH	2011: NO; 2012: YES	- Reports from study visits					
	# of females and males with health records in family medicine centers (disaggregated by age groups)	2011: TBD; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD	- MoH Perinatal situation reports					
	<i>Increased utilization of MCH services by marginalized and vulnerable groups</i> ¹³	2011: TBD; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD						
	# of regional hospitals with available antenatal screening for heart anomalies/ultrasound	2011: TBD; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD						

¹¹ Selection of municipalities in line with UNKKT-CDP (listing of municipalities according to quantitative and qualitative indicators)

¹² TBD

¹³ TBD

Impact 3: Increased empowerment of women and children and raised awareness on maternal and child health								
Outcome 3: By end 2015, more women, men and children are empowered to demand, access and use quality health services								
Description/Assumption – Link to Kosovo priorities	Outcome Indicators ¹⁴	Baselines	Means of Verification	Timeframe	Indicative Resources (per year, in EURO)			
					Total	UNFPA	UNICEF	WHO
MoH Strategy – Priority areas: FPV 1 FPV 2 FPV 4, Obj. 2 FPV 8, Obj. 1	MoH Health Conferences are held annually	2011: NO; 2012: YES 2013: YES; 2014: YES 2015: YES	<ul style="list-style-type: none"> - Advocacy Strategy - Reports on outreach activities - Media reports - Conference report / list of invitees 	2011-2016	490,000	210,000	210,000	70,000
	# of outreach activities on promoting health behavior in schools and communities	2012: TBD; 2012: TBD; 2014: TBD; 2015: TBD						
	# of broadcasted MCARH clips on TV	2012: TBD; 2012: TBD; 2014: TBD; 2015: TBD						

¹⁴ For each indicator, details on the definitions, calculation methods, data sources, and the frequency of measurement are contained in the M&E framework

Output 3.1 Women, men and children/youth make more responsible choices for healthy lifestyles and their environment

Description/Assumption – Relation to global, regional and Kosovo priorities	Output Indicators	Baselines/Targets	Means of Verification	Timeframe	Indicative Resources (per year, in EURO)			
					Total Output 3.2	UNFPA	UNICEF	WHO
MoH Strategy - Main objectives by area: 'Strengthening health promotion and education'; FVP 1, Obj 2, Obj , Obj 5, Obj 13, Obj 17	Advocacy strategy (featuring key advocacy campaigns ¹⁵) and media plan are developed, implemented and monitored	2012: YES; 2012: YES; 2014: YES; 2015: YES	– Advocacy / media plan	2012-2016	340,000	120,000	170,000	40,000
	# of IEC material prepared and disseminated	2011: TBD (Video clips and leaflets for better parenting); 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD	– Evaluation of C4D					
	# of sessions conducted and activities undertaken by CSOs/NGOs	2011: Annually 400 health session conducted by Red Cross; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD	– Meeting minutes					
	# of people participating in health sessions	2011: TBD; 2012: TBD; 2013: TBD; 2014: TBD; 2015: TBD	– Lists of participants					

¹⁵ Anti-tobacco campaign, etc.

Output 3.2 <u>Key civil society actors and peer groups</u> actively advocate and promote <u>MCARH</u> the access to and use of health services								
Description/Assumption – Link to Kosovo priorities	Output Indicators	Baselines/Targets	Means of Verification	Time frame	Indicative Resources (per year, in EURO)			
					Total Output 3.1	UNFFPA	UNICEF	WHO
MoH Strategy – Main objectives by area: FVP 2, Obj 4	# of key CSOs active in the health area	2011: TBD; 2012: TBD; 2012: TBD; 2014: TBD; 2015: TBD	– CSOs	2011-2016	170,000	90,000	40,000	30,000
	# of outreach activities on promoting health behavior in schools and communities	2012: TBD; 2012: TBD; 2014: TBD; 2015: TBD	– Media surveys					

TBD: Beneficiary mapping, Cooperation/partners mapping; Integrated monitoring and evaluation framework and schedule; Research plan / baseline tracking sheet; Training plan; Advocacy and media plan

Budget

Project component	UNFPA	UNICEF	WHO	TOTAL
Outcome 1	180,000	340,000	215,000	735,000
Outcome 2	316,000	185,000	440,000	941,000
Outcome 3	210,000	210,000	70,000	490,000
Total programme cost	706,000	735,000	725,000	2,166,000
Coordination costs (office, personnel)	170,000			170,000
Project support costs - 7% -	61,500	51,450	50,750	163,700
TOTAL	937,500	786,450	775,750	2,499,700
Administrative Agent 1%	24,500			24,500
TOTAL JOINT PROJECT COST				2,523,500