



Evaluation of the 4th UNFPA Country Programme for Albania (2017-2021)

EVALUATION REPORT

January, 2021

Albania Country Map¹

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¹ <https://www.britannica.com/place/Albania>

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Disclaimer

This evaluation report was prepared by a team of three consultants, namely: Lyubov Palyvoda, Evaluation Team Leader; Alban Ylli and Arian Boci, Evaluators. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund, its Executive Committee or member states.

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Abbreviations and Acronyms

ADHS	Albanian Demographic Health Survey
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
ART	Antiretroviral
AWP(s)	Annual Work Plan(s)
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CO	Country Office
COAR	Country Office Annual Report
COVID-19	Corona Virus Disease 2019
CP	Country Programme
CPAP	Country Programme Action Plan
CPE	Country Programme Evaluation
CPD	Country Programme Document
CSO	Civil Society Organizations
CSW	Commercial Sex Workers
DAC	Development Assistance Committee
EM	Evaluation Matrix
ET	Evaluation Team
ERG	Evaluation Reference Group
EQA	Evaluation Quality Assessment
EQs	Evaluation Questions
EU	European Union
FP	Family Planning
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GoA	Government of Albania
HBSC	Health Behaviour in Schools Survey
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Surveillance
ICPD	International Conference on Population and Development
INSTAT	The Institute of Statistics
IP(s)	Implementing Partner(s)
KIIs	Key Informant Interviews
LGBT	Lesbian, Gay, Bisexual and Transgender
LMIS	Logistic Management Information System
MCH	Maternal and Children's Health
MDGs	Millennium Development Goals
MESYS	Ministry for Education, Sports and, Youth
MISP	Minimum Initial Service Package
MOHSP	Ministry of Health and Social Protection
NATO	North Atlantic Treaty Organization,
NGO	Non-Government Organization
NSDI	National Strategy for Development and Integration
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
OHCHR	The Office of the High Commissioner for Human Rights
OR	Other Resources
OSCE	Organization of Security of Council of Europe
PoCSD	Programme of Cooperation for Sustainable Development
RH	Reproductive Health
RR	Regular Resources
SDC	Swiss Development and Cooperation Agency
SDGs	Sustainability Development Goals
SIDA	Swedish International Development Agency
SRH	Sexual and Reproductive Health

STI	Sexually Transmitted Infection
TL	Team Leader
ToC	Theory of Change
TOT	Term of Reference
TUH	Tirana University Hospital
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Frameworks
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNESCO	United National Education, Science and Culture Organization
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
USA	United States of America

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Table 1. ALBANIA: Key facts

Key Facts and Figures		Source
The Republic of Albania is a unitary state with the parliamentary system of government. Albania is located in the South Eastern (SE) Europe, in the Balkan peninsula, on the Adriatic and Ionian Seas, within an area of 28,748 sq.km. The landscape is characterized of a rough, mountainous terrain that extends to the north, east, and south. The western lowland, where most of Albanian population lives, represents a flat area that covers the country's west from Vlorë in the south till Shkodra in the north.		
Surface area	28,748 sq. km	
Population		
Population (inhabitants)	2.845.955	Population estimation as of 1 January 2020 (INSTAT) ¹
Urban population	61.2%	Urban population estimated by World Bank ² Since last census in 2011, INSTAT haven't reported urban rural population.
Population growth rate	-0.197	2019 estimate UNFPA publication ³
Government		
Type of government	The Republic of Albania is a unitary state with a parliamentary form of government.	The Constitution of the Republic of Albania
Key political events/dates: 1912 - Albania gained its independence from Ottoman Empire. 1920 – Albania joined the League of Nations. 1955 – Albania joined United Nations. 1990 – Multiparty system adopted 2009– Albania joins NATO 2014 – Albania recommended as EU candidate		
Seats held by women in the national parliament	29.5% (2020)	World Bank Data ⁴
Economy		
GDP per capita (PPP USD)	14.5 (2019)	World Bank Data ⁵
GDP growth rate	2.65% (2019) In second trimester of 2020 the economy has suffered a negative growth rate of -10.23	World Bank Data ⁶ INSTAT ⁷
Main industries: Albania relies mostly on hydroelectrically resources therefore it has difficulties when water levels are low. Country has some natural resources with chrome making the most important mining industry and a primary export. Industry in general accounts for around one fourth of country economy, and agriculture is also very essential with more than one fifth of the economy. Services are the major sector with 54%. Tourism has been transformed recently into a key element to country's economic activity ⁸ .		
Social indicators		
Unemployment	12.8% (2020)	World Bank Data ⁹
Life expectancy at birth	Total population: 78.5 years male: 77.4 years female: 80.6 years (2018)	UNFPA publication ³
Under-5 mortality (per 1,000 live births)	9.7 (2019)	UNICEF ¹⁰
Maternal mortality ratio (deaths of women per 100,000 live births)	15 deaths/ 100,000 live births (2017)	World Bank Data ¹¹
Health expenditure (% of GDP)	6.7 (2016)	UNFPA Publication ³
Births attended by skilled health personnel, percentage	99% (2006)	World Bank Data ¹²
Adolescent fertility rate (births per 1,000 women aged 15-19)	19.6% (2018)	World Bank Data ¹³
Condom use to overall contraceptive use among currently married women, 15-49 years old, percentage	4% (2009)	ADHS 2009 ¹⁴
Contraceptive prevalence rate, any method	46%	ADHS 2018 ¹⁵
People living with HIV, 15-49 years old, percentage	0.1%	World Bank 2019 ¹⁶
Adult literacy (% aged 15 and above)	total population: 98.1%	UNESCO 2018 ¹⁷

Total net enrolment ratio in primary education, both sexes (%)		93.6 (2019)	UNESCO Institute for Statistics ¹⁸
Sustainable Development Goals (SDGs): Progress by Goal based on International organizations documents as well as documents of Albanian Government			
Note: National indicators are not yet available			
1.No Poverty	<p>In 2017 1.3% of the population lived with less than \$1.9 a day and 38% of the populations lived with less than \$5.5 a day. WB¹⁹.</p> <p>The Gini coefficient, an indicator of distribution of wealth decreased in a positive trend from 0.26 to 0.11 between 2009-2018. It may be explained by the fact that more household in the lower social strata have been able to acquire more assets over the past decade.</p> <p>ADHS 2018 used another indicator for estimating the distribution poverty in population; relative poverty or the wealth distribution index. It shows that wealth and economic opportunities tend to concentrate in urban areas. Only 5% of households in urban areas were in the lowest wealth quintile, compared to 42% of households in rural areas.</p>		
2. Zero Hunger	<p>Reduction in child malnutrition indicators has helped Albania to improve its Human development index in 2020 (WB). The stunting rate dropped from 23/100 in 2008 to 11 out of 100 children who are at risk of cognitive and physical limitations that can last a lifetime²⁰.</p>		
3. Good Health and Well-Being	<p>The life expectancy in Albania has been continuously increased over the last decades and in 2018 the country had the highest life expectancy at birth for females in the Western Balkans, at 80.6 years.</p> <p>Life expectancy at birth has improved by 20 years for both sexes within a 40-year period. (UNFPA 2020 publication)</p> <p>According to WHO, in 2016, on average, Albanians were expected to live 68.1 years in full health. Women 69 years and men 66 years.</p>		
4. Quality Education	<p>According to the 2020 Human Capital Index compiled by World Bank, Albania has made significant improvements in education quality, over the past decade. The harmonized test scores increased from 397 in 2010 to 434 in 2020. Albania has also increased expected years of schooling. A child who starts school in 2020 can expect to complete 12.9 years of school by age 18 compared to 11.6 years in 2010.</p> <p>Over the last decade Albania have been carried out an intensive reform which includes improved teacher recruitment and compensation policies; enhanced curriculum focused on competencies; increased access to all levels of education, and a stronger focus on inclusive education by targeting the most disadvantaged students (WB).</p> <p>Albania's UNDP Human Development Index value for 2018 is 0.791, which put the country in the high human development category, positioning it at 69 out of 189 countries and territories.</p> <p>According to that index, 93.5% of women and 92.8% of men have some secondary education²¹.</p>		
5. Gender Equality	<p>The National Strategy and Action Plan on Gender Equality is adopted in Albania in 2016. Gender Equality Index for Albania is 7 points below the EU-28 average (67.4), except in the domain of power, where Albania has higher gender parity than the EU28²².</p> <p>The largest gaps to the EU-28 are in the domains of knowledge, money and time, while scores are similar in the domains of work and health.</p> <p>The domain of health has the highest score of 81.8 (although still below the EU-28 score of 88.1). Subdomains of health status and access to health care present lower gender gaps than health behaviors affecting risk factors and healthy lifestyles.</p>		
6. Clean Water and Sanitation	<p>Albanian Government has designed a new water sector network and a new national water sector strategy (2018-2030).</p> <p>The proportion of households with access to improved sources of water increased from 62% in 2008 to 83% in 2018. This development occurred equally in urban and rural areas¹⁵.</p> <p>96% of Albanian households use improved sanitation facilities, of which 73% are connected to a piped sewer system, 17% use septic tanks and 5% use pit latrines.</p> <p>Nevertheless, only around 13% of all wastewater are treated in sewage treatment plants. The rest is discharged untreated into rivers, lakes and the sea²³.</p>		

<p>7. Affordable and Clean Energy</p>	<p>Albania thanks to its geographical position and natural resources has a high potential to exploit country renewable resources, but actually only hydropower makes a significant contribution to the electricity consumption in the country²⁴. While hydropower constitutes 97 per cent of domestically generated electricity, it already covers only <u>20 percent</u> of the electricity consumption²⁵. Only recently, Albania has started to significantly invest in solar energy.</p>
<p>8. Decent Work and Economic Growth</p>	<p>Albania has recently developed two national policies focusing on decent work and economic growth: National Employment and Skills Strategy 2014-2020 and Decent Work Country Program 2017-2021. The GDP growth was 3.4% in 2016, accompanied by an increase in consumption and on private investments, and exceed 4% per cent in 2018 to slow again in 2019 at 2.2%²⁶. Still, economic growth of the last two decades has not been translated into significant labour market improvements. In 2017, labour force participation rates were below European averages, with women participation rates significantly lower than men's. Youth participation rates are even lower. UNDP²⁷. Country has still a high level of informal employment, which accounted for around 40 per cent of employment in the non-agricultural sector²⁸.</p>
<p>9. Industry, Innovation and Infrastructure</p>	<p>Albania has inherited a poor infrastructure and ineffective industry from the past. Massive efforts have been done during the last 2 decades in improving the country road network and adapting the industry to the market needs. Among the most priority projects of the Government of Albania is the Adriatic – Ionian Corridor, part of a larger EU development project²⁹. The country has also taken some steps towards improving research and innovation and connecting it to country development: government reorganized the Academy of Sciences to reflect the model used by many other European countries. It also has created the Agency for Research, Technology and Innovation.</p>
<p>10. Reduced Inequalities</p>	<p>Government of Albania has made the social cohesion one of the major pillars in its strategy for development and integration 2016-2020³⁰.</p>
<p>13. Climate Action</p>	<p>Albania prepares regularly National Communications to the United Nations Framework Convention on Climate Change. A specific strategy for adaptation of health sector in the frame of climate change has been developed. Albania's contribution to the global greenhouse gas emissions is low, estimated at an average of 9,4 million ton/year of CO2 eqv. This is because over 95 percent of Albania's electricity is produced from hydro sources and high energy intensity industries are no longer operating. Transportation followed by agriculture and waste sector are the main categories that are found to have significant contribution to the total greenhouse gas emissions for Albania³¹.</p>
<p>16. Peace, Justice and Strong Institutions</p>	<p>The Albanian Parliament has passed unanimously the bill about justice reform in 2016. The reform aims at strengthening of the democratization of society and the rule of law of the country. A new system cleaning up of the judicial system has been created, but the process has also produced a reduction in the number of available judges. Constitutional Court and High Court remain paralyzed³². The new justice reform is strongly backed by EU and US.</p>
<p>17. Partnerships for the Goals</p>	<p>A good example of this is Albania assuming Chairmanship of Organization for Security and Co-operation in Europe in January 2020. The priorities of the Albanian OSCE Chairmanship are:</p> <ul style="list-style-type: none"> • Making a difference on the ground. • Implementing the commitments. • Building stability through dialogue. <p>In this frame Albania has already playing a role in assisting member countries to find solutions about conflicts in Ukraine, Belarus and Nagorno-Karabak³³.</p>

EXECUTIVE SUMMARY

Overview. The overall purpose of this Country Programme Evaluation (CPE) is to conduct an independent assessment of relevance, performance and sustainability of UNFPA support provided to Albania within 2017-2021 4th CP. The overall objectives of the CPE are to provide: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle. The evaluation has three specific objectives: *First*, To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme. *Second*, 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 priority needs while adding value to the country development results. And *third*, to draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of the agenda 2030 for the next programming cycle.

This report covers the results from 2017-2019 and COVID-19 related interventions of 2020 in four focus areas: 1) Sexual and Reproductive Health (SRH) 2) Adolescent and Youth, 3) Gender, and 4) Population and Development (P&D). The budget for the 4th CP is \$3.5 million (\$2.5 regular and \$1 other). The evaluation covers all activities planned and/or implemented during the period of 2017-2019 and COVID-19 related interventions of 2020 within two outcomes (reproductive health, adolescent and youth) where gender equality and population and development issues were included as cross-cutting. Other cross-cutting areas include: partnership, resource mobilization and communication. The CPE analyses the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018-2021, the UN - GoA Programme of Cooperation for Sustainable Development, and national development priorities and needs. The evaluation reconstructs the programme intervention logic and assesses the extent to which the 4th country programmes have chosen the best possible modalities for achieving the planned results in the development context. The evaluation examines the programme for such critical features as relevance, effectiveness, efficiency, sustainability, coordination, and added value, and covers the development interventions. The CPE took place during the period of November – December 2020.

Evaluation Approach. The CPE follows the structure provided in the UNFPA Handbook (UNFPA February 2019) to assess the UNFPA CP using two separate components. First, is an analysis of the UNFPA CP Outcomes and Outputs within the four focus areas (SRH, Adolescent and Youth, Gender, and P&D). This component employs four main criteria: relevance, effectiveness, efficiency, and sustainability. The second component assesses the positioning of the UNFPA CP in the country based on two criteria: UNCT coordination, and value added (comparative strengths in the country). The evaluation covers the three and a half year CP programme period (2017 - 2020).

Methodology. The evaluation was conducted by a three-person team (team leader and two evaluators). 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 online and offline using four main methods: 1) Desk review; 2) Key informant semi-structured group and individual interviews; 3) Online survey; and 4) Site visits to selected implementing partners in capital and municipal levels. The analysis is based on a synthesis and triangulation of information obtained from the above-mentioned four evaluation activities. Limitations of the evaluation related to COVID-19 pandemic, including disadvantages connected to remote way of evaluation performance and limited ability of ET to interview UNFPA beneficiaries groups and visit municipalities where the Fund works. In total 123 documents were analysed, interviews with 46 individuals were conducted online and offline, and 34 persons out of 73 invited (or 46.6% response rate) participated in online survey. All interviews were done without the presence of UNFPA staff.

Key Findings - Overview of Achieved Results by evaluation criteria and programme area

- **Relevance:** All programme areas of 4th CPs 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 achievements and lessons learned of the previous CP 2010-2016 as well as consultation with UNFPA stakeholders, partners and beneficiaries. All programme areas of CP were/are implemented in a manner that was reflective of UNFPA global strategy, the UN - GoA PoCSD, international frameworks and national development priorities and needs.
- **Effectiveness:** The UNFPA activity made a good progress in all programme areas. There is good progress in achieving output and outcome indicators of the 4th programme areas. However, some output and outcome

indicators are not defined clearly enough and, as result, have not been able to correctly reflect and understand the extent of UNFPA contribution to discovered achievements. The indicators intending to demonstrate the achievement of the planned outcomes are not also very useable, because most of them are not correctly reflecting advocacy goals.

- **Efficiency:** Overall, the activities implemented towards the achievement of outputs for all programme areas appeared to be reasonable for the amount of available resources and UNFPA country office managed to implement the planned activities and deliver the outputs as foreseen. Analysis showed that, when funding from RR increases from year to year and constitute 62.49% of committed UNFPA resources, expenditures from other resources decrease at the same time, but are overwhelmingly higher than envisioned (170% from planned funding). In general, analysis of financial resources for three years shows positive tendencies. To achieve planned outcomes, UNFPA have made good use of its human and technical resources and on average from 39% to 61% of annual resources were implemented by either NGOs and/or government agencies. CO team is recognized by its professionalism, goal-oriented and very good attitude towards partners and beneficiaries. Evaluation participants noticed appropriate financing, reporting and transparency administrative and financial procedures, perfect organization and collaboration with UNFPA team, and possibility of online processing of financial and narrative reports and request for advance. Also, Albania as an upper-middle-income country practices little application of a traditional development assistance model, but with great opportunity bringing by Albania's objective of European integration. It is important to mention that Government of Albania provides direct financial support to conduct recent Demographic Health survey (DHS).
- **Sustainability:** There is evidence of good progress made by the activities of 4th country programme. In addition to establishing an effective policy dialog with national ministries and local municipalities that has resulted in important long-term national strategies and guidelines, there are examples of sustainability of UNFPA activities with the long-term scale up of UNFPA pilot projects and institutionalization of technical assistance. UNFPA has consistently made it clear that rather than support services and capacity building, it is more focused on longer-term technical expertise, advocacy and policy development. Through an ongoing constructive dialogue between the UNFPA and its partners, including the Government of Albania and UN institutions, UNFPA ensures the ownership of achieved results by CP interventions.

Program Area Findings

- UNFPA achieved important results for the **SRH** focus area by ensuring sexual and reproductive health and rights; building a national infrastructure for Minimum initial service package (MISP) and make it operational during most recent crises, including the November 2019 Earthquake and Covid-19 pandemic; improving cervical cancer screening care especially for those women who live in rural areas and those with less education; assisting in development and approval of clinical guidelines and protocols for health care providers, including family planning issues, supporting policy making in this area. Nevertheless, the health promotion actions remain sporadic and not well funded. Albania does not have a national health management system established by MHSP. And better coordination of health care units and delivery of care services is needed at regional level along with better quality and regularly updated data on SRH related issues.
- The **Adolescent and Youth** programmatic area activity was focused on UNFPA promotion of sexuality education among youth through sexuality education course; supporting approval of Law on Youth; assisting establishment of youth networks; advocating for funding youth activities in municipality budgets; introducing participatory models for youth participation in decision-making at local level. At the same time, introduction of sexuality education in schools demonstrated need for trained teachers. Establishment of youth networks and platforms is challenged by low interest and activity of young people as well as lack of leadership. Implementation of Law on Youth require updating the National Youth Strategy and increase cooperation between youth organizations and government at national and municipality levels.
- The **gender** focus area has made important contributions toward support of national gender equality policies according to needs and throughout the 4th CP consistently and effectively. With UNFPA support several national reports and reviews on international and national commitments on human rights and women's rights were prepared and submitted, including a national report on the *Beijing Declaration and Platform for Action +25* process, a *Universal Periodic Report* and *CEDAW follow-up report* in cooperation with the Monitoring Network against Gender- Based Violence; a CEDAW alternative report prepared by the Ombudsman; and monitoring of implementation of Objective 3 (GBV) of the National Strategy on Gender Equality 2016–2020. During 4th CP activities of the gender component is mostly focused on addressing gender violence through the development and official endorsement by MHSP of Standard Operating Procedure on multi-sectoral response to GBV; and development of Coordinated Mechanisms of Referral System to allow Health care operators and Social protection services at municipality level to work in harmony and coordination to support victims of abuse. Joint efforts of UNFPA and its partners resulted in the resolution of Albanian Parliament *On*

condemning violence against women and girls and increasing efficiency of legal mechanisms for its prevention, followed by the establishment of the parliamentary sub-committee On Gender Equality and Ending Violence Against Women.

- The **P&D** component of 4th country programmes was focused on supporting and producing surveys and needed data for evidence-based decision making policy, including ADHS, IBBS, HBSC, etc. UNFPA provided technical assistance in country preparation to 2022 census, updating socio-economic data after the November 2019 earthquake; and collecting emergency needs of population, including most vulnerable groups, affected by COVID-19 pandemic. Moreover, the UNFPA activities were effective in tackling elderly issues through development of the *National Plan of Ageing population*. In the first three and a half years of the 4th CP UNFPA worked at strengthening national data systems and increased availability and accessibility of evidence - based analysis on population dynamics and their links to sustainable development for the formulation of rights-based policies. However, there is still a lack of routine disaggregated by age, gender, economic status and/or ethnicity that was recognized by Government of Albania.
- **United Nations Country Team Coordination:** 4th CP reflects strategic outcomes and country programme areas and outputs contribute to achievement of two 2017-2021 UNDAF goals and to the National Development Goals, including the 8 SDGs. Achievement of the stated strategic goals in the PFD relies on the collective strength of all United Nations agencies working in the country. UNFPA proactively participates in joint programing in sexual and reproductive health and reproductive rights, adolescents and youth, gender-based violence, gender equality, and data collection and analysis. It is relevant to mention several programmes that UNFPA cooperates with UNICEF, UNFPA and UNDP, namely: LNOB (implemented by four UN Agencies), RYCO (in cooperation with UNDP and UNICEF), Youth network project (in cooperation with UNICEF), EVAW (in partnership with UNDP and UNW). At the same time, in general, coherent work among the UN Agencies remains a challenge in Albania when each UN institution competes for resources, recognition and visibility.
- **Added value:** The value added of the UNFPA country programmes includes both corporate UNFPA comparative advantages, which are part of its mandate and mission, as well as features specific only to the country office. Among them are the UNFPA staff and their attitude to partners, desire to listen and support needs-oriented initiatives proposed by partners, thorough work and technical expertise. The respondents commented on the UNFPA approaches aimed at system changes, targeting cause of problems but not their consequences, persistence in finding allies and/or building support base for introducing new approaches. The respondents appreciated the UNFPA high demand for quality work but also the organization's transparency and results reporting to stakeholders. The added value of the UNFPA country programme includes new knowledge and skills received by partners, modern approaches to problem solving, attention and support received in all UNFPA programmes' areas. However, UNFPA visibility and recognition, even by its partners remains an issue.

CONCLUSIONS

Strategic Level

Conclusion 1. The 4th UNFPA Albania Country Program is adapted to the needs of the population, including the most vulnerable, aligned to the priorities set by international and national policy framework as well as with the UN-GoA PoCSD and Albania's objective of European integration to a greater extent. At the same time, defined two outcomes of 4th UNFPA CP relied on strategic framework formulated in the UNDAF 2017-2021, confused measurement of gender equality and P&D programme issues as they are set up as cross-cutting without clearly articulated indicators and targets.

Conclusion 2. The 4th UNFPA Albania Country Program has helped the country progress in improving its policies and actions in several areas. Within this program cycle the first Youth law was passed by the Albanian Parliament, the *National Plan on Ageing* was developed and approved by the Albanian Government, the *National Reproductive Health Plan and the Contraceptive Plan* were approved and evaluated by MHSP. Two new national health programs on screening cervical and breast cancers were introduced by the Albanian Government along with the Coordinated Referral Mechanism for GBV and minimum initial service package was included in national contingency plan by MHSP. Additionally, there is tangible progress toward planned objectives in spreading all over the country the participatory platforms that advocate for increased investment in sexual and reproductive health and reproductive rights, as well as comprehensive sexuality education in schools. However, the output indicators have not always been able to correctly reflect the contribution of UNFPA to these achievements.

Conclusion 3. Implementation of the 4th UNFPA Country Program contributed in improving systematic information and data quality on several areas of sexual and reproductive health, gender equality, and adolescent and population dynamics. A number of national surveys in population, Health Behaviour in Schools Survey (HBSC) as well as

indepth analyses have produced valuable data to assist Albania monitoring situation and understanding problems in these areas. Nonetheless, some of the indicators produced by these studies demonstrate lack of progress in long-term outcomes, such as modern contraceptive use and utilization of public healthcare by youth and adolescents.

Conclusion 4. UNFPA Albania Country Program targets and indicators are not always well developed to be specific and appropriate for measuring short-term, mid-term and long-term outcomes. Some output/outcome indicators lack clear definitions that limit their validity, possibility to collect, and monitor their achievement. In addition, annual report format does not reflect output/outcome indicators presented in the CP. As results, the output and outcome indicators do not always effectively and correctly reflect the achievements of UNFPA.

Conclusion 5. As Albania is an upper middle-income country and UNFPA committed to the UN *Delivering as One* principle in programming and resource mobilization, traditional sources of financing for development assistance are decreasing. Despite operation in a resource constrained environment, UNFPA succeeded in receiving direct government support that set up precedent for new forms of assistance, including funds envisioned by Albania's EU accession process.

Conclusion 6. To extent possible, UNFPA ensured sustainability of achieved results by provision of evidence-based support to advocacy and policy work, strengthening technical capacity of its government and non-government partners by supporting them with new knowledge and skills, introducing them to the best international practices and expertise, advocating for them and positive results of projects they implement at local and national levels and engaging key ministries and donors in implementation of new concepts. Sustainability of results of UNFPA interventions are 'in sewn' into CP design stage based on careful revision of achieved results, considering challenges in environment, and best local and international practices. However, achieved results in some areas (e.g. adolescent & youth) are mixed in term of sustainability-

Conclusion 7. The UNFPA activities contributed to better coordination of the UN agencies in Albania to a great extent. There are several UN institutions the UNFPA cooperates closely with (UNICEF, UN Women, WHO, UNAIDS) and their joint activities are complementary, create synergies and reflect the interests, priorities and mandate of the UNFPA in Albania. UNFPA is recognized as a lead UN agency dealing with adolescents and in youth issues both at national and local levels. At the same time, joint programming and coherent work among the UN Agencies remain a challenge for UNFPA office as of its focused mandated and small office and resources. As a result CO constantly compete for resources, recognition and visibility.

Conclusion 8. The UNFPA has demonstrated added value in its programmatic areas and the Agency partners recognize it. The value added of the UNFPA country programmes includes both corporate UNFPA comparative advantages, which are part of its mandate and mission as well as features specific only to the country office. Among them new knowledge and skills received by partners, modern approaches to problem solving, attention and support received in all UNFPA programmes' areas, CO attitude and unique for UN institution approach to programme implementation through local partners, including government institutions, academia, and NGOs. However, UNFPA visibility and recognition, even by its partners, remains an issue.

Conclusion 9. Approach on achieving UNFPA transformative results, integration of GEEW criteria, application of *Leaving no One Behind* policy and innovation and human rights - based approach in CP programming, implementation and monitoring contributed to effective implementation of the 4th Country programme to a great extent.

Conclusion 10. UNFPA CO proved itself as Agency with prompt reaction, proactive position, evidence-based and result-oriented intervention in force major situations like the November 2019 earthquake and the 2020 COVID-19 pandemic, including survey, introduction of guidelines and new means of service delivery, recognized by government, non-government and donor community partners.

Programmatic Level

SRH Conclusion 11: UNFPA has made significant achievements to ensure sexual and reproductive health and rights. UNFPA CO has collaborated with MHSP and its structures in Tirana and regions to build a national infrastructure for Minimum initial service package (MISP) and make it operational during most recent crises, including the November 2019 Earthquake and Covid-19 pandemic. MISP includes safe blood transfusion, GBV assistance, safe pregnancy care, etc. in emergency situations.

SRH Conclusion 12: After effective capacity building and advocacy efforts, the cervical cancer screening program, approved in 2019, has improved care especially for those women who live in rural areas and those with less education. However, better coordination of health care units and delivery of care services for women is needed at regional level.

SRH Conclusion 13: The newly developed and approved clinical Guidelines and protocols for health care providers including family planning issues are helping to address issues in this area. However, there are still unmet needs of the population to access family planning / SRH services, including contraceptives that is one of outcome of

the fact that health care providers rarely use developed guidelines and protocols, still lack necessary knowledge and skills, particularly at regional level and in settings like prison.

SRH Conclusion 14: The national RH committee was revitalized to fill the gaps in coordination and management this sector has faced during the last decade. A new law on RH was initiated as well as monitoring and evaluation of the national RH contraceptive strategies. However, members of the committee lack updated information of situation reports as of low quality of routine data and outdated structures/organization of health care leading agencies (including MHSP, National Operator of Health Care and IPH). In addition, experienced professionals have retired and new specialists are to be trained.

SRH Conclusion 15: UNFPA supported the Ministry of Health and Social Protection in the development and approval of the National Strategy and Action Plan for Health Promotion for 2017-2021. Nevertheless, the health promotion actions remain sporadic and not well funded. Large-scale awareness and behavior interventions combined with targeted interventions are needed, to work with regional public health structures, schools, communities and media.

SRH Conclusion 16: There is still no national health management system as such in Albania, established by MHSP.

Adolescent and youth Conclusion 15: Main achievement in the field of youth policies during the program cycle is the Law on Youth. The law is the result of the long advocacy work and models of activities already established by UNFPA, and partners among youth networks and local governments. Still, there are concerns about its acceptance from segments of youth networks. Moreover, there is slow progress in implementation of the *National Youth Strategy* prepared with UNFPA assistance during previous CP.

Adolescent and youth Conclusion 16: Despite formal approval of CSE program, there is a large number of teachers to be trained on its delivery. As a consequence in many schools the CSE is not provided. The information system about the implementation of CSE in schools and its quality doesn't offer more data than number of teachers trained and their distribution by regions. Identification of the appropriate indicators for measuring the CSE effects in various schools and pupils categories is missing, particularly reaching out the most marginalized and out of schools young people.

Adolescent and youth Conclusion 17: UNFPA supported transformation of ad-hoc interventions in the regions into local development plans. 9 municipalities have introduced budget lines for youth, including education and SRH.

Adolescent and youth Conclusion 18: UNFPA contributed to three other major developments regarding youth. First, establishment of the youth and adolescents national platforms such as *Youth Voice*, and their impact on the lives of thousands of young people, in and out of school, who have been reached with information and counseling about issues such as child marriage, family planning etc. Second, setting up operational participatory municipality level platforms for youth NGOs and communities, including for Roma groups. Third, strengthening the community health model by establishing and expanding networks of health educators for reaching communities of rural and remote areas. Many thousands mainly marginalized and vulnerable young people are reached with Adolescent Sexual Reproductive Health information and advice. Despite this, it is widely accepted that the adolescents only rarely use the traditional healthcare services.

Adolescent and youth Conclusion 19: Despite successful establishment of several youth networks, there were several challenges to their further work as of: i) insufficient number of interested youth to join the youth activities or take leadership roles; ii) challenges in legalization of Y-Peer network; iii) limited availability of funding needed to support youth related activities.

Gender Conclusion 20: UNFPA activities contributed to an improvement of the monitoring and assessment capacities of governmental and non-governmental actors to prepare and submit national reports and reviews on international and national commitments on human rights and women's rights, including a national report on the Beijing Declaration and Platform for Action +25 process; a Universal Periodic Report and CEDAW follow-up report prepared by the Monitoring Network against Gender- Based Violence; a CEDAW alternative report prepared by the Ombudsman; and monitoring of implementation of Objective 3 (GBV) of the National Strategy on Gender Equality 2016–2020. Evidence-based activities assisted in identification an increase in the prevalence of child marriage in less than 9 years that remains unaddressed with at policy level as well as limited availability of disaggregated routine data by age, gender, economic status and/or ethnicity and need to develop the National strategy and action plan for gender equality for next period.

Gender Conclusion 21: One of the most important progresses towards coordinated approaches to address gender violence is the development and official endorsement by MHSP of Standard Operating Procedure on multi-sectoral response to GBV. For the first time in the country, Operators of Health care, and Social protection services at municipality level are expected to work in harmony and coordination to support victims of abuse through Development of Coordinated Mechanisms of Referral System. Ministry of Justice and Ministry of Interior are yet to be included in the model, while work in the regions is still to be commenced. Meanwhile, centers such as LILUM, are filling a gap in SHR services and are starting to provide assistance to its first beneficiaries which are young women/adolescents abandoned and living in the street.

Gender Conclusion 22: The political support is assured by advocacy efforts produced results such as the resolution of Albanian Parliament *On condemning violence against women and girls and increasing efficiency of legal mechanisms for its prevention*, followed by the establishment of the parliamentary sub-committee *On Gender Equality and Ending Violence Against Women*. It remains to be continuously supported with evidence and involvement on international policy processes.

P&D Conclusion 23: The UNFPA is the main UN program in Albania that works with population data, dynamics and projections issues. During 4th CP it has continued to produce important comprehensive publications based on conducted surveys and studies. Those documents have, to a certain degree, filled the gaps of information about routine data particularly that is lacking. However those publications are not systematically produced to provide ongoing evidence-based policy monitoring.

P&D Conclusion 24: The UNFPA activities were effective combining the development of the policy and program documents, including: *National Plan of Ageing population* based studies important for the informed decision making; ADHS; publication on health and demographic challenges of 21st century Albania on gaps on population groups not covered by ADHS; Integrated Biological and Behavioural Surveillance (IBBS); HBSC; and proactive engagement of its partners in the international processes/consultations such as ICPD 25.

P&D Conclusion 25: UNFPA provide support to INSTAT in improving its technical expertise needed for upcoming 2022 census in Albania and IPH in development of core set of sexual and reproductive health indicators according to 88 ECHI standard indicators. In order to be endorsed by MHSP, IPH and UNFPA have initiated calculation and data validation of 10 first indicators, 3 of which are RHS-related indicators. Moreover, UNFPA contributed to better coordination of government institutions in use of data for reporting and improving quality of policy analysis that still require international expertise.

RECOMMENDATIONS

Strategic Recommendations:

Strategic Recommendation 1. UNFPA Country programme design should reflect gender equity and P&D areas through individual outcomes/outputs and respective indicators and targets to better measurement of UNFPA achievements and challenges.

Strategic Recommendation 2. UNFPA should better explore programming and resource mobilization strategy at regional level and opportunities provided by Albania's objective of European integration.

Strategic Recommendation 3. UNFPA has to raise its visibility, comparative advantages, uniqueness particularly among potential donors, including private sector, at both, country and regional levels.

Programmic recommendations:

SRH Recommendation 4. UNFPA should assist MoHSP and MESYS in utilization of public reproductive and sexual services by young people and better use of guidelines and protocols for adolescent health and women health by health professionals.

SRH Recommendation 5. UNFPA should support the newly reorganized National RH Committee to make it fully functional and fulfill its mandate as evidence based policy coordination mechanism.

Adolescents and Youth Recommendation 6. UNFPA should continue support of Adolescent & Youth component focusing on: i) evaluation of the National Youth Strategy implementation and developing a new one in the context of the new Youth Law; ii) continuing advocacy on the integration of sexuality course into the school curricula throughout the country and training teachers to deliver it; and iii) expanding the regional participation platforms developed between youth organizations and local governments.

Gender Equality Recommendation 7. UNFPA should continue its support to combating GBV.

P&D Recommendation 8. UNFPA should provide support in upgrading the whole reporting system of diseases and deaths provided by health professionals in Albania.

P&D Recommendation 9. UNFPA should pay more attention to ageing issues and support preparation of routine data disaggregated by age, gender, economic status and/or ethnicity.

CHAPTER 1: INTRODUCTION

1.1 Purpose and objectives of the country programme evaluation

The UNFPA Country Office in Albania, in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Evaluation Office, contracted team of independent experts to conduct an evaluation of the fourth UNFPA Country Programme for Albania (2017-2021) as part of the Country Office evaluation plan and in accordance with the UNFPA evaluation policy (DP/FPA/2013/5).

The overall objectives of evaluation were:

- (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and
- (ii) a broadened evidence-base for the design of the next programming cycle.

Towards the achievement of the overall objectives, the evaluation had the following **specific objectives**:

- To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- To provide an assessment of country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results.
- To draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.

1.2 Scope of the evaluation

The evaluation covered all activities planned and/or implemented during the period 2017-2019 and partly for 2020 within each programme area (reproductive health, adolescents and youth, gender equality, and population and development). Cross-cutting areas included: partnership, resource mobilization and communication. The country programme evaluation (CPE) analysed the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018--2021, the UN GoA Programme of Cooperation for Sustainable Development and national development priorities and needs.

The evaluation reconstructed the programme intervention logic and assessed the extent to which the on-going country programme had chosen the best possible modalities for achieving the planned results in the current development context. The evaluation examined the programme for such critical features as relevance, effectiveness, efficiency, sustainability, coordination, and added value, and covered the development interventions. In addition, the Evaluation Team (ET) applied several lenses throughout the evaluation implementation, from data collection to formulation of recommendations, including assessment of UNFPA transformative results, integration of GEEW criteria, application of Leaving no One Behind policy and innovation and human rights - based approach in CP programming, implementation and monitoring.

The primary users of this evaluation are the decision-makers within the UNFPA country offices and organization as a whole, government counterparts in the country, the UNFPA Executive Board, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

1.3 Methodology and process

EVALUATION METHODOLOGY

Evaluation criteria and evaluation questions

The evaluation was structured around the following evaluation criteria:

- four out of the five standard OECD-DAC criteria: relevance, effectiveness, efficiency and sustainability²;
- two criteria specific to UNFPA, with a view to assessing: (1) UNFPA coordination with UNCT; and (2) UNFPA Country programme added value.

Based on these evaluation criteria, the evaluation team used the following evaluation questions, which guided the data collection and analysis work throughout the evaluation process.

²The OECD-DAC evaluation criterion, the impact, is not considered in UNFPA country programme evaluations, due to the nature of the interventions of the Fund, which can only be assessed in terms of contribution and not attribution.

Relevance

EQ1: To what extent is the UNFPA support:

- (i) adapted to the needs of the population with emphasis on the most vulnerable population; and
- (ii) in line with the priorities set by international and national policy frameworks;
- (iii) aligned with the UN GoA PoCSD; and
- (iv) planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?

Effectiveness

EQ2: To what extent have the intended programme outputs been achieved?

EQ3: To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?

EQ4: To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

Efficiency

EQ5: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Sustainability

EQ6: To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

EQ7: To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

EQ8: To what extent have some of the results of pilot projects being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

UNFPA Country programme coordination with UNCT

EQ9: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA Country programme added value

EQ10: What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

In addition to the proposed EQs, the ET employed the following cross-cutting lenses while evaluation the 4th CP, including:

- Three transformative and people-centred results in the period leading up to 2030. These include: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage;
- Gender Equality and Empowerment of Women (GEEW) integration criteria³;
- Application of Leaving No One Behind policy (e.g. reaching most vulnerable groups and underserved, including persons with disabilities, LGBTI, elderly, Roma and Egyptians) in the UNFPA Albania activity, including UNFPA comparative advantages in data, population dynamics, reducing inequalities in health and education;
- Application of innovation and human rights in UNFPA programming, implementation, and monitoring. Specific focus will be given to human rights principles of participation and inclusion, equality and nondiscrimination in

³i) Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? ii) Is a gender-responsive methodology used, including gender-responsive methods and tools, and data analysis techniques? iii) Do the evaluation findings, conclusions and recommendations reflect a gender analysis?

situation analysis, programme design, implementation and monitoring.

Moreover, the evaluation team looked at key lessons and provided a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle as well as best practices of the UNFPA activities.

The proposed set of evaluation questions provided a balanced mix of generic and specific questions, and all of them are focused on providing useful information such as information on the changes the intervention sought to achieve, investigating particular intervention characteristics or factors which have / have not worked. Also, the proposed list of evaluation questions was manageable and not too long and is limiting and prevents the analysis from “*going where the data leads*”. Evaluation sub-questions were developed to help define a particular question or drill down on specific areas. Also, having fewer evaluation questions helps to keep the focus on the evaluation objectives and make the evaluation manageable and cost-effective.

Methods for data collection and analysis

The evaluation methodology was based primarily on standards and guidance described in *How to Design and Conduct a Country Programme Evaluation at UNFPA*⁴ throughout the phases of the evaluation. Suggested and prescribed tools, such as the evaluation matrix, was adapted for the country programmes’ context. Evaluation methods were both quantitative and qualitative, including documentary review, group and individual online and face-to-face interviews, online survey as well as field visits to programme sites and observations of the UNFPA implementing partners’ offices during the evaluation period. 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 discussions. The evaluators took into account ethical considerations when collecting information. The team closely adhered to the UN Evaluation Group Code of Conduct and Ethical Guidelines for Evaluations (2008). The evaluation was based on a person-centered approach by emphasizing respect, accountability, fairness and transparency. Preceding fieldwork evaluation team (ET) reviewed cultural and religious sensitivities existing in Albania and considered potential harm to participants evaluation can make. While setting the interviews the ET considered respondents availability, opportunity to online interviews and place of face-to-face meeting. Often the interviews were conducted outside of government offices to make public officials feel more free and relaxed. While meeting NGO implementing partners, ET came to place where evaluation participants felt comfortable. Every meeting started with acknowledgement that all received information from respondents will be treated as confidential, respondents’ privacy and anonymity will be guaranteed and information they shared will not be linked to them as well as their participation in evaluation is voluntary and free and they can stop interview at any moment (ET was prepared where deemed necessary, to obtain statements of informed consent).

Taking into consideration the tasks of the evaluation as well as time and budget constraints, a non-experimental design has been used to answer the evaluation questions. This type of design was also most relevant, given that the majority of the evaluation sub-questions were descriptive and normative in nature. Experimental and quasi-experimental designs cannot be applied in this case, as they require creating a control group (not covered by the program) by random (when using an experimental design) or non-random (in the case of a quasi-experimental design) selection and using data collection and analysis methods that are time-consuming and costly. Another reason why these types of design are inapplicable to this case is that to have a control group, the initial indicator values (before the start of the program) should have been established for the groups not covered by the program, which at this point in the implementation is virtually impossible. Considering budget and time constraints and to better answer the evaluation questions, the evaluation used a combination of quantitative and qualitative methods and various groups of stakeholders within the framework of non-experimental design. Moreover, it allowed the Evaluation Team to analyze the relationship between the intervention and its effects, the program’s strategy.

The data collection methods were designed around the assumptions and indicators proposed in the evaluation matrix⁵ and considered the most effective ways to collect needed information in order to answer EQs in given country and programmes’ context and limited timeframe, including:

- **Desk review and analysis.** A review, prior to fieldwork, of relevant documents including government and UNFPA policy and strategy documents, the GoA - UN PoCSD, the UNFPA 4th Country Programmes (2017-2021) documents, including the Country Office Annual Reports (COARs), the National Voluntary Report on SDGs, UNDP Human Development Reports for Albania, the M&E matrix, and monitoring/evaluation reports.

⁴ Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, February 2019. Downloaded from www.unfpa.org/evaluation

⁵ Evaluation Matrix is presented in the Annex 4

Relevant secondary data and background documents describing UNFPA activity related environment, including development context, development challenges, and priorities; relevant national laws, policies, and regulations; relevant academic and periodical publications, other donors' reports; and surveys and evaluation, assessments and studies in Fund focus areas, etc. The **Evaluation matrix (EM)** continued to be developed during and after the in-country data collection to help evaluators consolidate in a structured manner all collected information corresponding to each evaluation question. The EM also makes it easier to identify data gaps in a timely manner, and to collect all outstanding information.

- **Online and offline key informant interviews, both individual and group.** Separate semi-structured interview protocols were designed using interview guides for key informants (UNFPA staff, government counterparts, donors, other UN agencies, national and international implementing partners – IPs, civil society partners) in Capital city and selected municipalities in Albania. The means of interviews conducted were both face-to-face and by Skype/Zoom. Interview logs were kept by each evaluator in order to share data and record it effectively. Where it is possible group interviews were conducted to collect key information from beneficiaries and partners in response to the Country Programme intended results. All interviewees were assured by the evaluation team of the confidentiality of their responses. The team conducted Key Informant Interviews (KIIs) with a consistent set of precautions for informed consent and confidentiality to closely adhere to the UN Evaluation Group Code of Conduct and Ethical Guidelines for Evaluations (2008).
- **Online survey** targeted UNFPA stakeholders and beneficiaries to answer particular evaluation questions focused on programme areas and cross-cutting issues, such as equity and vulnerability, gender equality and human rights; UNFPA Country programme coordination with UNCT and other donors, UNFPA value added. Online survey was envisioned as complimentary to KIIs as limited interview time did not allow asking all questioned to get in-depth response. Where it possible, online survey preceded the KIIs.
- **Site Visits to UNFPA targeted areas, both in capital and regions.** The selection of sites outside of capital city was based on consultations with the UNFPA office in Albania. As Albania is an upper middle-income country, the UNFPA programme is mainly focused on Advocacy and Policy Dialogue. However, there are four municipalities in regions supported by UNFPA and site visit to Durres Municipality was carried out. In addition, ET visited to the UNFPA IPs, namely NEWSMARK and ACPD. However, no interaction was observed because of Covid 19 restrictions. Two activities planned to be observed during evaluation were cancelled because of Covid 19 measures (one meeting at MHSP about RH Strategy evaluation results, the other event with Parliamentary Commission and other stakeholders to discuss findings of the report '*Demographic and health challenges of Albania in 21st Century*').

Table 2. Data sources by collection methods

Data collection methods	Number of data sources
Documents reviewed and analyzed (number of documents)	123
Interviews:	
• Government officials /experts – national level	10
• Government officials – regional level	4
• CSOs	12
• Academia/UNFPA Experts	3
• UNFPA staff /UN Agencies/Institutions	15
• UNFPA Donors	1
Total Interviews	48
Online survey (invited/participated - response rate)	73/34, or 46.6% response rate
On-site observations	2

The evaluators used 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 was sought through a thorough analysis of primary and secondary documentation and of the findings from the interviews, online survey, and on-site observations. To address the EQs, the Evaluation Team used more than one type of informants (including the UNFPA programme staff) to obtain data and, also, triangulate the data. Counterfactual analysis was applied wherever possible to explore the cause-to-effect relationships within the programme being evaluated. The Evaluation Team used the evaluation framework to structure the analysis and findings. Data obtained was also triangulated (several data collection methods were used to gather information on the same subject) to reinforce findings and identify inconsistencies. Agreement between respondents and/or evidence of different types on a given EQ suggested that the underlying data were accurate. Differences indicate either inaccuracies or the possibility that an activity had different

results on the different types of respondents. Special attention was given to cross-validation of programmes' documents.

The evaluation used various data analysis methods in order to develop the findings, conclusions, and recommendations to answer the EQs. The data analysis took place on a continuous basis, i.e. during the desk phase, field phase, and synthesis phase. The following mix of methods (used intertwined) guided the analysis: document analysis; theories of change and contribution analysis, triangulation of analysis of primary and secondary documentation and of the findings from the interviews, online survey, and on-site observations; content analysis; descriptive statistics; process mapping and visualization. The collected data was analysed with gender dimension in mind to reflect a gender perspective so as to exclude gender bias and to enable the team to map all possible consequences for women and men⁶ within the UNFPA programmes' framework, including women's real situation in terms of their cultural and social status, gender equality, sexual and reproductive health, gender-based violence, women's and girl's empowerment and reproductive rights, etc. While the "genderised" data collection methods were specifically adapted to include gender issues, the primary purpose of these instruments was to collect data on the object of the evaluation and not on women.⁷ In addition, the data analysis considered achievement of UNFPA transformative results, integration of GEEW criteria, application of *Leaving no One Behind* policy and innovation and human rights - based approach in CP programming, implementation and monitoring.

Selection of the sample of stakeholders

The UNFPA country programme involves/affects a wide range of stakeholders. The evaluation adopted an inclusive approach, involving a broad range of partners and stakeholders. During the preparatory phase the evaluation manager performed 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 include representatives from the government, academia, media, civil society organizations, and donors. In addition, stakeholders from other UN organizations operating for/in Albania (like UNDP, UNICEF, UN Women, etc.), other multilateral organizations, bilateral donors were identified.

Based on the stakeholder mapping the stakeholder sample is selected by using the following stakeholder selection criteria⁸:

- Stakeholders involved in seemingly good performing and poor performing interventions of the country programme.
- All type of stakeholders for each given output / outcome - i.e., implementing partners, execution agencies, other partners, direct and indirect beneficiaries, and donors.
- For each output/outcome, stakeholders associated to on-going activities as well as with activities (AWPs) that have already been completed.
- The sample should include both stakeholders related to parts of the programme implemented in the country capital and other parts implemented in other regions.
- The sample should include both stakeholders associated with financially large and financially modest Annual Work Plan (AWP).
- The sample should include both stakeholders associated to regular actions and pilot interventions.
- Stakeholders involved with the national execution modality and with the direct execution modality.
- Stakeholders associated with soft-aid activities carried out by the country office.
- Whenever relevant, stakeholders that have been involved with interagency projects.

The final list of stakeholders from government bodies, NGO, UN partner institutions, and donor interviewed is presented in the Annex 2.

Samples and sampling

Within the framework of non-experimental design, several types of samples were used depending on evaluation sub-questions, chosen data collection tools, and available resources. Purposeful sampling and convenience sampling were applied. In particular, based on stakeholders mapping provided by the program, the Evaluation Team identified representatives of different groups at national and regional levels to be met and interviewed during field visits.

⁶ Ruzvidzo, T. May 2007. *Measuring Gender Equality: Taking Stock – Looking Forward*. OECD Development Centre. <https://www.oecd.org/dev/38640915.pdf>.

⁷ Mensah, S.A. *Gender Sensitive Data Gathering Methods*. Gratis Foundation. http://www.un.org/esa/sustdev/csd/csd15/lc/gender_method.pdf

⁸ Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, February 2019

Selection of the informants was done in a number of ways including purposeful sampling taking into account the EQs to be answered and convenience sampling – all potential informants were contacted and those available during a given timeframe were interviewed. Representatives of key actors out of capital city were identified based on the selection of sites the Evaluation Team visited. Moreover, the selection of potential informants for interview ensured that they represent: all programme components and various types of stakeholders groups and activities. Planned selection of respondents for KIIs by UNFPA programme areas and stakeholders' sectors based on the preliminary stakeholder map (Annex 6) and actually interviewed KIIs is presented in the Table 3.

Table 3. KIIs by UNFPA programme areas and stakeholders' sectors, number (identified in stakeholder map/ planned/ interviewed)⁹

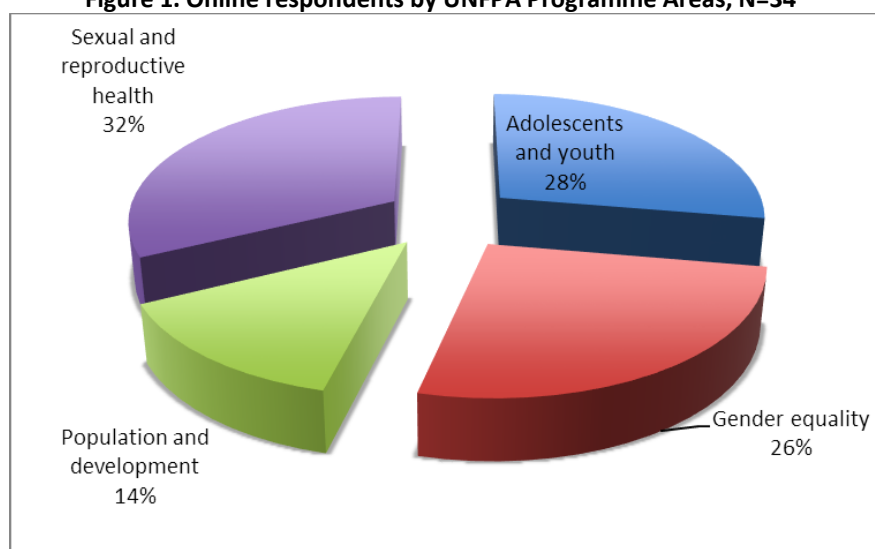
<i>Programme Area</i>	<i>Government and other institutions</i>	<i>INGOs/NGOs</i>	<i>Donors¹⁰</i>	<i>TOTAL</i>
SRH	14/10/12 ¹¹	9/8/10	8/7/7	31/25/29
Adolescent and youth	2/2/2	6/6/6	2/2/4	10/10/12
Gender	6/5/6	7/5/7	7/6/5	20/16/17
Population & Development	5/5/4	-	2/2/4	7/7/8
Total	27/22/24	24/19/23	19/17/20	68/48/67

Table 4. Samples disaggregated by categories, N=39

<i>Categories</i>	<i>#</i>
Male/adult	9
Female/adult	37

Online Survey. Invitation for participation in the online was sent to 73 representatives of the UNFPA stakeholder groups. 29 answers were received (or 46.6% response rate). Online respondents represented Government of Albania (11 respondents), municipality (1), UNFPA local and international implementing partners (14 respondents), UN institutions (5 respondents) and others (3 respondents from private business, expert community). Respondents covered all UNFPA programme components and different types of UNFPA-related activities (Figure 1 and 2).

Figure 1. Online respondents by UNFPA Programme Areas, N=34¹²

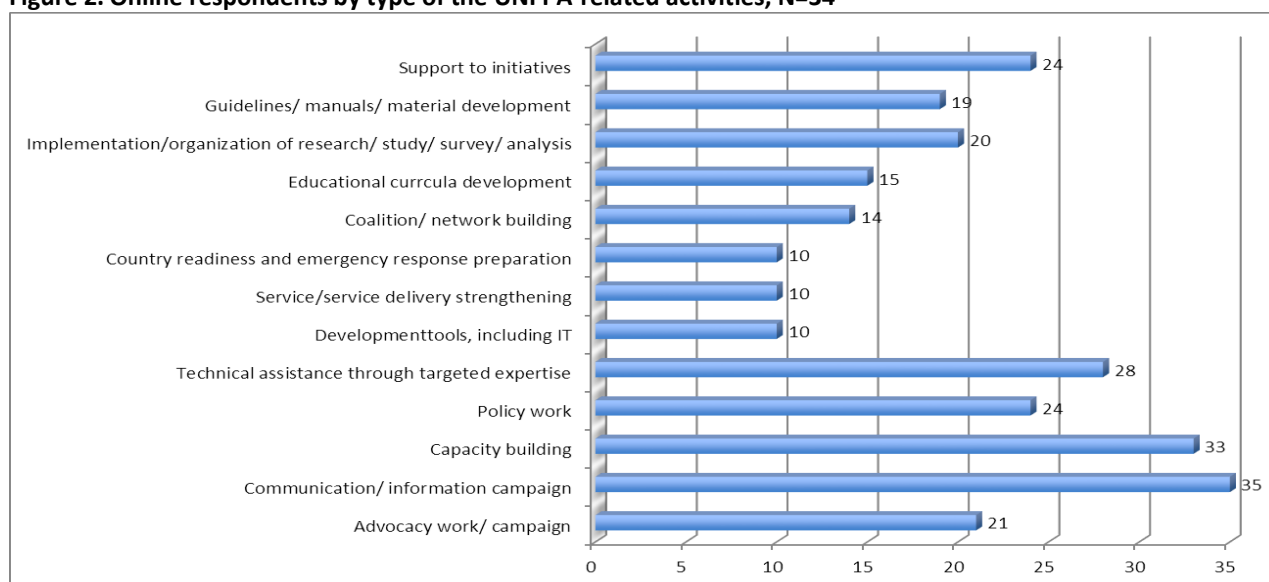


⁹ One individual can be interviewed for several programme areas

¹⁰ Includes, at least, two persons from UNFPA CO Team

¹¹ Identified in stakeholder map, planned number of KIIs to interview, interviewed individuals (I/P/KII)

¹² Respondents can select all areas that applied

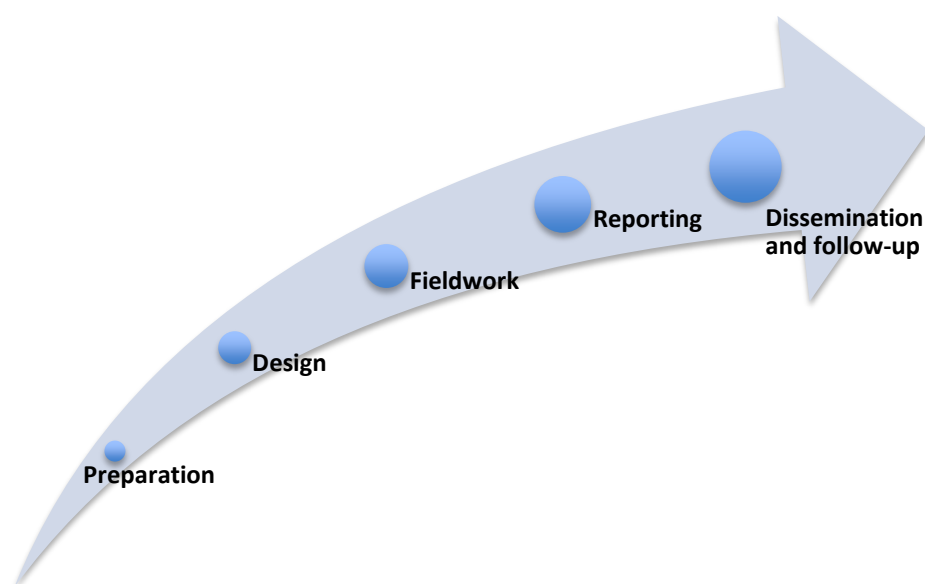
Figure 2. Online respondents by type of the UNFPA-related activities, N=34¹³

Site selection. Multistage sampling was applied, in particular, all sites covered by the UNFPA activities were included in the sample of primary units. Then scope and volume of activities in each site were analysed and sites where either most of activities were/are conducted and activities of high significance were selected. Thus, following sites except Tirana are included in the sample: Podgarec, Maliq, Korce, and Durres. Out of selected four municipalities, representatives of three (one from Podgarec and two from Korce) were interviewed and one municipality (Durres) was visited.

EVALUATION PROCESS

Process overview

The country programme evaluation was implemented in five sequential phases, each of them including several steps, with respective deliverables as follows:



1. Preparation

This phase, managed by the UNFPA Country Office in Albania, included:

- Drafting of country programme evaluation (CPE) terms of reference (ToR);

¹³ ibid

- Establishing an Evaluation Reference Group (ERG);
- Receiving approval of the CPE ToR from the UNFPA Evaluation Office;
- Selecting potential evaluators;
- Receiving pre-qualification of potential evaluators from the UNFPA Evaluation Office;
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader; and
- Preparing the initial set of documentation for the evaluation, including list of projects and stakeholder map.

The preparation phase included a communication with the UNFPA Country Office in Albania to gain a better understanding of the development context, UNFPA programme and partners, refine the evaluation scope, identify UNFPA requirements and potential sites for field visits etc.

2. Design

During the design phase, the Evaluation Team performed the following tasks:

- A desk review of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined;
- A stakeholder mapping – The evaluation manager prepared a mapping of stakeholders relevant to the evaluation. The mapping exercise included state and civil-society stakeholders and indicated the relationships between different sets of stakeholders;
- An 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;
- The finalization of the list of evaluation questions;
- The development of a data collection and analysis strategy as well as a concrete work plan for the field phase;
- Development of a data collection and analysis strategy, as well as a concrete workplan for the field phase.

At the end of the design phase, the evaluation team produced a design report that outlined the detailed evaluation methodology, criteria, timeframes and the structure of the final report.

Once the design report was approved and all the interviewees and field trips were identified by the evaluators, the UNFPA Evaluation Manager (together with the country office staff) set a preliminary agenda for the field phase and run the required logistical arrangements (e.g. Zoom/Skype connection, travel).

3. Fieldwork

After the design phase, the Evaluation Team undertook a two-week online and offline field mission in Albania to collect and analyse the data required in order to answer the evaluation questions consolidated at the design phase, and to analyze the findings with a view to formulate the preliminary conclusions and recommendations of the evaluation.

During November 26 – December 10, 2020 the Evaluation team interviewed 45 people (out of 48 planned); visited sites of two IPs (NEWSMARK, ACPD) and one municipality (Durrës).

At the end of the field phase, the Evaluation Team provided the UNFPA country office with a debriefing presentation on the preliminary results of the evaluation.

4. Reporting

During this phase, the Evaluation Team continued 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 country office at the debriefing meeting. This *first draft final report* was submitted to the Evaluation Reference Group for written comments. Comments made by the ERG and consolidated by the UNFPA Evaluation Manager were then allow the Evaluation Team to prepare a *second draft final evaluation report*. A formal evaluation quality assessment (EQA) took place at the reporting phase.

During this phase, the Evaluation Team continued the analytical work initiated during the field phase and prepare **country case studies** a first draft of the final evaluation report, taking into account comments made by the Evaluation Steering Committee and Evaluation Reference Group at the debriefing meeting. This *first draft final report* was submitted to the Evaluation Reference Group for written comments. Comments from the Country Evaluation Reference Group and evaluation managers will be consolidated. The draft country report will form the basis for a dissemination seminar/s, which will be attended by the CO as well as all the key programme stakeholders in the Evaluation Reference Group (including key national counterparts). The final report will be drafted by the Team Leader based on the comments received. This first draft evaluation report will be shared with the Evaluation Steering

Committee for the feedback and comments. The final Evaluation report will be shared with stakeholders in the country, in a format to be agreed upon.

5. Dissemination and Follow-Up

During this phase, the country and regional offices, as well as relevant divisions at UNFPA headquarters are informed of the CPE results. The evaluation report, accompanied by a document listing all recommendations, are communicated to all relevant units within UNFPA, with an invitation to submit their response. Once filled, this document became the *management response* to the evaluation. The UNFPA Country Office in Albania provided the management response within six weeks of the receipt of the final evaluation report.

The evaluation report, along with the CPE ToR and management response, will be published in the UNFPA evaluation database within eight weeks since their finalization. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

Team composition and distribution of tasks

The evaluation was carried out by a competitively selected independent Evaluation Team consisting of an Evaluation Team Leader and two Evaluators who are external to UNFPA. The team members combined knowledge and experience in evaluation with technical knowledge and expertise in areas related to the UNFPA development and programmes. The allocation of responsibilities and distribution of work included, at least, two aspects: (i) allocation of responsibilities by area of work; (ii) allocation of responsibilities for sections of the final evaluation report.

Evaluation limitations

The following challenges/limitations were considered and mitigated to obtain reliable data:

- **The COVID-19 Pandemic:** When TL was first approached for this evaluation, COVID-19 was non-existent and fieldwork was expected to occur as planned (spring-summer of 2020). But as COVID-19 proceed in spring followed by lockdown of Albania the evaluation was postponed for later. Due to this development, the team will now have to conduct the most of the evaluation remotely. While the ET adapted its methodology accordingly, there is no doubt a disadvantage that the TL cannot be in-country to speak with stakeholders in-person and experience the activities on the ground.
- **The beneficiaries/sites visits:** As of limited time and resources it was not be feasible to interview UNFPA beneficiaries groups and visit municipalities where the Fund works. That limited better understanding of UNFPA activities impact on beneficiaries and visualization of conditions where stakeholders conduct their activity. However, open questions in the online survey provided opportunity to stakeholders 'speaking up' of beneficiaries' behalf.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development challenges and national strategies

UNFPA has been present and assisted Albania since 1983¹⁴. Its mandate is to improve reproductive and sexual health and assist the country to develop strategies, updating policy frameworks, developing higher quality services, enhancing standardized oversight mechanisms and fostering a more effective use of data in planning and policy making¹⁵.

The UNFPA Country Office was opened in January 1996, at the end of the first UNFPA first cycle of support (1991-1995). **The first Country Programme (CP)** which received a one-year extension (1997-2001) included outreach activities for youth as well as STI and HIV/AIDS prevention, in addition to build institutional capacity in the Ministry of Health, focusing on social marketing. The total budgeted was \$4 million (\$2.8 million from regular resources and \$1.2 million from other resources). A bridging project (2002-2005) was focused on provision of modern contraceptives, promotion of the social marketing of condoms to prevent STIs and HIV/AIDS among young people and development of logistical systems. It also provided support to the first Reproductive Health Survey (2002). The second CP increased access to services through NGO model centres, including through a women's clinic in Vlora and a young people's centre in Shkodra.

The second cycle of assistance (2006 – 2011)¹⁶ was harmonized with the programme cycles of UNDP and the United Nations Children's Fund (UNICEF). It consisted of two components: reproductive health, and population and

¹⁴ https://www.unfpa.org/sites/default/files/portal-document/Albania_CPD_2006-2010.pdf

¹⁵ <https://www.unfpa.org/es/data/transparency-portal/unfpa-albania>

development, including the gender-related component. A one-year extension (January 2007) was granted following a request from the Government of Albania to the United Nations¹⁷. At the same year, Albania was selected as one of eight countries to pilot United Nations efforts to *Deliver As One*. During that period cycle, the program strategic framework was in line with the government development priorities, as outlined in the national strategy for development and integration. Activities were focused on: (a) reproductive health, targeting youth and healthy life skills, safe motherhood and family planning, with a focus on vulnerable populations; (b) population and development, including support to the population and housing census 2011 and building institutional capacity to collect and use population data; and (c) gender equality, including a joint programme on gender aligned with the national strategy for gender equality and domestic violence (2007–2010). The total budget was \$4 million: \$2.5 million from regular resources and \$1.5 million through co-financing modalities and/or other, including regular, resources.

The third country programme (2012-2016) invested in four areas: sexual and reproductive health; youth and adolescents; gender equality; and population and development¹⁸. The country programme evaluation highlighted the following key achievements: (a) an advanced sexual and reproductive health agenda at the national level, which included adolescent sexual and reproductive health, focused on marginalized young people, through the promotion of dialogue and coordination among key stakeholders; developed national strategies on sexual reproductive health and rights, and consolidated reproductive health services at every level, including youth-friendly services; informing and engaging communities in health-related activities; (b) support for behavioural change communications through peer education activities and the initiation of the implementation of comprehensive sexuality education; (c) ensured gender mainstreaming in policies and strategies and advocated for the strengthening of the health-care response to gender-based violence; and (d) improved data collection and analysis related to population issues and strengthened institutional capacities. The total budget was \$38,476,000 generated from two main sources: \$2,476,000 from regular sources and another \$36,000,000 from other sources.

The current 4th programme (2017-2021) aims to contribute to national work on a 2030 Agenda implementation that is universal, inclusive, human rights based, integrated and anchored in the principles of equality. Key programming strategies include providing policy dialogue and advice to address the needs of the most marginalized groups at the national and sub regional levels, and generating evidence for policy development, implementation, and monitoring and evaluation of policy impact. UNFPA is also partnering with Local Government Units at municipal level. Throughout all country programme cycles the Government of Albania has been the principal strategic partner of UNFPA. The total budget for this programmatic cycle is \$3.5 million: \$2.5 million from regular resources and \$1 million through co-financing modalities and/or other resources, including regular resources.

The **population of Albania** on 1 January 2020 is 2,845,955 million¹⁹. It still remains one of the youngest countries in Europe with 46 per cent of the population under the age of 29. Gross domestic product (GDP) is \$5.325 with significant regional disparities²⁰. In 2016, health expenditure as a share of GDP for Albania was 6.7 %²¹. The percentage of the health budget allocated to sexual and reproductive, health, including mother and child health and family planning, is estimated at 15 per cent.

Data from the latest ADHS (2017-2018) show that the level of **education and literacy** is quite high in Albania. The median years of education completed is practically identical for women and men age 15-49, 14.4 years and 14.6 years, respectively. Among people age 15-49, 18% of women and 22% of men completed secondary school, while 26% of women and 21% of men went beyond secondary school.

Family planning services were introduced in Albania after 1990, following the fall of the communist regime and the transition to a market-oriented system. The first step in this direction for the Albanian government was to abandon its pronatalist orientation, which was strongly promoted during the socialist era. As a result, the reasons for legal abortion expanded and, by mid of 1991, abortion was legal and available on demand^{22,23}. In 1992, the Albanian government

¹⁶ https://www.unfpa.org/sites/default/files/portal-document/Albania_CPD_2006-2010.pdf

¹⁷ <https://www.unfpa.org/sites/default/files/portal-document/N1030985.pdf>

¹⁸ https://www.unfpa.org/sites/default/files/portal-document/Albania_CCPD%202012-2016.pdf

¹⁹ http://www.instat.gov.al/media/6850/population-on-1-january-2020_.pdf

²⁰ <https://www.worldbank.org/en/country/albania/overview>

²¹ [https://knoema.com/atlas/Albania/Health-expenditure-as-a-share-of-](https://knoema.com/atlas/Albania/Health-expenditure-as-a-share-of-GDP:text=Albania%20%2D%20Current%20health%20expenditure%20as%20a%20share%20of%20GDP&text=In%202016%2C%20health%20expenditu)

[re%20as,ending%20at%206.7%20%25%20in%202016.](https://knoema.com/atlas/Albania/Health-expenditure-as-a-share-of-GDP:text=Albania%20%2D%20Current%20health%20expenditure%20as%20a%20share%20of%20GDP&text=In%202016%2C%20health%20expenditu)

²² Geary J. Birth of a nation: family planning in Albania. ORGYN. 1994; (2): 2-8.

began working closely with the United Nations Population Fund (UNFPA) to train physicians, midwives and nurses in family planning methods. In 1992, the government established a family planning service that provides all methods of contraception to the general population. However, reproductive health services were established in Albania only after the 1994 Cairo International Conference on Population and Development (ICPD), and demographic changes, in particular with regards to migration and fertility were observed. Adolescent fertility (births per 1,000 girls 15-19) rates was reported at 19.57% in 2018²⁴, compared with 18% in 2013²⁵.

Some essential indicators about family planning in Albania are as follows:

- Women of childbearing age (15-49 years): 689,168 (INSTAT, 2019);
- Fertility rate: 1.54 (INSTAT, 2017); 1.8 (ADHS 2017-18);
- Abortion rate: 8.0 abortions per 1000 of reproductive age (15-49 years) [IPH, 2018];
- Abortion / birth ratio: 191.2 abortions per 1000 live births (IPH, 2018);
- Prevalence of contraceptive use: 4% (ADHS 2017-18);
- Infant mortality: 8.9 deaths per 1000 live births (INSTAT, 2018);
- Child mortality (0-5 years): 10.8 deaths per 1000 live births (INSTAT, 2018);
- Maternal mortality: 3.9 deaths per 100,000 live births (INSTAT, 2018).

According to ADHS (2017-2018), the **maternal mortality** ratio is 15 per 100,000 live births in 2017. Antenatal care coverage and percentage of deliveries attended by skilled health personnel are high, regardless of their socioeconomic characteristics, however, the proportion of women who received ANC from a skilled provider varies widely across prefectures (from 59% to 100%). The percentage of women who had at least four ANC visits increased from 67% in 2008-09 to 78% in 2017-18.

Nowadays, cancer is the second leading **cause of death** in Albania. Most cancer cases are detected at later stages when chances of healing are scarce. The incidence of cervical cancer in Albania is estimated at 2.7 per 100,000 people and mortality 1.7 per 100,000 people. About 134 new cervical cancer cases are diagnosed annually and 53 cervical cancer deaths occur annually in Albania (estimates for 2018). Cervical cancer is the 6th leading cause of cancer deaths in women aged 15 to 44 years in Albania²⁶.

The first **HIV** case in Albania has been reported in 1993 and until the end of December 2018 a total of 1205 HIV cases had been reported (840 male and 365 female). Albania is a low HIV prevalence country (0.04%), while the incidence is equivalent to 3.6 per 100,000 people²⁷. 254 deaths have been reported among people living with HIV, corresponding to a crude death rate of 21% among the HIV diagnosed population. The late diagnosis is the serious problem as patients die shortly after being diagnosed. Even though, Voluntary Counseling and Testing Centers (VCTC) are available in 12 regions of the country, the voluntary HIV testing rates continues to be low, even among young people. The proportion of young women age 15-24 who had sexual intercourse in the past 12 months and was also tested for HIV and received their test results is closed to 5% (ADHS 2017-2018). The HIV epidemic in Albania is concentrated in the capital, Tirana. Slightly less than fifty percent of HIV diagnosis was conducted in the biggest urban regions, such as Tirana, Durres, Elbasan, Shkodra and Vlora. HIV treatment has been available since mid-2004 through the inpatient and outpatient units based at the Tirana University Hospital (TUH). The number of people receiving antiretroviral (ART) at the end of December 2018 was 581 (562 adults and 19 children).

Gender-based violence seems to be prevalent in Albania. The latest data from the OSCE-led survey on violence against women: Albania Results Report²⁸ shows that women are concerned about the issue of violence in Albania. 88% think that violence against women is common and 53% think that it is very common. 32% of women surveyed personally know someone among their family or friends and 37% know someone in their neighbourhood who has been subjected to violence. Many women, who have been interviewed for the quantitative part of this research, indicated that they have heard of services available to help affected women; 68% had heard of at least one of the victim support organizations asked about. However, few women have actually accessed those services – just 1% of those who have

²³ Gjonga A, Aasve A, Mencarini L. The highest fertility in Europe – for how long? determinants of fertility change in Albania. Available at: https://www.researchgate.net/publication/268435134_The_highest_fertility_in_Europe_-_for_how_long_determinants_of_fertility_change_in_Albania. Last accessed: October 2020.

²⁴ <https://tradingeconomics.com/albania/adolescent-fertility-rate-births-per-1-000-women-ages-15-19-wb-data.html>

²⁵ file:///C:/Downloads/country_profile_alb%20(1).pdf

²⁶ <https://hpcvcentre.net/statistics/reports/ALB.pdf>

²⁷ IPH 2019. HIV Epidemiological Situation in Albania, 1993-2018

²⁸ OSCE-led survey on violence against women: Well-Being and Safety of Women, Albania results report. (2019). Downloaded from <https://www.osce.org/secretariat/434849>

experienced physical and/or sexual violence contacted a women's shelter or a victim support organization following the most serious incident. 22% of women say they have experienced physical and/or sexual violence at the hands of a partner or non-partner since the age of 15. The prevalence is highest for previous partner violence: 23% of women who have had a previous partner has been subjected to one or more forms of violence by a previous partner since the age of 15. In comparison, 18% of those with a current partner indicate that they have experienced intimate partner violence at the hands of their current intimate partner, and 11% of women overall indicate that they have experienced physical and/or sexual violence at the hands of non-partners. 13% of women report having been stalked. 34% report that they have experienced sexual harassment since the age of 15, and 17% report having been sexually harassed in the 12 months prior to the survey. Women in paid employment are more likely to indicate that they have experienced sexual harassment both ever (40%) and in the 12 months prior to the survey (21%). The impact of the violence can be severe and long-lasting. More than half of survivors state they were left with feelings of anger and annoyance, while over a third felt fear. The psychological effects described include anxiety (25%) and difficulty sleeping (24%) following the most serious incident.

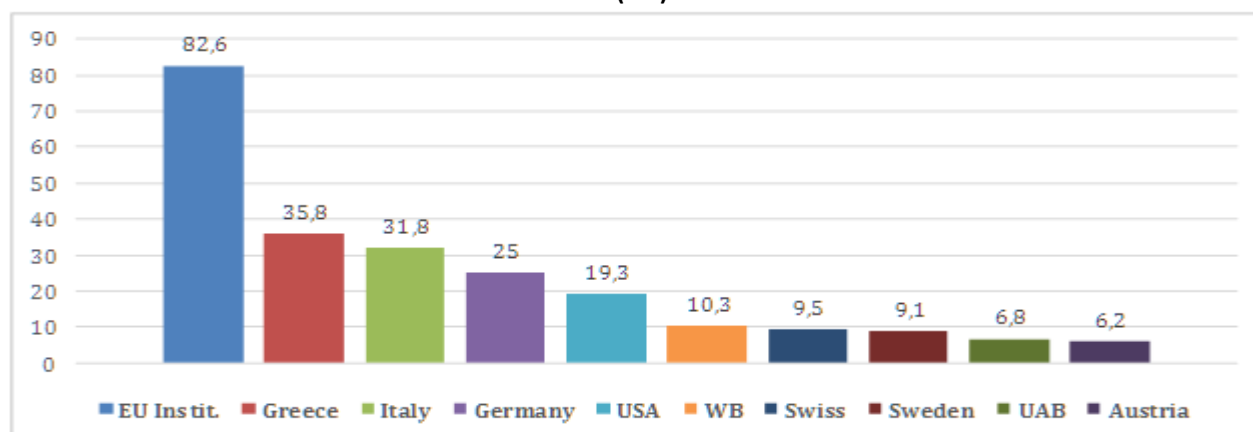
2.2 The role of external assistance

Albania is a former socialist country, with a closed and centralized economy. After the fall of socialist system in early 90-s, the country leadership and economy were almost collapsed, and people faced existential needs and a massive basic shortage. Therefore, the newly elected democratic government sought the immediate financial assistance of European community countries and the United States of America (USA). Continuously, Albania has received foreign assistance mainly from two forms: grants (monetary, technical and in-kind assistance) and soft loans.

It is estimated that during 1992-2000 period, Albania received €2.5 billion in total aid from DAC countries²⁹, where the large majority of aid was in form of official grants. During the first decade of the 2000, nearly €240-405 million foreign aid per year was received, counting for around € 3.71 billion euros until the end of 2010³⁰.

The EU report (2014) on the "The political economy of donor intervention in Western Balkans and Turkey"³¹, has a section on the average distribution of disbursements of ODA assistance to Albania by donor organization (2010-2012). Among 37 donors that were active in Albania during the reporting period, the EU Institutions, Greece, Italy, Germany and the USA were the five largest donors (Figure 3).

Figure 3. Average annual net disbursements of ODA by top 10 donor organizations in Albania, all sectors, 2010-12 (€m)



A decrease in development assistance to Albania was seen for the 2011 – 2018 period, receiving nearly €2.297 billion euros³² (Figure 4).

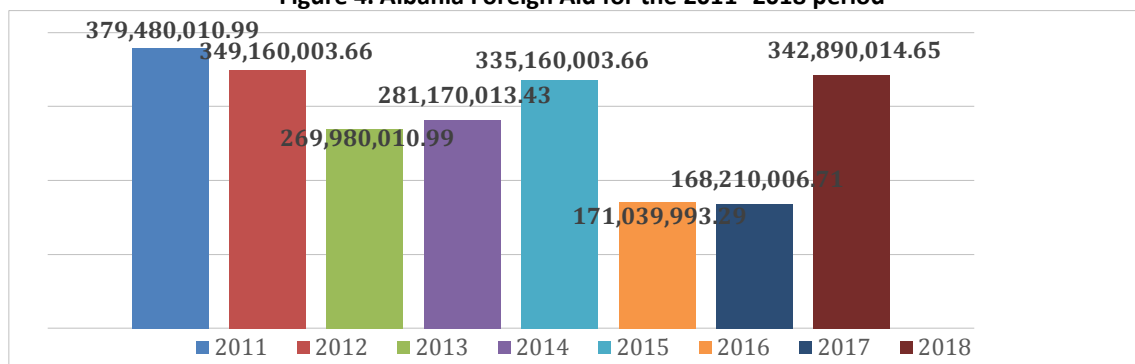
²⁹ <http://www.oecd.org/dac/development-assistance-committee/>

³⁰ http://www.horizont3000.at/wp-content/uploads/2016/07/WB_CountryPaper_Albania.pdf

³¹ https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/pdf/financial_assistance/phare/evaluation/2015/20150203_final_report_with_identifiers_final.pdf

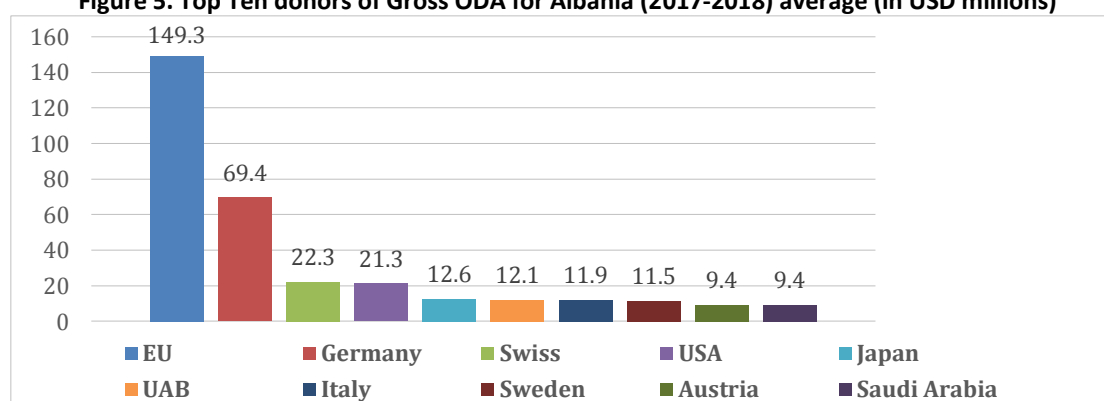
³² <https://data.worldbank.org/indicator/DT.ODA.ALLD.CD?locations=AL>

Figure 4. Albania Foreign Aid for the 2011 -2018 period



According to OECD 2019 Report³³, the main donors for the 2017 – 2018 period continues to be EU institutions with \$149.3 million and Germany with \$69.4 million dollar. Other donors share varies from 9 – 22 million dollars (Figure 5).

Figure 5. Top Ten donors of Gross ODA for Albania (2017-2018) average (in USD millions)



During 2015-2017 Albania was seven among the top ten countries that received in total \$220 millions for three years, or 3% % of all recipients. Table 5 shows the number of sectors in which each donor was active over period 2010-2012. Donors have different levels of engagement across sectors and also were active in more than two sectors. Health sector, remains at the sixth place, benefiting only 10% of sector shares.

Table 5. Main donors per sector, share of total disbursements and total number of active donors per sector, Albania, 2010-12

Sector	Main donors (sector shares)	# of Donors
Agriculture and rural development	EU (37%); IT (11%)	10
Education	EL (55%); DE (15%)	8
Energy	IT (49%); DE (22%); IDA (20%)	6
Environment	DE (37%); EU (31%)	10
General budget support	UAE (100%)	1
Health	IDA (22%); US (22%); JP (17%)	10
Human rights and minorities	EU (30%); SE (24%); US (19%)	8
JHA	EU (48%); US (18%); SE (11%)	7
Multisector	US (17%); OSCE (16%); EU (14%); IDA (14%)	10
Other	ADB (25%); IDA (16%); AT (13%)	12
PAR	EU (41%); US (22%); CH (12%)	9
PFM	EU (54%); IDA (19%); US (12%); SE (11%)	6
Private sector development	IT (46%); EU (16%); US (16%)	8
Security and migration	US (59%); EU (25%)	5
Social policies	EU (55%); SE (15%)	11

³³https://public.tableau.com/views/OECDDataAidataglanbyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no&:showVizHome=no

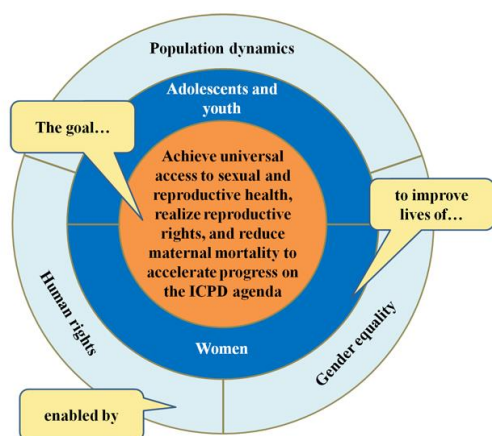
CHAPTER 3: UNFPA STRATEGIC RESPONSE AND PROGRAMME

3.1 UNFPA strategic response

UNFPA is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities for women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to achieve universal access to sexual and reproductive health care, realize reproductive rights and reduce maternal mortality to improve the lives of women, adolescents and youth, enabled by profound analysis of population dynamics, observance and protection of human rights, and promotion of gender equality. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015) as well as other global frameworks underpinning the 2030 Agenda, including the Sendai Framework for Disaster Risk Reduction 2015-2030 of the Third United Nations World Conference on Disaster Risk Reduction, the 2015 Paris Agreement on climate change and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

UNFPA is committed to the *Delivering as one* approach and the system-wide coherence principles contained in the Standard Operating Procedures. UNFPA country programmes are fully aligned with the United Nations Development Assistance Frameworks (UNDAF) and implemented to enhance country, regional and global policy coherence, joint programmes, monitoring, and reporting for results. UNFPA is one of three United Nations organizations that chairs the

largest number of United Nations country team inter-agency groups and participates in the largest number of joint programmes. As such, it is uniquely positioned to further advance coherence in programme delivery.



UNFPA commits to working with the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United National Education, Science and Culture Organization (UNESCO) to support implementation of the 2030 Agenda. UNFPA key areas of collaboration include: (a) Eradicating poverty; b) Addressing climate change; c) Improving adolescent and maternal health; d) Achieving gender equality and the empowerment of women and girls; e)

Ensuring greater availability and use of disaggregated data for sustainable development; and (f) Emphasizing that development is a central goal in itself, and that in countries in conflict and post-conflict situations, the development work of the entities of the United Nations development system can contribute to peacebuilding and sustaining peace, in accordance with national plans, needs and priorities, and respecting national ownership.

The 2018-2021 UNFPA strategic plan reaffirms the relevance of the current strategic direction of UNFPA, the goal of which is universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents and youth. In accordance with the strategic direction of UNFPA and in line with General Assembly resolution 70/1 on the 2030 Agenda for Sustainable Development, the strategic plan seeks to ensure that no one will be left behind and that the furthest behind will be reached first. Current strategic plan is the first of three UNFPA strategic plans leading to 2030. It describes the transformative results that will contribute to the achievement of the Sustainable Development Goals, and, in particular, to good health and well-being, the advancement of gender equality, and the empowerment of women and adolescent girls, with a focus on eradicating poverty. UNFPA has prioritized 17 Sustainable Development Goal indicators to align the UNFPA strategic plan to SDGs.

The strategies introduced in the strategic plan are evidence-based and take into account the lessons learned from previous plan cycles. They are designed to further enhance organizational effectiveness and efficiency and United Nations system-wide coherence, as well as strengthen the UNFPA integrated results and resources framework and the UNFPA business model. As requested by the Executive Board in decision 2017/7, a chapter outlining a common



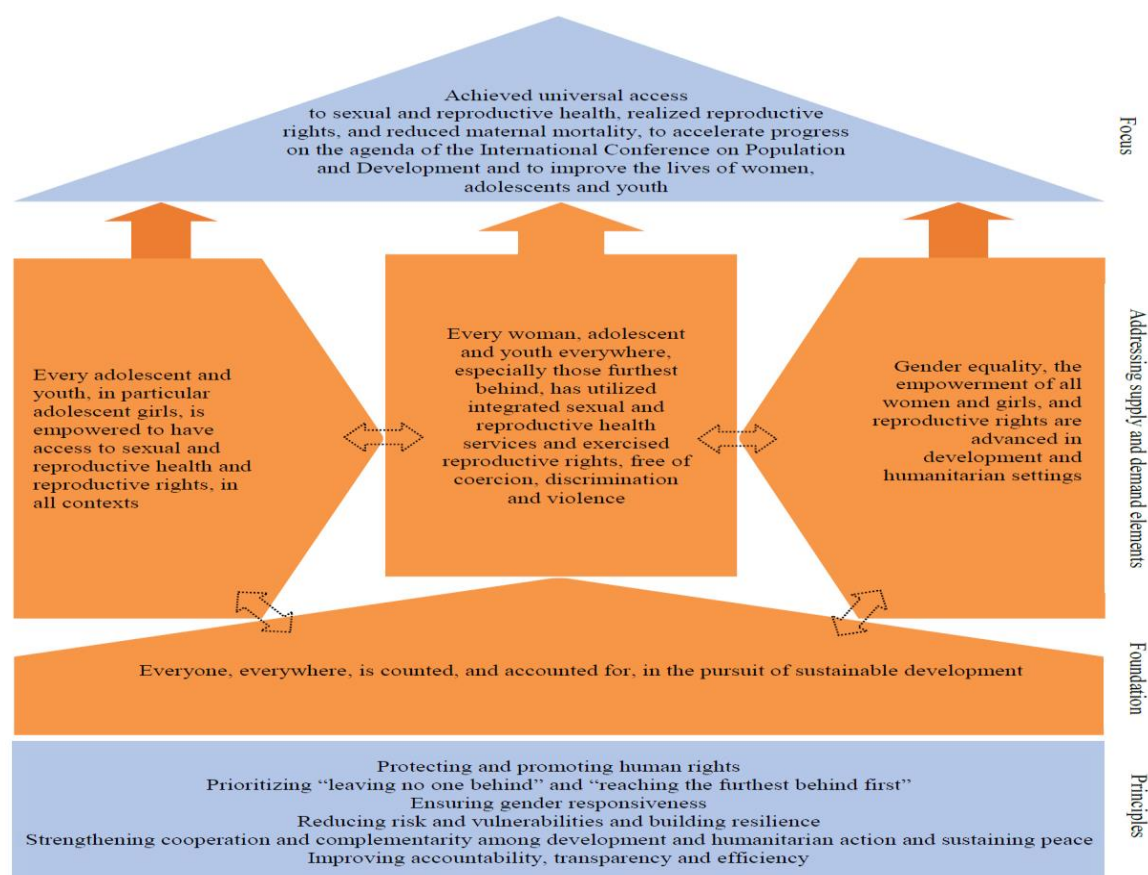
approach with UNDP, UNICEF and UN-Women, *Working together to support implementation of the 2030 Agenda*, prefaces the report.

UNFPA plans to contribute to the 2030 Agenda through the goal of the strategic plan, 2018-2021, to “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, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality”. While the goal of the strategic plan contributes to all 17 Sustainable Development Goals, the plan most directly aligns to: Goal 3 (ensure healthy lives and promote well-being for all at all ages); Goal 5 (achieve gender equality and empower all women and girls); Goal 10 (reduce inequality within and among countries); Goal 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels); and Goal 17 (strengthen the means of implementation and revitalize the global partnership for sustainable development), UNFPA has committed to focus on three transformative results: (a) end preventable maternal deaths; (b) end the unmet need for family planning; and (c) end gender-based violence and harmful practices, including child marriage. The Fund aims to achieve these three transformative results by 2030 through the work of 3 four- year-cycle strategic plans, the first of which is the UNFPA strategic plan, 2018-2021.

UNFPA applies the principles of the 2030 Agenda for Sustainable Development, including protecting and promoting human rights, prioritizing “leaving no one behind” and “reaching the furthest behind first”, ensuring gender responsiveness, reducing risk and vulnerabilities and building resilience, strengthening cooperation and complementarity among development, humanitarian action and sustaining peace and, above all, being efficient, accountable and transparent to all stakeholders. These principles and outcomes are illustrated in Figure 6.

UNFPA directly invests its resources in the causal conditions necessary to achieve the outcomes. These causal conditions constitute the strategic plan outputs, which reflect the interventions that UNFPA intends to implement. To support these interventions, UNFPA applied five key strategies, namely: (a) advocacy and policy dialogue; (b) capacity development; (c) knowledge management; (e) partnership and coordination and (d) service delivery, including south-south and triangular cooperation.

Figure 6. Summary of the UNFPA strategic plan 2018 – 2021 theory of change



3.2 UNFPA response through the country programme

UNFPA presence in Albania dates back to 1989, and it has assisted the country to improve reproductive and sexual health, alongside population and development strategies and policies. UNFPA has contributed in updating policy frameworks, developing higher quality services, enhancing standardized oversight mechanisms, and fostering a more effective use of data in planning and policymaking. Its key programmes have been progressively tailored to assist public sector reform for accession to the European Union (EU), one of Albania's main priorities. With nearly half the population under the age of 35, initiatives targeting young people are a key priority, as is the active promotion of gender equality, in line with the EU's founding values.

UNFPA applies quadrennial strategic plans as the key tool for directing its work in supporting Albania in implementing the ICPD Programme of Action and in advancing the 2030 Agenda for Sustainable Development. UNFPA implements its strategic plan at headquarters, regional, multi-country and country levels. Country programmes are at the forefront of implementing the strategic plan. They respond to country needs and priorities, and to the achievement of the Sustainable Development Goals. Country programmes are aligned with the outcomes and outputs of the strategic plan. UNFPA country programmes address the two outcomes of its strategic plan in an integrated manner, and are guided by country priorities, the United Nations Programme of Cooperation for Sustainable Development (PoCSD) and the revised business model and UNFPA modes of engagement.

3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements

The 3rd UNFPA Country Programme Document for Albania (DP/FPA/OPS-ICEF/CCPD/2011/ALB/1)³⁴ was approved by the Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services Executive Board of the United Nations Children's Fund in July 2011. The programme covered the period from 2012 to 2016. UNFPA third country programme invested in four areas: sexual and reproductive health; youth and adolescents; gender equality; and population and development³⁵. The programme was guided and informed by the development priorities of Albania as expressed in the National Strategy for Development and Integration; the need to further accelerate efforts to achieve the MDGs; international commitments and human rights obligations; the priority of the Government of Albania to join the EU; and the global reform context, specifically the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. The programme was built upon United Nations values, the comparative advantages of participating funds, programmes and specialized agencies of the United Nations, and lessons learned from previous cooperation and brought together the expertise of 19 funds, programmes, specialized agencies, organizations and entities of the United Nations. The total budget was \$38,476,000 generated from two main sources: \$2,476,000 from regular sources and another \$36,000,000 from other sources.

The 3rd country programme evaluation highlighted the following key achievements: (a) an advanced sexual and reproductive health agenda at the national level, which included adolescent sexual and reproductive health, focused on marginalized young people, through the promotion of dialogue and coordination among key stakeholders; developed national strategies on sexual reproductive health and rights, and consolidated reproductive health services at every level, including youth-friendly services; informing and engaging communities in health-related activities; (b) support for behavioural change communications through peer education activities and the initiation of the implementation of comprehensive sexuality education; (c) ensured gender mainstreaming in policies and strategies and advocated for the strengthening of the health-care response to gender-based violence; and (d) improved data collection and analysis related to population issues and strengthened institutional capacities.

However, the independent review of the country programme has highlighted several lessons learned and recommendations to: (a) further contribute to national efforts in health, education and social welfare sector reform; (b) assist national stakeholders in strengthening system governance and leadership; (c) strengthen human capital; (d) foster participatory processes with the engagement of government and non-government stakeholders in order to improve inclusion, transparency and accountability; (e) advocate for sustainable policy gains focused on tracking implementation at every level and among the most marginalized; (f) strengthen effective use of information and data at all levels to support planning and policy implementation analysis; and (g) improve the promotion and awareness-raising of high-quality health and foster an evidence-based and rights-based approach to drive behavioral change.

³⁴ Final common country programme document for Albania 2012-2016

³⁵ https://www.unfpa.org/sites/default/files/portal-document/Albania_CCPD%202012-2016.pdf

3.2.2. Current UNFPA country programme

The 4th Country program 2017-2021 for Albania (DP/FRA/CPD/ALB/4) was jointly developed with the Government of Albania and UNFPA in close consultations with national partners as well as civil society partners and approved by the Executive Board of UNDP, UNFPA, and UNOPS on 1 July 2016. The programme covers the period from 2017 to 2021.

The programme is aligned with national priorities (the National Strategy for Development and Integration), the Government of Albania and United Nations Programme of Cooperation for Sustainable Development 2017-2021, the 2030 Agenda for Sustainable Development and the national aspiration for European integration.

The United Nations strategic planning process and corporate UNFPA theory of change analysis, has been the basis for development of the country programme, which focuses its strategy on:

- advocacy for policy implementation;
- knowledge management for evidence-based policy; and
- strengthening civil society and communities to hold duty bearers accountable.

In order to reduce inequalities in sexual and reproductive health and rights, including for young people and focused on the most vulnerable and marginalized, the program is implemented through national ownership, with civil society, United Nations organizations and development partners. The programme harnesses the momentum of national reforms, including increased decentralization, and work through national coordination mechanisms. Key programming strategies include: i) providing policy dialogue and advice to address the needs of the most marginalized groups at the national and sub-regional levels, and ii) generating evidence for policy development, implementation, and monitoring and evaluation of policy impact.

The Albania Country Programme Document (CPD) for 2017-2021 includes two broad programmatic areas: sexual reproductive health services and adolescents and youth.

Sexual reproductive health services

The outcome of this component is: 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.

Output 1: Strengthened health system to provide equal access to quality integrated sexual and reproductive health services at national and municipal levels and in humanitarian settings.

Output 2: Strengthened engagement and partnerships between government and nongovernmental institutions to promote reproductive rights and empowerment of women, and reduce inequalities in sexual and reproductive health.

Activities under this component include improvement of evidence-based policy making primary health care services; strengthening capacities of health care providers, country readiness and response to emergency situations and to prevent and control cervical cancer; consolidation of Logistic Management Information System (LMIS); promoting dialogue and strengthen coordination around family planning; creation of an enabling environment to improve young key population sexual and reproductive health and rights; as well as strengthening the role of non-governmental organisations in advocacy and policy dialogue and coalition building and coordination among key stakeholders and civil society organizations around priorities in the SRH field.

Adolescents and youth

The outcome of this component is: 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.

Output 1: Rights and needs of adolescents and youth are fully addressed in laws, policies and programmes, including comprehensive sexuality education at national and subnational levels as well as in humanitarian settings.

Output 2: Strengthened multisectoral response for prevention and management of gender-based violence and harmful practices with a focus on adolescents and youth, including in humanitarian settings.

To achieve these CP outputs the UNFPA plans to implement school-based comprehensive sexuality education curricula and strengthen and expand Y-peer network in selected regions of the country; organize researches, in-depth deep analysis, informative activities and awareness campaigns to address harmful practices and GBV, and small initiative to streamline the work of "Youth Voice" Network; as well as strengthen the capacities of health and social care providers to respond to GBV in a multisectoral way and support to advance Gender Equality.

The composition of 2017-2021 Country Programme is based on Country Priority and Development Goals (specified in the National Strategy for Development and Integration/NSDI), as well as on United Nations Plan of Cooperation Outcome.

Implementation of the 4th UNFPA CP contributes to the achievement of two out of four outcomes of the GoA-UN PoCSD 2017-2021, such as: (1) State and civil society organizations perform effectively and with accountability for consolidated democracy in line with international norms and standard; and (2) All women, men, girls and boys, especially those from marginalized and vulnerable groups, are exercising their entitlements to equitable quality services, in line with human rights; and more effective and efficient investments in human and financial resources are being made at central and local levels to ensure social inclusion and cohesion. The outputs of UNFPA CP will contribute to the GoA-UN PoCSD 2017-2021 (linked to SDGs) at the country level. It should be mentioned that along with two major programmatic areas were UNFPA assists Albania, namely improving RSH and targeting young people, the Fund contributes to the outputs and advocacy, policy dialogue and provision of technical assistance activities of both CP outcomes through the crosscutting programmes aiming at i) strengthening of population and development strategies and policies, and ii) the active promotion of gender equality. UNFPA was recognized as one of UN contributors to the Outcome 1 and 2 of the United Nations Plan of Cooperation specifically in promoting human rights, ensuring gender equality, improving the quality and availability of data. Moreover, separate funding for each of these two crosscutting programme areas (PD and gender) is reflected in annual narrative and financial reports for 2017-2019 of the 4th Country Programme (2017-2021)³⁶. The linkages between outputs of UNFPA Albania CP 2017-2021, outcomes of UNFPA Strategic Plan 2018-2021 and outcomes of the GoA-UN PoCSD 2017-2021 presented in the Annex 8.

3.2.3 The financial structure of the programmes

The UNFPA Executive Board approved³⁷ funding for the 2017-2021 Country program in amount of \$2,5 millions from UNFPA Regular Sources and \$1 million through co-financing modalities and/or other sources, including regular resources. Distribution of funds among three priority directions is presented in the Table 6.

Table 6. The UNFPA financial commitment for 2017-2021 (in USD millions) by outcomes

	Regular resources	Other	Total
Outcome 1: Sexual and reproductive health	1.2	0.5	1.7
Outcome 2: Adolescents and youth	1.0	0.5	1.5
Programme coordination and assistance	0.3	–	0.3
Total	2.5	1.0	3.5

Financial structure of the 2017-2021 Country Programme is presented in Results and Resources Framework for Albania³⁸. Table 7 presents the UNFPA financial commitment for 2017-2021 by outputs.

Table 7. The UNFPA financial commitment for 2017-2021 by outputs³⁹

Output 1.1: Strengthened health system to provide equal access to quality integrated sexual and reproductive health services at national and municipal levels and in humanitarian settings	Regular: \$1.2 million Other: \$0.5 million
Output 1.2: Strengthened engagement and partnerships between government and non-governmental institutions to promote reproductive rights and empowerment of women, and reduce inequalities in sexual and reproductive health	
Output 2.1: Rights and needs of adolescents and youth are fully addressed in laws, policies and programmes, including comprehensive sexuality education at national and subnational levels as well as in humanitarian settings	Regular: \$1 million Other: \$0.5 million
Output 2.2: Strengthened multi- sectoral response for prevention and management of gender-based violence and harmful practices with a focus on adolescents and youth, including in humanitarian settings	
Programme Coordination and Assistance (PCA)	Regular: \$300,000
Total	\$3,500,000

³⁶ <https://www.unfpa.org/data/transparency-portal/unfpa-albania>

³⁷ Approved by the Executive Board of the UNDP, UNFPA, and the UN Office for Project Services on 1 July 2016

³⁸ RESULTS AND RESOURCES FRAMEWORK FOR ALBANIA. DP/FPA/CPD/ALB/4

³⁹ *ibid*

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

Preliminary financial data for three years (2017-2019) of the 4th country programme presented in the Table 8 and Graphs 1-4 below. So far, 62,49% out of committed \$2,5 millions of regular resources are allocated to four components and Programme coordination and assistance including SRH, gender equality, adolescents and youth, and population dynamics. In three years UNFPA Albania has managed to raise 170,08% of needed \$1 million from other resources. Despite of decreasing trends in attracting other than regular UNFPA resource, the amount of raised funds is greater than committed regular resources (\$1,703,773 of OR v. \$1,562,276.00 from RR).

Table 8. Expenditure evaluation for three years of the 4th Country Programme (2017-2021) (in USD)

Programme	Regular Resources				Other Resources				Total	
	Expenditure				Expenditure				Year	Expenditure
	2017	2018	2019	Total	2017	2018	2019	Total		
Sexual and reproductive health	132,975.00 (or 36%)	103,892.00 (or 85%)	271,372.00 (or 83%)	508,239.00	236,401.00 (or 64%)	18,334.00 (or 15%)	55,582.00 (or 17%)	310,317.00	2017 2018 2019 Total	369,376.00 122,226.00 326,954.00 818,556.00
Gender equality	91,963.00 (or 66%)	24,366.00 (or 73%)	91,942.00 (or 42%)	310,970.00	178,515.00 (or 34%)	65,877.00 (or 27%)	66,578.00 (or 58%)	208,271.00	2017 2018 2019 Total	270,478.00 90,243.00 158,520.00 519,241.00
Adolescents and youth	96,774.00 (or 96%)	103,918.00 (or 57%)	195,113.00 (or 67%)	395,805.00	4,032 (or 4%)	78,394.00 (or 43%)	96,100.00 (or 33%)	178,526.00	2017 2018 2019 Total	100,806.00 182,312.00 291,213.00 574,331.00
Population dynamics	41,195.00 (or 9%)	226,639.00 (or 44%)	81,275.00 (or 29%)	349,109.00	416,528.00 (or 91%)	288,449.00 (or 56%)	198,983.00 (or 71%)	903,960.00	2017 2018 2019 Total	457,723.00 515,088.00 280,258.00 1,253,069.00
Programme coordination and assistance	54,191.00	46,661.00	-	100,852.00	-	-	-	-	2017 2018 Total	54,191.00 46,661.00 100,852.00
TOTAL	417,098.00	505,476.00	639,702.00		835,476.00	451,054.00	417,243.00		2017 2018 2019 Total	1,252,574.00 956,530.00 1,056,945.00 3,266,049.00
Financial commitment	2,500,000				1,000,000					3,500,000
% from Committed resources	62.49% (or \$1,562,276.00)				170.38% (or \$1,703,773.00)					93.32%

Tendencies on total expenditures of 4th CP for 2017-2019 as well as spending by programmes are discussed in FINDING section of the report under EQ5 on efficiency.

CHAPTER 4: FINDINGS: ANSWERS TO THE EVALUATION QUESTIONS

4th UNFPA Country programme 2017-2021 derived from national priorities (the National Strategy for Development and Integration), the Government of Albania and United Nations Programme of Cooperation 2017-2021, the 2030 Agenda for Sustainable Development as well as guided by a human right-based approach, three transformative results to be achieved by 2030, prioritizing “leaving no one behind” along with the Albania aspirations for accession to the European Union. UNDAF outcomes and national priority and development goals guide UNFPA strategic outcomes and country programme areas and outputs. It is expected that implementation of the 4th UNFPA Country Programme contributes to the achievement of two 2017-2021 UNDAF outcomes and to the National Development Goals, including the following SDGs: 1, 2, 3, 4, 5, 10, 16 and 17.

In defining its outcomes UNFPA relied on strategic framework formulated in the UNDAF 2017-2021 that is flexible to accommodate any changes in the course of national policies and mandate of the UN agencies and underpins key

objectives of the partnership between the UN and the Government of Albania⁴⁰. To develop relevant country programmes the UNFPA CO employs several steps. First, achievements and lessons learned of 2012-2016 UNDAF and 2017-2021 UNDAF documents were used to identify areas of UNFPA contributions and uniqueness. In addition, relative to the UNFPA activities existing national documents, programs and materials on priority areas are collected and analyzed along with other UNFPA related programmes of international and local organizations. Second, National Strategy for Development and Integration along with sector specific strategies (educational, health, youth, etc.), related to the UNFPA mandate the EU recommendations published in annual reports, ICDP/CEDAW reports and UN conventions were used for defining country strategic framework. At the same time, country staff meets with local partners to discuss areas and directions of potential activities. Online survey respondents confirmed that the objectives and strategies of the UNFPA (CP) have been planned with the national partners (government, academia, NGOs, beneficiaries)⁴¹. Third, CO picked up signature indicators from UNFPA global and regional strategies to monitor country level indicators along with UNFPA-related indicators from Millennium Goals and SDGs. Then UNFPA draft Country Programme Document (CPD) was designed and reviewed by regional peer review groups. The UNFPA Executive Board signs the final CPD. In addition it should be mentioned there are several other factors that the UNFPA CO considers during country programme document planning processes, including: the collective voice of the United Nations; focus on advocacy for policy implementation, knowledge management for evidence-based policy; and strengthening civil society and communities to hold duty bearers accountable through support of national ownership of civil society and development partners. Furthermore, the programme harness the momentum of national reforms, including increased decentralization, and work through national coordination mechanisms.

Analysis of UNFPA intervention logic for CP shows that its outputs derive from Results and Resources Framework for Albania (2018-2021) and AWP and are based on outcomes developed for each of the programme areas and presented in these documents. Logic models for each programme components of 4th CPs are presented in Annex 8. Analysis of quality of output and outcome indicators for each programme components and their availability are presented under Effectiveness EQs.

RELEVANCE

EQ1: To what extent is the UNFPA support:

- (i) adapted to the needs of the population with emphasis on the most vulnerable population; and
- (ii) in line with the priorities set by international and national policy frameworks;
- (iii) aligned with the UN Partnership Framework; and
- (iv) planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?

The analysis of the UNFPA's documents⁴², meetings with the key stakeholders⁴³ and online survey⁴⁴ showed that the work of the UNFPA in Albania is relevant to the existing situation in country and addresses pressing **needs of the population with emphasis on the most vulnerable, disadvantaged, marginalized and key population groups** (youth, elderly, Roma and Egyptians, men having sex with men, injecting drug users, lesbian, gay, bisexual and transgender, commercial sex workers, migrants and victims of violence). Respondents of online survey confirmed that the CP sets out relevant goals, objectives and interventions to develop national capacities⁴⁵. KIIs mentioned that to identify needs and priority groups, country Office has organized structured meetings with key stakeholders for every field before programming, including government partners and wider circle of NGOs and not only implementing partners. It was noted⁴⁶ that UNFPA not only *'targets the groups most in need by promoting innovative and inclusive activities'*, but also *'has helped create comprehensive interventions against the most vulnerable groups'*.

Evaluation respondents⁴⁷ confirmed that UNFPA gives the chance to all government partners to give their ideas and recommendations at the beginning of program cycle, but *"sometimes people involved lack the expertise to contribute effectively"*⁴⁸. Despite passiveness of some stakeholders during programming, Ministries and other government institutions in expressing their more explicit needs during the program, what forces UNFPA country office to make

⁴⁰ file:///Users/lyubovpalyvoda/Downloads/English%20Version%20-%20GoA-

UN%20Programme%20of%20Cooperation%20for%20Sustainable%20Development%202017-2021%20(Final).pdf

⁴¹ Q1 Online survey, N=30, Average score 4.7 out of 5

⁴² Annex 3

⁴³ Key Informants interviews, November 26 – December 11, 2020

⁴⁴ Online survey, November 25 – December 10, 2020, N=34

⁴⁵ Q7 Online survey, N=31, Average score 4.7 out of 5

⁴⁶ Online survey participants

⁴⁷ Key Informants interviews, November 26 – December 11, 2020

⁴⁸ KII #16

arrangements in order to adapt the program frame to changing needs⁴⁹. NGOs justified their passiveness in the programming process as *"We have not much expertise to orient strategies, but we are very good in project administration. This is why we had not much to say in round tables three years ago"*⁵⁰.

KIIs⁵¹ recognized UNFPA ongoing efforts in situation analysis and research/studies of the pressing issues of most vulnerable groups, analysis-based planning, and flexibility in adapting to unforeseen situations. All online survey respondents agreed that UNFPA conducted needs assessments, studies, and evaluations to identify needs and lessons learned prior to programming and during the CP⁵²; the needs of the population, in particular those of vulnerable groups, were taken into account during the programming process⁵³; and the interventions supported by UNFPA were/are targeted at most vulnerable, disadvantaged, marginalized and excluded population groups⁵⁴.

Also, ongoing CP is built upon the experiences of the previous programme, integrating previous achievements, findings and lessons learnt into their design and implementation. Key programming strategies include providing policy dialogue and advice to address the needs of the most marginalized groups at the national and sub-regional levels, and generating evidence for policy development, implementation, and monitoring and evaluation of policy impact.

The planning of the **SRH** component of UNFPA program in Albania started in 2017 and was synergized with the situation analyses carried out during the work for building a number of national strategies. Needs and priorities identified in *Sexual and reproductive Health Strategic Document and Action Plan 2017-2021*, *National Action Plan on Contraceptive Security 2017-2021*, and *National Action Plan on Health promotion 2017-2021* have been discussed during preceding year, in working groups with extended participation from MHSP, its specialized agencies and other stakeholders in the field (Public Health, University Hospital, Primary Health Care, NGOs, etc). CP SRH component is also built upon *Basic Package of Primary Health Care Services* approved only two years before. Women health care and SRH are the largest sections in the service package. UNFPA country office has participated and catalyzed the process of development of all four aforementioned documents. This has enabled the acknowledgement and understanding of country needs and priorities, and their integration into CP 2017-2021. Scope and objectives of SRH component in UNFPA CP is also designed to contribute to the national priorities defined in the main Albanian health sector strategy 2016-2020, which was approved only on 2017. The strategy underlines its ambition for *'universal health care'* in the country and restates objectives about *'further reducing infant mortality rates to reach the European levels by addressing the key causes of mortality and providing better care for the mother and the newborn'*⁵⁵. All but one⁵⁶ evaluation respondent reported to have been invited in consultations during the CP planning process concerning SRH component.

The **adolescent & youth** component of the current UNFPA CP continued to focus on giving voice to young people by supporting youth organizations, addressing the needs of young people, including health, and strengthening partnership with a diversity of partners⁵⁷. Based on its previous experience and consultations with major youth stakeholders, UNFPA supported the expansion of the "Youth Voice" and establishment of the Y-Peer Network in 16 municipalities that were finalized with signing a MoU and developing local plans and budgets reflecting youth and gender equality related issues. Further, UNFPA supported testing relevance of Comprehensive Sexuality Education (CSE) course at national level, creating an enabling implementation environment, through adaptation of CSE curricula at national level, sensitization of government officials, strengthening skills and capacities of teachers. The relevance of activities supported by UNFPA and its implemented partners, helped the Albanian Government to approve the Law on Youth, which was drafted through a very comprehensive consultative process, with participation and engagement of youth organizations and young people all over the country.

Cross cutting aspects such as gender equality and population dynamics are reflected in the CP and programmatic area interventions as well⁵⁸. Despite cross cutting character, Albania CP promotes **gender** equity issues through informed advocacy, research, policies and programmes. Gender statistics fed INSTAT's annual Women and Men publication 2020, annual SDG report. A Rapid Gender Assessment during COVID-19 as well as policy and private sector scanning

⁴⁹ KII #9

⁵⁰ KII #6

⁵¹ KII #8

⁵² Q2 Online survey, N=29, Average score 4.6 out of 5

⁵³ Q3 Online survey, N=31, Average score 4.7 out of 5

⁵⁴ Q6 Online survey, N=33, Average score 4.6 out of 5

⁵⁵ KII #15

⁵⁶ Key Informants interviews, November 26 – December 11, 2020

⁵⁷ Q31 Online survey

⁵⁸ Q4 online survey, N=33, Average score 4.8 out of 5

aimed at multisectoral approach of gender-based violence issues, including better availability of protocol guidance in place for dissemination of referral system at municipal level, needed mechanisms mentioned in CEDAW are properly added to national policies, important legal changes are made to ensure effective social provision mechanisms, gender-friendly policies are promoted at workplace. To promote GE UNFPA met Ministry of Health and Social Protection (MHSP) to identify needs and priorities. For design of the national strategy of gender equality UNFPA along with two other main partners, namely UN Women and UNDP, was approached by the MHSP and *'consultations have been a very effective mechanism to orient UNFPA support towards Ministry priorities'*⁵⁹. Also, MHSP have successfully assured UNFPA support for the three years project 'Ending violence against women' funded by Sweden Government).

The results of studies performed during 2017-2020 related to **P&D issues**, aimed at identifying the real needs of the target groups with emphasis on the most vulnerable groups, addressed by UNFPA, were taken into consideration when defining the fourth country programme. The 4th UNFPA CP 2017-2021 was built on progress made by the 3rd CP in providing of improved data collection and analysis related to population issues and strengthened institutional capacities as well as need to strengthen effective use of information and data at all levels to support planning and policy implementation analysis. In order to assess needs of population, UNFPA supports generation of data for evidence-based policy advice, informs health-care reform focused on service delivery in primary health care, reach out to women and girls, Roma and Egyptian, elderly, adolescents and youth; strengthens the role of non-governmental organizations in advocacy and policy dialogue to advance the International Conference on Population and Development agenda and increase accountability; supports research on youth issues and evaluation of youth initiatives as well as supports data collection and utilization for evidence-based, gender-sensitive policies focused on youth, marginalized and key populations, Roma and Egyptians, men having sex with men, injecting drug users, lesbian, gay, bisexual and transgender, commercial sex workers, migrants and victims of violence. Results of the 2019 pilot census helped updating socio-economic analysis and GIS as of November 2019 earthquake.

UNFPA 2017-2021 country programme is in line with the priorities set by international and national policy frameworks. The CP was developed in cooperation with the Government of Albania, taking into consideration the general framework provided by the UNDAF 2017-2021, national priorities documented in the National Strategy for Development and Integration, the Government of Albania and United Nations Programme of Cooperation 2017-2021, the 2030 Agenda for Sustainable Development and the national aspiration for European integration. Online survey respondents confirmed that target groups for UNFPA supported interventions are consistent with identified and evolving needs and national priorities⁶⁰.

UNFPA country programme is aligned with the **UN Partnership Framework**. As it was specified earlier the 4th CP strategic outcomes and country programme areas and outputs contribute to achievement of two 2017-2021 UNDAF goals and to the National Development Goals, including the following SDGs: 1, 2, 3, 4, 5, 10, 16 and 17. The 4th UNFPA country programme contributes to the following outcomes, namely: *1. State and civil society organisations perform effectively and with accountability for consolidated democracy in line with international norms and standards; and 2. All women, men, girls and boys, especially those from marginalized and vulnerable groups, are exercising their entitlements to equitable quality services, in line with human rights; and more effective and efficient investments in human and financial resources are being made at central and local levels to ensure social inclusion and cohesion.* Achievement of the stated strategic goals in the PFD relies on the collective strength of all United Nations agencies working in the country. UNFPA collaboration with key actors in UNFPA-related programme areas such as UN Women, UNICEF, UNDP guided by the standard operating procedures of the United Nations Development Group for Delivering-as-One that makes an important contribution to reaching out the most vulnerable population groups and assisting the country in meeting its international Conventions and frameworks, including CEDAW, ICDP, EU Accession strategy, etc. UNFPA proactively participates in joint programing in sexual and reproductive health and reproductive rights, adolescents and youth, gender-based violence, gender equality, and data collection and analysis. It is relevant to mention several programmes that UNFPA cooperates with UNICEF, UNFPA and UNDP, namely: LNOB (implemented by four UN Agencies), ROCY (in cooperation with UNDP and UNICEF), Youth network project (in cooperation with UNICEF). It is important to mention that Government of Albania provides direct financial support to conduct recent Demographic Health survey (DHS) recognizing UNFPA expertise in population research and studies.

So, the 4th Country Programs are completely aligned with the goal of **UNFPA 2018-2021 Strategic Plan**. The 4th CP has more focused on achieving its outcomes through advocacy for policy implementation; knowledge management for evidence-based policy; and strengthening civil society and communities to hold duty bearers accountable. To achieve

⁵⁹ KII #14

⁶⁰ Q5 Online survey, N=32, Average score 4.7 out of 5

defined outcomes UNFPA Albania implements its programmes through national ownership, with civil society, United Nations organizations and development partners and builds on the momentum of national reforms, including increased decentralization, and work through national coordination mechanisms. In addition to addressing the four UNFPA outcomes of its strategic plan in an integrated manner guided by country priorities, the United Nations Development Assistance Framework, the revised business model and UNFPA modes of engagement, UNFPA CP employs universal, inclusive, human-rights based approach, three transformative results as well as integrated principles of equality and 'leave no one behind'.

EFFECTIVENESS

EQ2: To what extent have the intended programme outputs been achieved?

SRH Component

The fourth UNFPA Country Programme, 2017-2021. Status of achievement of output SRH indicators of the 4th UNFPA CP, 2017-2021 as of the middle of 2021 is presented in the Table 9.

Table 9. Status of achievement of output SRH indicators of the 4th UNFPA CP, 2017-2021

Indicators	Base-line	Target/Current status	Remarks
Output 1 of Outcome 1: Strengthened health system to provide equal access to quality integrated sexual and reproductive health services at national and municipal levels and in humanitarian settings			
Indicator 1: Number of guidelines, protocols and standards for the provision of integrated sexual and reproductive health services, including for vulnerable groups endorsed by Ministry of Health	8	12/13 (2020 ⁶¹)	Indicator is already achieved. This indicators includes documents such as clinical guidelines, protocols and/or standards developed during 2017-2020 with UNFA involvement and endorsed by MHSP, or its depended agencies. The documents were identified by reviewing of annual reports of last three years and verified during KIIs ⁶² .
Indicator 2: Number of new human rights-based training programmes covering sexual and reproductive health services at all levels, including for vulnerable groups, institutionalized	0	4/6 (2020 ⁶³)	Indicator is already achieved ⁶⁴ . Not all identified training programs developed and implemented during last 3 years and cover SRH or include vulnerable groups are accredited and/or documented by national centre on continuous medical education. Informal community trainings and in job trainings are not included in the indicator ⁶⁵ .
Indicator 3: Minimum initial service package national contingency plan operationalized	No	Yes/Yes (2020)	Indicator is already achieved ⁶⁶ . However, there is no clear definition on operationalization. ET used two criteria: inclusion of MISP into national emergency plans and its utilization during 2019 earthquake or 2020 Covid pandemic ⁶⁷ .
Indicator 4: Percentage of service delivery points (primary health care and maternity	80% (2015)	90%/70-85% (2020 ⁶⁸)	Not achieved yet. In addition to the evaluation report on

⁶¹ 2020 UNFPA Annual report

⁶² 5 new guidelines/protocols or standard procedures on integrated SRH services developed and endorsed by MHSP or its agencies, during the last 3 years include: 1) Quality improvement tool regarding maternal and newborn health for assessing quality of health care in maternity hospitals; 2) Standard Operating Procedure on multi-sectoral response to GBV in health sector, Emergency Situations, social care sector; 3) Clinical Guidelines and Clinical Protocols on family planning for health care providers, including family planning guideline and family planning protocol; 4) Revision of Clinical Guideline for Adolescent Health, Growth and Development (Revision); and 5) Protocol of national cervical cancer screening program

⁶³ Various documents from Annex 3

⁶⁴ 6 training modules programmes include: 1) Minimum initial service package (MISP) online training package (20 trainings) which includes care provision for pregnant women, blood transfusion, vulnerable youth etc, in emergency situations (UNFPA annual reports); 2) Virtual contraceptive consultation, an online teaching platform and 1 day training per year with healthcare providers for promoting FP package; 3) Training for service providers on SoP about GBV multi-sectoral response; 4) Training for teachers on SRH new school curricula; 5) Training for local health care providers about SHR evidence based guideline and protocol development; 6) Training for Maternity Hospital care providers

⁶⁵ Review of UNFPA annual reports of last three years and verification during KIIs

⁶⁶ It includes officially approved regulation (risk management platform in case of emergencies), materials/ relief kits, and a training package. The training is carried out with Operator of Health care

⁶⁷ Review of UNFPA annual reports of last three years and verification during KIIs

⁶⁸ Evaluation report on contraceptive strategy finalized in December 2020

units) with no stock-outs of modern methods of contraception in the last six months			contraceptive strategy (Dec 2020), KIIs with report authors clarified that the 85% score describes the situation with only some contraceptives such as <i>depoprovera</i> injective (shot), when the indicator for other contraceptives is 70%.
Output 2 of Outcome 1: Strengthened engagement and partnerships between government and non-governmental institutions to promote reproductive rights and empowerment of women, and reduce inequalities in sexual and reproductive health			
Indicator 1: Core set of sexual and reproductive health indicators, included in the national health management information system	No	Yes/ no progress since 2017	Not achieved yet ⁶⁹ . There is not full congruency between annual reports and KIIs information. According to UNFPA reports, the process has stalled in 2017.
Indicator 2: Number of national mechanisms to monitor sexual and reproductive health strategies and programmes established	1	3/4 (2020)	Indicator is already achieved. However, there is no clear definition of national monitoring mechanisms. ET considered all organized efforts to evaluate and monitor SHR policies, coordinated by MHSP, or its agencies. Baseline indicator has been provided only by the ADHS Steering and Technical Committee ⁷⁰ .
Indicator 3: Number of participatory platforms at national and municipal levels for non-governmental organizations and community-led organizations that advocate for increased investment in sexual and reproductive health and reproductive rights, including for vulnerable groups and key populations established	2	4/15 ⁷¹ (2020)	Indicator is already achieved ⁷² . However, there is no clear definition for participatory platforms ⁷³ .

Because the 4th CP is ongoing, it is too early to evaluate whether output SRH indicators have all been achieved or not. Some output indicators are not well defined and do not meet SMART criteria (Specific, Measurable, Achievable and Attributable, Relevant/ Realistic, Time-bound/ Timely/ Traceable/ Targeted). Nonetheless, after reviewing annual reports, and triangulating with information from other documents⁷⁴, and from KIIs⁷⁵, Evaluation team concluded that three out of four indicators under Output 1 and two out of three under Output 2 of Outcome 1 have been already achieved. Below there are evaluation details about progress towards achievement of output indicators for Outcome 1.

Document analysis⁷⁶, key informants' interviews⁷⁷ and online survey⁷⁸ show the following **achievements** of 4th UNFPA Country Program 2017-2021 are made during three and half years of the programme implementation:

1. National policy makers developed and endorsed two major SRH policies: *National Strategy for reproductive health 2017-2021* and *National Plan for contraceptives 2017-2021*. Both policies are monitored and evaluated by experts of MHSP and IPH, with financial support from UNFPA. Two documents are recently being disseminated and discussed among stakeholders. The evaluation conclusions and recommendations include concerns about very low prevalence of modern contraceptive methods in Albania, despite a generally high level of knowledge about them; lack of participation of Albanian men in family planning activities and services; inadequateness of SRH services for adolescents; problems of SRH health system information, especially disaggregation of data according socio economic strata. The evaluation report⁷⁹ about National RH Strategy is fully based on qualitative methodology (opinions of users and providers) and doesn't systematically assess progress towards outcomes;

⁶⁹ Core set of sexual and reproductive health indicators are included in the national publication by IPH with 88 ECHI standard indicators, but this document is not endorsed by MHSP. In a pilot intervention, IPH and UNFPA have initiated calculations and data validation for 10 first indicators, 3 of which are RHS indicators.

⁷⁰ Review of UNFPA annual reports of last three years and verification during KIIs

⁷¹ UNFPA Annual reports, PoCSD 2020 Report

⁷² In addition to youth national networks and media platforms, there are at least 15 municipalities providing participatory platforms in relation to youth reproductive rights (UNFPA Annual reports, PoCSD 2020 Report)

⁷³ ET has assumed all activities organized between local governments and youth groups (including needs assessment surveys, youth involvement in city councils, etc.), as well as online query and answer platforms, can be considered as participatory platforms

⁷⁴ Annex 3 – Documents consulted

⁷⁵ KIIs #24, 31

⁷⁶ Annex 3: 3 Documents consulted

⁷⁷ Key Informants interviews, November 26 – December 11, 2020

⁷⁸ Online survey, November 25 – December 10, 2020

⁷⁹ RH National Strategy Evaluation report (unpublished)

2. The National Committee of Reproductive Health was finally revitalized, reorganized and gathered for the first time in years, in 2019, providing political support and coordination to RH services. The Committee also, initiated the process of preparation of a new law on RH. In addition to the revitalization of National Committee on SRH, two ad-hoc working groups have been set up under the premises of MHSP and IPH, to monitor and evaluate, the national RHS strategy and national contraceptive strategy, respectively. The two working groups have carried out evaluation activities and recently produced draft reports, which as December 2020, were circulating for final comments among stakeholders. Additionally, teams of gynecologists and primary health care professionals have been trained in Tirana, Vlora (2018) and Shkodra and Elbasan (2019) on SRH guidelines and protocols aiming among other things, to assess and monitor implementation of guidelines, protocols and standards in the field;
3. After years of situation analyses, capacity building, advocacy efforts and piloting, a new country-large program of cervical cancer screening is approved by a government decree on 30th of January 2019, financed by MHSP and coordinated by IPH. The program has improved care especially for those women who live in rural areas and those with less education. The program also contributes in empowering women; it offers self-sampling, what enables reaching out where there are not gynecologists or experienced midwives. During 2020, UNFPA through ACPD has continued to help IPH and Regional healthcare units, to set up coordination bodies and improve continues care for women who resulted positive in primary screening⁸⁰;
4. The '*Minimum Initial Service Package (MISP) for SRH in crisis situations*' is incorporated into the national plan of disaster management. The platform has been functional and effective during most recent crises, including November 2019 Earthquake and 2020 Covid-19 pandemic. UNFPA CO has collaborated with MHSP and its structures in Tirana and regions to build a national infrastructure for MISP and make it operational. It includes an officially approved regulation (risk management platform in case of emergencies), local coordinators, UNFPA provided materials/ relief kits, and a training package. The training is already carried out with Operator of Health care. Package includes safe blood transfusion, GBV assistance, safe pregnancy care, etc. in emergency situations⁸¹;
5. Standard Operating Procedure (SoP) on multi-sectoral response to GBV were developed and formally approved in February 2020 covering health sector, emergency situations, and social care sector⁸². Part of the process is the development of Coordinated Mechanisms of Referral, which will ensure safe and professional referral of abused women between different sectors and institutions. For the first time in the country, Operators of health care and Social protection services at municipality level are expected to work in harmony and coordination to support victims of abuse. Despite Covid 19 restrictions, the development and approval of SoP were followed by training sessions carried out during July 2020. It is expected to continue the assistance for municipalities and local operators of healthcare, as soon as pandemic will be put under control. Ministry of Justice and Ministry of Interior, which are key stakeholders, as their structures are important parts of coordinating mechanism of referral, but initially were reluctant to participate, recently have expressed their formal interest to adapt SoP into their structures. Their involvement will fill all the gaps in making coordinative mechanism of referral a functional structure in support of women, victims of violence and abuse;
6. Services of health providers in selected maternity hospitals were improved. A package of three training modules, including Helping Mothers Survive Post-Partum Hemorrhage (HMS), Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB), were developed and carried out in collaboration with regional hospitals of Lzha and Elbasan. Training evaluation showed that improved competencies for managing the bleeding after birth, and for creating safe environments and providing essential care for newborns;
7. A number of essential clinical guidelines and protocols are developed and formally approved by MHSP, including *Clinical Guidelines and Protocols on Family Planning for health care providers*, *Clinical Guidelines for Adolescent Health, Growth and Development*, and *Clinical Guidelines for Mother to Child HIV control*, etc. To enable monitoring of guidelines in clinical practice, it is developed a training module on *RH Care Evidence Based Guidelines and Protocols* for gynecologists, GPs and midwives. National Centre for Quality and Standards in Healthcare, IPH and University Hospital are collaborating in this process. Around 80 professionals are already trained in Tirana, Vlora, Shkodra and Elbasan, aimed at building a critical mass of local experts who are championing for SRH evidence based medical care and helping in monitoring the implementation of protocols;
8. UNFPA with its IP, ACPD, and in coordination with MHSP, have introduced models of online services and services at home as innovative initiatives to ensure the continuity of services for pregnant women during pandemic, when some routine services were discontinued or postponed by Covid 19 measures. These services are very important for vulnerable groups, including women of rural areas, Roma, etc.;

⁸⁰ Program evaluation report

⁸¹ <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>

⁸² Orders of Minister No 100, 101, 102, date 21.02.2020

9. At the end of 2020 there are at least 15 municipalities providing operational participatory platforms for youth NGOs and communities, including Roma groups. Memorandums of Understandings were signed with the municipalities and organizations members of the 'Youth Voice' network youth plans. Y-Peer Albania platform has 'conducted 12 sessions in 4 municipalities, with 500 (aged 15-29 years) in and out of school young people to encourage them become advocates for sexual and reproductive health / ASRH at local level, to increase their participation in decision making about their sexual and reproductive health at local level, to promote SRHR and ASRH at local level'⁸³. In addition to youth national networks and media platforms, there are at least 15 municipalities providing participatory platforms in relation to youth reproductive rights;
10. The new sexual violence centre LILUM, which is built in collaboration between MHSP, UNFPA and other partners, has started to provide health support and urgent shelter to victims of sexual violence⁸⁴. Its first beneficiaries are young women/adolescents abandoned and living in the street. The model of care is filling an important gap in SRH services for most vulnerable women in society. Some of the adolescents sheltered by LILUM have mental health problems and have been victims of sexual abuse in school settings.

The following **gaps and challenges** were identified by evaluation⁸⁵, including:

- The measured and perceived utilization of public reproductive and sexual services by young people remain very low. Guidelines and protocols for adolescent health and at a certain degree those of women health are also rarely used by professionals.
- With the support from UNFPA, Ministry of Health and Social Protection has developed and approved the National Strategy and Action Plan for Health Promotion 2017-2021. Nevertheless, the health promotion actions remain sporadic and not well funded. Large-scale awareness and behavior interventions combined with targeted interventions are needed, to work with regional public health structures, schools, communities and media.
- Newly reorganized National RH Committee needs to be informed with situation reports, while quality of routine data needs to be improved and even structures/organization of health care leading agencies (including MHSP, National Operator of Health Care and IPH) need to be adapted. Additionally, experienced professionals have retired and new specialists are to be prepared. Dedicated structures with focus on SRH services, with good quality data from health services can feed the work of RH Committee and promote evidence based policies.
- Some processes, such as MHSP endorsement of guidelines on family planning, MISP or cervical cancer screening have been dependent on experience, dedication and enthusiasm of selected individuals that are getting older and need to be replaced by local young well-trained experts.
- Evaluation report of National Contraceptive Strategy (December 2020) identified not only a slight and partial progress towards service delivery in primary health care and maternity units, but weakness and barriers related to poor forecasting and gaps in reporting of some regional public health authorities;
- Core set of sexual and reproductive health indicators are included in the national publication by IPH with 88 ECHI standard indicators. But this document is not endorsed by MHSP even in a pilot intervention; IPH and UNFPA have initiated calculation and data validation of 10 first indicators, 3 of which are RHS-related indicators.
- There is still no national health management system established by MHSP.

Adolescent and youth

The forth UNFPA Country Programme, 2017-2021. Status of achievement of output adolescent & youth indicators of the 4th UNFPA CP, 2016-2020 as of the end of 2018 is presented in the Table 10.

Table 10. Status of achievements of outputs Adolescents and youth indicators of the 4th UNFPA CP, 2017-2021

Indicators	Baseline	Target/ Actual result	Remarks
Output 1 of Outcome 2. Rights and needs of adolescents and youth are fully addressed in laws, policies and programmes, including comprehensive sexuality education at national and subnational levels as well as in humanitarian settings			
Output 2 of Outcome 2: Strengthened multi- sectoral response for prevention and management of gender-based violence and harmful practices with a focus on adolescents and youth, including in humanitarian settings			
Indicator 1: Proportion of secondary schools with comprehensive sexuality	20% (2016)	80%/67% (2020)	Not achieved yet. The indicator reflects the proportion of schools with

⁸³ UNFPA Annual report

⁸⁴ UN Progress report

⁸⁵ Document analysis, KIs #9, 11, 12, 13, 16, 34, 42,9

education introduced in the curricula			trained staff to teach Life Skills Education with focus on Health and CSE. (Academic Order of Ministry of Education). This proportion is not available, as number of teachers trained doesn't correspond to number of schools. ET produced the indicator calculation based on number of regions that were included in training sessions, out of total number of regions, but this may not reflect the true proportion of schools where CSE is routinely provided.
Indicator 2: Percentage of young people (aged 15-24 years) reporting that sexual and reproductive health services are accessible (by key population groups)	1	3/n/a	No data found. There are no recent quantitative studies to measure this indicator.
Indicator 3. Existing legislation is revised to decrease age from 18 years to 16 years in receiving sexual and reproductive health services without parental consent	Not available	Increase by 30%/ No clear information received	Not achieved. The indicator is ill-conceived. Additionally, the issue remains not clear from a legal prospective. No other reliable information was retrieved about this indicator from reports and KILs.
Indicator 4. Coordinated community response model introduced in health sector response to gender-based violence	No	Yes/ Yes(2020 ⁸⁶)	The indicator has been achieved. Coordinated Community Response model is specified in the Guidelines of the Multi Sectoral Response to GBV and SoPs are part of them. Guidelines were approved in Feb'2020.
Indicator 5. Standard operating procedures for health sector on gender-based violence implemented	No	Yes/ In progress	Not achieved yet. The indicator is not well defined. There is progress towards full achievement of the indicator, based on training activities started on 2020.

Document analysis⁸⁷, key informants' interviews⁸⁸ and online survey⁸⁹ shows the following **achievements** of 4th UNFPA Country Program 2016-2020 within adolescents and youth component by output indicators.

Within the **Indicator 1** the following results were achieved:

- CSE is integrated into school curricula despite the resistance by some politicians, parents and teachers groups. After strengthening capacities of experts of Institute of Education Development on CSE and all regional education departments in 2017, and 2018, during 2019, the program was scaled up by trainings of teachers in 8 regions: Tirana, Durrës, Fier, Vlorë, Gjirokastër, Berat, Elbasan and Korce. Now the educational package is taught in three matters; citizen education, biology and physical education. It is organized in the form of advices for a better and healthy life, and it includes an educational package about sexual abuse⁹⁰;
- A policy brief about CSE based on economic analyses was developed in 2017 and used during 2018 to assist advocacy efforts about pre university quality CSE, as well as improving CSE curricula for teacher training in universities. As part of those efforts, a regional conference on CSE was organized by the end of 2019;
- The CSE training program has helped to improve continuous CSE in schools. It also has enabled initiation of other targeted interventions in schools settings, especially in remote rural areas. Other organizations, such as Peace Corps Albania, report improvements in their work with teachers trained in CSE, as they now are much more aware and informed about youth needs and health risks. They are more motivated in implementing micro projects about healthy lifestyles. Evaluation discovered⁹¹ that targeted interventions in disadvantaged communities get more sustainable when teachers are trained, education packages are formally part of school program and there is partnership among different donors and community. Meanwhile, continuing training and support of micro activities in regions remains key to assure the quality of CSE program implementation.

The following results were achieved within **Indicator 2**, including:

- Development of online platforms like 'No Taboo' by the organization 'Together for life' is helping to address a number of issues related to barriers in utilization of services for young people. Only a small proportion of young people use the services provided by social workers/sociologists near schools in Albania. Most of them prefer to talk about their problems with peers. Dedicated platforms like 'No Taboo' provides the necessary

⁸⁶ Model was formally approved by MHSP

⁸⁷ Annex 3 – Documents Consulted

⁸⁸ Key Informants interviews, November 26 – December 11, 2020

⁸⁹ Online survey, November 25 – December 10, 2020

⁹⁰ <https://albania.unfpa.org/en/topics/comprehensive-sexuality-education>

⁹¹ KILs #20

privacy for their questions. Establishment of online services addresses lack of expert counseling in remote areas, as well as in time of pandemic constraints, like COVID-19 echoed by online survey response⁹²: *“There are a lot of needs and a lot of unanswered questions among youth. Many simple issues can be solved by this platform⁹³ created 3 years ago. The model may serve not only for sexual or reproductive education, but for mental health and young people in crises, as well”*.

- Strengthening of the community health model by establishing in 2018 and expanding during 2019 networks of health educators for reaching communities in rural and remote areas. Around 70 health education teams have been formed in almost all regions of the country. More than 4,000 persons, mainly marginalized and vulnerable women and young people (some hundreds activists from Roma community), are reached with SHR information and advice on SRH issues. During 2017 National Centre for Quality and Accreditation of Health Services provided leadership and expertise in developing updated national guidelines on youth friendly services with focus on SRH. Models of evidence based guideline development were applied. The guidelines were endorsed by MHSP and are serving as bases for strengthening primary health care provision, including youth friendly services.
- Establishment in 2017 a national platform for youth and adolescents called *Youth Voice* as legally registered CSO. Thousands of young people, in and out of school, have been reached with information and counseling about issues such as child marriage, family planning, contraceptive use and etc.
- Trained and continuously supported with micro projects 1200-1300 young voluntaries. Small community organizations, informal clubs and active individuals are receiving assistance and funds from the Youth Voice Network for their activities, including peer education, social inclusion of marginalized groups such as Roma and LGBT etc. Some of the organizations have gradually transformed themselves from small groups into major players in the field of gender and youth and vulnerable groups, since they have joined the network. A good example is *Act for Society Albania*, which now carries out many projects of its own. One of their latest successful initiatives⁹⁴ is the one called ‘Be a man’ and ‘Be a man plus’ which provides online counseling services for young men;
- Carried out informational campaigns on challenges for adolescents, role of family and responsibilities of society were well-designed TV shows presented within TV programs preferred by youth. Hard to reach groups were informed via simple messages. Constructive messages based on success stories and positive models were applied: *“Positive examples are recommended as the most effective way to enable positive change for troubled youth⁹⁵”*;
- UNFPA has assisted expert CSOs in providing services for hundreds of drug users and sex workers to enable environment to improve young key population sexual and reproductive health and rights. All reached beneficiaries through the service centers of STOP AIDS and AKSION+ have been tested for HIV/Hep B and received pre and post counseling sessions. Additionally, more than 600 young people from key populations have received counseling and other services, while a number of them have been trained as peer educators;
- National and UN response to prevention and control programs on HIV and AIDS and STIs has been strengthened through empowering young people in prison settings. This as a result of joint initiatives between Global Fund Programme and UNFPA. Manual on pre and post release plan for young drug users in prison settings has been provided as well as adaptation guidance.

As of time of evaluation there is no information available on either achievements or challenges related to the Indicator 3.

Within the Indicator 4, Standard operating procedures for health sector on gender based violence and family violence have been developed during 2018-2019, and finally approved on February 2020, by an order of Minister of Health Social Protection. The SOP provides the bases for multi-sectoral approach, with specific focus on health, social assistance services, police and justice. They are modeled after a full package on multi sector response, developed regionally by UN with UNFPA leadership. The approved package is made of three SOPs, specific for the health sector, emergency situations, and social care sector.

Within the Indicator 5 the following results were achieved:

- The process of developing in Albania the above mentioned SOP, was considered very useful in itself by KIIs, as it brought together many stakeholders and laid the path for their commitment in applying gender based approach and victim centered approach when dealing with cases of GBV and domestic violence in community.

⁹² Q31 Online survey

⁹³ <https://es-la.facebook.com/jotabu.al/posts/531911360735221/>

⁹⁴ <https://www.actforsocietycenter.org/blank-page>

⁹⁵ KII #36

- During July 2020, online training with local stakeholders has started with MHSP providing leadership. Anyway, the process has slowed down and affected by second wave of Covid 19 pandemic. It is expected that next year the implementation activities to start again, with trainings in the regions.

Evaluation identified the following **gaps or challenges** in achieving targeted indicators for the both outputs of the outcome 2:

Indicator 1. Although CSE program is approved formally for under university education, there are a large number of potential teachers who are not trained yet. As a consequence in many schools the CSE is not provided. The information system about the implementation of CSE in schools and its quality doesn't offer more data than number of teachers trained in ToT activities and their distribution according to the regions. More is needed in terms of mapping and detailing the activities, while identifying the appropriate indicators for measuring the CSE effects in various schools and pupils categories. Even when it is provided routinely formal CSE doesn't reach those most marginalized and out of schools young people.

Indicator 2. First, no specifically designed adolescent-friendly sexual and reproductive health services are available in the Albania. 2018 assessment of SRH and Maternal Health services concluded that *'adolescents are reluctant to seek care in public or private facilities, particularly in districts. By the end of 2018 primary health care staff was not trained in adolescent-friendly sexual and reproductive health service standards'*. Moreover, the policy brief *What has changed. Sexual and Reproductive Health in 2019* also confirmed that the access to reproductive health services for adolescents is not adequate. Evaluation of RH strategy (Dec 2020) confirmed the same finding, namely: low utilization of SRH services by adolescents remains very low. The finding is also supported by KIs⁹⁶. Second, lengthy motivation process of the networks of *Youth voice* and *Y-Peer* participants remains a challenge and would require adaptation or innovation in the future. Third, despite willingness and commitment of prison administration, treatment for the people who use drugs remains still fragmented and not tailored to the needs of target population, and many prisons do not provide inmates with addiction drug with proper evidence-based treatment that could save their lives. Medication-assisted treatment, which can help control withdrawal symptoms during detox, is uncommon in prison system in Albania. Socio-healthcare staff in prison settings lacks knowledge and skills regarding harm reduction policies and addiction treatment;

Indicator 4. First, some ministries were hesitant during the development of SOP and refused to approve their parts of the package without having in place firstly a specific law for all forms of VAW, or for GBV (since the actual driving law on this issue is focused only on domestic violence). Nevertheless, in 2020 they are showing interest to be involved and collaborate. This presents a good momentum to try and ensure their commitment in the model. Second, the scaling up of implementation of the SOP in all country remains a challenge and it will require full backing and engagement from MHSP as well as from municipalities. The general parliamentary election to be held next spring may change the map of stakeholders and may require more advocacy and awareness rising efforts. And third, since 2014-2015 there is not any reporting of violence against women from general practitioners in the country, and it shows how difficult is to ensure continuous involvement of health providers into this non-traditional field of care. During the previous program cycle UNFPA initiated some interventions targeting primary health care doctors and nurses and informing them about gender based violence.

Cross cutting issues. There are no separate outputs/outcomes specific to gender and P&D areas. Below, there are evaluation findings related to these two cross cutting topics complemented ones identified under outputs of Outcome 1 and 2.

Gender equality area. In addition to activities and services directly related to gender, already discussed under SRH and youth components, ET identified the following gender equality outputs produced during program cycle under evaluation. First, among the topics included in the 15 municipal plans for young people is elimination of discriminatory gender and sociocultural norms affecting women and girls. Second, TOT topics and MISP package for 6 areas for service providers include sexual and gender-based violence issue. Third, activities under *Youth voice* and *Y-PEER* platforms often include components about gender based violence and harmful practices. Furthermore, in 2018 UNFPA provided technical support, coordination and facilitation in organizing two training modules provided in a 4 days course for almost 100 UN staff members in the country. The two modules are based on *'UN for All: Dignity and Inclusion in the UN workplace'*. First module is Core: Human Rights for All (covering four different themes: Sexual

⁹⁶ KIs # 13, 34, 35

Orientation and Gender Identity, Disabilities, Substance Use, and Mental Health). Second module is on Sexual Orientation and Gender Identity: Including LGBTI people in the UN workplace⁹⁷.

Population dynamics. During 2017-2021 program cycle the following achievements were identified as helping country progress towards developing more evidence based population policies. They include:

- UNFPA lead role in the implementation of *Albanian Demographic and Health Survey*, started in 2017 with the field work. Close partnership and joint advocacy efforts with the MHSP, IPH, INSTAT and UN agencies (UNICEF, UNW) as well as Swiss SDC resulted, for the first time, in financial support of Government of Albania to the completion of ADHS, with Albanian Parliament formally approving the decision;
- *Integrated Biological Behaviour Study (IBBS)* which was completed by the end of 2019 aimed to estimate the size at the national and regional levels of key populations of: people who inject drugs (PWID); sex workers (SW); and men having sex with men (MSM). The size estimates at local level were calculated in the cities under study provided an crucial information for: identifying needs of these populations, understanding barriers they face in service utilization, and planning targeted interventions;
- A study on access to SRH services by young key population groups in Albania was supported in 2017 to get opinions about utilization of adolescent sexual and reproductive health services by key young population groups in the country from potential users or clients through a descriptive quantitative cross-sectional survey;
- UNFPA continued its work with INSTAT and Ministry of Social Affairs in developing two important analyses on ageing of population and policies concerning ageing in Albania. Recently, CO worked with Department of Public Health at Faculty of Medicine on carrying out a standard national survey on *Health Behaviors at School Children (HBSC)*. The analyses and the report was finalized in November 2020 and the results were about to be discussed with policy making audiences in December, but postponed because of Covid 19 situation.

EQ3: To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?

Evaluation showed that it is difficult to quantify the extent of contribution of various outputs to the achievement of the planned outcomes when some indicators are hard to be measured in time, or can only be calculated in a very approximate way. Nonetheless, the following outputs' contribution to the achievement of the planned outcomes can be estimated from KIIs and analysis of available documents.

SRH

Evaluation demonstrated that outcome indicators established for monitoring and evaluation of SRH area in outcome 1 are either not collected regularly (e.g. contraceptive rate in population) or can be based only on estimations (for example, through earmarked budget for SRH care). The following Table 11 presents the best available information that only can serve for an approximate assessment of the trend of the progress in the program area.

Table 11. Status of the outcome indicators for SRH area of the 4th CPs

<i>CP/ Outcome/ Indicators</i>	<i>Baseline</i>	<i>Target/ Actual result</i>	<i>Remarks</i>
The fourth UNFPA Country Programme, 2017-2021 (ongoing): 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 (modern methods)	11%	15%/4% (2018)	Not achieved yet. This is a standardized and comparable indicator that can be retrieved only through population surveys. And the most recent one was conducted by ADHS 2018. It is also the same indicator used in the evaluation report of the national strategy of contraceptives 2017-2020. It may not reflect the 2020 situation, but a very negative trend during the last 10 years can be seen.
Indicator 2: Total expenditure per capita for: (a) Health	\$123 (2013)	\$152 (2021)/ \$165 ⁹⁸ (2018)	Indicator is achieved. The public expenditure for health in Albania has been on

⁹⁷ <https://albania.unfpa.org/en/news/un-all-dignity-and-inclusion-workplace-united-nations-albania>

			increase. For 2018, the total budget for health of Albanian Government was 48.6 billion ALL, (or 467 million USD) ⁹⁹ .
Indicator 3: Total expenditure per capita for (b) Reproductive, maternal, neonatal and adolescent health	\$25 (2016)	\$34 (2021)/ n/a	Indicator for 2020 n/a. The budget for reproductive, maternal, neonatal and adolescent health can be estimated only, as it is not clearly earmarked. The budget of Albanian government for primary health care services in 2018 was 8.67 billion ALL (or around 83 million USD).

Interviews with key informants¹⁰⁰, analysis of UNFPA documents/reports¹⁰¹ demonstrated that that the outputs contributed to the achievement of the outcome 1 formulated in CPs despite the fact that it is difficult to evaluate extent of contribution of different outputs. Despite Albania a upper income country status, its overall healthcare expenditure are modest. The state budget for health is increased but health expenditure as proportion of GDP remains among the lowest in the region. Maternal mortality is kept at comparatively low levels during the last 3 years. Nonetheless, the trend of neonatal mortality has been stagnating at concerning levels. It may reflect the fact that while quality of life has improved and control of malnutrition and child infectious diseases have been effective during the years, the capacities of hospitals to provide high quality care for vulnerable infants during first weeks of life have not improved accordingly. However, several trends in utilization of SRH services were identified, namely: i) The comparison of findings between ADHS 2018 with ADHS 2008 demonstrates a general improvement of utilization of essential services concerning reproductive health; ii) There is an increase of the proportion of women who complete 4 or more antenatal visits (from 67% to 78%) and the proportion of children with acute respiratory symptoms taken to a health clinic has increased from 70% to 82%. On the other hand the satisfied demand for family planning has decreased from 84% in 75%.

At the same time respondents¹⁰² identified the following **challenges**. *First*, lack of assurance of a dedicated budget for the RSH services and more guaranties would be necessary in the future to ensure the necessary budget and implementations of measures planed in policies/action plans. *Second*, prevalence of modern contraception method utilization has been on decrease, at least till 2018, according to latest ADHS, from 11% in 2009 to 4% in 2018. This may have been at least partially caused by a decrease in fertility rate in Albanian population during last 10 years. Nevertheless, it may also reflect low access to modern contraceptive methods especially by marginalized and vulnerable populations. This indicator reflects situation of 2017, the year when this UNFPA program cycle started, so it cant be used to monitor the program outcomes, while there are no recent data about it. Nevertheless, the trend remains concerning and much is needed to reverse it. *Third*, there is a need to review of the traditional information system about infant mortality, based on health care services by MHSP. For the moment only INSTAT vital statistics are available, and another autonomous and robust source of data would help to better understand the stagnating trends of infant and neonatal mortality in the country to assist evidence based interventions. *Forth*, Albania has approved the new ICD10 standard of disease classification, while the manuals and codes are translated and thousands of health professionals need training on ICD10 approaches. *Moreover*, there is the political agreement to adopt the 10th version of International Classification of Diseases that is a good opportunity for Albanian health information system to be upgraded. Instructing the doctors to the new system is essential for the success of the reform. After an initial support from WHO (translation of the code definitions and publication of manuals) MHSP IPH and INSTAT seem to need a partner for implementing the new standard. A number of key informants from these agencies, during the evaluation identified UNFPA as a key potential partner for this process. UNFPA should get more involved into improvement of routine health and demographic information systems.

Specific areas where MHSP representatives identified challenges and needs for more support include: i) as pandemic is limiting utilization of preventive services for women (women are concerned from crowded corridors at health centres), there is a need to develop and adopt new models of services for women provided at home; ii) strengthening the new network of intermediaries who will make it easier for women to report sexual abuse; iii) strengthening health promotion among vulnerable groups; iv) increase cancer screening (mammography) of marginalized women; v) introduction of telemedicine as an instrument to improve health service for vulnerable women; vi) implementation of new strategy about primary health care in Albania, especially integration of social and health services, as well as revitalization of mother and child care; and vii) need more attention to ageing issues.

⁹⁸ Public health expenditure only

⁹⁹ 2018 Ministry of Finance report

¹⁰⁰ Key Informants interviews, June 24-28 & July 1-4, 2019

¹⁰¹ Annex 3: 3, 13-15, 17-18, 36-37, 49-51, 59-66, 71-73, 80, 82

¹⁰² Key Informants interviews July 24-26 & July 1-4, 2019

Adolescent and youth

Evaluation showed that UNFPA advocacy and policy support have helped to ensure that for the first time in Albania young people needs be integrated into a parliamentary law. Moreover, there is an observed increased of prioritization of adolescents needs in local governance plans. On the other hand, first two indicators of outcome 2 demonstrate gaps in both contraceptive use and HIV/AIDS knowledge. It should be noted that some program monitoring indicators are, again, either not quantitative or very complex to be collected. Table 12 and the analyses below present the most recent data available, trends and other results of the evaluation based on reports review and KILs.

Table 12. Status of the outcome indicators for Adolescent and youth area of the 4th CPs

<i>CP/ Outcome/ Indicators</i>	<i>Baseline</i>	<i>Target/ Actual result</i>	<i>Remarks</i>
The fourth UNFPA Country Programme, 2017-2021 (ongoing): 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 1: Contraceptive prevalence rate (modern method) among sexually active adolescents (aged 15-19 years)	29%	41%/ less than 10% (2018)	Indicator not achieved This indicator represents a standardized and comparable indicator that can be collected within population surveys. The most recent data were those provided by ADHS in 2018. Also a very negative trend for the last 10 years can be observed.
Indicator 2: Percentage of young women and young men aged 15-24 years with comprehensive knowledge about HIV and AIDS	36%	51%/35% (2018)	Indicator not achieved Similarly, this population survey based indicator reflects the situation of 2018. The 10 years trend remains stagnant and it will be a challenge to reach next year the objective.
Indicator 3: Proportion of the national youth action plan implemented	5%	80%/In progress	The most recent evaluation shows 21% implantation by 2017 ¹⁰³ . Indicator is not well defined to quantify proportion of implementation of the national youth action plan. Action plan is under review now and a new plan will be developed next year
Indicator 4: National mechanism tracking, monitoring and reporting international legal instruments on human rights established and operational	No	Yes/ in progress	In progress.

Document analysis¹⁰⁴ and key informants' interviews¹⁰⁵ showed that:

- In 2019 UNFPA in close cooperation and partnership with the Ministry of Education, Sports and Youth (MoESY), CSOs, Youth Voice and the Youth NGOs network have succeeded in the development of the *Law on Youth*. It is for the first when youth policy has been considered as one of the most important achievements in the field of youth policies at national level. The law is an important component of Youth action plan and its implementation will drive better satisfaction of youth and adolescents needs, including reproductive and sexual ones. It is also expected the new law will help in empowering young girls and boys equally, addressing inequalities and ensuring the inclusion of the most vulnerable;
- The new strengthened partnership between UNFPA/UN Albania and RYCO contributed into prioritizing youth policy at national level. UNFPA role as member of the Advisory Board of RYCO and in implementation of the project in the six Western Balkan countries funded by Peace Building Fund (a UN Secretary General fund) contributed to a great extent to youth empowerment and exchanges in the area of peace building, peacekeeping and reconciliation¹⁰⁶;
- UNFPA advocacy work and established partnerships at local level scaled up the "youth voice" platform, SRH media platform and Y-Peer network in 15 municipalities. Signed Memorandums of agreements between UNFPA and each of 15 municipalities resulted in including young people's needs on SRHR and ASR into local budgets;
- Youth surveys organized by local government and their engagement with youth councils were effective ways to ensure participation of young people in decision making processes on needed services. For example, Durres Municipality has organized needs assessment surveys of youth in community, as well as helped in setting up and involving local Youth Council in municipality decision-making processes. These initiatives were

¹⁰³ PoCSD, 2020 evaluation

¹⁰⁴ Annex 3 – Documents Consulted

¹⁰⁵ Key Informants interviews, June 24-26 & July 1-4, 2019

¹⁰⁶ Progress Report 2019. Programme of Cooperation for Sustainable Development 2017-2021

implemented by municipal social service department and UNFPA IP Observatory for the rights of Children with *Leave No One Behind* project.

- Individual activists¹⁰⁷ report to have been '*transformed into professionals and leaders*' during the processes built with the support of UNFPA.

At the same time during interviews with key informants¹⁰⁸ the following **challenges**. First, ADHS 2018 showed that less than 10% sexually active adolescents (aged 15-19 years old) report to currently use modern contraception. It demonstrates an important gap, while the indicators will hardly meet the objective. And *second*, the comprehensive knowledge about HIV/AIDS has not progressed during last decade. Again, there remains a significant gap and it will be a challenge to reach next year the objective of 51% comprehensive knowledge.

Gender equality issues. Achievements in this area include data production, advocacy work and raising awareness among professionals and policy makers. Below are listed some achievements in addition to already mentioned above:

- The work of the afore mentioned *Youth Voice* network has been oriented more on gender equality through carrying out targeted analysis in some municipalities to see how their budgets are spent in addressing youth needs, as well as the recommendations on gender equality aspects(i.e. strengthening the girls presence, position and voice in Youth Boards, shifting from numeric equity to real de-facto gender equality, etc);
- A survey and in depth deep analysis were carried out in 2018, aiming to address harmful practices on child and early marriages. Results documented the role of gender stereotypes and the realities of social exclusion and living in poverty. Patriarchal norms and harmful gender stereotypes that perpetuate violence, including child marriage, are still prevalent in Albania;
- Every year during 16 days of activism against GBV, UNFPA with government partners and other national or local stakeholders organize campaigns to address harmful practices and gender stereotypes. A special collaboration has been strengthening the parliamentary group on gender equality and keeping them informed about issues related to harmful practices;
- With support of UNFPA and UN Women Government of Albania in 2018 prepared and submitted country's mid-term report on implementation of recommendations received during the second cycle of Universal Periodic Review and developed a Human Rights Action Plan;
- Consultations on preparing of the new strategy on gender equality started consultations this year that is the part of the program *To eliminate violence against women* and is supported by UN Women, UNFPA and UNDP.

UNFPA activities contributed to an improvement of the monitoring and assessment capacities of governmental and non-governmental actors to prepare and submit national reports and reviews on international and national commitments on human rights and women's rights, including a national report on the Beijing Declaration and Platform for Action +25 process; a Universal Periodic Report and CEDAW follow-up report prepared by the Monitoring Network against Gender- Based Violence; a CEDAW alternative report prepared by the Ombudsman; and monitoring of implementation of Objective 3 (GBV) of the National Strategy on Gender Equality 2016–2020. There are also **challenges** identified by evaluation, including: i) ADHS indicated an increase in the prevalence of child marriage in less than 9 years (compared to ADHS 2008). The 2018 ADHS, revealed that 11% of girls and 2% of boys are affected by child marriage, compared to 9% of girls and 1% of boys indicated in the DHS of 2009. Despite observations of CEDAW, CRC and UPR, the phenomenon remains unaddressed with dedicated and specific policy and practical measures; and ii) limited availability of disaggregated routine data by age, gender, economic status and/or ethnicity.

Within **Population dynamics** area, UNFPA interventions contributed to: i) possibilities of monitoring health outcomes for various population categories provided by ADHS standardized data that allows producing unique population and health analyses; ii) preparations for the next year census through chairing the UN-INSTAT data group and supporting INSTAT in building informatics infrastructure and learning experience during the study visit to Czech Republic Institute of Statistics of the INSTAT methodology unit team; and, iii) in addition to supporting general population surveys, UNFPA has also catalyzed collaboration between INSTAT and Office of Ombudsman to improve information on more vulnerable, marginalized groups resulted in signing of a MoU for data sharing between two institutions.

On the other hand, the following **gaps and challenges** were identified during interviews with evaluation respondents: i) situation analyses based on comparable standardized indicators are done rarely in Albania, usually less often than once in 10 years. This does not allow to have needed data for strategic development; and ii) indicators and targets of the UNFPA CP program lack better and clearer definitions and be more specific and appropriate for short term, midterm

¹⁰⁷ KII #3

¹⁰⁸ Key Informants interviews July 24-26, 2019

and long term outcomes measurement. In addition, collection of realistic and measureable data is an issue and requires a better collaboration/coordination with country institutions responsible for data, as well as support for those institutions to standardize the indicators and improve quality of data.

EQ4: To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

Evaluation showed that UNFPA policy advocacy and capacity building support helped to ensure proper integration of SRH, youth, gender equality, and population dynamics programmes interventions into appropriate national development instruments and sector policy frameworks¹⁰⁹.

SRH. Evaluation found that many results achieved with UNFPA support are integrated into national development instruments and SRH policy framework, include:

- Increase in media reporting on SRH and youth issues in the first half of 2020 on 50% compared with the same period of last year¹¹⁰;
- Development and endorsement of two major SRH policies: National Strategy for reproductive health 2017-2021 and National Plan for contraceptives 2017-2021. Both policies are monitored and evaluated by MHSP and IPH, with UNFPA financial support from UNFPA. The evaluation conclusions and recommendations include concerns about very low prevalence of modern contraceptive methods in Albania, despite a generally high level of knowledge about them; lack of participation of Albanian men in family planning activities and services; inadequateness of SRH services for adolescents; problems of SRH health system information, especially disaggregation of data according socio economic strata; and, in overall, lack of more systematic assessment towards outcomes;
- SRH health program models such as contraceptive distribution program, abortion surveillance and most recently cervical cancer screening program, are now supported by policies endorsed by MHSP;
- The UNFPA advocacy efforts of 2019 were sustained by the re-established of RH National Committee with the Order of The Minister of Health and Social Protection, dated September 24, 2019. All key stakeholders are represented in this Committee that is now serving as effective instrument for policy development and SRH monitoring.

Adolescent and youth. Evaluation showed that *first* and main achievement in the field of youth policies during current CP is approval of Law on Youth¹¹¹ regulating state responsibilities about youth, creating a better environment for youth participation and empowerment in decision making processes, as well as setting up financial provision to youth initiatives and/or development of youth-related infrastructure. The new bill on youth was backed by UNFPA and youth CSOs. Main stakeholder in its preparation was Ministry of Education, Sport and Youth. Albanian Parliament was intensively involved in discussing a number of debated components of the law as well. The law was passed by parliament although some youth groups and President of the Republic requested amendments. The law is the result of long advocacy work and models of activities already established by UNFPA, and partners among youth networks and local governments. The law regulates state responsibilities about youth and creates a better environment for youth participation in decision making, and empowering young people, as well as financing of youth initiatives or developing youth related infrastructure. Nevertheless, reviewing the components of the law and the process of its approval reveals some gaps or challenges. It seems there hasn't been consensus between governments some youth groups on regulation of youth organizations¹¹². There seem to be a worry about government control of youth organizations as of lack of trust to state institutions by NGOs. Some results of UNFPA support are shown in transforming ad-hoc interventions in the regions into local development plans. 9 municipalities have introduced budget lines for youth, including education and SRH¹¹³. In addition to national networks such as Youth Voice and Y-Peer, online platforms like 'No Taboo', 'Be a Man' etc., are reaching hundreds of thousands of young people¹¹⁴. *National Youth Strategy* is another key national development instrument prepared during previous UNFPA CP. Evaluation of it progress and analyses is

¹⁰⁹ Qs 9-12 Online survey, N=34, Average score 3.35 out of 5

¹¹⁰ PoCSD, 2020 evaluation

¹¹¹ Ligjnr. 75/2019 përrininë. 4/11/2019

¹¹² Raporti Kombetar Rinia Ne Shqiperi 2020

¹¹³ 2019 UN Progress report

¹¹⁴ 2020 PoCSD review

envisioned as time for preparation of the new strategy is approaching and analysis of some documents¹¹⁵ reviewed shows its slow implementation (21% within 2017, without specifying much on the indicator). Furthermore, the institutional infrastructure foreseen by the national plan is not yet developed and is expected to be enforced by the new law.

Gender equality. UNFPA has continuously oriented many of its advocacy activities towards issues related to gender equality. Every year the ‘16 days against violence against women’ action has been used to raise awareness of policy makers and general public about the dimensions of this phenomenon in Albania and need to tackle it. The efforts have produced tangible change in policies, mechanisms and services. The latest is the approval of SoPs about gender-based violence (described in more detail in previous section of this evaluation report) by Minister of Health and Social Protection. The approval of the package has triggered immediate action with training of care providers.

With UNFPA active support the Albanian Parliament approved on December 2017 the resolution “*On condemning violence against women and girls and increasing efficiency of legal mechanisms for its prevention*”. Following that resolution, the parliament approved the establishment of the parliamentary sub-committee “*On Gender Equality and Ending Violence Against Women*” of the permanent Committee on Labor, Social Affairs and Health (Decision No. 113/2017, December 2017). The aim of this new sub-committee is to require continuous information on the implementation of the National Strategy on Gender Equality, reporting on the situation of domestic violence or on issues of discrimination against women, conduct hearings with interest groups and Institutions etc. Deputy Prime Minister is appointed as the national coordinator for gender equality¹¹⁶. The decision also regulates government gender equality mechanism at the central level and assures its coordinating role.

As it is expected that National strategy and action plan for Gender Equality for the 2016-2020 period expires this year and be substituted by an updated version. The strategy covers four major objectives, including women empowerment, participation, addressing gender-based violence, and building state coordinative mechanisms. There is not an evaluation process to allow assessment of its implementation. Nonetheless, there is evidence of progress in terms of decisions taken in this field, statement at highest political level and coordinative structures set up advocated by UNFPA along with other UN agencies.

Population dynamics. The most important achievement in this field is the development of national plan on ageing and its improvement with a Government decree (No.864, Date 24/12/2019)¹¹⁷. The Plan was built under the leadership of MHSP and with involvement of IPH and other experts. It has three main pillars: integration of older people in social life, integrated social and health services, and promoting health and wellbeing in a society for all ages. The plan is in line with all relevant SDGs; 1,3,4,5,8 and 11. In collaboration with the Minister of Health and older people networks UNFPA launched the new *National Action Plan for the Elderly 2020-2024* at the International Day of Older Persons. Despite slowed down of its implementation by Covid-19 pandemic, there is progress such as approval of social funds for municipalities to support those most vulnerable. Furthermore, UNFPA helped building the model for overseeing large and complex population survey, such as ADHS Coordination Team, Technical Committee and Steering Committee. They were three coordination mechanisms, which are crucial instruments to ensure the engagement of all partners in the process and can be replicated in the future during similar projects such as census or a potential national MICS. In addition, 2018 ADHS followed by a 2020 advanced analyses *Demographic and health challenges facing Albania in 21st century* revisited the ADHS database and triangulated it with other sources data and international indicators. This is important for the interpreting demographic and health findings into meaningful trends and identifications of categories of population most at risk. Both reports helped strengthening country capacity in demographic and health needs analysis, as the basis for sound development and monitoring of policies in the fields of sexual and reproductive health care (and not only).

Similarly to the results showed for all four programme areas, evaluation respondents¹¹⁸ evaluated quite positively UNFPA efficacy in incorporating **three transformative and people-centred results, Leaving No One Behind policy, and human rights based analysis** into formulation of national policies. The main policy documents that UNFPA focused its efforts to incorporate three cross-cutting approaches¹¹⁹ include National Strategy for reproductive health 2017-2021 and National Plan for contraceptives 2017-2021. Development of National Strategy for reproductive health 2017-2021 and National Plan for contraceptives 2017-2021 have enabled that three transformative and people centered results to

¹¹⁵ Raporti Kombetar Rinia Ne Shqiperi 2020

¹¹⁶ Order of Prime Minister No. 32, dated 12.2.2018 “On appointing the national coordinator for gender equality”)

¹¹⁷ <https://qbz.gov.al/eli/vendim/2019/12/24/864>

¹¹⁸ Qs13-16, Online survey, N=34, Average score 3.3 out of 5

¹¹⁹ Three transformative and people-centred results, *Leaving No One Behind* policy, and human rights based analysis

be part of national policies. Additionally, human rights analyses is explicitly incorporated in the strategy as *'health as a human right'* is the first principle of RH Strategy. LNOB policy is not explicitly incorporated in these documents but covered by two principles of the RH Strategy, namely: equality in access to health services and gender equality.

Other policy achievements include: i) political commitments of various institutions, including Parliament, Ministry of Health and Social Protection, Ministry of Education, Sports and Youth often in collaboration with CSOs network for GE and SRH that made statements and public pledges related to elimination of harmful practices like child marriage in 2019 during ICPD25 national and international consultations such as Nairobi Summit; ii) introduction of models of online services and services at home for most vulnerable (women of rural areas, Roma etc) was made by ACPD, the UNFPA IP. These initiatives ensured the continuity of services for pregnant women during pandemic, when some routine services were discontinued or postponed as of Covid 19 measures¹²⁰.

Some of respondents of online survey explicitly underline that one of distinctive characteristics of UNFPA program has been *'its human rights approach and gender conscious response'*¹²¹ and *'UNFPA has helped build comprehensive interventions against the most vulnerable groups'*¹²².

In addition, it is important to mention constraining and facilitating factors influencing UNFPA CP 2017-2021 implementation. Evaluation showed very positive perception among the stakeholders of UNFPA focused and consistent approach to tackle important and, sometimes, very sensitive issues (SRH, family planning, GBV), work through local implementing partners, provide valuable access to existing technical assistance at local, regional, and global level. During interviews KIs appreciated UNFPA contribution to increasing expertise, policy making capacities of the government institutions and municipalities, harmonization of regional intervention and collaborative work with locally present UN Agencies. Constraining factors include narrow mandate, lack of staff, limited core funding as well as a shortage of funds from donors. But major constraining factors for current CP were earthquake in November of 2019 and 2020 COVID-19 pandemic.

EFFICIENCY

EQ5: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Albania is an upper middle-income country that fulfilling its aspirations for accession to the European Union and it is expected that the Government will increasingly leverage investment of partners by allocating its own catalytic resources into the PoCSD. Programme implementation is guided by the standard operating procedures of the United Nations Development Group for Delivering-as-One. The resource mobilization plan guides efforts to leverage influence and co-financing with the Government, United Nations partner organizations and other development partners on identified priorities and funding gaps. The partnership plan is build on existing partnerships while pursuing strategic partnerships to deliver programme results. UNFPA proactively participates in joint programing in sexual and reproductive health and reproductive rights, adolescents and youth, gender-based violence, gender equality, and data collection and analysis. In addition, UNFPA allocates programme resources for staff to provide technical and programme support. The country office seeks enhanced support from the regional office, especially in areas not covered by the country programme, and guidance from technical units at UNFPA headquarters, as appropriate.

Sources of funding from UNFPA include regular, or core resources and other, or non-core re- sources that agency is able to mobilize on the strength of the expected results and strategies. The UNFPA support to the development and implementation of activities include technical support, cash assistance, supplies, commodities and equipment, procurement services, transport, funds for advocacy, research and studies, consultancies, programme development, implementation, monitoring and evaluation, training activities and staff support. The UNFPA support is provided through implementing partners, including civil society organisations, and national execution is the preferred implementation modality. UNFPA selects implementing partners based on their capacities, strategic position and ability to deliver high-quality programmes, monitor their performance and periodically adjust implementing arrangements. As one of the online survey respondent noted: *'the selection procedures are clear and transparent and*

¹²⁰ KI # 13

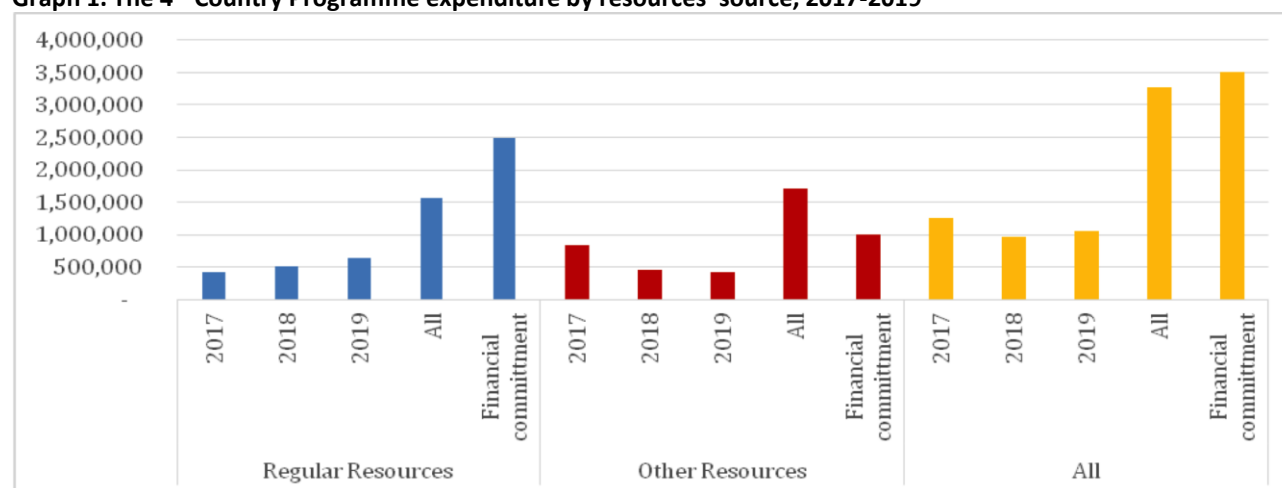
¹²¹ Q34 Online survey, N=34

¹²² ibid

we were informed about them in advance¹²³. All cash transfers to an implementing partner are based on the agreements and accompanying work plans agreed between the implementing partners and UNFPA.

Tendencies in expenditures of 4th CP for 2017-2019 is presented on Graph 1. When funding from RR increases from year to year and constitute 62.49% of committed UNFPA resources, expenditures from other resources decreasing, but overwhelmingly higher than were envisioned (170% from planned funding). In general, analysis of financial resources for three years shows positive tendencies.

Graph 1. The 4th Country Programme expenditure by resources' source, 2017-2019



To achieve planned outcomes, UNFPA have made good use of its human and technical resources. Key informants¹²⁴ and online survey respondents¹²⁵ recognized professionalism, goal-oriented and very good attitude of the UNFPA country staff. Evaluation team noticed, even remotely, pleasant and supportive attitude of the UNFPA offices. The UN partners appreciate positive and result-oriented CO managers and respondents noted a good teamwork among UNFPA employees, namely: interchangeability, different program coordinators know and understand the directions of others, experience of working in state and international organizations and its utilization in daily work. The important role and effective use of national and international experts and consultants were also mentioned by key informants.

Evaluation participants noticed appropriate financing, reporting and transparency administrative and financial procedures¹²⁶, perfect organization and collaboration with UNFPA team¹²⁷, and possibility of 'online processing of financial and narrative reports and request for advance for future expenses through the Atlas system that makes this process more controllable, transparent and feasible in time compared to other UN agencies, which do not operate through an online reporting system'¹²⁸. Implementing partners appreciate 'a strict evaluation process' that helps increase their credibility and strengthen capacities¹²⁹; transparent regular monitoring and financial supervision in line with the fiscal law of Albania¹³⁰. Online survey respondents (N=28) scored very highly (4.6 out of 5) the mix of implementation modalities used by UNFPA CO that allow for a smooth execution of the country programme as set out in the annual work plans (WPs) and agreements with partners¹³¹, N= 28

¹²³ KII # 27

¹²⁴ KII #5

¹²⁵ Online survey, Nov-Dec 2020, N=34

¹²⁶ KII #23

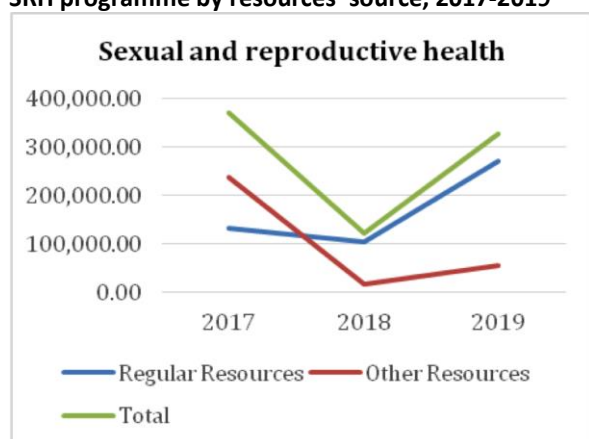
¹²⁷ KII #32

¹²⁸ KII #41

¹²⁹ KII #6

¹³⁰ KII #21

¹³¹ Q19 Online survey, n=28, Average score 4.6 out of 5

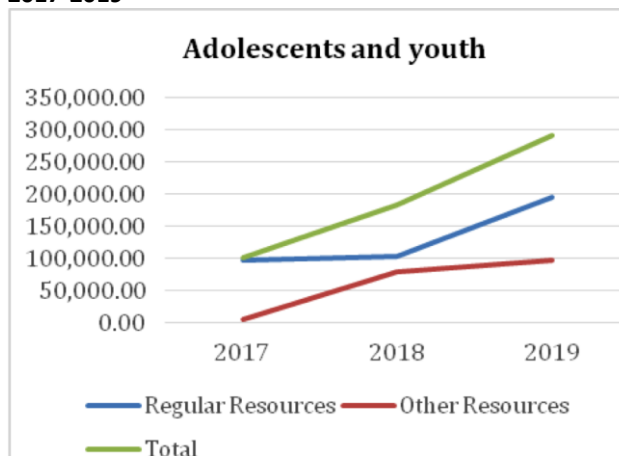
Graph 2. The 4th Country Programme expenditure of SRH programme by resources' source, 2017-2019

Tendencies of spending by programmes for three years of 4th CP.

SRH. UNFPA CO has \$1.7 millions (\$1.2 of RR and \$0.5 from OR) for 2017-2020 CP. For the first three years of the CP¹³² \$818,556.00 (Graph 2) were spent for integrated sexual and reproductive health services, including family planning, maternal health and HIV. On average 63% (from 51% in 2019 to 74% in 2017) of annual resources were implemented by UNFPA CO, when the other 37% (from 26% in 2017 to 49% in 2019) were granted to NGOs. From the source standpoint – in three years of CP 62% (36% in 2017, 85% in 2018, and 83% in 2019) of activities were implemented from UNFPA regular resources and 38% (64% in 2017, 15% in 2018, and 17% in 2019) were funded from other resources. Main UNFPA implementing partners for SRH-related activities include civil society partners (Albanian Center for Population and Development, STOP

AIDS, NESMARK Foundation, Albania Community Assist, etc.) that cooperates with government institutions (Ministry of Health and Social Protection, Institute of Public Health, Health Insurance Fund, Health Care Operator, National Center for Quality, Safety and Accreditation of Health Care Institutions, Ministry of Education, Sport and Youth, etc.), and UN agencies (such as UNICEF, WHO). Swiss Development Cooperation supports some activities in this programme area.

Adolescent and Youth. UNFPA CO has \$1.5 millions (\$1 of RR and \$0.5 from OR) for 2017-2020 CP. For the first three years of the CP¹³³ \$574,331.00 (Graph 3) were spent for 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. On average 27% (from 6% in 2017 to 41% in 2018) of annual resources were implemented by UNFPA CO, when the others 43% (from 33% in 2017 to 49% in 2018) were granted to NGOs and 30% (from 11% in 2018 to 61 in 2017) to government agencies. From the source standpoint – in three years of CP 69% (96% in 2017, 57% in 2018, and 67% in 2019) of activities were implemented from UNFPA regular resources and 31% (4% in 2017, 43% in 2018, and 33% in 2019) were funded from other resources. Main UNFPA implementing partners for activities related to adolescent and youth activities include government institutions (Ministry of Education, Sport and Youth and Agjensia e Sigurimitte Cilesisedhe Akreditimit), civil society partners (Observatory for Children's & Youth Rights, Regional Youth Cooperation Office, Youth Voice Network, Schools for Health Project, etc.) and UN agencies (such as UNICEF, UNDP). Swiss Development Cooperation supports some activities in this programme area.

Graph 3. The 4th Country Programme expenditure of Adolescents and Youth programme by resources' source, 2017-2019

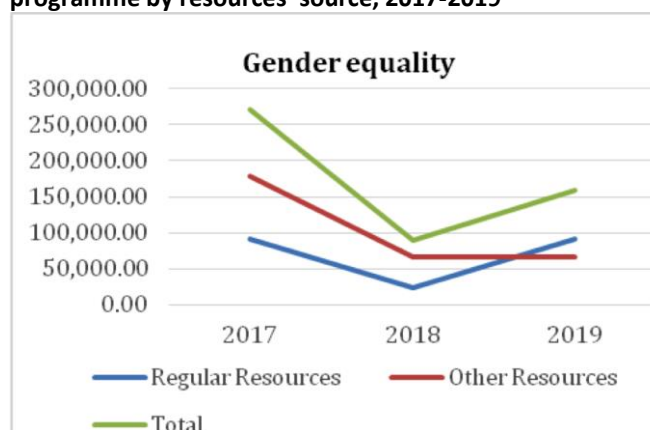
Cross cutting issues include gender and population and development that were treated as separate programme areas and do not have separate budget lines.

¹³² Financial data for 2017-2019 was available for analysis

¹³³ Financial data for 2017-2019 was available for analysis

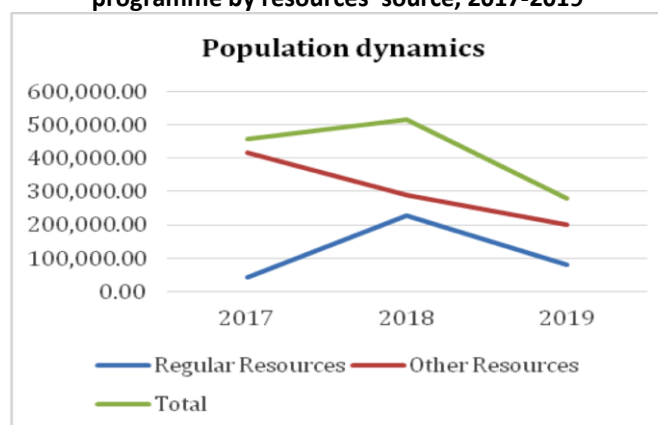
Gender. For the first three years of the CP¹³⁴ \$519,241.00 (Graph 4) were spent for advancing gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. In 2017 and 2018, gender-related activities were implemented either by UNFPA itself (on average 61% of annual funds) or selected NGOs (39% of annual funds on average). But in 2019 6% of funds for gender-related activities were implemented by government agencies (Agjensia e Sigurimitte Cilesisedhe Akreditimit, INSTAT) and 41% by UNFPA CO and 52% by selected NGOs. As for origins of the funding sources – in three years of CP 62% (66% in 2017, 73% in 2018, and 42% in 2019) of annual activities were implemented from

Graph 4. The 4th Country Programme expenditure Gender programme by resources' source, 2017-2019



UNFPA regular resources and 38% (34% in 2017, 27% in 2018, and 58% in 2019) were funded from other resources. In addition to mentioned above government institution, civil society partners (Act for Society, Albania Community Assist, Albanian Center for Population and Development, NESMARK Foundation) and UN institutions (UN Women, UNDP, UNICEF) along with OSCE were involved and partnered to implement activities within gender equality programme area. Donor supported gender related activity included Swedish International Development Agency funded Joint Programme on Eliminating Violence against Women in Albania.

Graphs 5. The 4th Country Programme expenditure P&D programme by resources' source, 2017-2019



Population and Development. For the first three years of the CP¹³⁵ CO spent \$1,253,069.00 (Graph 5) for strengthening 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 activities. Similar to gender equality programme, in 2017 and 2018, P&D activities were implemented either by UNFPA itself (on average 61% of annual funds) or selected NGOs (39% of annual funds on average). But in 2019 64% of P&D funds for related activities were implemented by INSTAT) and 36% by selected

NGOs. That year (2019), UNFPA implemented analysis on population dynamics through IPs. As for origins of the funding sources – in three years of CP 28% (9% in 2017, 44% in 2018, and 29% in 2019) of activities were implemented from UNFPA regular resources and 72% (91% in 2017, 56% in 2018, and 71% in 2019) were funded from other resources. It is important to mention that UNFPA had unique experience of direct government funding in amount of \$200,000.00 for demographic health survey (DHS). It was stimulated by Swiss Development Cooperation Agency who provided \$800,000.00 under condition of GOA financial support. Implementing partners under P&D programme areas include mentioned above government institutions, civil society partners (Act for Society, Albanian Center for Population and Development) and OSCE and OHCHR (Geneva office) were involved and partnered to implement activities within P&D programme area.

Analysis of finance for three years of CP (Table 8) shows that 2019 was the year when expenditures (both from RR and OR) for two programmes (SRH and gender equality) were reduced. That year population programme increased funding from regular resources¹³⁶ and adolescent and youth component attract more funding from other resources. Three components (SRH, gender and youth showed increase in funding from both sources in 2019, unlike population programme which funding significantly decreased that year. In terms of value of money, during 2017-2019 most expenditure were made under P&D programme area (\$1,253,069.00), but, at the same time, most resources from other than UNFPA budget (\$903,960.00) were attracted under this very programme (P&D). This shows importance of

¹³⁴ Financial data for 2017-2019 was available for analysis

¹³⁵ Financial data for 2017-2019 was available for analysis

¹³⁶ Reasons for increased was in conducting DHS that had to be finalized

data needed for evidence-based work conducted within other UNFPA, UN Agencies and government activities as well as government understanding and financial support for such Fund's work. In addition, it is important to mention that UNFPA CO assigned funds (\$100,852.00) for strengthening of CO organizational effectiveness and efficiency.

KIIs¹³⁷ and Online survey respondents¹³⁸ noted that they received the planned UNFPA support to the level foreseen and appreciate its timely manner. CO provided training on requirements to the administrative and financial procedures for its IPs, shared with partners *the Manual for Implementing Partners "Working with UNFPA"*, as well as *the daily rates scales and Monthly exchange rates*¹³⁹. UNFPA demonstrates patience and empathy in moments of crises. Its staff finds ways to support organizations in difficulty and smoothly go through tough moments: *"One small youth organization which had received 3000 USD for its proposal, went through a difficult moment, lost confidence in its capacities and wanted to withdraw from the project. UNFPA sat with them, gave the necessary advice, supported and motivated them to go ahead as planned. The mini project was a success at the end"*¹⁴⁰. Government at national and regional level recognized UNFPA ability to produce significant and sustainable changes with little support: *"With relatively few funds our municipality has seen tangible changes in its youth oriented policies. We have seen important changes. Three years ago people here didn't even know about the law and strategies in the field of youth. Now we analyse youth needs every year before budget approval. Also, last year, during local elections, we started public discussion about budget and social contract. It is expected these practices will become routine in the future"*¹⁴¹. Moreover, *"our organization as UNFPA IP has been able to support partner's NGO working with vulnerable groups through small grant schemes. This in turn has resulted in the continuation of services and covering the basic needs of NGOs and their respective target groups"*¹⁴². At the same time, some of UNFPA IPs acknowledged, *"UNFPA office has never let them down. Although they have become somehow dependent to UNFPA funds"*¹⁴³ and *"we don't have a multi-year predictable core funding support"*¹⁴⁴.

Evaluation participants stated that UNFPA has been efficient in organizing advocacy activities and ensuring support by government institutions to help a smooth implementation of programs and new initiatives¹⁴⁵, planning its annual work plan as well as to adapt it based on partners' need¹⁴⁶, delivering a multi-year and sustainable program¹⁴⁷ with with the maximum impact¹⁴⁸, supporting development of guidelines for school teachers as reference materials¹⁴⁹, providing great and advocacy support in transferring needed knowledge¹⁵⁰. UNFPA professionalism and skills in combining various approaches and tools was recognized by majority of the evaluation participants¹⁵¹ as well as leveraging effect of the resources provided by the CO, including attention from other donors and funding from government. There were several samples of such outcome of the UNFPA support, namely:

- *"Injection of funds by UNFPA triggered other financing in some cases; ADHS was financed partially by Swiss and partially by Albanian government. Family Planning services are now totally covered by state funds. UNFPA and IPH cervical cancer screening pilot in 2017, was followed by a full state budget involvement in 2019"*¹⁵²;
- *"The base support from UNFPA has triggered fund by other donors, that was the case of Size Estimation Study which co-financed by the Global Fund for HIV"*¹⁵³;
- *"Our organization started to collaborate with UNPA just a few years ago and it is too early to talk about leverage effects. However, I must say that support from UNFPA has triggered intention of other agencies to provide support for vulnerable groups supported by UNFPA"*¹⁵⁴;
- *"Currently, we are being supported by Global Fund and some of interventions are jointly run. This has increased the interest of government institutions to open the doors and reduce bureaucracy barriers and allow a smooth implementation of our activities"*¹⁵⁵;

¹³⁷ KIIs #13, 19, 22, 27, 41

¹³⁸ Q17 Online Survey, N=31, Average score 4.6 out of 5

¹³⁹ KII #41

¹⁴⁰ KII #35

¹⁴¹ KII #45

¹⁴² KII #19

¹⁴³ KII #6

¹⁴⁴ KII #21

¹⁴⁵ KII #27

¹⁴⁶ KII #40

¹⁴⁷ KII #24

¹⁴⁸ KII #23

¹⁴⁹ KII #40

¹⁵⁰ KII #19

¹⁵¹ KIIs #6, 9, 13; Q18 Online survey, N=30, Average score 4.7 out of 5

¹⁵² Q31 Online Survey, N=34

¹⁵³ ibid

¹⁵⁴ KII #32

¹⁵⁵ KII #21

- *“Thanks to the cooperation with this agency, we are now part of the well-used financial and narrative online reporting platforms (through the Atlas platform). Online processing for reporting (financial and narrative) and request for advance for future expenses through the Atlas system, makes this process more controllable, transparent and feasible in time compared to other UN agencies¹⁵⁶”.*

In general, UNFPA country office managed to implement the planned activities and deliver the outputs as foreseen.

SUSTAINABILITY

EQ6: To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

Evaluation showed that UNFPA CP employed relevant approaches¹⁵⁷ addressed through evidence-based policy making and dialogue, advocacy and provision of technical assistance to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects. Survey respondents¹⁵⁸ confirmed that UNFPA provides support to its partners and beneficiaries in developing their capacities and establishing mechanisms to ensure local ownership, as well as the durability of effects. KIIs¹⁵⁹ showed that ownership and durability of effects are guaranteed by UNFPA by: stakeholder active participation in CP design, implementation and monitoring; high accountability to CP implementation process; evidence-based programming and implementation of programmes; considering sustainability of government involvement to programme interventions (e.g. census, surveys); delegating/placing certain responsibility and role to government with follow up take over of some activities (e.g. contraception programme); creating sound structures; and supporting CSOs as partners and owners of the programmes by encouraging them to take more roles at all CP stages (not other UN agencies are doing this).

SRH. The 4th UNFPA CP it is aligned with GoA priorities and objectives to pursuit full European integration with a rights-based and inclusive approach. It was planned and implemented through a participatory leadership approach in close consultation with all key partners, thus strengthening policy, leadership and implementation skills of government, civil society and community groups. By building capacities of its partners UNFPA employed exit strategies that are interchangeable and vary as of the profile of partners. For instance, for the government partners, exit strategies are focused on program transition or switching support from one type of assistance to another one. A great example is the National Program on Cervical Cancer (NPCC). After several years of supporting the national response to prevention and control programs on cervical cancer, through the UNFPA technical assistance and in close partnership with MoHSP was made possible to leverage the implementation of NPCC. The program is further backed up with the decree of the Council of Ministers No. 47 (30.01.2019) and follows a number of national health policies and programs (Cancer Program and Non-Communicable Diseases Control Plan and Reproductive Health Strategy). Thus, the program transition from UNFPA assistance to hand over/exit to GoA, ensures its ownership, sustainability and financial stability for continuing implementation of SRH activities under the umbrella of MoHSP. UNFPA has also supported MoHSP to prepare periodical monitoring reports in the frame of various international conventions. This practice has helped MoHSP to develop and strengthen its own capacities and technical expertise in terms of report writing and monitoring of international policies. Regarding, the civil society organizations, UNFPA helped developing capacities and establishing mechanisms to create bridges of partnership and communication with government agencies¹⁶⁰, international organizations and other partners at local and regional level. UNFPA technical assistance strengthened the expertise and legacy of partner's organizations^{161,162}, including issues such as Family Planning, national response in addressing issues to HIV/STI among vulnerable groups, youth-friendly services/community health models, etc. that not only will be continued, but be expanded beyond 2021. Moreover, interventions on national response to address the RSH issues in emergency situations (MISP), prevention and control of HIV/STI, improve quality of mothers and new-born and development of different clinical national guidelines, are embedded and adopted by MoHSP agencies and civil society organizations. However, to employ evidence-based approach in SRH, further UNFPA efforts are needed to advocate MHSP to endorse the national publication by IPH with 88 ECHI standard indicators, including core set of sexual and reproductive health indicators.

¹⁵⁶ Q32 Online survey, N=34

¹⁵⁷ Q7 Online survey, N=34, Average score 4.7 out of 5

¹⁵⁸ Qs21-23 Online survey, N=31, Average score 4.7 out of 5

¹⁵⁹ KII #5

¹⁶⁰ ibid

¹⁶¹ KII #29

¹⁶² KII #45

Adolescent and youth. Based on the stakeholders' interviews and their acknowledgment, there is clear evidence that UNFPA activities on youth and adolescents are characterized by the national ownership and striving for achieving a high level of sustainability. Sustainability of UNFPA interventions provided to its partners and beneficiaries in developing their own capacities and ensures ownership is well recognized by respondents. For instance, a great example of long-term sustainability is the approval of Law on Youth (No.75-2019). After the endorsement of National Youth Action Plan for 2015-2020, the UNFPA provided technical expertise in drafting the Youth on Law. The development of law went through a long consultative process and contribution of youth organizations and young people all over the country. Therefore, as for 2021, youth issues and activities anticipated under this law, including the ones supported by UNFPA across the years, are planned to have a dedicated budget supported by LGUs¹⁶³ or the Social Fund managed by MoHSP. There is a strong evidence of UNFPA contribution to ensure partners' ownership and durability of effects. For instance, consolidation of Comprehensive Sexual Education (CSE) and Y-Peer Network, as well as enabling an environment to improve young key populations sexual and reproductive health and rights have received full attention and support of national partners. It is encouraging to see a commitment and will from government agencies and stakeholders who would like to guarantee a financial stability once the funds from UNFPA will be terminated¹⁶⁴. Y-Peer network is highly recognized as a strong partner by the Ministry of Education, Youth and Sport (MoEYS) and CSE curricula are being implemented and integrated to existing school programs¹⁶⁵. At local level UNFPA worked with municipalities to make them understand needs of young people and reflect them in local budgets in *"order to have as many youth activities and programs at the municipal level, as well as the creation of a local institutional (municipality) behavior and culture. This type of intervention makes possible to build a model of success in approaching youth policies at the local level"*¹⁶⁶. Moreover, UNFPA has enabled several platforms including advocacy platforms at the local level (in partnership with Municipalities), media platforms, online platforms¹⁶⁷ by giving space and impact to the voice of young people to be heard and articulated the needs that Albanian youth have¹⁶⁸. Youth Voice is the best example of delivering a multi-year and sustainable program¹⁶⁹. Despite these notable achievements, to support partners and beneficiaries in developing capacities and ensure ownership of projects that create tradition and achieve results, the evaluation identified some **challenges** that may affect the sustainability of programs. The greatest risk is reliance on international donor's fund to support youth programs and activities or lack of dedicated budget of LGUs or local donors to support youth activities. On the other hand, Y-Peer Network even though is highly recognized as a potential network, is not able itself to generate funds. This is a voluntary body, neither legalized nor registered in the country as NGO. Therefore, its existence is totally based on UNFPA support and at the current situation, the network is not able to apply or generate funds from other sources. In that regard, UNFPA should advocate to raise funds to ensure short-term sustainability of such programs and support Albanian Government to take them over in the near future.

Gender equality. The current UNFPA CP on GE do not present an independent outcome, but it has been implemented as a cross cutting theme. However, strengthening the sustainability of the multi sectoral response to GBV and development of national ownership continued during this programmatic cycle. Through human rights-based and gender responsive approaches UNFPA has intensively contributed to the development of legal frameworks, practical policy and advocacy expertise, accountability of its stakeholders¹⁷⁰. UNFPA has contributed to ensure the sustainability of GE program interventions. For example, UNFPA provided technical support in development of Essential Guidelines and SoPs and their adaptation based on the country context. Further, to strengthen the sustainability of its interventions, a full package of the "Essential Services for women and girls subject to violence" was developed, which serves as a guide for different professionals (health, social-care, police and justice services) to address GE and GBV on multisectoral approach. Employing inclusiveness and human rights approaches UNFPA builds technical capacities of state institutions¹⁷¹, particularly the Faculty of Medical Technical Sciences to ensure that healthcare services are compliant with international standards. Along with government and local municipalities and partners, UNFPA supported gender equality related work of Youth Voice Network at local level. Moreover, UNFPA has made a strong focus on institution's capacity building as a strategy towards strengthening and ensuring a long-term sustainability of programs. Provision of technical support to Albanian Government in establishing a National Monitoring Mechanism of HR International Legal Instruments, GREVIO (Group of Experts on Action against Violence against Women and Domestic Violence), preparation of the second cycle of Universal Periodic Review Report and Human Rights Action

¹⁶³ KII # 33

¹⁶⁴ ibid

¹⁶⁵ KII #40

¹⁶⁶ Q34 Online survey, N=34

¹⁶⁷ www.jotabu.al

¹⁶⁸ KII #41

¹⁶⁹ KII #24

¹⁷⁰ KII # 46

¹⁷¹ KII # 41

Plan, as well as supporting the Albania delegation to participate on 70th Anniversary of Universal Declaration of Human rights offers some potential for both short- and long-term program sustainability. There is an acknowledgement by respondents, about UNFPA efforts to guarantee the sustainability of GE interventions by expanding the map of potential donors interested to invest on GE and GBV issues. For example, UNFPA in a partnership with UNDP and UN Women successfully submitted a three-year proposal (2018-2021) to Swedish International Development Agency (SIDA) to address gender issues.

Population dynamics. UNFPA activities on population dynamics are focused on efforts to mobilize more resources and partnership around evidence and data generation. Regarding the long-term sustainability, UNFPA joint efforts (government agencies and ministries, and implementing partners) were focused on promotion of national ownership and improved country capacities regarding data collection, analyses and dissemination about population dynamics. UNFPA in partnership with different UN Agencies and International Donors supported different national studies, such as: ADHS 2017-2018, KAPB Survey on Child Marriage, Cost Analysis of Sexuality and Life Skills Programme in Tirana, Albania, etc. The respondents appreciated the contribution of UNFPA in supporting national studies, which contributed to strengthening country capacity in demographic and health analysis, population projections as the basis for sound development and monitoring of policy in the fields of sexual and reproductive health care, gender equality, etc.¹⁷². However, other respondents expressed concerns about the quality of routine data, including mortality ones published by INSTAT¹⁷³. UNFPA contribution to increase internal capacities of the government institutions was appreciated by respondents as well as paying attention to elderly. Some of them requested UNFPA involvement to improve coordination with MoHSP and INSTAT regarding quality of data collection and reporting, including introduction of ICD10 standards of causes of deaths was appreciated¹⁷⁴. Improving agency and partner coordination on better quality of service utilization data and avoid overlapping, what unnecessarily increases the workload to providers was also emphasized by respondents¹⁷⁵.

EQ7: To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

Based on its comparative advantages in Albania, UNFPA contributed with policy advice, in accordance with international norms, standards, and best practices, and build capacity at national and local levels – both within and beyond Government institutions – to strengthen the implementation and monitoring of national strategies, policies and plans. According to PoCSD 2017-2021, emphasis is placed on those strategies, policies and plans that align strongly with the Sustainable Development Goals (SDGs) and targets, and that provides the fundamental basis for cooperation with UN system agencies. Survey respondents confirmed that UNFPA established partnerships with various government institutions¹⁷⁶ and its interventions have been implemented with Government and local partners¹⁷⁷.

SRH. Evidences from desk review of available documents and interviews with key stakeholders, showed that UNFPA in close partnership with its partners, reaches its objectives through advocacy, policy dialogue and technical assistance. UNFPA supported the development of several comprehensive documents, which has been approved by the government and entered into force. The most relevant documents are: *The Law on Youth, Domestic Violence Law*¹⁷⁸ (No. 9669), *Development of SOPs on GBV in emergency situations*, *Order of Minister of Health on Reproductive Health Policy* in addition to several clinical guidelines and protocols. In addition to backing up the national policies and laws, to ensure the sustainability of program implementation, UNFPA has organized a series of trainings with policy makers, professional from different fields and beneficiaries. The aim of the trainings was to familiarize participants with the new information and strengthen their skills to implement into their daily practice.

A strong contribution given by UNFPA was related to improving and strengthening the young key population sexual and reproductive health and rights, with a main focus on drug users, MSM, Sex Workers and Prisoners. Guidelines on youth-friendly services with focus on SRH were developed, approved by National Center for Quality, Safety and

¹⁷² KII #44

¹⁷³ KII #15

¹⁷⁴ KIIs #15, 44

¹⁷⁵ KII #42

¹⁷⁶ Q20 Online survey, N=34, Average score 4.85 out of 5

¹⁷⁷ Q8 Online survey, N=34, Average score 4.8 out of 5

¹⁷⁸ <https://eca.unwomen.org/en/news/stories/2018/09/amendments-to-domestic-violence-law-in-albania-strengthens-protection-of-women-survivors-of-violence>

Accreditation of Health Institutions. Additionally, the order of the Approval of Guidelines on SRH for youth and adolescents has been issued by MoHSP. Trainings of health care providers in three regions with participation of 124 providers was carried out.

Adolescents and youth. Regarding adolescents and youth activities, UNFPA has established a long partnership with national partners and civil society organizations at national and local level. At the national level, the most consistent and strongest partnerships were found to be with MoEYS and MoHSP ministries. Whereas, at the local level UNFPA support is provided through partnership with local municipalities, regional health and education departments and other partners. UNFPA, in addition to consolidating the Y-Peer Network, expanded its efforts to support other youth initiatives at local level, such as *Youth Policy Dialogue*, *Youth Voice Platform* and creation and several local branches of Y-Peer Network, etc. The network is becoming a reliable voice among youth organizations and youth in the community and often is involved in drafting policy documents and implementation of field work/researches. UNFPA was recognized as lead UN agency dealing with youth issues¹⁷⁹. A great example is the process of drafting the Law on Youth or Domestic Violence. The drafting process was followed by a participatory approach, where groups of interests, particularly young people actively engaged in debate on planning youth activities and budgeting issues¹⁸⁰. For instance, during the hearing sessions, more than 1.400 young people attended the sessions and engaged in discussions.

Those partnership, allowed UNFPA using its comparative strengths namely: evidence-based approach to programmes development through research and surveys, capacity building development of civil servants and government officials, development and integration of new educational courses, etc. for example, UNFPA works with government partners to implement a new approach regarding comprehensive sexual education, both in schools and through community-based training and outreach. UNFPA continues efforts in strengthening peer education and life skills among young people *"in the development and introduction of comprehensive sexuality education (CSE) in schools in Albania"*¹⁸¹. *Peer education and life skills education programs has drawn interest of youth who are actively participating and contributing to our activities*¹⁸². Another issue emphasized by respondents was the leadership role of UNFPA in introducing new approaches regarding the Life Skills and Sexual Education into school curricula and developing national guideline on *Health Education with a focus on Life Skills Sexual Education*¹⁸³. One of survey respondents noted *"UNFPA Agency has brought progress in my country, making possible teaching in schools health education focus on "sexual education as life skills", where until yesterday it was taboo, as well as creating safe spaces in and out of school against sexual abuse, through extraordinary assistance in creating of National and Local training capacities for health education focus on "sexual education as life skills"*¹⁸⁴. Moreover, UNFPA promoted expansion of Y-Peer Network and empowerment of young people in the Human Rights field through the establishment of Human and Minorities Rights Academy where a combination of training on human rights and peer education took place with participation of young people from different regions. Other themes, emerged from interviews was regarding the advocacy role of UNFPA office on *lobbying with other donors to diversify the funds regarding youth support*. This practice has been crucial for strengthening financial resources of some youth organizations and makes their programs more sustainable. For example, involvement of Rutgers Netherland in funding youth networks in Albania, through coordination and assistance of UNFPA¹⁸⁵.

Gender equality. Evaluation evidence showed that UNFPA has established an effective coordination and strong partnership on gender issues among state partner institutions. Those partnerships are built in the UNFPA comparative strength and supported interventions helps to inform the national implementation of international commitments, national laws and gender policies as well as to ensure the sustainability of UNFPA efforts in gender equality. Advancement of SDG no.5 (Achieve Gender Equability and empower all women and girls) has been one of the main focuses of UNFPA support during this programmatic cycle. Interventions supported by UNFPA have been in the line with the target no.2 and 3¹⁸⁶. For instance, UNFPA provided technical expertise to MoFA on the preparation of national report on the implementation of CEDAW Convention (2020) and Albanian mid-term report on recommendations received during the second cycle of Universal Periodic Review Report. Technical expertise was also provided to MoHSP in drafting the full package on the *Essential Services for women and girls subject to violence* along with six modules and four SOPs. The training package has been updated based on the country social and legislation context. UNFPA provided support to academic Institutions, particularly to Faculty of Medical Technical Sciences to include GBV as part of

¹⁷⁹ KII #5

¹⁸⁰ KII #29

¹⁸¹ KII #40

¹⁸² KII #24

¹⁸³ KIIs #24, 40

¹⁸⁴ Q34 Online survey, N=34

¹⁸⁵ KII #35

¹⁸⁶ 2018 UNFPA Annual Report

different teaching syllabuses. Activities consisted in training and mentoring academic staff on addressing different GBV aspects, including country legislation, social norms and responsibilities of health workers.

UNFPA took particular attention by strengthening the CSO partnership and sustainability of interventions on gender equality. The most consistent and strongest partnerships were found to be with CSOs and “Youth Voice” Network in Vlorë Regions to *address harmful practices and gender stereotypes during 16 days of activism against GBV in cooperation with CSOs, “Ismail Qemali” University and young activists*¹⁸⁷. UNFPA support to eliminate harmful practices primarily and gender-transformative work with non-traditional partners such as “Youth Voice” Network was focused on strengthening the skills of young people on gender equality *to better address municipality budgeting on youth and gender issues, using the approach of “budgeting for youths by youths”*¹⁸⁸.

Population dynamics. Strengthening of national capacity in P&D area has been extensively supported by UNFPA. A strong partnership with government partner institutions covering P&D issues has been established, including the Albanian Parliament, MoHSP, IPH, INSTAT, MoFA, LGUs, CSOs, etc. UNFPA support has been important by not only in providing data for development of new strategies and programs, but also in their monitoring and evaluation. Great examples are the evaluation of *Strategy of Reproductive Health 2017-2021* and the evaluation of *LMIS program and contraception plan*. in close collaboration with MoHSP and IPH¹⁸⁹. Some respondents considered the UNFPA support, *“to the comprehensive/comparative analyses of population surveys as a way to validate the data and translate operative research into policy briefs”*¹⁹⁰. UNFPA capacity support to civil society at the local level by generating guidelines and knowledge products, has significantly contributed to building their advocacy capacity to influence local political decision-making, youth programming, and budgeting. The work of UNFPA is appraised by respondents stating *“a few years ago we weren’t aware the law and strategies in the field of youth. Now we are able to analyze youth needs every year before budget approval [at municipal level]”*¹⁹¹. However, respondents¹⁹² expressed concerns regarding the government ownership mainly due to lack of coordinating among its institutions, low quality of policy analyses, and lack of data use for preparing various reports. Technical support and coordination role of UNFPA to improve the quality of data monitoring and reporting was appreciated as a way to strengthen the results sustainability.

EQ8: To what extent have some of the results of pilot projects being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

SRH. During the 4th UNFPA CP cycle three programs in **SRH** area were piloted and can be served as the models for further scale-up.

- (iii) Implementation of National Program on Cancer Screening. A program that initially was supported by UNFPA, today is handed over to the MoHSP with the Decree of Council of Ministers (No.47; dt. 30.01.2019). Under the new program framework, all primary screening tests and further examinations are to be provided free of charge at the point of care, regardless of the patient health insurance status. Capacities of national experts were also strengthened through organization of trainings on Colposcopy and Cervical Cancer Prevention.
- (iv) National Response to address SRH issues in emergency situations (MISP implementation). Efforts initially started as a joint UNFPA intervention with MoHSP to assess the country readiness and response to emergency situations with focus on SRH. Nowadays, a National Action Plan for emergencies, humanitarian crisis and natural disasters is in place, capacities of primary healthcare providers on MISP implementation are strengthened and MISP is proposed to be integrated into the platform of MoHSP.
- (v) National response in addressing issues related to HIV/STI with focus YKP, with a focus on prison settings. The aim of intervention is to create awareness and demand by mobilizing prisoners to increase uptake of Voluntary Counseling and Testing (VCT) Centers in prison settings. At the end of December 2020, there were newly established three VCT centers in male prisons and capacities of socio-health care workers were strengthened. A Memorandum of Understanding (MoU) was signed with General Prison Administration and follow-up work will consist in expanding the VCT network in prison settings with the final aim to hand it over to the Ministry of Justice.

In addition, as a pilot intervention to endorse 88 ECHI standard indicators, IPH and UNFPA have initiated calculations and data validation for 10 first indicators, 3 of which are RHS indicators.

¹⁸⁷ KII #19

¹⁸⁸ KII #4

¹⁸⁹ KII #11

¹⁹⁰ KII #34

¹⁹¹ KII #41

¹⁹² KII #44, 15,

Adolescents and youth. Piloting Comprehensive Sexual Education (CSE) at pre-university level of education was recognized by the MoEYS and Institute for Education Development. Now the project is expanded and being implemented in eight regions (Tirana, Durrës, Korce, Vlorë, Fier, Gjirokastër, Berat and Elbasan) and CSE curricula is part of the Education National Program and being integrated into three extracurricular subjects.

Gender equality. UNFPA supported the advancement of multi-sectoral response to GBV, including humanitarian settings. CO continues to push for the approval of the MSR to GBV of EG and SoPs in close collaboration with the Ministry of Health and Social Protection who is in charge of gender equality and VAW&DV issues. The key aim of this collaboration is to prepare the Albanian version of the *Essential Guidelines and Standard Operating Procedures* to be used for gender-based violence cases from all professionals working in a multi-sectorial approach (with specific focus health, social care services, police and justice).

Population dynamics. UNFPA successfully completed the Albanian Demographic Health Survey (2017-2018) and launched the Final Report. ADHS is a national household survey providing data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition and gender issues. There was a wide range of national and international partners involved with MoHSP leadership throughout the process. UNFPA, along with UNICEF and UN Women have provided financial support and technical advice to survey implementation. Other agencies, such as IPH, INSTAT or international donors led the process in data collection, analyses and reporting. Population and Housing Census is regular survey where UNFPA role in providing technical expertise and funding is very important, especially to the National Institute of Statistics of Albania (INSTAT). UNFPA supported INSTAT in piloting census in 2019 as survey was planned for 2021 (but now moved to 2022) with international experts, new and updated software, GIS, and computers. However, November 2019 earthquake requires updating socio-economic analysis.

Finally, a summary of approaches used by UNFPA to ensure sustainability of programs and activities are presented as the following. *First*, UNFPA made direct contributions to development of national and institutional capacities, at both national and local level. Program results are used to convince the UNFPA partners to scale up the activities and take over the responsibility of ensuring the ownership and sustainability of programs initially supported by UNFPA¹⁹³. *Second*, UNFPA has developed a strong multi-sector partnership with national partners, academic institutions and CSOs to support program implementations and their sustainability. These partnerships are a mechanism for sustainability beyond the programmatic cycle including a financial stability once the funds from UNFPA will be terminated¹⁹⁴. For example, UNFPA support in development capacities and establishment of mechanisms to create bridges of partnership and communication with government agencies and other partners was crucial for youth organizations to strengthen their resources and make their programs more sustainable¹⁹⁵. *Third*, UNFPA approach of the involvement as many partners from different strata of society into programme cycle (planning, implementation, monitoring and evaluation) not only empowered stakeholders but led to change of traditional socio-cultural norms. For example, engagement of youth into the process of drafting the Law on Youth and thereafter empowering them to advocate for inclusion of youth activities to the municipality budgets, ensure sustainability of UNFPA efforts and ownership of young people for achieved results.

However, some **challenges need to be considered** in regards to sustainability and developing mechanisms to guarantee national ownership. Evidence shows that UNFPA is winning political will and ensuring government commitment for policy change, but often this is not followed or translated by respective budget from responsible government agencies. The other concern stated by respondents¹⁹⁶ was about UNFPA partnership with small/local donors, which are implementing some successful micro projects, particularly those encouraging young people to engage in healthy lifestyle behaviors. The lifespan of such projects supported by that type of donors is short, and such, may jeopardize the sustainability and increase the risk that programs may be faded out once the financial support is terminated.

EQ9: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UN agencies' work and programmes at the country level is guided by the United Nations Development Assistance Framework (UNDAF) that is presented in the United Nations' Programme of Cooperation for Sustainable Development

¹⁹³ KII #29

¹⁹⁴ KII #20

¹⁹⁵ KII #35

¹⁹⁶ KII #20

(PoCSD) with the Government of Albania. PoCSD for 2017-2021 was underpinned by Albania EU candidacy status (2014), adopted in 2015 the Sustainable Development Goals (SDGs) by Albania, and National Strategy for Development and (European) Integration (NSDI II) 2015-2020. PoCSD is a strategic programme document that describes the collective response of 8 resident and 9 non-resident agencies of UN Albania¹⁹⁷ to national development priorities following the “*Deliver as One*” path. Four major results, or outcomes, were identified jointly by the Government, the UN, civil society and development partners and were built achievements and lessons learned from the programme. The achievements of outcomes are based on seven inter-related programme strategies: 1) promotion of fundamental human rights; 2) ensuring gender equality; 3) promotion of environmental sustainability; 4) development of country capacities and strengthening of cross-sectoral coordination; 5) partnership; 6) providing effective results based management; and 7) improving the quality and availability of data.

The PoCSD for 2017-2021¹⁹⁸ defines four key thematic areas for UN support and cooperation with Albania, namely: *I. Governance and Rule of Law; II. Social cohesion: Health, education, social protection, child protection, and gender-based violence; III. Economic Growth, Labour and Agriculture; and IV. Environment and Climate Change.* The priorities laid down in the PoCSD fully reflect the UNFPA’s activities in two main areas outlined in the 4th UNFPA Country Programme for 2017-2021, in particular: sexual and reproductive health and adolescents and youth and include two cross-cutting issues, namely: gender equality and population and development. UNFPA contributions to the PoCSD priorities and outcomes presented in Table 13.

Table 13. UNFPA roles and indicative resources by 2017-2021 PoSDC Results

PoCSD Priorities/Outcomes	UNFPA role/ Indicative Resources (USD)
I. Governance and Rule of Law	
Outcome 1: State and civil society organisations perform effectively and with accountability for consolidated democracy in line with international norms and standards.	Through policy advice and advocacy, further strengthening of the evidence base for informed policy development, UNFPA focuses its activities on: i) Stronger legislative processes, that are more inclusive of vulnerable groups and women; ii) The strengthening of mechanisms to safeguard the State’s human rights commitments; iii) Decentralized government services and empowered local government; iv) The provision of quality and comparable statistical information; and v) Better cooperation and partnership between government and civil society. UNFPA focuses on Women (survivors of domestic violence, rural women, female heads of households, women in politics); Youth (unemployed, youth on the move, youth not employed and not in education); Persons with disabilities; Minorities; Lesbian, gay, bisexual, and transgender (LGBTI) persons. \$2,000,000.00
II. Social cohesion: Health, education, social protection, child protection, and gender-based violence	
Outcome 2: All women, men, girls and boys, especially those from marginalized and vulnerable groups, are exercising their entitlements to equitable quality services, in line with human rights; and more effective and efficient investments in human and financial resources are being made at central and local levels to ensure social inclusion and cohesion.	UNFPA provides policy advice and advocacy, and support access to good practice and global policies and models, expertise and support for the implementation of international norms and standards, and promotes new skills, and more inclusive systems and ways of working that can help to reach vulnerable groups. UNFPA respond to needs of: Children; Youth; Women; Minorities; People/Children with special needs or disabilities; Elderly people; Victims of violence; People living with HIV/AIDS; Men who have sex with men (MSM); Lesbian, gay, bisexual, and transgender (LGBTI) persons. \$1,500,000.00

The UNFPA role in the PoCSD is based on the organization’s comparative advantages such as mandate and mission, experience and established contacts in Albania, availability of technical resources and recognized expertise as well as political neutrality and integration to the UN country system. The 2017-2021 Programme of Cooperation incorporated the UNFPA positioning in areas, such as – SRH, maternal health, family planning and prevention of HIV, youth, gender and GBV, aging and population data. At time when the PoCSD was designed and approved it reflected the interests, priorities and mandate of the UNFPA in Albania to a great extent.

¹⁹⁷ The International Labour Organization (ILO); the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Development Programme (UNDP); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the United Nations Population Fund (UNFPA); the United Nations High Commissioner for Refugees (UNHCR); the United Nations Children’s Fund (UNICEF); the United Nations Office on Drugs and Crime (UNODC); the World Health Organization (WHO); the International Organization for Migration (IOM); Food and Agriculture Organization (FAO); International Atomic Energy Agency (IAEA); United Nations Conference on Trade and Development (UNCTAD); United Nations Economic Commission for Europe (UNECE); United Nations Environment Programme (UNEP); United Nations Industrial Development Organizations (UNIDO)

¹⁹⁸ file:///Users/lyubovpalyvoda/Downloads/English%20Version%20-%20GoA-

UN%20Programme%20of%20Cooperation%20for%20Sustainable%20Development%202017-2021%20(Final).pdf

The PoCSD enables more efficient and effective coordination and delivery of UN assistance and the management arrangements ensure that UN support for the achievement of the outcomes is delivered in a coherent way that enhances joint programming, reduces duplication, and ensures a convergence of support in targeted areas and for vulnerable groups. This is in line with the SDG agenda and the key message to ‘leave no one behind’ and to ‘reach the furthest behind first’¹⁹⁹. The Programme of Cooperation for Sustainable Development) is nationally executed under the overall co-ordination of a Joint Executive Committee (JEC) chaired by the Deputy Prime Minister and the UN Resident Coordinator. The other key elements of the PoCSD management include Outcome Groups (OG) and Output Working Groups (OWG) that are important mechanisms to secure national ownership of the PoCSD and results-based management as well as and mutual accountability for the expected results. UNFPA representatives take part, directly or indirectly, in PoCSD working groups as well as in other UNCT groups (Table 14)²⁰⁰.

Table 14. The UNFPA participation in UNCT working groups, December 2020

Groups	Participants	UNFPA role
The Steering Committee	UNCT representatives and high-level Government entities	Provides needed input through UN Resident Coordinator and UNCT representatives
UN Country Coordination Network	UN agencies	Contribution to Annual Work Plan
Thematic Sub-groups by PoSDC outcomes:		
Outcome 1	UNCTAD, UNDP, UNECE, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN WOMEN, IOM	Described in Table 18
Outcome 2	UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNWOMEN, IAEA, UNAIDS, WHO, IOM	Described in Table 18
Output 1.1 Human Rights -	Selected UN agencies	Led by Elsona Agolli, UNFPA
Output 1.4 Access to Justice	Selected UN agencies	Member
Output 1.5 Mainstreaming Gender and Gender Responsive Budgeting	Selected UN agencies	Member
Output 2.1 – Health	Selected UN agencies	Member
Output 2.2 – Education	Selected UN agencies	Member
Output 2.3 – Social Inclusion & Social Protection	Selected UN agencies	Member
Output 2.4 - Child Protection	Selected UN agencies	Member
Output 2.5 - Gender-based Violence	Selected UN agencies	Member
SDGs data monitoring group	UN agencies	Head of the group
Gender Theme Group	Selected UN agencies	Member
PoCSD Joint Executive Committee	UN agencies	Member
UN Communications Team	UN agencies	Member
Operations Management Team	UN agencies	Member
UN Global Fund Coordination mechanism		Head, Defining agenda on specific issues

The evaluation has shown that the UNFPA partners think highly of the UNFPA’s initiatives, willingness of CO to jointly address pressing issues and/or raise issues that the Albanian government might find sensitive and/or difficult to approach. Moreover, it has demonstrated that UNFPA actively participate in UN working groups²⁰¹ and contribute to UN advocacy efforts²⁰². Active position of the CO was recognized by all colleagues from other UN agencies²⁰³. The respondents commented on the important role the Fund plays in traditional areas for UNFPA such as maternal health care, support to statistics, work with youth, and youth NGOs networks, gender, social inclusion, GBV, data monitoring as well as promoting human rights through “partnership in setting priorities for cooperation with central and local government based on the policies and objectives of the Albanian Government for the protection of human rights²⁰⁴” and “programs that are an investment in the realization of the right to services, information and care for the sexual and reproductive health of the population that often are left aside, neglected due to the prioritization of other issues by the government, unsatisfactory funding from other donors, and socio-cultural prejudices and norms negative of society²⁰⁵”.

¹⁹⁹ Transforming our world: The 2030 Agenda for Sustainable Development, UN General Assembly Resolution, 21 October, 2015, A/RES/70/1. Para 4.

²⁰⁰ Annex 3: 25 & Key Informants interviews, June 24-25, 2019

²⁰¹ Q27 Online survey, N=31, Average score 4.8 out of 5

²⁰² Q28 Online survey, N=31, Average score 4.9 out of 5

²⁰³ KIIs #7, 8, 10, 25, 26,38, 39

²⁰⁴ Q31 Online survey, N=34

²⁰⁵ ibid

In addition, the respondents²⁰⁶ identified the following comparative strengths of the UNFPA CO, summarized as follows:

- Target groups: supranational population groups, which are very little supported by the state and highly stigmatized in society such as sex workers, LGBT community, drug users, MSM with specific focus on vulnerable communities.;
- Approaches: transparent, accurate, supportive at every level related to the conception and implementation of the project; ongoing efforts to implement international best models and practices; flexibility with partners and real-time response to partners' needs; inclusiveness; human rights based approach accompanying by technical support and specific initiatives to support the implementation of human rights monitoring recommendations by the state institutions; perfect coordination, monitoring and right counseling;
- Interventions: ongoing situation analysis, analysis-based planning, capacity building of implementing partners and flexibility in adapting to unforeseen situations; consistent and aimed at sustainability of programs; efficient advocacy and institutionalization of initiatives; extensive pre-evaluation and discussion with partners about the program and its indicators; close monitoring and follow-up of the implementation of objectives;
- Networking & partnerships: efficient networking and fostering partnerships with government and other NGOs; willingness to engage with other UN agencies on cross cutting issues; Close collaboration and frequent interactions with all stakeholders governmental and non governmental;
- Staff: sincere, kind, non-abusive, not corrupted, full commitment and strong liability, very good knowledge of the situation, problems and needs; responsible, professional, cooperative, human that provides excellent assistance and use leadership approach. As one respondent noted "communication and cooperation of UNFPA office Albania for me is the best in the UN"²⁰⁷.

Also, IPs appreciate UNFPA for: being invited to UNTC meeting and updating on the HIV situation among vulnerable groups²⁰⁸; sharing a summary of meetings with UNTC working group²⁰⁹ by getting frequent updates/emails and informed about UNFPA work/collaboration with other UN agencies²¹⁰.

Online survey IP respondent summarized the UNFPA strengths: *"UNFPA, unlike other UN agencies or many other donors, has the following strengths: 1) The topics they cover are every aspect of daily life; 2) Promoting innovative and inclusive activities for targets groups that are most in need; 3) effective networking between the partners it supports as well as helping its partners to advocate on many issues; 4) strong relationships and transparent timely communication with partners; 5) addressing the needs of the partner; and. 6) by reviewing work plans on a quarterly basis, UNFPA gives you the opportunity to address the needs that arise along the way"*²¹¹.

Online respondents confirmed that UNFPA participated in planning of joint initiatives²¹² as well as in their implementation²¹³. There are several **good examples of the collaboration**²¹⁴ among UN Agencies, Government of Albania, international donors, and civil society. They include: *Leave No One Behind* project promoting social inclusion and supported by SDC and implemented by UNDP, UNICEF, UN Women and UNFPA and in close partnership with relevant governmental bodies at central and local level; strengthening gender statistics and SDGs and preparing INSTAT publication *"Women and Men in Albania, 2020"* in cooperation with UN Women, OHCHR, People's Advocate and INSTAT that includes human rights sections for the first time; Immunization week where UNFPA together with UNICEF and WHO delivered recommended messages of the Programme of Immunization at IPH; RYCO project implemented jointly by UNFPA, UNICEF and UNDP; etc. The respondents mentioned that UNFPA, UNICEF and WHO health services component function in full synchrony and effectively share information, responsibilities and actions²¹⁵. At the same time, evaluation showed that once the Global Fund project phased out in Albania (2011), the UNFPA was the only donor agency that took the initiative to support NGOs working in the HIV/Substance abuse field resulted in saving thousand lives of people belonging to vulnerable groups and also contributed to strengthen the expertise and legacy of organizations implementing such programs²¹⁶. Moreover, UNFPA was the one who support some institutions on work started when the UNAIDS program was closed.

²⁰⁶ ibid

²⁰⁷ ibid

²⁰⁸ KII #21

²⁰⁹ KII #23

²¹⁰ KII #32

²¹¹ ibid

²¹² Q29 Online survey, N=32, Average score 4.9 out of 5

²¹³ Q30 Online survey, N=33, Average score 4.9 out of 5

²¹⁴ Annex 3: 9, 60 & Key Informants interviews, June 24-28 & July 1-4, 2019

²¹⁵ Q31 Online survey, N=34

²¹⁶ Q31 Online survey, N=34

The joint programmes enhanced cooperation between the UN agencies and were able to deliver higher level results. UN institutions' cooperation and collaboration was and is especially important in 2020 while responding to COVID-19 pandemic. The following joint activities aimed at easing impact of pandemic, specifically for vulnerable groups: along with WHO, UNICEF, UNFPA provided medical supplies, including PPEs to two maternity hospitals in Tirane; revision of Law on Reproductive Health and Rapid Assessment of the impact of COVID-19 to the immunization programme in Albania in cooperation with UNICEF and WHO. Also, UNFPA participated in addressing COVID-19 multidimensional impacts and sustaining local government institutions to protect needs and rights of people living under the pandemic duress, with focus on most vulnerable groups and/or people who risk being left behind, through development of informative materials for online distribution and for distribution in different settings, including 436 health centers, 1500 pharmacies, 6 youth centers and community-based activities.

However, despite successful cooperation, joint programming and coherent work among the UN Agencies still remain a challenge in Albania. There are several factors influencing progressive implementation of the *Delivering as One* Standard Operating Procedures²¹⁷. *First*, missions and size of the UN Agencies are different, and when bigger agencies cooperate more easily the smaller institutions have lesser motivation and opportunities to collaborate. *Second*, in some instances unhealthy competition between the UN Agencies for resources, visibility and leadership in certain programme areas may further compromise/undermine the UN ability to deliver as one. *Third*, the joint planning and harmonization of some common services under the Business Operation Strategy (BOS) reduced duplication of UN institution activities, but joint resource mobilization remains a challenge. In addition

However, it should be mentioned that all interviewed respondents²¹⁸ think that cooperation and coordination among the UN organizations in Albania is good. The evaluation has demonstrated that the UN agencies have better cooperation at the program and issue-specific level rather than on general one. However, respondents mentioned that better coordination and communication is needed between state agencies, UNFPA/UN and implementing agencies about policies (for example, policy on contraceptives moderated by ACPD)²¹⁹. Moreover, respondents expected more effective coordination among UN Women, UNDP and UNFPA as their activities are overlapping sometimes but with MHSP facilitation target groups' needs and areas of specific support are better defined²²⁰.

EQ10: What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

UNFPA works in Albania since 1996 and respondents recognized its consistent work with interventions that make a difference²²¹. Based on interviews and online survey, UNFPA is perceived to be a efficient, reliable and easy to work with partner that is very close to human problems²²², has ability to identify needs in real time²²³, has specific focus on vulnerable groups and willingness to engage a range of stakeholders to achieve optimal results²²⁴, reaches impact in most of its actions²²⁵, sustains its projects that create tradition²²⁶, provides a model of partnership and collaboration²²⁷, is the most open and cooperative agency²²⁸, provides a valuable contribution to the country development through strong advocacy tools, great networking skills, technical assistance and expertise²²⁹, reducing the burn of disease as well as the mortality rate among vulnerable groups²³⁰. Evaluation participants appreciate "very good and supportive UNFPA CO team, with a very good organization and coordinating skill, able to ensure the partnerships with government and non government organizations, fulfilling the objective and all the activities planed in time with efficacy and efficiency"²³¹.

²¹⁷ Key Informants interviews, Nov-Dec 2020

²¹⁸ ibid

²¹⁹ KII #42

²²⁰ KII #14

²²¹ Q33 Online survey, N=34

²²² ibid

²²³ ibid

²²⁴ ibid

²²⁵ ibid

²²⁶ ibid

²²⁷ ibid

²²⁸ ibid

²²⁹ ibid

²³⁰ ibid

²³¹ ibid

UNCT partners recognized UNFPA as the only UN agency with expertise in: health sector among other three partners covering gender issues²³², cervical cancer prevention, family planning and youth reproductive health²³³, population issues related to youth, elderly, national and sexual minority groups²³⁴, and keep focused on issues of its expertise. Moreover, UNFPA coordinated multidisciplinary approach and has exceptional sources of information as well as worldwide experience²³⁵. UN agencies noted UNFPA as a constructive team player that adds value to UN joint work based on its comparative advantages. **Government partners** think that UNFPA is *“the best partner in terms of communication and information sharing that continuously shares with local partners helpful information, events, reports, ideas and training opportunities”*²³⁶; has the most supportive and cooperating team among other UN in Albania²³⁷; *“adds values to a sustainable development, application of new approached and establish the “tradition” of project development”*²³⁸; flexible and the most adaptable to government changing needs²³⁹; and *“having a comparatively small budget, UNFPA office is the most efficient spender”*²⁴⁰. **Implementing partners** value UNFPA efforts and energy in: developing and strengthening their capacities and not just by providing funds but working with them directly to make them strong independent organizations²⁴¹; development country coordinating mechanisms through involvement of different partners and stakeholders in the development and implementation processes²⁴²; sharing a lot of information, and sometimes serves as resource centre on issues covered by its mandate; involving regional UNFPA offices to identifying the best materials to share with local stakeholders²⁴³. NGO representatives think that UNFPA is the best agency to work in crises as they always will find a solution for you, taking responsibility for their actions while showing trust and support²⁴⁴ that has small efficient office adapting well to country situations²⁴⁵ and shares ideas without any jealousy and works very well in network with other UN agencies²⁴⁶. Overall, interviews and online survey respondents confident that UNFPA added values lie in full commitment and strong liability; very good knowledge of the situation, problems and needs; relevant approach to the interventions; close and collaboration frequent interactions with all stakeholders governmental and non governmental²⁴⁷ by establishing the concept of dialogue, partnership and advocacy with different stakeholders and has been able to build bridges of collaboration among government institutions, donors and NGOs²⁴⁸.

The UNFPA CO operates in line with the UN principle *Delivering as One*²⁴⁹ via coordination, linking and involving different UN actors in activities. The Fund is a big promoter and supporter of cross-sectoral cooperation. The UNFPA is well aware of the strengths and weaknesses of the public authorities and it addresses the most pressing issues when interacting with the public authorities and other partners. UNFPA monitors the performance of its partners very thoroughly and in its turn the CO also reports to partners and provides consultations on future cooperation. This also constitutes the distinctive feature of UNFPA when comparing it to other UN agencies²⁵⁰.

The evaluation respondents appreciate openness of UNFPA in work with NGOs/CSOs as implementing partners that is specific feature of the Fund recognized by other UN agencies. Through clearly division of the responsibilities between the partners and itself, UNFPA CO implements the projects together with partners, provides immediate response to emerging issues and makes decisions, which are informed and carefully weighted, and defines activities that would be realistic in terms of their implementation.

The visibility and level of attribution of certain results of the UNFPA work by population in Albania is still very low²⁵¹. Despite the number of interventions and the produced many tangible results, the UNFPA partners and target population groups do not necessary attribute the interventions to the UNFPA and/or know about them. It should be

²³² ibid

²³³ KII #8

²³⁴ Q33 Online survey, N=34

²³⁵ ibid

²³⁶ KII #14

²³⁷ KII #31

²³⁸ KII #24

²³⁹ KIIs #9, 22

²⁴⁰ KII #44

²⁴¹ KII #22

²⁴² KII #22

²⁴³ Q33 Online survey, N=34

²⁴⁴ KII #6

²⁴⁵ KII #2

²⁴⁶ Q33 Online survey, N=34

²⁴⁷ KII #23

²⁴⁸ KII #32

²⁴⁹ Annex 3 – Documents Consulted

²⁵⁰ Key Informants interviews, Nov-Dec 2020

²⁵¹ Key Informants interviews, Nov-Dec 2020 & Online survey

noted that the general public knows more about UNICEF, UNDP and WHO and not the UNFPA.

The main UNFPA added value in Albania's context as perceived by the stakeholders²⁵² includes the following. In the field of **reproductive health and rights** the UNFPA Albania is the only organization investing in sexual and reproductive health programs as an investment in achieving universal health coverage, reducing maternal and infant mortality; reducing gender-based violence, improving the health of adolescents and young people for a healthier society. Even though engaging adolescents and youth has long been a part of UNICEF's mandate, reproductive health needs of adolescents and youth are mostly addressed by UNFPA. The Fund is not afraid to deal with sensitive SRH issues even with government institutions that often move down in the priority list the sexual and reproductive health issues and makes them allies to ensure reproductive health and rights. Some of UNFPA CO staff has had work experience in Albanian Health System and are very knowledgeable on priorities, capacities and challenges of government system²⁵³. Government representatives²⁵⁴ value UNFPA efforts in enhancing the knowledge, supporting and implementing the activities in area of family planning among youths and adolescents and young mothers, vulnerable groups, and also enhancing a better care for mothers and child in hospitals through a better care, integrated strategies and activities in line with government and local organizations and activities. Through establishment and support of a network for sexual and reproductive health issues "Voice of Youth", UNFPA supports voice sexual and reproductive health issues of adolescents and youth that is very important²⁵⁵. UNFPA promotes data-driven decision-making and evidence based practice in SRH area. It works based on findings of surveys and study results. UNFPA office is the most adaptable and quick in reactions of all UN agencies in Albania and it is more reactive than WHO and definitely more than UNICEF²⁵⁶.

The UNFPA activities in the area **adolescents and youth** are often referred to as value added areas. One of the main strengths of UNFPA and a significant added value of the agency, as identified by some KIs, is that UNFPA in Albania is the most youth oriented agency among all UN partners²⁵⁷ that gives voice to young people in country (e.g. through the network "Voice of Youth"), contributes to and supports the development of young people, focusing on vital issues, such as health. Regional authorities appreciate the UNFPA approach to involve young people to debate and provide their insights on the Youth Law that has been implemented for the first time at municipality level and helped local government to have a better idea on the youth needs and the Youth Law²⁵⁸. At the same time, this UNFPA approach has increased significantly the participation and involvement of youth in community activities²⁵⁹. Moreover, youth debate on budgeting issues, helped not only to strengthen the youth network in Korca region, but also provides municipality with excellent ideas on youth needs and their activities²⁶⁰.

Cross cutting issues. According to the respondents²⁶¹, the UNFPA Albania value added in the area of **gender** includes UNFPA readiness to support GBV activities and provide technical expertise to carry out activities with municipality staff, women and youth on GBV issues, family violence and engagement of youth in debate. UNFPA support to the prevention, and elimination of gender based violence and harmful practices and UNFPA efforts in these areas have accelerated progress on the implementation of the 2030 Agenda for Sustainable Development, particularly Sustainable Development Goal (SDG) 5 on gender equality and related goals such as SDG 3 (Health)²⁶². Moreover, UNFPA supports the Government in preparing annual reports and addressing CEDAW Concluding Observations and Universal Periodic Review recommendations. In the area of **P&D** the value added of the UNFPA Albania²⁶³ is INSTAT and the People's Advocacy capacity building in the field of population statistics by continuously providing quality training on population projections, aging and population development dynamics. Technical support with international experts for in-depth analysis on certain issues related to the population helped significantly improve and advance the agenda related to gender equality, the health of adolescents and young people, and addressing aging issues.

UNFPA recognized by respondents as contributor for more than two decades in **human rights** that specifically highlights and lays the foundations for the concept and development of gender equality and family planning policies. Programs supported by UNFPA are a great investment in realization of human right services²⁶⁴. UNFPA provides

²⁵² ibid

²⁵³ KII #13

²⁵⁴ KII #40

²⁵⁵ KII #41

²⁵⁶ KII #34

²⁵⁷ KII #35

²⁵⁸ KII #29

²⁵⁹ KII #24

²⁶⁰ KII #33

²⁶¹ ibid

²⁶² KII #42

²⁶³ ibid

²⁶⁴ KII #27

effective, timely and needed support to youth and women programs in **COVID-19 pandemic** times through coordination of its CO activities in the various sectors that UNFPA Albania covers (such as advocacy and communication, youth, gender equality, sexual and reproductive health) that makes the activities implemented by IPs have a wider impact, support and coverage. The immediate responsiveness and adaptability that UNFPA representatives have made in emergency situations (as in the case of Covid-19) has led some of the planned activities to be immediately reviewed and adapted to the situation created and according to outgoing needs. This was done without affecting and compromising the time, quality and purpose of the activities²⁶⁵.

²⁶⁵ KII #41

CHAPTER 5: CONCLUSIONS

5.1. Strategic level

<p>Conclusion 1. The 4th UNFPA Albania Country Program is adapted to the needs of the population, including the most vulnerable, aligned to the priorities set by international and national policy framework as well as with the UN-GoA PoCSD and Albania's objective of European integration to a greater extent. At the same time, defined two outcomes of 4th UNFPA CP relied on strategic framework formulated in the UNDAF 2017-2021, confused measurement of gender equality and P&D programme issues as they are set up as cross-cutting without clearly articulated indicators and targets.</p>	<p>Origin: EQ1, 2, 3, 10 Evaluation criteria: Relevance Associated recommendation: 1</p>
<p>Conclusion 2. The 4th UNFPA Albania Country Program has helped the country progress in improving its policies and actions in several areas. Within this program cycle the first Youth law was passed by the Albanian Parliament, the <i>National Plan on Ageing</i> was developed and approved by the Albanian Government, the <i>National Reproductive Health Plan and the Contraceptive Plan</i> were approved and evaluated by MHSP. Two new national health programs about screening cervical and breast cancers were introduced by the Albanian Government along with the Coordinated Referral Mechanism for GBV and minimum initial service package was included in national contingency plan by MHSP. Additionally, there is tangible progress toward planned objectives in spreading all over the country the participatory platforms that advocate for increased investment in sexual and reproductive health and reproductive rights, as well as comprehensive sexuality education in schools. However, the output indicators have not always been able to correctly reflect the contribution of UNFPA to these achievements.</p>	<p>Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 1</p>
<p>Conclusion 3. Implementation of the 4th UNFPA Country Program contributed in improving systematic information and data quality on several areas of sexual and reproductive health, gender equality, and adolescent and population dynamics. A number of national surveys in population, Health Behaviour in Schools Survey (HBSC) as well as indepth analyses have produced valuable data to assist Albania monitoring situation and understanding problems in these areas. Nonetheless, some of the indicators produced by these studies demonstrate lack of progress in long-term outcomes, such as modern contraceptive use and utilization of public healthcare by youth and adolescents.</p>	<p>Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 4</p>
<p>Conclusion 4. UNFPA Albania Country Program targets and indicators are not always well developed to be specific and appropriate for measuring shortterm, midterm and long-term outcomes. Some output/outcome indicators lack clear definitions that limit their validity, possibility to collect, and monitor their achievement. In addition, annual report format does not reflect output/outcome indicators presented in the CP. As results, the output and outcome indicators do not always effectively and correctly reflect the achievements of UNFPA.</p>	<p>Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 1</p>
<p>Conclusion 5. As Albania is an upper middle-income country and UNFPA committed to the UN <i>Delivering as One</i> principle in programming and resource mobilization, traditional sources of financing for development assistance are decreasing. Despite operation in a resource constrained environment, UNFPA succeeded in receiving direct government support that set up precedent for new forms of assistance, including funds envisioned by Albania's EU accession process.</p>	<p>Origin: EQ 5, 8, 9 Evaluation criteria: Efficiency Associated recommendation: 2</p>
<p>Conclusion 6. To extent possible, UNFPA ensured sustainability of achieved results by provision of evidence-based support to advocacy and policy work, strengthening technical capacity of its government and non-government partners by supporting them with new knowledge and skills, introducing them to the best international practices and expertise, advocating for them and positive results of projects they implement at local and national levels and engaging key ministries and donors in implementation of new concepts. Sustainability of results of UNFPA interventions are 'in sewn' into CP design stage based on careful revision of achieved results, considering challenges in environment, and best local and international practices. However, achieved results in some areas (e.g. adolescent & youth) are mixed in term of sustainability.</p>	<p>Origin: EQs 6-8 Evaluation criteria: Sustainability Associated recommendation: 3</p>
<p>Conclusion 7. The UNFPA activities contributed to better coordination of the UN agencies in Albania to a great extent. There are several UN institutions the UNFPA cooperates closely with (UNICEF, UN Women, WHO, UNAIDS) and their joint activities are complementary,</p>	<p>Origin: EQ 9 Evaluation criteria: Coordination</p>

create synergies and reflect the interests, priorities and mandate of the UNFPA in Albania. UNFPA is recognized as a lead UN agency dealing with adolescents and in youth issues both at national and local levels. At the same time, joint programming and coherent work among the UN Agencies remain a challenge for UNFPA office as of its focused mandated and small office and resources. As a result CO constantly compete for resources, recognition and visibility.	Associated recommendation: 2
Conclusion 8. The UNFPA has demonstrated added value in its programmatic areas and the Agency partners recognize it. The value added of the UNFPA country programmes includes both corporate UNFPA comparative advantages, which are part of its mandate and mission as well as features specific only to the country office. Among them new knowledge and skills received by partners, modern approaches to problem solving, attention and support received in all UNFPA programmes' areas, CO attitude and unique for UN institution approach to programme implementation through local partners, including government institutions, academia, and NGOs. However, UNFPA visibility and recognition, even by its partners, remains an issue.	Origin: EQ 10 Evaluation criteria: Added value Associated recommendation: 2
Conclusion 9. Approach on achieving UNFPA transformative results, integration of GEEW criteria, application of <i>Leaving no One Behind</i> policy and innovation and human rights - based approach in CP programming, implementation and monitoring contributed to effective implementation of the 4 th Country programme to a great extent.	Origin: EQ Evaluation criteria: Effectiveness Associated recommendation: 1
Conclusion 10. UNFPA CO proved itself as Agency with prompt reaction, proactive position, evidence-based and result-oriented intervention in force major situations like the November 2019 earthquake and the 2020 COVID-19 pandemic, including survey, introduction of guidelines and new means of service delivery, recognized by government, non-government and donor community partners.	Origin: EQ Evaluation criteria: Effectiveness/Added value Associated recommendation: 1

5.2 Programmatic level

SRH Conclusion 11: UNFPA has made significant achievements to ensure sexual and reproductive health and rights. UNFPA CO has collaborated with MHSP and its structures in Tirana and regions to build a national infrastructure for Minimum initial service package (MISP) and make it operational during most recent crises, including the November 2019 Earthquake and Covid-19 pandemic. MISP includes safe blood transfusion, GBV assistance, safe pregnancy care, etc. in emergency situations.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 5
SRH Conclusion 12: After effective capacity building and advocacy efforts, the cervical cancer screening program, approved in 2019, has improved care especially for those women who live in rural areas and those with less education. However, better coordination of health care units and delivery of care services for women is needed at regional level.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation:
SRH Conclusion 13: The newly developed and approved clinical Guidelines and protocols for health care providers including family planning issues are helping to address issues in this area. However, there are still unmet needs of the population to access family planning / SRH services, including contraceptives that is one of outcome of the fact that health care providers are rarely use developed guidelines and protocols, still lack necessary knowledge and skills, particularly at regional level and in settings like prison.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 5
SRH Conclusion 14: The national RH committee was revitalized to fill the gaps in coordination and management this sector has faced during the last decade. A new law on RH was initiated as well as monitoring and evaluation of the national RHS contraceptive strategies. However, members of the committee lack updated information of situation reports as of low quality of routine data and outdated structures/organization of health care leading agencies (including MHSP, National Operator of Health Care and IPH). In addition, experienced professionals have retired and new specialists are to be trained.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 4
SRH Conclusion 15: UNFPA supported the Ministry of Health and Social Protection in the development and approval of the National Strategy and Action Plan for Health Promotion for 2017-2021. Nevertheless, the health promotion actions remain sporadic and not well	Origin: EQs 2-4 Evaluation criteria: Effectiveness

funded. Large-scale awareness and behavior interventions combined with targeted interventions are needed, to work with regional public health structures, schools, communities and media.	Associated recommendation: 5
SRH Conclusion 16: There is still no national health management system as such in Albania established by MHSP.	Origin: EQs 2-4 Evaluation criteria: Sustainability Associated recommendation: 5
Adolescent and youth Conclusion 15: Main achievement in the field of youth policies during the program cycle is the Law on Youth. The law is the result of the long advocacy work and models of activities already established by UNFPA, and partners among youth networks and local governments. Still, there are concerns about its acceptance from segments of youth networks. Moreover, there is slow progress in implementation of the <i>National Youth Strategy</i> prepared with UNFPA assistance during previous CP.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 6
Adolescent and youth Conclusion 16: Despite formal approval of CSE program, there is a large number of teachers to be trained on its delivery. As a consequence in many schools the CSE is not provided. The information system about the implementation of CSE in schools and its quality doesn't offer more data than number of teachers trained and their distribution by regions. Identification of the appropriate indicators for measuring the CSE effects in various schools and pupils categories is missing, particularly reaching out the most marginalized and out of schools young people.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 6
Adolescent and youth Conclusion 17: UNFPA supported transformation of ad-hoc interventions in the regions into local development plans. 9 municipalities have introduced budget lines for youth, including education and SRH.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 6
Adolescent and youth Conclusion 18: UNFPA contributed to three other major developments regarding youth. First, establishment of the youth and adolescents national platforms such as <i>Youth Voice</i> , and their impact on the lives of thousands of young people, in and out of school, who have been reached with information and counseling about issues such as child marriage, family planning etc. Second, setting up operational participatory municipality level platforms for youth NGOs and communities, including for Roma groups. Third, strengthening the community health model by establishing and expanding networks of health educators for reaching communities of rural and remote areas. Many thousands mainly marginalized and vulnerable young people are reached with Adolescent Sexual Reproductive Health information and advice. Despite this, it is widely accepted that the adolescents only rarely use the traditional healthcare services.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 6
Adolescent and youth Conclusion 19: Despite successful establishment of several youth networks, there were several challenges to their further work as of: i) insufficient number of interested youth to join the youth activities or take leadership roles; ii) challenges in legalization of Y-Peer network; iii) limited availability of funding needed to support youth related activities.	Origin: EQs 6-8 Evaluation criteria: Sustainability Associated recommendation: 6
Gender Conclusion 20: UNFPA activities contributed to an improvement of the monitoring and assessment capacities of governmental and non-governmental actors to prepare and submit national reports and reviews on international and national commitments on human rights and women's rights, including a national report on the Beijing Declaration and Platform for Action +25 process; a Universal Periodic Report and CEDAW follow-up report prepared by the Monitoring Network against Gender- Based Violence; a CEDAW alternative report prepared by the Ombudsman; and monitoring of implementation of Objective 3 (GBV) of the National Strategy on Gender Equality 2016–2020. Evidence-based activities assisted in identification an increase in the prevalence of child marriage in less than 9 years that remains unaddressed with at policy level as well as limited availability of disaggregated routine data by age, gender, economic status and/or ethnicity and need to develop the National strategy and action plan for gender equality for next period.	Origin: EQs 2-4 & 6-8 Evaluation criteria: Effectiveness/ Sustainability Associated recommendation: 7
Gender Conclusion 21: One of the most important progresses towards coordinated approaches to address gender violence is the development and official endorsement by MHSP of Standard Operating Procedure on multi-sectoral response to GBV. For the first time in the country, Operators of Health care, and Social protection services at municipality level	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated

are expected to work in harmony and coordination to support victims of abuse through Development of Coordinated Mechanisms of Referral System. Ministry of Justice and Ministry of Interior are yet to be included in the model, while work in the regions is still to be commenced. Meanwhile, centers such as LILUM, are filling a gap in SHR services and are starting to provide assistance to its first beneficiaries which are young women/adolescents abandoned and living in the street.	recommendation: 7
Gender Conclusion 22: The political support is assured by advocacy efforts produced results such as the resolution of Albanian Parliament <i>On condemning violence against women and girls and increasing efficiency of legal mechanisms for its prevention</i> , followed by the establishment of the parliamentary sub-committee <i>On Gender Equality and Ending Violence Against Women</i> . It remains to be continuously supported with evidence and involvement on international policy processes.	Origin: EQs 2-3 Evaluation criteria: Effectiveness Associated recommendation: 7
P&D Conclusion 23: The UNFPA is the main UN program in Albania that works with population data, dynamics and projections issues. During 4 th CP it has continued to produce important comprehensive publications based on conducted surveys and studies. Those documents have, to a certain degree, filled the gaps of information about routine data particularly that is lacking. However those publications are not systematically produced to provide ongoing evidence-based policy monitoring.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 8, 9
P&D Conclusion 24: The UNFPA activities were effective combining the development of the policy and program documents, including: <i>National Plan of Ageing population</i> based studies important for the informed decision making; ADHS; publication on health and demographic challenges of 21 st century Albania on gaps on population groups not covered by ADHS; Integrated Biological and Behavioural Surveillance (IBBS); HBSC; and proactive engagement of its partners in the international processes/consultations such as ICPD 25.	Origin: EQs 2-4 Evaluation criteria: Effectiveness Associated recommendation: 9
P&D Conclusion 25: UNFPA provide support to INSTAT in improving its technical expertise needed for upcoming 2022 census in Albania and IPH in development of core set of sexual and reproductive health indicators according to 88 ECHI standard indicators. In order to be endorsed by MHSP, IPH and UNFPA have initiated calculation and data validation of 10 first indicators, 3 of which are RHS-related indicators. Moreover, UNFPA contributed to better coordination of government institutions in use of data for reporting and improving quality of policy analysis that still require international expertise.	Origin: EQs 2-4 Evaluation criteria: Sustainability Associated recommendation: 9

CHAPTER 6: RECOMMENDATIONS

6.1 Strategic Recommendations

<p>Strategic Recommendation 1. UNFPA Country programme design should reflect gender equity and P&D areas through individual outcomes/outputs and respective indicators and targets to better measurement of UNFPA achievements and challenges.</p> <p>Operational implication In next CP design gender equity and P&D areas should be separated from SRH and Youth programme areas as it was in the 3rd CP. The outcome and output indicators should be defined in collaboration with partner government agencies, academia and NGOs.</p>	<p>Priority: High To: Country/Regional Offices Based on conclusions: 1, 2, 4</p>
<p>Strategic Recommendation 2. UNFPA should better explore programming and resource mobilization strategy at regional level and opportunities provided by Albania's objective of European integration.</p> <p>Operational implication As traditional development assistance model does not apply and traditional donors often cannot support the UNFPA CO activity, it is important in consultation with Agency partners to develop resource mobilization strategy that envision development agencies like EU approach of funding UNFPA regional rather than individual country (especially middle-income) activity and projects. Such resource mobilization strategy can envision UNFPA collaboration and partnership with regional-level civil society organizations, governments within regions and other development partners working or interested in working at regional level. Moreover, it creates conditions for sustainability of results achieved in Albania throughout the region. Also, Albania's EU accession process is making available new forms of assistance, such as budget support, pre-accession grants, and twinning arrangements. In this context, the GoA and the UN must strive for results that are as relevant as possible to country priorities and challenges, that complement the work being supported by the EU for the accession agenda, and that are specific and measurable.</p>	<p>Priority: High To: Regional/Country Offices Based on conclusions: 5, 7, 8</p>
<p>Strategic Recommendation 3. UNFPA has to raise its visibility, comparative advantages, uniqueness particularly among potential donors, including private sector, at both, country and regional levels.</p> <p>Operational implication UNFPA should strengthen its capacity to use any opportunities to showcase its achievements and potentials of its work and to define clearly attributable "signature" UNFPA products as, despite the number of interventions and the produced many tangible results, the visibility and level of attribution of certain results of the UNFPA work in Albania is still very low. Therefore specific indicators should be developed and regularly measured on UNFPA visibility level in consultation with key stakeholders. UNFPA can employ international experts to provide technical assistance in defining its "signature" products, marketing/communication approach and tangible results.</p>	<p>Priority: High To: Country/Regional Offices Based on conclusions: 6, 7, 9, 10</p>

6.2. Programmic Recommendations

<p>SRH Recommendation 4. UNFPA should assist MoHSP and MESYS in utilization of public reproductive and sexual services by young people and better use of guidelines and protocols for adolescent health and women health by health professionals.</p> <p>Operational implication UNFPA should promote and scale up alternative counseling and education activities such as those carried out in the frame of comprehensive community health model, mobile clinics or</p>	<p>Priority: Medium To: Country Office Based on conclusion: 3, 13</p>
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<p>youth online platforms. Additionally, new interventions should be designed for implementation of recently endorsed guidelines about family planning and adolescent's health. Integration of HIV/STI services into existing SRH programs should be piloted and further scaled up. More educational, awareness raising efforts to promote and adapt standards. Moreover, after COVID-19 pandemic impact on utilization of preventive services, efforts should be directed in reestablishing women trust about traditional primary health care services and supporting new models of distance counseling or home based care.</p>	
<p>SRH Recommendation 5. UNFPA should support the newly reorganized National RH Committee to make it fully functional and fulfill its mandate as evidence based policy coordination mechanism.</p> <p>Operational implication</p> <p>As for the moment only INSTAT vital statistics are available, and another autonomous and robust source of data would help to better understand effects and causes. UNFPA should consider a strategy to support National RH Committee and MHSP through: <i>First</i>, revitalization and strengthening of the traditional healthcare based information systems on mother and child (including infant and maternal mortality) issues with better definition of indicators and training responsible health professionals on their collection and use. <i>Second</i>, setting up dedicated/specialized structures to systematically supervise the validity of data and analyze health care based RH indicators (including infant and maternal mortality). Responsibilities of all stakeholders operating in the field (including MHSP, National Operator of Health Care and IPH) should also be reviewed and routine channels of communications between them should be established. <i>Third</i>, training young professionals as experienced professionals have retired from key positions in the health system. <i>Fourth</i>, supporting independent quantitative and qualitative studies about mother and child health. And, <i>finally</i>, supporting situation analyses based on comparable standardized indicators in Albania to have needed data for strategic development, systematic population monitoring as well as more frequent and systematic data analyses publications.</p>	<p>Priority: Medium To: Country Office Based on conclusion: 11, 14, 15, 16</p>
<p>Adolescents and Youth Recommendation 6. UNFPA should continue support of Adolescent & Youth component focusing on: i) evaluation of the National Youth Strategy implementation and developing a new one in the context of the new Youth Law; ii) continuing advocacy on the integration of sexuality course into the school curricula throughout the country and training teachers to deliver it; and iii) expanding the regional participation platforms developed between youth organizations and local governments.</p> <p>Operational implication</p> <p>UNFPA continuing support to this component will confirm UNFPA leadership role in this area as well as ensure sustainability and ownership of Agency activities. UNFPA should support evaluation of the National Youth Strategy implementation to avoid the perceived risks by youth activists as well as advocacy campaigns for the implementation of the new law (especially about implementation of youth infrastructure and youth budgets) with participation of all youth networks and groups (like a “watchdog” group composed with a variety of stakeholder and partners) with preparation of periodic reports and identifying good practices, gaps, challenges and provide recommendations for improvements. Based on government recognition and support to the formally approved a Comprehensive Sexuality Education in school UNFPA should continue advocating for its practical delivery by trained educators. To achieve it UNFPA would need train teachers throughout the country with follow up monitoring of results of sexuality course implementation for further improvement. In order to sustain UNFPA policy results and achievements of working with various networks, strategy of institutionalization of the networks’ work should be developed. Moreover, advocacy with LGUs to allocate a non-core financial contribution for youth activities to support longer term programming. International and/or local expert should be employed for this activity.</p>	<p>Priority: Medium To: Country Office Based on conclusion: 15 - 19</p>

<p>Gender Equality Recommendation 7. UNFPA should continue its support to combating GBV.</p> <p>Operational implication The result achieved about MHSP endorsing Standard Operating Procedures on coordination of care and support for tackling GBV in community, should be sustained by further support in the field. <i>First</i>, the advocacy with other stakeholders such as Ministry of Justice and Ministry of Interior that show interest in combating GBV should be continued through official commitment to collaborate with other partners. <i>Second</i>, the scaling up implementation of the SOP throughout the country with full backing up and engagement of MHSP as well as municipalities. Opportunities arising from the general parliamentary election to be held 2021 spring should be used for advocacy and awareness rising efforts. <i>Third</i>, in order to sustain the initial effects of the work initiated during previous program cycle, it is necessary to continue support to primary health care and social care professionals and providers. <i>Fourth</i>, as consultations on preparing the new strategy on gender equality have started on 2020, it should be considered as good momentum for policy recommendations to expand gender groups to men, boys and father parenting.</p>	<p>Priority: Medium To: Country/ Regional Offices Based on conclusions: 20 - 22</p>
<p>P&D Recommendation 8. UNFPA should provide support in upgrading the whole reporting system of diseases and deaths provided by health professionals in Albania.</p> <p>Operational implication While the manuals and codes on approved ICD10 are already translated, thousands of health professionals need training on ICD10 use. UNFPA can organize series of training involving international consultants for health workers, including GPs working in primary health care specialists, doctors in hospitals as well as individuals at municipalities responsible for registering death certificates in the online system. Introduction of health specialists to the new system is essential for the success of the reform, particularly in getting reliable and quality health data.</p>	<p>Priority: Medium To: Country Office Based on conclusion: 12 – 16, 23</p>
<p>P&D Recommendation 9. UNFPA should pay more attention to ageing issues and support preparation of routine data disaggregated by age, gender, economic status and/or ethnicity.</p> <p>Operational implication During 4th CP UNFPA has achieved an important result with development of the national plan of ageing and its endorsement by Albanian Government. UNFPA can support developing comprehensive and coordinated health and social intervention plan for vulnerable older people in communities through participation of older people groups in preparation of local government ageing plans, advocacy for involvement other than government agencies in service provision, and formal acknowledgement of voluntary aid in communities. At the same time, UNFPA should support development of national administrative aging population data systems that are able to inform United Nations country teams of the evolving needs of aging population and other marginalized groups.</p>	<p>Priority: Medium To: Country/ Regional Offices Based on conclusions: 23 - 25</p>

ANNEXES

Annex 1. Terms of Reference

Annex 2. List of persons/institutions met

Annex 3. List of documents consulted

Annex 4. The evaluation matrix

Annex 5. Abstract of the evaluation report

Annex 6. Stakeholders' mapping

Annex 7. UNFPA Intervention logic for 4th CPs by programme components

Annex 8. Linkages between UNFPA CP outputs 2017-2021, outcomes of UNFPA Strategic Plan 2018-2021 and outcomes of the GoA-UN PoCSG

**Terms of reference for the evaluation of
Albania UNFPA Country Programme**

A. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations sexual and reproductive health agency for ensuring rights and choices for all. The strategic goal of UNFPA globally is to achieve three transformative results by 2030: ending unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015).

UNFPA Albania effectively collaborates with the Government of Albania, line ministries (Ministry of Europe and Foreign Affairs, Ministry of Health and Social Protection, Ministry of Education, Youth and Sports, INSTAT, Council of Ministers), civil society, development partners UN sister agencies, Human Rights Institutions and academia. During this programme cycle, 2017-2021, UNFPA is also partnering with Local Government Units at municipal level. Throughout all country programme cycles the Government of Albania has been the principal strategic partner of UNFPA.

The current CPD aims at achieving 2 Outcomes and 4 Outputs:

Outcome 1: Sexual reproductive health services

Output 1: Strengthened health system to provide equal access to quality integrated sexual and reproductive health services at national and municipal levels and in humanitarian settings.

Output 2: Strengthened engagement and partnerships between government and non- government institutions to promote reproductive rights and empowerment of women, and reduce inequalities in sexual and reproductive health.

Outcome 2: Adolescents and youth

Output 1: Rights and needs of adolescents and youth are fully addressed in laws, policies and programmes, including comprehensive sexuality education at national and subnational levels and in humanitarian settings.

Output 2: Strengthened multi sectoral response for the prevention and management of gender based violence and harmful practices, with a focus on adolescents and youth, including in humanitarian settings.

As the current programme cycle is approaching completion, the UNFPA Country Office in Albania, in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Evaluation Office, is planning to conduct an independent evaluation of the fourth UNFPA Country Programme for Albania (2017-2021) as part of the Country Office evaluation plan and in accordance with the UNFPA evaluation policy (DP/FPA/2013/5).

The UNFPA country programme evaluation (CPE) will provide an independent assessment of relevance, performance and sustainability of UNFPA support provided to Albania during 2017-2021, as well as an analysis of various facilitating and constraining factors influencing programme delivery. The overall objective of the evaluation is to assess the extent to which the country programme is achieving intended results and use the findings for the purposes of further programme design and interventions. The primary users of this evaluation are the decision-makers within the UNFPA country offices and organization as a whole, government counterparts in the country, the UNFPA Executive Board, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

The evaluation will be managed by the steering committee consisting of the country office evaluation manager with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation, and in consultations with the Evaluation Reference Group. A team of competitively selected independent evaluators will conduct the evaluation and prepare the evaluation report.

B. CONTEXT

B1. Country Profile

1. Albania is an upper middle-income country that has undergone political, economic and social changes over the past 25 years and still faces many challenges to fulfilling its aspirations for accession to the European Union. New reforms have been introduced to improve local government functions and service delivery. Gross domestic product (GDP) is \$4.619 with significant regional disparities. Spending on health care is about 2.6 per cent of GDP and 10 per cent of national budget. The percentage of the health budget allocated to sexual and reproductive, health, including mother and child health and family planning, is estimated at 15 per cent.

2. Owing to the combined effect of increasing life expectancy, reduced fertility and emigration of young adults, the population share of persons aged 65 and over increased from 5 to 11 per cent from 1989 to 2011. The number of elderly almost doubled in this period to 318,000 persons, and is projected to reach 591,000 in 2031, accounting for 33 per cent of the total population. The UNFPA survey on sex imbalances at birth (2012) shows a sex ratio at birth of 111.7 while the Census 2011 and the annual Report "Men and Women" 2018 shows a ratio of 109. This suggests that sex-selective abortions continue to be performed.

3. Disparities and inequalities among some groups of the population persist in Albania, notably between urban, rural and different ethnic groups. The 2011 census identified 8,300 Roma and 3,368 Egyptians. Other studies report figures from 18,276 to 120,000 Roma and over 200,000 Egyptians (Albanian Action Plan for the Integration of Roma and Egyptian, 2016-2020), revealing their significantly worse health situation compared to the rest of the population (European Commission, Roma Health Report, April 2014).

4. The health system faces challenges related to: ensuring universal access to high quality health-care services; integrating services at the primary health care level; generating data for planning and reporting; monitoring quality of care; strengthening skills of health personnel to implement health programmes and clinical guidelines and protocols at every level; out-of-pocket expenditures (55 per cent of total health expenditures). These factors have led to fragmented health care and increased inequalities in accessing quality health services, especially at the primary health care level. In addition, confidence in health institutions has decreased significantly as per the latest opinion polls, rating satisfaction less than 50 per cent. Selected key facts in relation to family planning in Albania are summarized below:

- Overall population of Albania: about 2,8 million inhabitants (INSTAT, 2018)
- Women of reproductive age (15-49 years): 693,111 (INSTAT, 2016)
- Fertility rate: 1.54 (INSTAT, 2017); 1.8 (ADHS 2017-18)
- Abortion rate: 8.0 abortions per 1000 women of reproductive age (15-49 years) [IPH, 2018]
- Ratio abortions/births: 191.2 abortions per 1000 live births (IPH, 2018)
- Contraceptive prevalence rate: 4% (ADHS 2017-18)
- Infant mortality rate: 8.9 deaths per 1000 live births (INSTAT, 2018)
- Child (0-5 years) mortality rate: 10.8 deaths per 1000 live births (INSTAT, 2018)
- Maternal mortality ratio: 9.7 deaths per 100,000 women (INSTAT, 2017)

5. Cervical cancer in Albania is a public health problem. It is, with uterus cancer, the second most frequent cancer among women of reproductive age (15-49 years), below only to breast cancer, mainly due to its characteristic increase of risk at middle age. The sexual lifestyle trends among Albanians point to a potential increase of this cancer in the absence of preventative strategies. According to country official data, the average mortality rate of cervical cancer for the period 2013-2017 in Albania is 2.9/100,000 and the incidence rate for the year 2015 (the first year, the national cancer registry has started to operate) is 9.2/100,000 (National NCD report). The mortality/incidence ratio for cervical cancer in Albania is 32%. Its standardized incidence is lower compared to South East European countries but much higher than Eastern Mediterranean countries.

6. The adolescent birth rate in the general population is less than 30 per 1,000 persons but much higher for Roma. According to the 2011 census 2011, within the Roma population, 19 per cent marry before the age of 17. At the age of 18, over 43 per cent of Roma women have already given birth.

7. Albania has a low HIV prevalence rate, estimated at 0.03 per cent. However, it is difficult to determine the extent and dynamics of HIV and AIDS in Albania, due to the low rate of voluntary testing, reported to be the lowest in the WHO Europe region. Syndromic surveillance shows that the number of cases of sexually transmitted infections has increased from 802 in 2010 to an average of 1,330 cases per year between 2011 and 2014.

8. Access to all levels of education has shown a significant increase, with primary and lower secondary school enrolment nearly universal. Still, severe disparities in access to education among vulnerable groups – including low-income families, Roma, Egyptian, street children and children with disabilities – continue to exist. On average, Roma and Egyptians complete five to six years of education (Roma and Egyptian Social Economic Survey, 2011), compared to the national average of 10 years (2011 census). The pre-university education reform has created an enabling environment for scaling up comprehensive life-skills, health and sexuality education, and for improving the quality of education.

9. More than half of Albanian women (aged 15-49 years) have experienced at least one form of domestic violence in their lifetime. The National Survey on Violence against Women and Girls in Albania, 2018, which captured age group 18-74, showed that 1 in 2 or 52.9% of these women have experienced at least 1 form of the five types of violence (intimate partner violence, dating violence non intimate partner violence, sexual harassment, stalking) that the Survey analysed.

Women, girls and other vulnerable and marginalized groups – such as out-of-school young people, Roma, Egyptians and the elderly – need protection and social care systems which ensure that their rights and potential are fulfilled throughout their lifetime.

B2. UNFPA Country Programme

The 4th UNFPA Country Programme for Albania 2017-2021 (DP/FPA/CPD/ALB/416-11538 3/7) has been approved by the UNDP/UNFPA/UNOPS Executive Board on the Second regular session 2016, during 6 to 9 September 2016, New York.

The UNFPA financial commitment over 5 years towards the programme was approved at \$ \$3.5 million: \$2.5 million from regular resources and \$1 million through co-financing modalities and/or other resources, including regular resources.

The Government and UNFPA developed the fourth country programme, for 2017-2021, through a participatory approach in consultation with national stakeholders, including particularly civil society. The country programme is aligned with national priorities (the National Strategy for Development and Integration), the Government of Albania and United Nations Programme of Cooperation 2017-2021, the 2030 Agenda for Sustainable Development and the national aspiration for European integration. Based on the collective United Nations strategic planning process and corporate UNFPA theory of change analysis, the country programme focuses its strategy on: advocacy for policy implementation; knowledge management for evidence-based policy; and strengthening civil society and communities to hold duty bearers accountable. UNFPA will implement the programme through national ownership, with civil society, United Nations organizations and development partners, in order to reduce inequalities in sexual and reproductive health and rights, including for young people and focused on the most vulnerable and marginalized. The programme will harness the momentum of national reforms, including increased decentralisation, and work through national coordination mechanisms. The programme contributes to national work on a 2030 Agenda implementation that is universal, inclusive, human-rights based, integrated and anchored in the principles of equality. Key programming strategies include providing policy dialogue and advice to address the needs of the most marginalized groups at the national and subregional levels, and generating evidence for policy development, implementation, and monitoring and evaluation of policy impact.

C. OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objectives of evaluation: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives:

- To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- To provide an assessment of country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results.
- To draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.

The evaluation is expected to be completed by September 2020 and carried out in accordance with the Evaluation Implementation Plan (ref: Annex X).

Scope of evaluation:

The evaluation will cover Albania and the following four programmatic areas: reproductive health, adolescents and youth, gender equality and population and development. The evaluation (including country studies) will cover all activities planned and/or implemented during the period **2017-2019**. **Cross-cutting areas will include:** partnership, resource mobilization and communication. The evaluation should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018--2021, the UN GoA Programme of Cooperation for Sustainable Development and national development priorities and needs.

D. EVALUATION CRITERIA AND EVALUATION QUESTIONS

The following evaluation questions addressing the evaluation criteria: relevance, effectiveness, efficiency, and sustainability as well as coordination with the UNCT, and added value will be used for the evaluation.

Relevance:

EQ1.To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis on the most vulnerable population (ii) and in line with the priorities set by international and national policy frameworks (iii) aligned with the UN GoA PoCSD (iv) planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?

Effectiveness:

- EQ 2.To what extent have the intended programme outputs been achieved?
- EQ 3.To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies and what was the degree of achievement of the outcomes?
- EQ4.To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

Efficiency:

- EQ5 To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Sustainability:

- EQ6.To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- EQ7 To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?
- EQ8To what extent have some of the results of pilot projects being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

UNFPA Country programme coordination with UNCT:

- EQ 9To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA Country programme added value:

- EQ10.What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

E. METHODOLOGY AND APPROACH

The evaluation will be based on a participatory design that is expected to include quantitative and qualitative data collection methods.

The proposed methodology by the evaluation team will elaborate in detail on the relevant data sources, sampling size and techniques, data collection instruments and procedures, ethical considerations, as well as the strategies necessary for mitigating the major limitations of the proposed design, if any.

Data Collection

The evaluation will use a multiple-method approach to data collection, including desk review, group and individual interviews, focus groups and field visits to programme sites as appropriate. The data will be carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

The evaluators will be required to take into account **ethical considerations when collecting information**.

Data validation

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 managers and the Evaluation Reference Group.

Data Analysis

The evaluation team will ensure the following in analyzing data, formulating finding and reaching to conclusions.

- i. Are the findings substantiated by evidence?
- ii. Is the basis for interpretations carefully described?
- iii. Is the analysis presented against the evaluation questions?
- iv. Is the analysis transparent about the sources and quality of data?
- v. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?
- vi. Does the analysis show different outcomes for different target groups, as relevant?
- vii. Is the analysis presented against contextual factors?
- viii. Does the analysis elaborate on **cross-cutting issues such as equity and vulnerability, gender equality and human rights**?

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. **The evaluation manager will perform a stakeholders mapping** for the country 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. The stakeholder mapping must be concluded before the design phase.

An **Evaluation Reference Group (ERG)** will be established by the UNFPA Country Office comprising key programme stakeholders (national governmental and non-governmental counterparts, Evaluation Manager from the UNFPA Country Office). The ERG will review and provide inputs to the country case study, provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the country case studies at the draft stage.

F. EVALUATION PROCESS

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

a. Preparation phase:

This phase, managed by the UNFPA Offices, will include:

- Drafting of programme evaluation (CPE) terms of reference (ToR);
- Establishing an Evaluation Reference Group (ERG);
- Receiving approval of the CPE ToR from the UNFPA Regional Office;
- Selecting potential evaluators ;
- Receiving pre-qualification of potential evaluators from the UNFPA Regional Office;
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader;
- Preparing the initial set of documentation for the evaluation, including the list of projects and stakeholder map.

The preparation phase may include a short scoping mission to the UNFPA Country Office in Tirana, Albania by the Evaluation Team Leader to gain better understanding of the development context, UNFPA programme and partners, refine the evaluation scope, identify potential sites for field visits etc.

b. Evaluation design phase

This phase will include:

- a **desk review** of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined;
- a **stakeholder mapping** – The evaluation manager 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;
- an **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;
- the **finalization of the list of evaluation questions**;
- the **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 produce a **design report** that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report.

The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The design report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed, validated and approved by the **UNFPA Evaluation Steering Committee** before the evaluation field phase commences.

c. Field phase

After the design phase, the evaluation team will undertake a two/three-week in-country collection and analysis of 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 country evaluation team will provide the COs 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.

d. Synthesis and dissemination phase

During this phase, the Country Evaluation Team will continue the analytical work initiated during the field phase and prepare **country case studies**, taking into account comments made by the Evaluation Steering Committee and Evaluation Reference Group at the debriefing meeting and the Evaluation Team Leader.

e. Dissemination and Follow-Up

This **first draft country report** will be submitted to the Evaluation Reference Group for comments (in writing). Comments from the Country Evaluation Reference Group and evaluation managers will be consolidated. The draft country report will form the basis for a dissemination seminar/s, which will be attended by the CO as well as all the key programme stakeholders in the Evaluation Reference Group (including key national counterparts). The final report will be drafted by the Team Leader based on the comments received. This first draft evaluation report will be shared with the Evaluation Steering Committee for the feedback and comments. The final Evaluation report will be shared with stakeholders in the country, in a format to be agreed upon.

G. Expected outputs/ deliverables

The evaluation team will produce the following deliverables:

- evaluation 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 design report should have a maximum of 70 pages;
- a first draft evaluation report and first draft country study accompanied by a debriefing PowerPoint presentation synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Evaluation Steering Committee during the (online or in person) debriefing meeting foreseen at the end of the field phase;
- a second draft evaluation report and country case study (followed by a second draft, taking into account potential comments from the Evaluation Steering Committee) and Evaluation Reference Group. The evaluation report should have a maximum of 50 pages (plus up to 70 pages for each Case Study, and plus annexes); a PowerPoint presentation of the results of the evaluation for the dissemination seminar to be held in each office and led by the national evaluators;
- a final evaluation report including country case study, based on comments expressed during the dissemination seminars.
- An evaluation brief (maximum 4 pages) summarizing the evaluation report.

All deliverables will be written 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. www.unfpa.org/EvaluationHandbook The final report will be translated into Albanian.

Work plan/ Indicative timeframe

Phases/deliverables	Dates
Preparation phase - Drafting and approval of the ToR - Recruitment of experts (International and National Experts)	December 2019
Evaluation design phase: - Submission of the design report	Week 3 and 4 in October 2020
Field phase: - Data Collection - Debriefing CO	October-November 2020
Synthesis and dissemination phase: - 1st draft Evaluation Report - 2nd final draft Evaluation Report - Final Evaluation Report - Evaluation brief	November- December 2020

H. COMPOSITION OF THE EVALUATION TEAM

An Evaluation Team Leader and One other Evaluator who are external to UNFPA will carry out the evaluation. At least one member in the evaluation team should be female. The evaluation team members will combine knowledge and experience in evaluation with technical knowledge and expertise in areas related to the UNFPA development and humanitarian programme.

The evaluation team will consist of:

A Team Leader with overall responsibility for the design and implementation of the CPE. S/he is responsible for the production and timely submission of all expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the Evaluation Team and ensure quality of the evaluation products. The Evaluation Team Leader will be responsible for covering at least one programmatic area of the CPE. The Evaluation Team Leader, an international expert, should have the following qualifications:

- Advanced degree in social sciences, political sciences, economics or related fields;
- Minimum 7 years of experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations in the position of lead evaluator,

- Specialization in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender equality, population and development, adolescent and youth policies)
- Demonstrated ability and knowledge to collect and analyze qualitative and quantitative data;
- Good knowledge and experience of programme evaluation including in the humanitarian settings will be strong assets;
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;
- Excellent command of both spoken and written English is required.

Evaluator (evaluation team member), is a **national expert**, who will each provide expertise in one programmatic area of the evaluation. The evaluator will take part in the data collection and analysis work, and 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 evaluator in the CPE process, including participation in interviews/meetings, provision of technical inputs and reviews of the design report, drafting parts of the evaluation reports, will be agreed by the Evaluation Team Leader and done under her/his supervision and guidance. The necessary qualifications of the evaluator will include:

- Advanced degree in public health, with specific focus and understanding of Sexual and Reproductive Health;
- At least 5 years of experience in conducting evaluations as a member of evaluation team or individual evaluator for UN agencies and/or other international organizations;
- Demonstrated ability and knowledge to collect qualitative and quantitative data;
- Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
- Good knowledge of the national development context and be fluent in Albanian and English
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;

I. Remuneration and duration of contract

The provisional allocation of workdays among the evaluation team will be the following:

Evaluation Phase	Team Leader	Evaluator 1	Evaluator 2	
Preparation (scoping mission)	15	15	15	
Design	5	5	5	
Fieldworks	10	10	10	
Reporting, including: - Contribution to first draft report - Consolidation and finalization of the final report - Preparation and facilitation of stakeholder workshop	20	15	15	
Total	50	45	45	

The exact number of workdays and workload distribution will be proposed by the Evaluation Team in the evaluation design report, subject to approval by UNFPA.

Payment of the evaluation consultancy fees will be made in two tranches against the following milestones:

- 40% Upon acceptance of the Design Report
- 60% Upon acceptance of the final evaluation report by UNFPA

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

J. Management and conduct of the evaluation

The evaluation will be guided by these terms of reference approved by the UNFPA Regional Office on behalf of UNFPA Evaluation Office, and the UNFPA Handbook "How to Design and Conduct a Country Programme Evaluation". The evaluation and country case studies will be conducted by an independent Evaluation Team whose members are pre-qualified by the UNFPA Regional Office, but will be managed by the UNFPA Country Office.

The Evaluation Steering Group:

Evaluation Steering Committee (ESC) will have overall responsibility for management and coordination of all components of the evaluation including evaluation design, implementation and dissemination of the evaluation results. The Evaluation Steering Committee will have overall supervision on the Evaluation Team (including International Team Leader and National Team) and evaluation processes. ESC will be comprised of the UNFPA Country Director, Assistant Representative, M&E Focal Point, RO M&E Advisor.

- The role of the ESC will include the following tasks, but not limited to:
- Develop and agree ToR for the evaluation along with ToR for Reference Group(s) and ToRs for all Evaluation Team members (International Team Leader, National Evaluators and National Experts);
- Act as first point of contact to the Evaluation Team;
- Develop initial list of stakeholders for interviews and propose documentation for review;
- Review and approve draft design report;
- Review and approve draft evaluation report (including preliminary findings, conclusions and recommendations) and Case Studies;
- Liaise with the Evaluation Reference Groups for any issues related to the evaluation;
- Provide management response to the final evaluation report;
- Review and approve the final evaluation report and Case Studies;
- Disseminate the final evaluation report to relevant stakeholders.

The Evaluation Manager will:

- Provide support to the whole evaluation exercise, provide feedback for quality assurance during the preparation of the design report, field work, case studies, dissemination seminar, and the final report;
- Conduct stakeholders mapping;
- Provide evaluation team with available internal and external data relevant to the country
- Provide national experts with the relevant data
- Facilitate the establishment of the Reference Group at country level
- Be supported by the RO M&E adviser

The reference group composed of representatives from the UNFPA country office, the national counterpart, 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;
- 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.

BIBLIOGRAPHY AND RESOURCES

1. UNFPA Country Programme Document for Albania 2017-2021
2. United Nations – GoA Programme of Cooperation for Sustainable Development
3. UNFPA Strategic Plan 2018-2021
4. Handbook [“How to Design and Conduct a Country Programme Evaluation at UNFPA”](http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa) (<http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)
5. UNFPA [Evaluation Webpage](http://www.unfpa.org/evaluation) (<http://www.unfpa.org/evaluation>)
6. National Voluntary Report, SDGs
7. MAPS Mission Report
8. ADHS 2
9. 3rd National Survey on Violence against Women and Girls in Albania
10. UNDP Human Development Reports for Kazakhstan
11. Health Strategy,
12. Social Protection and Care Strategy

13. National Youth Action Plan
14. UN PoCSD Annual Reports
15. Any other

Annexes:

- Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations
- Annex 2: Evaluation Quality Assurance and Assessment: Tools and Guidance (<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>)
- Annex 3: How to Design and Conduct a Country Programme Evaluation at UNFPA (<https://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)
- Annex 4: Equity-focused and gender-responsive lens evaluation (<https://www.evalpartners.org/evalgender/no-one-left-behind#guidance>)
- Annex 5: Country Programme Theory of Change
- Annex 6: Evaluation Implementation Plan

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

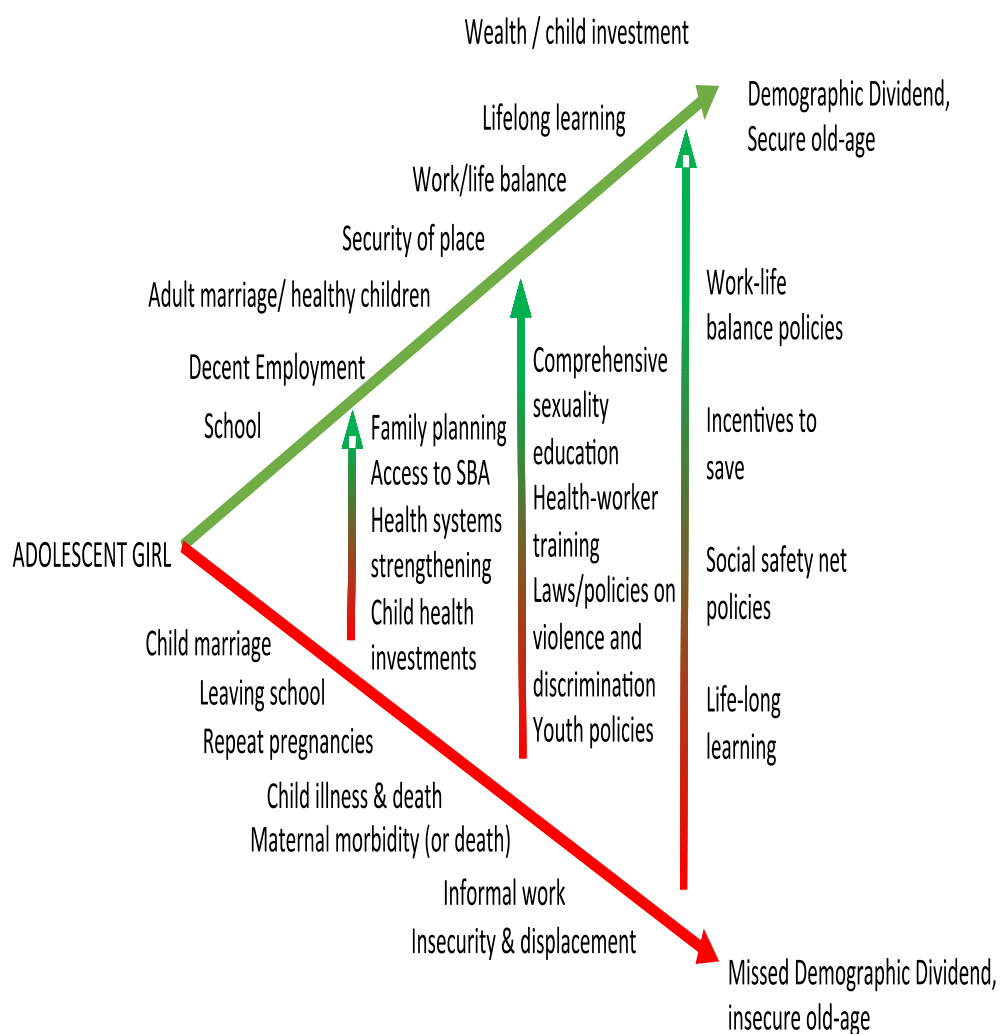
Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

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 5: Country Programme 2017-2021 Theory of change



Annex 2. List of persons/institutions met

- Elsona Agolli, PD and Gender Programme Analyst, UNFPA Albania
- Roland Bani, Head of National HIV/AIDS programme
- Eglantina Bardhi, Director, Together for Life NGO, and Health Plus Magazine
- Arbi Basho, Social Worker, Municipality of Pogradec
- Manuela Bello, Head of Office, UNFPA Albania
- Edlira Bracellari, Director, NESMARK
- Estela Bulku, Programme Officer, UNWOMEN
- Mariana Bukli, Health Officer, UNICEF
- Genc Burazeri, Ex deputy director IPH, Head of Program Healthy Schools
- Mirlinda Bushati, Early Learning Education Specialist, UNICEF
- Dorina Canaku, Head of sector for NCDs, IPH
- Mirela Cela, Director of National Center for Quality, Safety and Accreditation of Health Institutions
- Erol Como, Sector of Policies and Strategies for Health Sector Development, MHSP
- Brunilda Dervishaj, Chief, Department for Policies and Strategies for Social Inclusion and Gender equality, MHSP
- Elsa Dhuli, Director, INSTAT
- Albana Fico, Director, IPH
- Donika Godaj, Executive Director, YWCA
- Rodika Gogi, Project Coordinator, Supporting the Western Balkan's collective leadership on reconciliation - RYCO Project, UNDP
- Bruna Hylviu, Executive Director, ACPD
- Darina Kaltani, Programme manager, Peace Corps Albania
- Dritan Kamani, Medical Coordinator, STOP AIDS
- Monika Kocaqi, Consultant
- Holta Koci, Executive Director, ACA
- Aspasjana Kongo, Deputy Minister, Ministry of Education, Sport and Youth
- Nora Kushti, Communication Manager, UNDP
- Entela Lako, Social Inclusion and GE, UNDP
- Bruna Minarolli, MoFA and Europe
- Genci Mucollari, Executive Director, Aksion Plus
- Majlinda Nesturi, Director of social statistics department, INSTAT
- Azem Nuhu, Head of Cash Assistance (Ndihma Ekonomike), Municipality of Maliq, Korce
- Elida Nuri, Communications and Advocacy, UNFPA Albania
- Xhilda Papajani, Expert on Social Care and Protection, MHSP
- Armela Pengili, Executive Director, Act for Society
- Brunilda Prifti, Head of Cabinet, Municipality of Korce
- Genta Qirjako, Head of PH Department, Faculty of Medicine and head of health promotion, IPH
- Andi Rabić, Youth Voice Network
- Karolina Rista, Administrator Euronews and head of Infinit Plus
- Fioralba Shkodra, Head of Office, Development Coordination Officer / Strategic Planning Team Leader, UN Resident Office
- Anduena Shkurti, LNOB Project manager, UNDP
- Emira Shkurti, Juvenile Justice, member of GTG, UNICEF
- Edlira Sina, CSE /GBV National Coordinator
- Elma Tershana, Executive Director, Observatory
- Dorina Tocaj, UNFPA
- Silvana Viola-Mjeda, Leave No one Behind UN joint project manager, Swiss Development Cooperation
- Merita Xhafaj, Director General for Policies and Strategies, MHSP
- Meme Xhaferaj, Director of Social Care Department, Durres Municipality

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- Social Protection and Care Strategy
- National Youth Action Plan
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- Albania Demographic and Health Survey 2018
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- Health System Indicators Framework based on ECHI (unpublished)
- Raporti Kombetar Rinia Ne Shqiperi 2020

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- <https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS>
- <https://data.worldbank.org/indicator/SI.POV.DDAY?locations=AL>
- <https://openknowledge.worldbank.org/handle/10986/34432>
- http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/ALB.pdf
- <https://www.giz.de/en/worldwide/20440.html>
- <https://cordis.europa.eu/article/id/124474-renewable-energy-potentials-of-albania>
- <https://balkangreenenergynews.com/albania-forced-to-import-80-percent-of-electricity-due-to-drought/>
- https://www.ilo.org/wcmsp5/groups/public/---ed_mas/--program/documents/genericdocument/wcms_562105.pdf
- <https://www.al.undp.org/content/albania/en/home/development-impact.html>
- https://www.infrastruktura.gov.al/wp-content/uploads/2019/07/2nd-Monitoring-Report__-24-June-2019.pdf
- <https://europeanwesternbalkans.com/2020/03/03/judiciary-under-reconstruction-albanias-eu-orientated-reforms-in-progress/>
- <https://www.osce.org/chairmanship/443542>

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
EQ 1 (Relevance): To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis on the most vulnerable population (ii) and in line with the priorities set by international and national policy frameworks (iii) aligned with the UN GoA PoCSD (iv) planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?			
The needs of the population, in particular those of vulnerable groups, were taken into account during the programming process	<ul style="list-style-type: none"> Evidence for a need's assessment, identifying the varied needs of diverse stakeholder groups The selection of target groups for UNFPA-supported interventions in the two components of the programme is consistent with identified needs (as detailed in the common country analysis) Extent to which the interventions planned within the CPAWPs were targeted at the most vulnerable population groups in a prioritized manner 	<ul style="list-style-type: none"> CPD CPAPs National policy/strategy documents Needs assessments Surveys (including MICS) and census data Other relevant studies used to understand the HR and GE context, including those produced by the government, academia, the United Nations, reports produced by international human rights organizations, and reports produced by community-based/ local organizations 	<ul style="list-style-type: none"> Document analysis Interviews with UNFPA country office staff Interviews with / survey of implementing partners Interviews/focus groups with final beneficiaries Interviews with NGOs, including local organizations, working in the same mandate area as UNFPA but not partners of UNFPA
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> UNFPA Country Programme Document for Albania 2017-2021 United Nations – GoA Programme of Cooperation for Sustainable Development UNFPA Strategic Plan 2018-2021 UNFPA Albania Annual reports, 2017-2019 UN PoCSD Annual Reports UNDP Human Development Reports for Albania 3rd National Survey on Violence against Women and Girls in Albania Health Strategy, Social Protection and Care Strategy National Youth Action Plan <p>Key informants' contributions.</p> <ul style="list-style-type: none"> To identify needs and priority groups, country Office has organized structured meetings with key stakeholders for every field before programming. Especially government partners, but NGOs as well. Not only implementing partners. For every major interventions are consulted Ministry of Health, Ministry of Education, Ministry of Culture and Youth, Institute of Public Health, University, etc. Every existing study is also used to identify gaps, most at risk and most vulnerable; previous ADHS, Census data, official reports but also NGO surveys or previous reports supported by UNFPA (i.e. cervical cancer analyses). UNFPA gives the chance to all government partners to give their ideas and recommendations at the beginning of program cycle, but sometimes people involved lack the expertise to contribute effectively. Some institutions remain passive when main objectives, outcomes and outputs were designed. Nevertheless, either Ministries, or their dependent institutions express their more explicit needs during the program, what forces UNFPA country office to make arrangements in order to adapt the program frame to changing needs. UNFPA has been very flexible and things have been going smoothly anyway. Nonetheless it is very important to invest more in developing government capacities in fields such as women and mother care, gender, adolescents and youth, 			

ageing, etc. Some dedicated country structures and qualified professionals are needed. They could play a more active role in programming. It is recommended that UNFPA should do more in the future to help building these structures/capacities²⁶⁶.

- Some implementing partners prefer to be passive implementers instead of getting involved since the early stages of the programming process. ‘We have not much expertise to orient strategies, but we are very good in project administration. This is why we had not much to say in round tables three years ago’²⁶⁷.
- There have always been meetings between Ministry and UNFPA to identify needs and priorities. For the national strategy of gender equality, UNFPA (along with two other main partners - UNW and UNDP) was approached by Ministry and they were essential in its development. Also, MHSP have successfully assured UNFPA support for the three years project ‘Ending violence against women’, (a project funded mainly by Sweden Government). ‘Consultation tables have been a very effective mechanism to orient UNFPA support towards Ministry priorities’²⁶⁸.
- There were consultations at the beginning of the program three years ago. National Program of AIDS proposed UNFPA to help on prevention of mother to child HIV transmission. Later UNFPA included it in its programme and helped with a guideline, protocol and standards at health care institutions. UNFPA is also involved in the AIDS CCM (country coordination mechanism) through a rotating UN representative; although CCM is strictly focused on Global Fund financed activities and doesn’t play an important role in national AIDS policies. Additionally, during last two years no meetings have been carried out²⁶⁹.
- In the consultations for new strategies and new program cycle are involved not only government partners and important organizations. Other experts or smaller NGOs are consulted as well
- The mandate of ACPD is mainly focused on reproductive and sexual health, as well as population development and gender-based issues. The main objective is to strengthen the reproductive and sexual health services for the most vulnerable groups and forge the partnership with key stakeholders at national and local level. The UNFPA has supported our interventions and has taken into account the needs of the most vulnerable groups, particularly youth and women of reproductive age. It has supported our interventions based on our request as well through a joint collaborative approach, including partnership with MoHSP, IPH and other stakeholders²⁷⁰.
- For many years, UNFPA has been the only organization in the country that has supported prevention services among people who use drugs. The country office has regularly consulted with us in order to better adapt and tailor the needs of our target group based on their (UNFPA) budget and working plan.
- Aksion + has been supported by UNFPA on programs related to improvement of sexual and reproductive health for most at risk groups (MSM, LGBT, drug users and roma), as well as protection of rights and closing the gaps of young adolescents²⁷¹.
- Observatory during the last 4 years (2017-2020) has implemented the programmatic interventions under the Youth Voice program: “To create, coordinate and expand the civil society protection platform for ICPD issues and Development Goals Sustainable (SDG)”, supported by UNFPA. *The Programmatic Key Actions* that Observatory has worked and is being responsible are as follows: National CSO advocacy platform, Expand CSO platform locally, Media Platform, Online platform²⁷².
- Albania Community Assist has a close and frequently collaboration with UNFPA during all the phases of action implementation and in all levels of staff, experts and beneficiaries as well. Communication with UNFPA is ensured through weekly communication on email, telephone and mobile, in addition to publication/share of social media posts and information. The programs and interventions were jointly prepared and tailored based on needs and specifications of each target group, as well as followed in all phases of implementation²⁷³.
- Through UNPFA support, ActforSociety provide programs and services with youth/adolescents and GBV, as well as male involvement. These activities are consistent with the UNFPA framework and our needs were taken into account by UNFPA during the programming process²⁷⁴.
- MoESY as part of government priorities works with UNFPA to address the needs of vulnerable groups and prioritize activities based on a “common plan” agreed by both parties²⁷⁵.
- UNFPA supported activities on youth issues, such as Youth Debate on the new Law on Youth, Budgeting youth activities, as well as information activities with participation of youth and municipality staff regarding the SDG and Leaving No One Behind²⁷⁶.

²⁶⁶ KII #9

²⁶⁷ KII #6

²⁶⁸ KII #14

²⁶⁹ KII #2

²⁷⁰ KII #22

²⁷¹ KII #19

²⁷² KII #21

²⁷³ KII #27

²⁷⁴ KII #41

²⁷⁵ KII #24

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

Online survey²⁷⁷

Question	Score	N
1. The objectives and strategies of the UNFPA (CP) have been planned with the national partners (government, academia, NGOs, beneficiaries)	4.733333333	30
2. UNFPA conducted needs assessments, studies, and evaluations to identify needs and lessons learned prior to programming and during the CP.	4.620689655	29
3. The needs of the population, in particular those of vulnerable groups, were taken into account during the programming process	4.709677419	31
4. Cross cutting aspects such as gender equality and population dynamics are reflected in the CP and programmatic area interventions	4.787878788	33
5. Target groups for UNFPA supported interventions is consistent with identified and evolving needs and national priorities	4.71875	32
6. The interventions supported by UNFPA were/are targeted at most vulnerable, disadvantaged, marginalized and excluded population groups	4.727272727	33

<p>The objectives and strategies of the UNFPA support are consistent with the priorities in relevant national strategies and policies, in the UNFPA strategic plan, aligned with the QCPR and the UN Partnership Framework</p>	<ul style="list-style-type: none"> The objectives and strategies of the CPD and the CPAWPs in the components of the programme are in line with the goals and priorities set out in the GoA – UN PoSD CPD goals are reflected in the P&D component of the programme The CPD (across all components) aims at the development of national capacity Extent to which a human rights-based approach (with the integration of gender equality) has been used to develop the country programme, including a specific focus on the needs of vulnerable populations Extent to which specific attention has been paid to adolescents and youth, heterogeneously understood, in the all components of the programme Extent to which objectives and strategies of each component of the programme are consistent with relevant national and sectorial policies Extent to which the objectives and strategies of the CPD have been discussed and agreed upon with the national partners Evidence that the strategic plans of funds and programmes are consistent with and guided by QCPR Extent to which the CP consistent with three transformative and people-centered results 	<ul style="list-style-type: none"> CPD UNDAF CPAWPs National policies and strategies UNFPA strategic plan Country office staff UNCT Implementing partners Other actors advancing SRHR/working on UNFPA mandate areas (not formally partnering with UNFPA) 	<ul style="list-style-type: none"> Document analysis Interviews with UNFPA country office staff Interviews with other United Nations agencies Interview with government officials Interviews with / survey of implementing partners Interviews with other development actors (i.e., NGOs/groups working in the areas in which UNFPA works, but that do not partner with UNFPA)
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Documents reviewed include:

- UNFPA Country Programme Document for Albania 2017-2021
- United Nations – GoA Programme of Cooperation for Sustainable Development
- UNFPA Strategic Plan 2018-2021
- UNFPA Albania Annual reports, 2017-2019

²⁷⁶ KII #29

²⁷⁷ Online survey, N=34

- UN PoCSD Annual Reports
- UNDP Human Development Reports for Albania
- 3rd National Survey on Violence against Women and Girls in Albania
- Health Strategy,
- Social Protection and Care Strategy
- National Youth Action Plan

Key informants' contributions.

- UNFPA CO makes every effort to address the needs expressed by National Government while following CPD. Sometimes this is not possible. 'After the earthquake of 22 November 2019, we were presented with the request to assist in rebuilding damaged health infrastructure such as Maternity in Lac or procuring auto ambulances and other medical equipment. In this case we tried to adapt to emergency, and proposed to provide a quantity of food and medicine packages for those most affected along with training for providers and careers. At the end Ministry didn't agree and we were unable to meet their requests, as they were far exceeding our budget. Much more funds are needed!. Although we have try to harmonize country program with changing needs and local policies, this is not always possible²⁷⁸.
- Being flexible and adapting to national government changing requests may have been a strength but also a challenging for UNFPA CO. Trying continuously to adapt they may lose sight of main program outcomes. This can be also related to UNFPA mandate that is more diverse than UNICEF for example²⁷⁹.
- Some representatives of public institutions don't know much about QCPR, CPD, or other details about UNFPA CO programming. It may show some gaps in involvement of state actors²⁸⁰.
- At the end of each fiscal year, we organize intensive discussions with UNFPA country office regarding the next year interventions and actions. They are based on the national strategies and action plans, needs of our target groups as well as the mandate of UNFPA. Of course, we have too many ideas and gaps to be closed, but at least through UNFPA support we have been able to address the most pressing needs, gender-based violence issues included²⁸¹.
- I am not very familiar with the UNFPA strategic plan, but I must say that UNFPA support is consistent with our needs, and therefore in the same line with the National HIV/AIDS strategy and Health Promotion Action Plan²⁸².
- With UNFPA supports we're implementing programs for different vulnerable groups, (MSM/LGBT, SW and roma) which often are left behind by government and donor's community attention²⁸³.
- During designing of the CP and specific actions under the program of Observatory, UNFPA has conducted various meetings and consultations. Discussions has been around actions that support vulnerable young people, girls, those from remote areas, people with disabilities, early marriages, victims of violence, out of schools etc. Under the main output, Observatory in collaboration with UNFPA has designed: Output indicator, Strategic interventions based on the terms of contract, Key Actions, Annual indicators, starting by baseline (2016) and specified per each year (from 2017-2021), IP indicators, starting by baseline (2016) and specified per each year (from 2017-2021)²⁸⁴.
- ACA, as an IP partner of UNFPA develops plans of activities based on priorities and strategic plan of UNFPA, taking into account the needs of heterogeneous groups and consistent the three transformative and people-center approaches²⁸⁵.
- Yes, the objective of UNFPA corresponds with the needs of the population we target as well as national policies. Act for Society, consults working plan in advance with UNFPA and project proposal are written and submitted based on the national policy priorities and UNFPA framework²⁸⁶.
- MoESY has a "regular communication line" with UNFPA where plans and needs are consulted and adapted based on priority needs of MoESY and programmatic plan of UNFPA²⁸⁷.

²⁷⁸ KII #42

²⁷⁹ KII #9

²⁸⁰ KII #16

²⁸¹ KII #19

²⁸² KII #21

²⁸³ KII #27

²⁸⁴ KII #41

²⁸⁵ KII #23

²⁸⁶ KII #32

²⁸⁷ KII #24

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

<ul style="list-style-type: none"> UNFPA has supported several youth activities in Korca region, such as “Debate on Budgeting issues on Youth Activities” and discussions about the “Youth Law”²⁸⁸, where youth actively engaged in discussions about the Law, its activities and budgeting issues²⁸⁹. The Municipality of Pogradec, through UNFPA support has organized a series of activities on GBV issues; strengthen the network of young people and women, as well as youth debate on Law of Family Violence²⁹⁰. 			
The planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan	<ul style="list-style-type: none"> Evidence that interventions in CPAWPs adequately reflect the goals stated in the UNFPA Strategic Plan Extent to which the reallocation of funds towards new activities is justified 	<ul style="list-style-type: none"> CPD CPAWPs UNFPA strategic plan Country office staff Implementing partners Final beneficiaries 	<ul style="list-style-type: none"> Document analysis Interviews with UNFPA country office staff Interviews with implementing partners Interviews/focus group discussions with final beneficiaries
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> UNFPA Country Programme Document for Albania 2017-2021 United Nations – GoA Programme of Cooperation for Sustainable Development UNFPA Strategic Plan 2018-2021 UNFPA Albania Annual reports, 2017-2019 UN PoCSD Annual Reports UNFPA Albania Annual Workplans, 2017-2020. <p>Key informants’ contributions</p> <ul style="list-style-type: none"> An example of UNFPA CO adapting interventions to country needs has been support for Breast Cancer policies of Ministry of Health and Social protection. Our focus has been on cervical cancer prevention, but CO has nonetheless supported conferences/workshops on breast cancer control when approached by Ministry, trying to integrate both health issues²⁹¹. Another examples of the actions reflecting the goals of strategic plan despite constraints related to local administrations changes: ‘Family Planning is at the heart of UNFPA program. Although there is perceived a decline in support for contraceptive services, working through champions has made possible the accomplishment of initiated actions. The new protocol of Family Planning approved this November was made possible by work of experienced experts such as Dr. Erol Como. Similarly, cervical cancer screening program and ADHS were successfully finalized by working closely with experienced specialists at Institute of Public Health, against initial hesitation by policy makers²⁹² For the next round of actions it is strongly recommended to support existing local champions and work with young experts who will make the critical mass of local champions for next 10-20 years. One way to achieve this is to strengthen international networks such as ANSER²⁹³, which was started only last year by UNFPA, Institute of Public Health and Faculty of Medicine²⁹⁴. Years ago the meetings and consultations were more direct with CO staff. Recently, most interventions are carried out through implementing partners and that has prevented some direct information/or sharing. It would help to find ways for yearly contacts (progress analyses, planning for next year etc.) so key persons at public institutions know more about actions implemented by UNFPA supported IPs. It would allow them to coordinate better, to avoid overlapping, and finally to prepare more complete national reports for country progress²⁹⁵. During the last two years we have been involved in the activities related to the Breast and Cervical Cancer, which are coordinated with the National Cancer Program. A good example of a well-planned and coordinated intervention is the cervical cancer screening through an HPV test. I have to emphasize the support from MoHSP and IPH staff that facilitated the process. This year, even 			

²⁸⁸ <https://www.parlament.al/Files/ProjektLigje/20191107152923ligj%20nr.%2075,%20dt.%204.11.2019.pdf>

²⁸⁹ KII #33

²⁹⁰ <https://www.parlament.al/Files/Akte/20201020140600ligj%20nr.%20125%20dt.%2015.10.2020.pdf>

²⁹¹ KII #42

²⁹² KII #42

²⁹³ ANSER is an international platform for sexual and reproductive health, fostering interaction and knowledge sharing between academics and policy makers, <https://www.ugent.be/anser/en>

²⁹⁴ KII #42

²⁹⁵ KII #2

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

though we were under the pressure of covid-19 pandemic, we were able to reallocate funds and respond to needs of our target population particularly during lock-down period. Through a coordinated approach we were able to strengthen the national response in emergency situations, by establishing a National Emergency Committee on Reproductive and Sexual Health, in addition to conducting a baseline study on the needs of vulnerable groups towards reproductive and sexual health services at national and local level. To sum it up, there is invested in strengthening national capacities, developing country mechanisms and strengthening institutional capacities as well.

- The covid-19 pandemic, taught us how to better react in emergency situations, but in the meantime the government institutions should skip/alternate some bureaucracy rules, in order to address the needs of vulnerable populations in a timely manner. For instance, this year we're able to include into the National Disaster Management Plan the Minimum Initial Service Package (MISP)²⁹⁶.
- We have regularly received invitation from UNFPA to join their discussions about their strategic plan, including the UN ones. Even though, we can't cover all the needs of our vulnerable groups with UNFPA funds, the activities supported by this organization covers most of the sexual and reproductive health needs of young people who use drugs.²⁹⁷
- We have received support from reallocation UNFPA funds, and implemented new interventions/programs in close partnership with UNFPA local team.
- Yes, all the key actions and interventions are consistent and include the needs and national priorities. The key actions of the Observatory program are focused on strengthening the engagement of government and non-government institutions to promote Sexual and Reproductive Rights & women's empowerment, and address discrimination, with special focus on marginalized and vulnerable.²⁹⁸
- Yes, our activities are reflecting and based on the goals stated in the UNFPA strategic plan²⁹⁹.
- Our plan of activities reflects the goal stated in the UNFPA strategic plan, and consulted with implementing partners and key stakeholders³⁰⁰.
- Definitely, programs and activities supported by UNFPA and in collaboration with MoESY are in the same line with strategic priorities of UNFPA³⁰¹.
- Youth activities supported by UNFPA reflects not only the goal stated in the UNFPA strategic plan, but are in the same lines with priorities of Municipality of Korce, where youth component has a dedicated budget³⁰².

EQ 2 (Effectiveness): To what extent have the intended programme outputs been achieved?

Policy and institutional mechanisms for the improved access of people to integrated high-quality reproductive and sexual health care services with a focus on more vulnerable and target groups have been strengthened	<ul style="list-style-type: none"> • Extent to which investments into reproductive health care and family planning services have been increased • Extent to which favorable conditions for the access to reproductive health care and family planning services, especially to vulnerable and target population have been created • Evidence that additional national clinical guidelines and standards on sexual and reproductive health have been developed and implemented • Extent in which developing capacity and empowering midwives and nurses of obstetrical facilities supports the development of active position of their professional associations • Extent in which the national system of confidential enquiries into maternal and perinatal mortality and morbidity has been strengthened • Evidence that data on the status of reproductive health, needs and 	<ul style="list-style-type: none"> • National budget information • National disaggregated statistics related to reproductive health • Reproductive and sexual health care strategy • Reproductive normative tools, guidelines, strategies • Training modules • Monitoring reports • Field visits • Final beneficiaries/members of the community (including those who use the services and those who do not) 	<ul style="list-style-type: none"> • Interviews with Ministry of Health and Social Protection (MoHSP) other relevant government ministries and organizations • Interviews with WHO and other relevant United Nations agencies • Document review • Interviews with (local/national) societies for obstetrics and gynecology • Interviews with health professionals • Interviews and focus groups, discussions with service users (and those in the community who do not use the services)
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²⁹⁶ KII #19

²⁹⁷ KII #21

²⁹⁸ KII #27

²⁹⁹ KII #41

³⁰⁰ KII #23

³⁰¹ KII #24

³⁰² KII #33

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

	<p>services is collected</p> <ul style="list-style-type: none"> Extent in which preparedness of the country to render adequate services to ensure reproductive and sexual health services in emergencies has been improved Evidence that mechanisms of public-private partnership in the field of sexual and reproductive health care have been developed 	<ul style="list-style-type: none"> Relevant reports (on SRHR) produced by national/international women's rights groups and human rights bodies/organizations 	
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> UNFPA Albania Annual reports, 2017-2019 UN PoCSD Annual Reports UNDP Human Development Reports for Albania Health Strategy Albania Demographic and Health Survey 2018 National Strategy for Development and Integration 2016-2020 PoCSD 2020 Report RH National Strategy Evaluation report (unpublished) National Contraceptive Plan Evaluation Report (unpublished) Health System Indicators Framework based on ECHI (unpublished). <p>Key informants' contributions</p> <ul style="list-style-type: none"> Despite challenges, related to changes in national health priorities (more focus on prevention of non communicable diseases) and changes in health system organization (a new model which included health and social protection into one mega ministry-2017), UNFPA office has succeeded in development of some essential RH policies, which have been endorsed by Government: National Strategy for Reproductive health 2017-2021 and National Plan for contraceptives 2017-2021 are two good examples. The new program of cervical cancer screening was also approved by a government decree on 30th of January 2019, after many years of capacity building, advocacy and evidence gathering. Including RH services at essential primary health care package, although prior to this program cycle, has also been an example of assuring policy and institutional mechanisms for the improved access of people to integrated high-quality reproductive and sexual health care services. Another success has been to incorporate into the national plan of disaster management the 'Minimum Initial Service Package (MISP) for SRH in crisis situations'³⁰³ It has been a challenge to convince Government to revitalize a hibernating National Committee of Reproductive Health. The Committee was finally reorganized and gathered for the first time in years in 2019, providing political support to RH services and opening the debate for a new law on RH. Continuing the support for the new RH law should be considered a priority for the next year. Gaps: a weak point remains lack of assurance of a dedicated budget for the RSH services and more guaranties would be necessary in the future to ensure the necessary budget and implementations of measures planed in policies/action plans³⁰⁴. Targets and indicators of the program cycle should be identified to be more specific and appropriate for short term, midterm and long-term outcomes. This requires a better collaboration/coordination with country institutions responsible on data, as well as support for those institutions to standardize the indicators and improve quality of data³⁰⁵. UNFPA has not only supported development of specific clinical guidelines, protocols or standards (some examples are those for Mother to child HIV control, primary health care guidelines for management of gender based violence etc.). In collaboration with National Centre for Quality and Standards in Healthcare, IPH and University Hospital, and supported by a specialized international Centre in Bucharest, UNFPA has made possible development of series of training modules on 'Development of Guidelines and Protocols on RH care' for gynecologists, GPs and midwives. Based on these modules, for two years trainings were organized in Tirana and other districts. Participants were instructed on practices and modalities about RH guideline developments, building this as a critical mass of local experts who are championing for evidence based medicine in RH sector. A pool of most motivated and enthusiast among trained 			

³⁰³ <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>

³⁰⁴ KII #42

³⁰⁵ KII #9

professionals can be selected and supported in the future to work on reviewing existing standards and upgrade them to the most recent evidence³⁰⁶.

- It was the insistence of UNFPA office what convinced Minister of HSP to issue an order for the new national Committee of Reproductive Health after 8 years. After its first meetings all members accept the need for the new law of RH. Nonetheless, there remain an important weakness in the work of the Committee. It is not presented with situation reports, or evidence about trends of major indicators of RH. This is related to a certain degree to the reforms in the structure/organogram of Ministry of Health some 7 years ago where more focus was given to non-communicable diseases (NCDs) and new structural models were introduced. For example, in the new structure of Ministry there is not anymore a unit covering health services for mother and child what used to be one of main units in the past. Additionally, experienced professionals have retired and new specialists are still to be prepared. Adoption of the special unit on RH including mother and childcare would serve as a driver in the future. The dedicated structure at Ministry level would also be reflected in the structure of newly created Operator of Health Care which is supposed to take over operational management of health system from Ministry. Traditional information systems based on women centres and primary health care are not well maintained and the data are not adequately validated or analysed. Dedicated units with good quality data from health services would feed the work of RH Committee and promote evidence-based policies. UNFPA should consider a strategy to support Ministry in this process³⁰⁷.
- Often is not MHSP that takes initiative on new RH-related clinical guidelines/protocols. The ideas come from UNFPA and immediately endorsed by Ministry. UNFPA is the best advocate especially for service standards for vulnerable groups (women of rural areas, Roma etc.). The most recent example of this approach is the finalization of the guideline on family planning. Other examples are initiatives to assure the continuity of services for pregnant women during pandemic when some routine services were discontinued or postponed by lockdown. UNFPA with ACPD introduced models of online services and services at home. Many activities, planned in national strategies are too complicated to be carried out by MHSP bureaucracy; UNFPA is always there to support with trainings, hiring expertise, printing and distributing materials through its IPs.
- Even though the pandemic period was a significant barrier, our organization with UNFPA funds has been able to contribute to improving access for people and increase the utilization of SRH services. There are organized 20 national training with healthcare providers to familiarize them how to respond to the SRH needs of people in time of emergencies and crises. This was followed by development of a National Guideline, which is approved by MoHSP, followed by training of healthcare providers. The National Guidelines is expected to be launched soon.
- An innovative online platform is established (2017) which helps to organize virtual trainings with healthcare providers and clients. A size estimation study was carried out, aiming to size the number of PWID, MSM and Sex Workers at country level with a main focus on HIV prevention programs.
- Mother/Child mortality rate remains unacceptably high in Albania and more focus should be placed on safe motherhood programs, to better support mothers during and after pregnancy.
- We have been invited in several events when different documents/guidelines have been produced and launched by UNFPA. I can mention for instance, the update protocol on FP, Health Promotion Action Plan, National Youth Strategy, Sexual and Reproductive Health Plan, etc., where the needs of vulnerable groups or those in needs have been taken into account³⁰⁸.
- Different protocols, guidelines and advocacy meetings have been developed and published with the UNFPA support. For instance: national protocol on family planning, reproductive and sexual health strategy, national studies such as Albania Demographic Health Survey, the new Census, etc.³⁰⁹
- UNFPA has supported the integration of population dynamics, youth, and reproductive health and gender equality into development planning at national, sectorial and local levels, through consultations, meetings, sharing and exchanging information's³¹⁰.
- With UNFPA support we have carried out several Research, Advocacy, Capacity Building, Awareness Raising, and Behavior Change Campaigns. Periodic trainings are organized with medical doctors/nurses/midwives on RSHR issues. On the other hand, we are applying and implementing the concept of the role of Health Mediator for the vulnerable communities³¹¹.
- When needed we rely on documents/guidelines produced by UNFPA support and its implementing partners³¹².
- MoESY in partnership with UNFPA has facilitated and contributed to the development of the following documents: National Youth Action Plan, along with a dedicated budget on youth issues; Youth Law, National Youth Strategy (2020-2026), as well as several national programs such as: Summer School on Life Skills and Education, GLOW (Girls leading our World), etc.³¹³

³⁰⁶ KII #12

³⁰⁷ KII #19

³⁰⁸ KII #21

³⁰⁹ KII #27

³¹⁰ KII #41

³¹¹ KII #23

³¹² KII #32

³¹³ KII #24

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

<p>National legislation, policy and programs allowing for the rights and needs of young people and youths have been strengthened</p>	<ul style="list-style-type: none"> • Evidence that reproductive rights of adolescents and young people, in particular, access of adolescents and young people to sexual and reproductive health care services and relevant information /education are in place • Extent in which comprehensive SRH education has been incorporated in the national formal education system; • Extent in which the national Y-Peer network has been expanded to make it a reliable partner of the government in providing adolescents and young people on the local level with information and education on leadership, sexual and reproductive health and gender equality • Evidence on the needs of adolescents and young people is available 	<ul style="list-style-type: none"> • Strategy and protocols • Monitoring reports • Developed curriculum • Field visits • Consultation meeting minutes • Policy briefs 	<ul style="list-style-type: none"> • Document review • Interviews with MoHSP and other relevant government ministries • Interviews with UNICEF and WHO and other relevant United Nations agencies • Health professional interview • Interviews with diverse groups of young people • Interviews with peer educators • Teachers interview • Meeting with implementing partners • Meeting with school health educators
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> • UNFPA Albania Annual reports, 2017 – 2019; • UNDP Human Development Reports for Albania • Health Strategy, • Social Protection and Care Strategy • National Youth Action Plan • UN PoCSD Annual Reports • 3rd National Survey on Violence against Women and Girls in Albania. <p>Key informants' contributions</p> <ul style="list-style-type: none"> • Comprehensive sexual education (CSE) in schools has been supported successfully by UNFPA, despite the resistance by some politicians, parents and teachers groups. Now the educational package is taught in three matters; citizen education, biology and physical education. It is organized in the form of advices for a better and healthy life, and it includes an educational package about sexual abuse³¹⁴. • It is highly recommended this action to be part of the new program cycle and continue the support for better awareness among students and teachers. • With the support from UNFPA Ministry of Health and Social Protection has developed and approved the National Strategy and Action Plan for Health Promotion 2017-2021. Nevertheless, the health promotion actions remain sporadic and not well funded. Large-scale awareness and behavior interventions combined with targeted interventions are needed, to work with regional public health structures, schools, communities and media³¹⁵. • Campaigns of information about challenges of adolescents, role of family and responsibilities of society are carried out through well-designed TV shows. Programmes and TVs preferred by youngsters were chosen. Hard to reach groups were informed via simple and divulgate messages. Constructive messages based on success stories and positive models were applied. 'Positive examples are recommended as the most effective way to assure positive change for troubled youth'³¹⁶. • ACPD, an important IP for UNFPA initiatives in Albania, is extending its range of expertise and activities during last three years. They are carrying out extracurricular activities in schools in the field of health education. On the other hand, some new services for youngsters/adolescents, initiated years ago in collaboration with UNICEF, are not functioning well (low utilization, lack of support for outreach, not adapted to youth style of communication etc). It is time for UNFPA to take over those initiatives and introduce new models to reach adolescents (online, more private communications, chatting, etc.)³¹⁷. 			

³¹⁴ <https://albania.unfpa.org/en/topics/comprehensive-sexuality-education>.

³¹⁵ KII #42

³¹⁶ KII #36

³¹⁷ KII #13

- Youth Voice network has been building capacities among youth activists for three years in Albania. There are 1200-1300 young voluntaries that has been trained and continuously supported with micro projects. Small community organizations, informal clubs and active individuals are receiving assistance and funds from the Youth Voice Network, in their activities that include peer education, activities for marginalized groups such as roma and LGBT etc. The financial size of yearly assistance is 1000 to 3000 USD. Sometimes in high schools teachers are part of the groups and help with their experience and enthusiasm. The Youth Voice receives the funds from 'Observatory for the rights of Children', which is an consolidated IP of UNFPA, led by Ema Tershana. Some of the organizations have gradually transformed themselves from small groups into major players in the field of gender and youth and vulnerable groups, since they have joined the network. An good example is Act for Society Albania, which now carry out many projects of its own. One of their latest successful initiatives is the one called 'Be a man' and 'Be a man plus' which provides online concealing services for young men led by Iris Luarasi (<https://www.actforsocietycenter.org/blank-page>). Individual activists have been grown as professionals and leaders during the processes built with the support of UNFPA. Andi Rabiaj has started as a voluntary, turned peer educator, then turned youth expert. There are many other young activists nurtured this way by UNFPA in this program cycle. It is advisable for UNFPA to find ways to permit their personal development into another stage, such as temporary internship in UNFPA. There would be mutual profit; young professionals would learn more and UNFPA would use their energy and enthusiasm. For the moment this process is not possible under UNFPA rules³¹⁸.
- Another recommendation is introduction of Youth Exchange Programs for the next program cycle. For the moment there are not such initiatives. Albanian successful youth groups would learn a lot by exchanging experience and ideas with their neighbors in Wester Balcans.
- Some initiatives about youth and adolescents, which have been confirmed as successful, effective and appropriate, need to be supported in long terms, without seeking new and innovative ideas at any cost. Y-PEER risks to diminish in influence and effectively while they are not other donors, and it is strongly recommended that UNFPA to continue the support for it³¹⁹.
- There are a range of interventions UNFA has supported to reach young people, understand better their needs and involve them in decision making in democracy. Two effective examples seem to be
 - i. online communication platforms provided by specialized NGOs
 - ii. youth surveys organized by local government and their engagement with youth councils
- Online platforms like 'No Taboo' developed by NGO Together for life address a number of issues related to barriers in utilization of services for young people. Only a small proportion of young people use the services provided by social workers/sociologists near schools in Albania. Most of them prefer to talk about their problems with peers. Dedicated platforms like 'No Taboo' provides the necessary privacy for their questions. These approaches address also lack of expert counseling in remote areas. Or the pandemic constrains. 'There are a lot of needs and a lot of unanswered questions among youth. Many simple issues can be solved by this platform created 3 years ago. The model may serve not only for sexual or reproductive education, but for mental health and young people in crises, as well'³²⁰³²¹.
- Online communication cannot totally substitute other direct interventions in the field. That's why initiatives are diversified and include targeted media information campaigns and formal trainings, especially in regions outside Tirana, where are most needed³²²
- The second successful example is that of Durres Municipality, which has organized needs assessment surveys and analyses with youth in community, as well as helped in setting up and involving in municipality decision making local Youth Council. These initiatives has been implemented by Municipality social service and NGO 'Observatory for the rights of Children', an UNFPA IP. Under 'Leave no one behind frame'³²³.
- The measured and perceived utilization of public reproductive and sexual services by young people remain very low. Guidelines and protocols for adolescent health and at a certain degree those of women health are also rarely used by professionals. More efforts from UNFPA are expected in these areas to educate, train, raise awareness and adapt standards³²⁴.
- Recently, we're implementing a program that helps out of school children/youth to have access to sexual education. In addition, ACPD is an IP of UNFPA and therefore, support local organizations (STOP AIDS, YMCA, YWCA, Aksion Plus) through programmatic support to provide services without stigma and discrimination³²⁵.
- Our organization is part of Y-Peer network and UNFPA has supported STOP AIDS NGO to establish the HIV peer education network in prison settings³²⁶.

³¹⁸ KII #35

³¹⁹ ibid

³²⁰ KII #3

³²¹ <https://es-la.facebook.com/jotabu.al/posts/531911360735221/>

³²² KII #45

³²³ KII #16

³²⁴ KII #19

³²⁵ KII #21

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

<ul style="list-style-type: none"> Through UNFPA support, our programs cover reproductive and sexual health rights by providing services for the most vulnerable groups³²⁷. Leave No One Behind policy is applied through identifying and mapping young people needs at local level. During the implementation of the youth program 2017 and on, Observatory conducted surveys with 1400 young people on their knowledge and perceptions about sexual and reproductive health, in 14 municipalities (Shkodër, Roskovec, Belsh, Korçë, Pogradec, Durrës, Fier, Maliq, Krujë, Dibër, Lezhë, Përmet, Urë Vajgurore, Shijak). Young people need and priorities have served as a basic tool for proposing interventions and further steps from the Municipalities (in designing Youth planning and budgeting plans)³²⁸. Regarding implementation of national legislations/policies, even though they are good documents, in practice there is low level of implementation by governmental institutions³²⁹. Yes, Sexual Education and Reproductive health is part of school curricula now. Y-Peer network is active and often our organization relies on this network to reach young people. In several cities, we have established male clubs named “be a man” and organize periodic discussions about the needs of young people in the field of RSH and using the Peer Educator Manual produced by UNFPA³³⁰. Sexual and reproductive health and the elimination of gender-based violence and harmful practices is an important component supported by UNFPA and Albania government. Significant contributions are being provided to efforts to shift social and gender norms at the local level.³³¹ National Youth Action Plan, Youth Law and Youth Strategy has been the most serious documents, which continues to be the baseline for the development of new programs. Currently, new Regional Centers have been established (Tirane, Korca, Vlore) and the National Program called “Debate” is available in 16 municipalities, where young people are actively discuss and engaged in youth issues. Additionally, Youth Voice is an active and effective network and we have received a positive feedback from young people who part of this network³³². (Aspasiana Kondo, MoESY). Activities organized with UNFPA support helped to strengthen the youth network in Korca region as well as helped youth to show and strengthen their leadership skills. The Youth Law, specifies that youth activities should have a dedicated budget and this will help us to better address the needs of young people³³³. UNFPA supported activities on youth debate in regards to drafting the Law on Youth, as well as activities to support young people how to write projects, budgeted included³³⁴. Youth network of our city was actively engaged in training on GBV, as well as a Forum named “Youth Inspire” is in place and provides prevention information and counseling support for victims of violence³³⁵. 			
<p>National policy and institutional mechanisms for promotion of gender equality and prevention of gender-based violence and damaging practices /customs have been strengthened</p>	<ul style="list-style-type: none"> Development of a new long-term national policy document on gender equality to incorporate recommendations of the universal periodic review and define obligations of the country with regard to reproductive rights of people of Albania with a focus on vulnerable groups, including adolescents and young people, improvement of access to SRH services and appropriate information, prevention of gender-based violence and early/forced marriages Strengthening coordinated institutional mechanisms to ensure inter-sector response to gender-based violence Strengthening partner relationships of government, civil society and religious organizations in order to facilitate gender equality and prevent 	<ul style="list-style-type: none"> UNFPA assistant representative UNFPA gender focal point and/or team working on gender equality Parliamentary Committee MoH MoSE NCFWC Relevant NGOs Relevant implementing partners Gender focal points in concerned 	<ul style="list-style-type: none"> Document review and analysis Group meetings with NGOs, concerned municipalities (women’s units) Interviews with UNFPA gender focal points Interviews with government implementing partners Interviews with / survey of diverse groups of organizations – including implementing partners

³²⁶ KII #27

³²⁷ KII #41

³²⁸ ibid

³²⁹ KII #23

³³⁰ KII #32

³³¹ KII #40

³³² KII #24

³³³ KII #33

³³⁴ KII #29

³³⁵ KII #4

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

	<p>gender-based violence and early/forced marriages</p> <ul style="list-style-type: none"> Promoting approaches to change gender relations and engage men and boys into solving problems of gender inequality and gender-based violence National Commission for Families, Women and children (NCFWC) members trained in life skills 	ministries and municipalities	
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> UNFPA Albania Annual reports, 2017 – 2019; UNFPA Albania Annual Workplans, 2017-2020; UNDP Human Development Reports for Albania; OSCE-led survey on violence against women: Well-being and safety of Women, Albania Results report, 2019; UN PoCSD Annual Reports; CEDAW report; 3rd National Survey on Violence against Women and Girls in Albania. <p>Key informants' contributions</p> <ul style="list-style-type: none"> In February 2020 MHSP with support from UNFPA developed and formally approved standard operative procedures to be followed by health/social providers (and all other stakeholders) for situations of violence in families and gender-based violence. There are three orders of Minister to approve these protocols; one for health workers, one for social workers and the third for situations of emergency (No 100, 101, 102, date 21.02.2020). Part of the procedures is the development of Coordinated Mechanisms of referral, which will ensure safe and professional referral of abused women between different sectors and institutions. For the first time in the country, Operators of Health care, and Social protection services near municipalities are expected to work in harmony and coordination to support victims of abuse. Despite Covid 10 crises, the development and approval of procedures were followed by training sessions carried out during July 2020 with support from Albanian Centre for Population and Development. It is expected to continue the assistance for municipalities and local operators of healthcare, as soon as pandemic will be put under control³³⁶. While it faced a lot of difficulties and it took to long (three years long years) to develop the above mentioned SOP, during this year the initiative can finally be considered a success story. During the trainings, local partners showed motivation and promised enthusiasm to start implementing them in practice. Additionally, Ministry of Justice and Ministry of Interior, which are key stakeholders (as their structures are important parts of coordinating mechanism of referral) and which initially were not part of the process, have expressed active and formal interest to adapt SOP for their structures. Their involvement will fill all the gaps in making coordinative mechanism of referral a functional structure in support of women, victims of violence and abuse³³⁷. We cant say that the existing strategy for gender equality or the law, have totally eliminated gender problems in Albania. Nonetheless, there is tangible progress. From quotes for parliament candidates and municipality councils, to more services for vulnerable women. The new strategy that has already started consultations this year, will hopefully guarantee continuation and sustainable progress. The process for the new strategy is part of the program 'to eliminate violence against women' and is supported by UN Women, UNFPA and UNDP³³⁸. It is recommended that new approaches (which involve men, boys and father parenting) that have been started this program cycle to be expanded next year and next program cycle. Every year UNFPA supports MHSP and other actors such as parliamentary commissions and civil society, to organize campaigns and activities in the 16 days of activism against gender based violence³³⁹. There are actions to support LGBT and transgender integration and avoid discrimination. New protocols are being developed with support of UNFPA about intersex clinical treatment. Training sessions for health providers have also been developed. There have been difficulties to carry out these activities because for inappropriate preparations, inadequate selections of trainers and generally low awareness and motivation³⁴⁰. 			

³³⁶ KII #14

³³⁷ KII #22

³³⁸ ibid

³³⁹ KII #14

- The new shelter LILUM, which is built by collaboration between MHSP, UNFPA and other partners, provides assistance to the most vulnerable individuals, victims of various forms of abuse, including sexual abuse. Its first beneficiaries are young women/adolescents abandoned and living in the street. They have suffered many forms of abuse. Some of the adolescents sheltered by LILUM are adolescents with mental health problems victims of sexual abuse in school settings³⁴¹.
- Areas where UNFPA support and involvement is expected to be increased³⁴².
 - Pandemic has created a specific situation related to services for women; there is noted a limitation in utilization of services. Ministry wants to adopt and develop new models of services that could be provided at home.
 - Strengthening the new network of intermediaries who will make it easier for women to report sexual abuse.
 - Strengthening health promotion among vulnerable groups.
 - Cancer screening (mammography) and marginalized women.
 - Introduction of telemedicine as an instrument to improve health service for vulnerable women
 - Implementation of new strategy about primary health care in Albania, especially integration of social and health services, as well as revitalization of mother and child cares.
 - Ageing issues should be prioritized in the next program cycle. National ageing strategy needs support from UNFPA to be adequately implemented.
- A new plan for LGBT integration and non-discrimination is underway. UNFPA will be approached to support.
- The new national strategy for gender equality is expected to be developed within next year. MHSP has just finalized an evaluation and plans to share it with the UNFPA, which is seen as an important partner for the development of the new strategy³⁴³.
- A new national plan for de-institutionalization is in its first phases and one of its aims is to prevent abandonment of infants through support for parenting. More support from UNFPA is needed for the new models of services near maternity hospitals³⁴⁴.
- Last year UNFPA supported the development of the Law on Youth. It has been considered one of the most important achievements in the field of youth policies. It will drive better fulfillment of needs for youngsters and adolescents, including reproductive, sexual needs³⁴⁵.
- On 2020, despite pandemic crises UNFPA is supporting the new Law of Reproductive Health. There are still debates in the National Committee of RH about models of legislation to be adapted in Albania.
- Since 2014-2015 there is not any reporting of violence against women from general practitioners. During a previous country program, UFPA started very successfully interventions in the field of family violence prevention. In order to sustain the initial effects, it is necessary to continuously orient resources and energy in working with health and social professionals. When asked about this summer trainings on new SOP of violence referral, IPH informants didn't know about it. More coordination between social branch of MHSP, UNFPA and IPH seems to be needed in the field³⁴⁶.
- ACPD coordinated activities on GBV components by organizing training for healthcare providers on GBV issues. In addition, SOP were developed following the UN standards. Series of trainings at country level were organized, aiming to familiarize healthcare providers, social care workers and police forces how to react and address the GBV cases. Issues and findings regarding the adolescents and young people were frequently published in the Demography Journal and CEDAW report, where ACPD gave a significant contribution³⁴⁷.
- UNFPA has supported the Bio-Bss (Biological and Behavioral Surveillance) study in prison settings, where a full section was dedicated to the GBV and harmful practices. Findings from this study have been shared with General Prison Administration and a MoU was signed between STOP AIDS NGO and Prison Administration to ensure continuation of HIV/GBV services³⁴⁸.
- A GBV component is part of our intervention, particularly the one working with Sex Workers and LGBT population, in addition to organizing different advocacy activities and training with police force and key stakeholders³⁴⁹.

³⁴⁰ KII #44

³⁴¹ ibid

³⁴² ibid

³⁴³ KII #31

³⁴⁴ KII #35

³⁴⁵ ibid

³⁴⁶ KII #16

³⁴⁷ KII #19

³⁴⁸ KII #21

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

<ul style="list-style-type: none"> • We have organized activities on gender issues and equality with participation of young boys and girls. Activities have been very sensitive for gender issues, by shading light on the importance of gender aspects in policy design and implementation. Also, particular activities have been organized for reducing gender equality, girl's empowerment. These activities were carried out during the International Day of the Girl Child, as well as International Day for the Elimination of Violence against Women³⁵⁰. • In regards to youth, I must say that the percentage of such violence is being reduced, because there have been too many campaigns and projects by different agencies/donors. Our youth peer network also provides messages against GBV, but this prevalence is higher in rural areas and families/groups who face economic difficulties³⁵¹. • A GBV coordination body is available and under the umbrella of MoESY, which works and coordinates activity closely in partnership with UNFPA³⁵². • We have a specialist that covers GBV issues and have organized some activities, but through UNFPA grants we have covered activities that encourage young people to take part in discussions/debate on youth issues. During these activities, some concrete suggestions were given and we as Municipality we'll try to incorporate in the next annual work plan and budget³⁵³. • Part of activities supported by UNFPA were also representatives from roma/gypsy community, in addition to young people from rural areas. Therefore, we can say that network of young people in Maliqi Municipality is composed by diverse groups and our municipality promote gender balance and equity³⁵⁴. 			
<p>National data systems and improved access and availability of evidence-based analysis of population flows and linkage to sustainable development for policy-making based on protection of human rights have strengthened</p>	<ul style="list-style-type: none"> • Strengthening institutional capacity in demographic analysis and population projections as the basis for sound development and monitoring of policy in the fields of sexual and reproductive health care, gender equality and gender-based violence, linkage of population and development considering for particular needs of vulnerable and target population; • Evidence that comprehensive population policy has been developed • Comprehensive system of population registries has been developed 	<ul style="list-style-type: none"> • UNFPA P&D section CPAPs • P&D project reports • Ministry of National Economy staff and publications • MoH staff • United Nations Statistics Task Force terms of reference • Implementing partners working at the state/district/community level 	<ul style="list-style-type: none"> • Annual reports from MoNE, MoH, need assessment, evaluation and monitoring reports • Planning and programming documents issued during the reference period • Inputs to and deliverables of the information systems • Interviews with ministries, and municipalities staff to review the implementation modalities of P&D component and achievements • Interviews with / survey of diverse groups of implementing partners working with communities •
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> • UNFPA Albania Annual reports, 2017 – 2019; • UNFPA Albania Annual Workplans, 2017-2020; • UNDP Human Development Reports for Albania; • Albania Demographic and Health Survey 2018; • UNESCO Institute for Statistics; • UN PoCSD Annual Reports. 			

³⁴⁹ KII #27

³⁵⁰ KII #41

³⁵¹ KII #32

³⁵² KII #24

³⁵³ KII #33

³⁵⁴ KII #29

Key informants' contributions

- ADHS and this year report³⁵⁵ on further demographic and health analyses, are examples of UNFPA program contributing to strengthening country capacity in demographic and health analysis, population projections as the basis for sound development and monitoring of policy in the fields of sexual and reproductive health care, gender equality, etc.
- UNFPA has supported in the past the setting up of the abortion registry at Institute of Public Health. It is now fully operational and has helped completing analyses of some RHS fields, such as adolescent pregnancies that have been stagnating during the last decade³⁵⁶.
- UNFPA supported the continuation of Health Behaviour in School Children Survey, after another donor (HAP - Swiss Development and Cooperation) and dropped the support. Inclusion of a question about sexual abuse was criticized in some media and Institute of Public Health and Ministry of Health Social Protection were not ready to continue the support. UNFPA worked in partnership with Faculty of Medicine and Ministry of Education and made possible the completion of the survey, and analyses. The report was ready for publication at the time of program evaluation³⁵⁷.

Challenges and recommendations:

- Service utilization indicators could be the most cost effective periodic data to support progress monitoring. Nonetheless, they are not published disaggregated for gender, age, ethnicity, or social-economic strata. Recommendation: Primary health care centres should be instructed and supported by newly created Operator of Health Care, to produce those disaggregated indicators in order to feed their local situational analyses. They would also help UNFPA and other partners to better know needs and progress. Additionally, national stakeholders such as Institute of Public Health, Fund for Healthcare financing and Operator of Healthcare should coordinate their efforts to improve quality of service utilization data and avoid overlapping, what unnecessarily increases the workload to providers³⁵⁸.
- After ADHS 2018, there are no plans how to periodically gather population data for policy informing. Coordination among all stakeholders is needed to propose ways how to find resources and support an appropriate model that will substitute ADHS in the future³⁵⁹.
- MHSP expresses its concern about quality of routine data, including mortality data published by INSTAT. They expect UNFPA to provide more support in quantitative and qualitative studies about mother and child health indicators. More is needed in understanding trends in infant mortality (). In the same time INSTAT is interested for collaboration with MHSP under the support of UNFPA in the field of data quality improvement, including introduction of ICD10 standard of causes of deaths³⁶⁰.
- UNFPA has assisted INSTAT and Office of Ombudsman to sign a memorandum of understanding. This MoU covers exchange of data about vulnerable groups, including racial abuse, gender based violence, child neglect, etc.
- UFPA has also assisted INSTAT to build the IT infrastructure in preparation for National Census to be carried out during 2022. INSTAT expects the support to continue in next phases, especially for the advanced analyses of data on morbidity, disability, vulnerable groups etc. A specific report on SDGs is developed in collaboration with UNFPA, and the experience has helped INSTAT to build capacities in the field of SDG indicators monitoring. ADHS project has been another good experience in collaboration with UNFPA. INSTAT hopes it will continue in the future, maybe in other forms; Census wont be able to substitute the ADHS instrument. A new initiative undertaken by INSTAT is a survey on racial discrimination to be carried out within 2021. INSTAT expects that UNFPA to be included in the donor's groups to support this initiative³⁶¹.
- New report on demography and health is the best analyses of last 10 years and it is based on national data triangulating ADHS data, vital statistics, health service indicators and international estimates. On the second week of December it is expected to be shared with top policy makers and discussed in an event organized in collaboration Health and Social Commission of Albanian Parliament. Additionally another publication, which is based on school children surveys, will provide an insight on child abuse and other problems of vulnerable children in Albania³⁶².
- At MHSP, is needed a review of the traditional information system about infant mortality, based on health care services. For the moment only INSTAT vital statistics are available, and another autonomus and robust source of data would help to better understand the stagnating trends of infant and neonatal mortality in the country to assist evidence based interventions. UNFPA can support that process with resources and expertise in the near future.

³⁵⁵ Report: Demographic and health challenges facing Albania in 21st century. UNFPA. November 2020.

³⁵⁶ <https://pubmed.ncbi.nlm.nih.gov/32432023/>

³⁵⁷ KII #34

³⁵⁸ KII #42

³⁵⁹ ibid

³⁶⁰ KII #28

³⁶¹ KII #28

³⁶² KII #34

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

- Albania has approved the new ICD10 standard of disease classification, while the manuals and codes are translated. Nevertheless, assistance is needed for organization of trainings of thousands of health professionals. UNFPA may be the partner of MHSP in this health information reform³⁶³.
- UNFPA should get more involved into improvement of routine health and demographic information systems. The political agreement to adopt the 10th version of International Classification of Diseases is a good opportunity for Albanian health information system to be upgraded. Instructing the doctors about the new system is essential for the success of the reform. After an initial support from WHO (translation of the code definitions and publication of manuals) MHSP IPH and INSTAT seem to need a partner for implementing the new standard. A number of key informants from these agencies, during the evaluation identified UNFPA as a key potential partner for this process. Some of them also recommended a more direct involvement of UNFPA in the adaptation of country SHR indicators according to European Core Health Indicators (ECHI) frame. One of them at IPH asked for adaptation of LSMIS³⁶⁴.
- In addition to other supports and studies mentioned above, we have carried out a national qualitative study regarding the access and utilization of SRHS and the quality of care in Maternities³⁶⁵.
- ADHS 2017-18, partially supported by UNFPA has addressed demographic analysis of SRH and GBV issues³⁶⁶.
- Observatory, in partnership with UNFPA and UNICEF, has conducted the report "Child marriage - Knowledge, attitudes and perceptions among affected communities in Albania". Through the qualitative study were collected data on knowledge, attitudes, beliefs and perceptions, social expectations, incentives, sanctions and norms relating to child marriage in Albania. Also, the data of the national population census were used as country context analysis in various documents and reports produced within the program from the CSOs member of Youth Voice Network³⁶⁷.
- UNFPA has supported several studies at national and local level, such National Youth Action Plan, Health Promotion Action Plan, BioBss among prisoners, ADHS 2017-2018, etc.³⁶⁸
- ADHS, Census are the main national studies supported by UNFPA³⁶⁹.
- The elimination of gender-based violence and harmful practices has progressively become a more visible component of UNFPA strategic plans. UNFPA it is an important partner to fulfill the priorities and objectives in line with specific needs of Albania³⁷⁰.
- MoESY is an active partner and has provided in-kind contribution (staff salary, technical expertise and support) in development of several national studies³⁷¹.

EQ 3 (Effectiveness): To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies and what was the degree of achievement of the outcomes?

Utilization of integrated SRH Services has been increased by those furthest behind	<ul style="list-style-type: none"> Maternal mortality ratio Proportion of birth attended by skilled health personnel for the poorest quintile of the population Proportion of demand for modern contraception satisfied HIV prevalence 	<ul style="list-style-type: none"> Reports MICS Surveys HIV surveillance data Papers 	Document review
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Documents reviewed include:

- UNFPA Albania Annual reports, 2017 – 2019;
- UNFPA Albania Annual Workplans, 2017-2020;
- UNDP Human Development Reports for Albania;
- Albania Demographic and Health Survey 2018;

³⁶³ KII #44

³⁶⁴ KIIs #28, 16

³⁶⁵ KII #19

³⁶⁶ KII #27

³⁶⁷ KII #41

³⁶⁸ KII #23

³⁶⁹ KII #32

³⁷⁰ KII #44

³⁷¹ KII #24

- MAPS Mission Report;
- ADHS 2;
- Health Strategy;
- Primary health care in Albania: rapid assessment;
- RH National Strategy Evaluation report (unpublished);
- National Contraceptive Plan Evaluation Report (unpublished);
- Health System Indicators Framework based on ECHI (unpublished).

Key informants' contributions

- The new program of cervical cancer screening was approved by January 2019 after continuous collaboration between institute of Public Health and UNFPA. UNFPA also supported the massive training health providers in the first 5 months of 2019. The program empowers women as it offers the self-sampling, what allows spreading the services where there are not gynecologists or experienced midwives. The first results from the program show that women of lower socio economic classes and those of rural areas, while have been showing lower HPV infection prevalence, were more using the screening services comparatively more than women of urban areas and those of better income. They may have been attracted by the opportunity of its easy access and insignificant costs³⁷².
- Maternal mortality is kept at comparatively low levels during the last years. Nonetheless, the trend of neonatal mortality has been stagnating at concerning levels. It may reflect the fact that while quality of life has improved and control of malnutrition and child infectious diseases have been effective during the years, the capacities of hospitals to provide high quality care for vulnerable infants during first weeks of life have not improved accordingly. It is recommended that perinatal care to be an priority for the next program cycle and include support for neonatal specialists, guidelines for underweight births, hemorrhage during and post delivery etc.³⁷³
- The Maternity Care Study showed that quality of care in Albanian maternities is improved, however some outdated practices during labour process are still in place. However, the UNFPA support has considerably contributed in keeping Albania a low HIV prevalence country and increases the knowledge and positive attitudes of healthcare providers and clients toward modern contraception. This is also found at the last ADHS 17-18.
- Since 2012, we have been regularly supported by UNFPA to provide prevention HIV/STI services among people who use drugs as well as provide such services in the prison settings. The latest BioBss studies (2015, 2019) showed that HIV prevalence remains low in community, prison included. This is a great indicator that shows the great work of UNFPA supporting vulnerable groups, particularly people who inject drugs, where the prevalence of HIV/Hepatitis in Eastern Europe remain absolutely high (among PWID)³⁷⁴.
- UNFPA has provided a strong engagement and commitment in supporting HIV prevention and SHRS, contraception included programs, with a main focus on vulnerable groups. ACA through UNFPA support provide HIV prevention and SHRS services among roma/gypsy and vulnerable populations in the most remote areas.
- The latest data published by MoHSP and IPH (2020)³⁷⁵ showed that Albania continues to remain a low HIV prevalence country, and somehow the effectiveness of UNPFA supported programs has directly contributed to this situation³⁷⁶.
- Through human rights-based, and gender responsive, UNFPA has contributed to the development of legal frameworks, practical programme experiences, campaigns to support accountability, and efforts to engage stakeholders³⁷⁷.

The access of young people to quality SRH services and sexuality education has been increased	<ul style="list-style-type: none"> • Adolescent fertility rate 	<ul style="list-style-type: none"> • Reports • MICS 	Document review
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³⁷² Evaluation report of the first year of the program

³⁷³ KII #42

³⁷⁴ ibid

³⁷⁵ <https://www.facebook.com/OgertaManastirliu/photos/a.176090302847028/1111401115982604/>

³⁷⁶ KII #32

³⁷⁷ KII #46

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

<p>Documents reviewed include:</p> <ul style="list-style-type: none"> • UNFPA Albania Annual reports, 2017 – 2019; • UNFPA Albania Annual Workplans, 2017-2020; • UNDP Human Development Reports for Albania; • Albania Demographic and Health Survey 2018; • National Youth Action Plan; • National Voluntary Report, SDGs. <p>Key informants' contributions</p> <ul style="list-style-type: none"> • Adolescent fertility rate in Albania, although comparatively low, has not been effectively declining during the last years. It may reflect problems in access to essential RH services among vulnerable or marginalized groups such as Roma³⁷⁸ • Through UNFPA support we provide condom (free of charge) to our target groups, which includes: PWID and their sexual/injecting partners, as well as prisoners³⁷⁹. • According to a study, that ACA carried out last year on the access and utilization of public health services was found an increase on access and use of family planning services³⁸⁰. 			
Gender inequality has been reduced	<ul style="list-style-type: none"> • Gender inequality index 	<ul style="list-style-type: none"> • Reports 	Document review
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> • UNFPA Albania Annual reports, 2017 – 2019; • UNFPA Albania Annual Workplans, 2017-2020; • UNDP Human Development Reports for Albania; • Albania Demographic and Health Survey 2018; • CEDAW Report; • OSCE-led survey on violence against women; well-being and safety of women, Albania results report, 2019; • National Voluntary Report, SDGs. <p>Key informants' contributions</p> <ul style="list-style-type: none"> • Maybe it is too early for the policies to give tangible results, but policy makers believe that Albania has shown progress in indicators of gender inequality³⁸¹. 			
Evidence-based national population policies have been developed	<ul style="list-style-type: none"> • Number of evidence-based national population policies developed 	<ul style="list-style-type: none"> • Strategy and protocols • Monitoring reports 	Document review
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> • Strategy and Plan for health promotion 2017-2021 • Strategy for Reproductive Health 2017-2021 • Plan for Contraceptives 2017-2021 • National Plan of Ageing 2020-2024 			

³⁷⁸ KII #44

³⁷⁹ KII #21

³⁸⁰ KII #23

³⁸¹ KII #44

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

- Revision of the National FP Protocol
- National Guideline on Distribution of contraception in Emergency Situations – to be launched.

Key informants' contributions

- Bio-Bss study among prisoners³⁸²
- On 8 June 2012 a Ministerial Order was approved the "Positioning paper on the Comprehensive Sexuality Education for young people in Albania". After this decision, the Ministries of Health and of Education, with the support of UNFPA, started a long-term programme of curriculum development, production of educational materials and training of teachers for the delivery of CSE.

EQ 4 (Effectiveness): To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

UNFPA contributed to the development of a functional integrated information system for the formulation, monitoring and evaluation of national and sectorial policies	<ul style="list-style-type: none"> • Disaggregated data produced, analysed and utilized at national and sectorial levels in a timely manner • Large-scale population surveys are conducted and disseminated • A number of professionals and units are trained to apply integration methods and tools • In-depth, policy-oriented (demographic/population) studies released • Functionality of information systems set in place • Database for monitoring the implementation of public policies established and available to the public 	<ul style="list-style-type: none"> • UNFPA P&D section CPAPs • P&D project reports • Ministry of Economy staff and publications • MoHSP staff • United Nations Statistics Task Force terms of reference • Training participants • Implementing partners working at the state/district/community level 	<ul style="list-style-type: none"> • Document review: including of annual reports from ministries, needs assessments, evaluation and monitoring reports • Planning and programming documents issued during the reference period • Inputs to and deliverables of the information systems • Interviews with MoE, and municipalities staff to review the implementation modalities of P&D component and achievements
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Documents reviewed include:

- UNFPA Albania Annual reports, 2017 – 2019;
- UNFPA Albania Annual Workplans, 2017-2020;
- UNDP Human Development Reports for Albania;
- UN PoCSD Annual Reports;
- National Strategy for Development and Integration 2016-2020.

Key informants' contributions

- More evidence/research is needed about under age marriages and UNFPA can provide support in the field³⁸³.
- New law on gender equality is a good example of successful advocacy initiatives transformed into sustainable policy.
- The decision of MHSP to develop a new law on RH came after revitalization of RH Committee and is another example of effective approaches undertaken by UNFPA and its partners in policy fields³⁸⁴.
- UNFPA has supported STOP AIDS NGO to run the Bio-BSS study among prisoners, which covered almost all prison and pre-detention trial system³⁸⁵.

³⁸² KII #21

³⁸³ KII #44

³⁸⁴ KII #13

³⁸⁵ KII #21

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

- LMIS system which is managed by the IPH is in place and available for chain management of contraceptive security³⁸⁶.
- UNFPA has contributed to the development of the following documents: The approval and entered into force of the Law no. 75/2019 "On Youth"; Amendments of Law on Youth; The National Action Plan for Youth 2015-2020; Local Action Plan for Youth in various LGUs of the country³⁸⁷.
- The Youth National Action Plan and LMIS that is based and managed by IPH³⁸⁸.
- Nearly 100 young adolescents took part in discussion meetings organized with UNFPA support, where youth were informed and trained how to read/interpret national policies and report inequalities, particularly for vulnerable groups³⁸⁹.
- Activities supported by UNFPA on youth issues, covered topics on SDGs and Leave No one Behind agenda. We organized a local survey with young people to gather their insights/opinion of the country progress on SDG and LNB agenda. At the end, two brochures were produced, named: Youth in Maliqi Municipality and Budgeting for youth with Youth³⁹⁰.
- GBV has been the main topic of activities supported by UNFPA for youth, women and municipality staff. Two regional trainings with participation of 23 women were organized, named: Breaking Taboos and Her Story, where at the end of the training, participants received a recognition certificate by Pogradeci Municipality³⁹¹.

Online survey³⁹²

9. UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning) are appropriately integrated into national development instruments and sector policy frameworks, N=34	3.4
10. UNFPA policy advocacy and capacity building support helped to ensure that the needs of young people are appropriately integrated into national development instruments and sector policy frameworks? N=34	3.3
11. UNFPA policy advocacy and capacity building support helped to ensure that gender equality is appropriately integrated into national development instruments and sector policy frameworks? N=34	3.35
12. UNFPA policy advocacy and capacity building support helped to ensure that relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks? N=34	3.35
13. UNFPA three transformative and people-centred results (ending to preventable maternal deaths, ending the unmet need for family planning, ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage) have been incorporated into formulation of national policies? N=31	3.3
14. UNFPA Leaving No One Behind policy has been incorporated into formulation of national policies? N=33	3.3
15. Innovation has been incorporated into formulation of national policies? N=33	3.2
16. Human rights based analysis (e.g. HR principles of participation and inclusion, equality and nondiscrimination in situation analysis, programme design, implementation and monitoring) has been incorporated into formulation of national policies? N=33	3.2
UNFPA contributed to the integration of population dynamics, reproductive health and gender equality into development planning	<ul style="list-style-type: none"> • Disaggregated data – including on RH and GE – produced and available publically • Mechanisms established for policy analysis and dissemination of policy briefs • Number of national and sectorial plans incorporating population
	<ul style="list-style-type: none"> • UNFPA P&D section CPAPs • P&D, SRH, GE project reports • Ministry of Economy staff and publications • MoHSP staff
	<ul style="list-style-type: none"> • Annual reports from MoHSP, MoE, need assessment, evaluation and monitoring reports • Planning and programming documents issued during the reference period

³⁸⁶ KII #27

³⁸⁷ KII #41

³⁸⁸ KII #32

³⁸⁹ KII #33

³⁹⁰ KII #29

³⁹¹ KII #4

³⁹² Online survey, N=34

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

at national, sectorial and local levels	<ul style="list-style-type: none"> dynamics, reproductive health and gender issues exist Existence of innovative guidelines for local planning to address priority population issues 	<ul style="list-style-type: none"> United Nations Statistics Task Force terms of reference Training participants Implementing partners working at the state/district/community level 	<ul style="list-style-type: none"> Inputs to and deliverables of the information systems Interviews with MoHSP, MoE and municipalities staff
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> UNFPA Albania Annual reports, 2017 – 2019; UNFPA Albania Annual Workplans, 2017-2020; UN PoCSD Annual Reports. <p>Key informants' contributions</p> <ul style="list-style-type: none"> Supporting Size Estimation Study, Access to Quality of Family Planning Services; development of SOP on GBV and training healthcare providers, social workers and police forces³⁹³. UNFPA has supported several national studies, such as ADHS, Health Promotion Plans, Reproductive Health Strategy, etc.³⁹⁴. Observatory with the support of UNFPA, conducted various advocacy activities and capacity building / training with a focus on SRH, young people priorities and needs etc. We have had the opportunity to raise the issues of young people <i>at local level</i>, and to make LGUs taking actions and engagements for young people and for their health³⁹⁵. UNFPA has supported several national studies, such as ADHS, Census, Health Promotion Plans, Reproductive Health Strategy, etc.³⁹⁶ MoESY has always been a supportive partner of UNFPA in developing several national and sectorial plans³⁹⁷. Participation of young people in the debate on the Law on Youth and planned activities at regional level, has helped us to learn more about the youth needs, because such needs were formulated by youth³⁹⁸. 			
Ongoing mechanisms for the integration of population data in national and sectorial development planning are in place	<ul style="list-style-type: none"> Level of budgetary resources allocated (by the government) for integrating population dynamics, reproductive health and gender in development planning Level of operationalization and institutionalization of policy frameworks, standards, guidelines and administrative procedures for integrating population dynamics, reproductive health and gender in development planning Existence of cross-sectoral/cross-ministry working groups on data integration 	<ul style="list-style-type: none"> UNFPA P&D section CPAPs P&D, SRH, GE project reports Ministry of Economy staff and publications MoHSP staff United Nations Statistics Task Force terms of reference Training participants Implementing partners working at the state/district/community level 	<ul style="list-style-type: none"> Annual reports from MoHSP, MoE, need assessment, evaluation and monitoring reports Planning and programming documents issued during the reference period Inputs to and deliverables of the information systems Interviews with MoHSP, MoE and municipalities staff
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> UNFPA Albania Annual reports, 2017 – 2019; UNFPA Albania Annual Workplans, 2017-2020; UN PoCSD Annual Reports. 			

³⁹³ KII #19

³⁹⁴ KII #27

³⁹⁵ KII #41

³⁹⁶ KII #23

³⁹⁷ KII #24

³⁹⁸ KII #33

Key informants' contributions

- A steering committee on Reproductive and Sexual health is in place³⁹⁹.
- Not sure, if that such mechanism exists⁴⁰⁰.
- Prevention programmes and services to reduce gender-based violence and harmful practices; National capacity development has been supported by UNFPA. Capacity development of national institution, civil society at the local level, advocacy capacity to influence local political decision-making and budgeting.
- Since the development of National Youth Action Plan, the activities planned in this planned have their respective budgets allocated by the government or municipalities⁴⁰¹.
- The Law on Youth specifies that each municipality must have a dedicated budget on youth issues, in addition to other sources, such as grants from the Social Fund or through different donors⁴⁰².

EQ 5 (Efficiency): To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner	<ul style="list-style-type: none"> • Evidence that the planned resources were received to the foreseen level in CPAPs • Evidence that resources were received in a timely manner • Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries • Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners 	<ul style="list-style-type: none"> • UNFPA (including finance/administrative departments) • Partners (implementers and direct beneficiaries) • Working group members/multi-stakeholder platforms 	<ul style="list-style-type: none"> • Document review: annual reports from partner ministries, and implementing partners, audit reports and monitoring report • Document review: financial documents at the UNFPA (from project documentation) and interviews with administrative and financial staff • Interviews with implementing partners (ministry level/secretariat general-level staff) • Interviews with UNFPA country office staff • Beneficiaries of funding (including NGOs)
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Documents reviewed include:

- UNFPA Albania Annual reports, 2017 – 2019;
- UNFPA Albania Annual Workplans, 2017-2020;
- UN PoCSD Annual Reports.

Key informants' contributions

- Many years of partnership has consolidated trust in relationships between UNFPA and IP. UNFPA office has never let them down. Although they have become somehow dependent to UNFPA funds⁴⁰³.
- UNFPA demonstrates patience and empathy in moments of crises. Its staff finds ways to support organizations in difficulty and smoothly go through tough moments. There is an example reported by Andi Rbiaj from Youth Voice Network. One small youth organization that had received 3000 USD for its proposal went through a difficult moment, lost confidence in its capacities

³⁹⁹ KII #27

⁴⁰⁰ KII #23

⁴⁰¹ KII #24

⁴⁰² KII #33

⁴⁰³ KII #6

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

- and wanted to withdraw from the project. UNFPA sat with them, gave the necessary advice and support and motivated them to go ahead as planned. The mini project was a success at the end.
- With relatively few funds from Observatory for Children Rights, Durres Municipality has seen tangible changes in its youth oriented policies. We have seen important changes. Three years ago people here didn't even know about the law and strategies in the field of youth. Now we analyse youth needs every year before budget approval. Additionally, last year, during local elections, we started public discussion about budget and social contract. It is expected these practices will be routine in the future⁴⁰⁴.)
 - ACPD through UNFPA funds and in the capacity of IP has been able to support partner's NGO working with vulnerable groups through small grant schemes. This in turn has resulted in the continuation of services and covering the basic needs of NGOs and their respective target groups.⁴⁰⁵
 - Even though, we have been regularly financed by UNFPA, we don't have a multi-year predictable core funding support⁴⁰⁶.
 - UNFPA programs have been efficient in organizing advocacy activities and ensuring support by government institutions that has helped us to have a smooth implementation of programs and new initiatives⁴⁰⁷.
 - UNFPA has conducted *periodic meetings* with Observatory as IP, *regular daily basis communication*, as well as *training* of our programmatic and financial staff on the administrative and financial procedures. Also, UNFPA has shared with us *the Manual for Implementing Partners "Working with UNFPA"*, that describes in details: Work plan Programmatic and Financial Monitoring and Reporting. In monthly basis, UNFPA shares with us as IP, *the daily rates scales and Monthly exchange rates*, that is helpful for the implementation of the program⁴⁰⁸.
 - I can summarize the work of UNFPA as the following: The best approach implemented in all actions and with the maximum impact⁴⁰⁹.
 - The correctness and professionalism of UNFPA is to be admired, as every planned activity is carried out as planned accordingly⁴¹⁰.
 - We have a great partnership with UNFPA and organize periodic meetings to plan the annual work plan of UNFPA as well as to adapt it based on our needs⁴¹¹.
 - Youth Voice is the best example of delivering a multi-year and sustainable program⁴¹².
 - Support from UNFPA was vital in formulation of the Law on Youth, as reflects suggestions/inputs from youth, whose contribute was incremental in drafting this law⁴¹³.
 - UNFPA intervention was effective because helped us and young people as well, to identify their needs, provided idea how close the gaps and better advocate and support youth activities in the near future⁴¹⁴.

Online survey⁴¹⁵

17. The resources were received by the beneficiaries of UNFPA support in a timely manner according to project time lines and plans, or plans adjusted accordingly, N=29	4.1
18. The resources provided by UNFPA have had a leveraging/ triggering effect, N=29	4.0
19. The mix of implementation modalities allow for a smooth execution of the country programme as set out in the annual work plans (WPs) and agreements with partners, N= 28	3.9

The resources provided by UNFPA have had a leveraging effect	<ul style="list-style-type: none"> • Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government • Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners, including other 	<ul style="list-style-type: none"> • UNFPA (including finance/administrative departments) • Partners (implementers and direct beneficiaries) 	<ul style="list-style-type: none"> • Document review: annual reports from partner ministries, and implementing partners, audit reports and monitoring reports
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⁴⁰⁴ KII #45

⁴⁰⁵ KII #19

⁴⁰⁶ KII #21

⁴⁰⁷ KII #27

⁴⁰⁸ KII #41

⁴⁰⁹ KII #23

⁴¹⁰ KII #32

⁴¹¹ KII #40

⁴¹² KII #24

⁴¹³ KII #33

⁴¹⁴ KII #29

⁴¹⁵ Online survey, N=34

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

	<p>donors or INGOs</p> <ul style="list-style-type: none"> • Evidence of coordination and complementarity among the UNFPA country programme components and the programme's implementation • Evidence of coherence among government ministries and UNFPA mandate areas 	<ul style="list-style-type: none"> • Others activists/groups working on GBV and gender equality in the same space as UNFPA (that are not implementing partners) • Working group members/multi-stakeholder platforms on gender equality/women's rights and GBV 	<ul style="list-style-type: none"> • Interviews with ministry level • Document review: financial documents at the UNFPA (from project documentation) and interviews with administrative and financial staff • Beneficiaries of funding (including NGOs)
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> • UNFPA Albania Annual reports, 2017 – 2019; • UNFPA Albania Annual Workplans, 2017-2020; • UN PoCSD Annual Reports. <p>Key informants' contributions</p> <ul style="list-style-type: none"> • Injection of funds by UNFPA triggered other financing in some cases; ADHS was financed partially by Swiss and partially by Albanian government. Family Planning services are now totally covered by state funds. UNFPA and IPH cervical cancer screening pilot in 2017, was followed by a full state budget involvement in 2019. • Having the base support from UNFPA has triggered fund by other donors, such was the case of Size Estimation Study that co-financed by the Global Fund for HIV. • Currently, we are being supported by Global Fund, and some of interventions are jointly run. This has increased the interest of government institutions to open the doors and reduce bureaucracy barriers and allow a smooth implementation of our activities⁴¹⁶. • Even though, UNFPA doesn't directly support the Methadone program, through its support we have received additional support⁴¹⁷. • Establishment and support of a network for sexual and reproductive health issues (called "Youth Voice") - as the first and only youth network in Albania that focuses on sexual and reproductive health issues, which are very important for young people. UNFPA has enabled several platforms in this regard, such as advocacy platforms at the local level (in partnership with Municipalities), media platforms, online platforms⁴¹⁸ by giving space and impact to the voice of young people to be heard and articulated the needs that Albanian youth have. Cooperation and partnership between civil society organizations (national and local organizations), youth, local institutions that focus on their work young people (such as municipalities, schools, health centers, etc.) and policy-making institutions at the central level (such as the Ministry of Education, Sports and Youth, Ministry of Health and Social⁴¹⁹). • UNFPA is providing great and advocacy support, particularly in transfer of knowledge, on actions based on needs, and indirect support costs⁴²⁰. • Act for Society started to collaborate with UNPA just a few years ago (2016) and it is too early to talk about leverage effects. However, I must say that support from UNFPA has triggered intention of other agencies to provide support for vulnerable groups supported by UNFPA⁴²¹. • Documents/guidelines developed with UNFPA support have been introduced into the education system and are applied by school teachers as reference materials⁴²². • The Youth Voice and Y-Peer Network is a group initially supported by UNFPA, but now is an independent group and highly recognized by MoESY. • Yes, because suggestions gathered during debate/discussions with youth has helped us to include some youth activities in our working plan and budget. On the other hand, we have proposed that activities of municipal council to be monitored by youth representatives⁴²³. • Activities supported by UNFPA has a leverage effect, as we are planning to support youth activates through a dedicated budget. On the other hand, we are able now to apply for grants and 			

⁴¹⁶ KII #21

⁴¹⁷ KII #27

⁴¹⁸ www.iotabu.al

⁴¹⁹ KII #41

⁴²⁰ KII #23

⁴²¹ KII #32

⁴²² KII #40

⁴²³ KII #24

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

<p>projects to different donors, including the Social Fund⁴²⁴.</p> <ul style="list-style-type: none"> I am not sure whether such activities had a leverage effect or not, but we as municipality are considering to support these activities with our funds or apply for grants to Social Fund that is managed by Ministry of Health and Social Protection⁴²⁵. <p>Online survey⁴²⁶ Qs 31-33 (below)</p>			
Administrative and financial procedures as well as the mix of implementation modalities allow for a smooth execution of the country programme	<ul style="list-style-type: none"> Appropriateness of the UNFPA financing instruments, administrative regulatory framework, staff, timing and procedures for the implementation of the programme, including outputs specifically related to gender and human rights as well as those with gender and human rights dimensions Evidence of transparent IP selection process Evidence of appropriateness of the IP selection criteria Evidence of the coordination and complementarity features of the implementation of the country programme 	<ul style="list-style-type: none"> UNFPA (including finance/administrative departments) Partners (implementers and direct beneficiaries) 	<ul style="list-style-type: none"> Annual reports from partner ministries, and implementing partners, audit reports and monitoring reports Interviews with ministry level/secretariat general-level staff Document review of financial documents at the UNFPA (from project documentation) and interviews with administrative and financial staff Interviews with / survey of a diversity of implementing partners
<p>Documents reviewed include:</p> <ul style="list-style-type: none"> UNFPA Albania Annual reports, 2017 – 2019; UNFPA Albania Annual Workplans, 2017-2020; UN PoCSD Annual Reports. <p>Key informants' contributions</p> <ul style="list-style-type: none"> Every 4 years IP go through a strict evaluation process. It helps simultaneously with the credibility and strengthen capacities⁴²⁷ Every year, we undergo monitoring and financial supervision from the UNFPA, which as matter of fact are transparent and in the line with the fiscal law in Albania⁴²⁸. Aksion + is no longer IP of UNFPA, but a sub-grantee. The selection procedures are clear and transparent and are informed in advance on the selection criteria. Online processing for reporting (financial and narrative) and request for advance for future expenses through the Atlas system makes this process more controllable, transparent and feasible in time compared to other UN agencies, which do not operate through an online reporting system. UNFPA has appropriate financing, reporting and transparency administrative and financial procedures. Just perfect organization and collaboration with UNFPA team. We didn't have any problem with implementation of activities and Observatory as an IP of UNFPA helped us to have smooth execution of planned activities. Activities were supported by UNFPA and implemented by Observatory, which has done a great job in that regard. UNFPA and Observatory have been great partner in ensuring the infrastructure of these activities <p>Online survey⁴²⁹ Qs 31-33 (below)</p>			

⁴²⁴ KII #33

⁴²⁵ KII #29

⁴²⁶ Online survey, N=34

⁴²⁷ KII #6

⁴²⁸ KII #21

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

EQ 6 (Sustainability): To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

UNFPA interventions have contributed or are likely to contribute to ensure partners' ownership and the durability of effects	<ul style="list-style-type: none"> • Planning of interventions has been done together with partners, including implementing partners working with affected communities, marginalized and vulnerable communities and final beneficiaries • Exit strategies to hand over UNFPA-initiated interventions to (local) partners have been developed during planning process • Partners' capacities have been developed with a view to increasing their ownership of the UNFPA-initiated interventions (integrated health services, commodity security, outreach services, youth-friendly services, life skills curriculum and tools) • A high-quality service culture has been developed among health professionals who benefited from capacity development interventions, including the capacity to address the varied/diverse needs of users • Life skills education and peer education interventions are sufficiently followed up so that quality education is delivered 	<ul style="list-style-type: none"> • Project strategy document • Minutes/reports from planning meetings with partners • Field visits • Partners' work plans • Implementing partners 	<ul style="list-style-type: none"> • Document review • Interviews with /survey of Implementing partners • Interviews with health professionals • Interviews with teachers • Interview with diverse groups of service users
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Documents reviewed include:

- UNFPA Albania Annual reports, 2017 – 2019;
- UNFPA Albania Annual Workplans, 2017-2020;
- UN PoCSD Annual Reports.

Key informants' contributions

- UNFPA country office aims the programs it supports, to be fully under control of Albanian partners. They try to use piloting of models only as a step towards national large-scale programs and never as objective 'per se'. Health services (including voluntary counseling and testing-VCT) in prisons are being transferred to Albanian authorities and are expected to continue as a sustainable public service. Cervical cancer screening is since 2019 a public nationwide program.
- Often UNFPA country office lobbies at other donors to diversify the funds of organizations that it is supporting. This practice has been crucial for some youth organizations to strengthen their resources and make their programs more sustainable. An example has been involvement of Rudgers Netherland in funding youth networks in Albania, after assistance from UNFPA.
- Durres Municipality representative considers activities carried out in collaboration with UNFPA IP as effective and sustainable. To increase chances of sustainable improvement of life of those most vulnerable, they recommend direct involvement and financing of new NGOs from marginalized communities. An example is NGO 'Free traveller' an association of young Roma. Strengthening them would improve resilience in vulnerable communities⁴³⁰.
- UNDFPA funds make only 5% of the turn over of some NGOs, but their collaboration is praised as key in assuring continuity and sustainability of youth programs⁴³¹.
- UNFPA has supported MHSP to prepare periodical monitoring reports in the frame of various convents. This practice has helped MHSP to build its own expertise for these forms of international policy monitoring. GREVIO about violence against women and MIPAA (Madrid Plan on Ageing) national reports are two examples⁴³².
- ACPD it's a branch of IPPF, and therefore their mandates are pretty much similar and therefore it is much easier for us to ensure that initiatives that has been supported by UNFPA to be continued through different funds, including the ones form IPPF

⁴²⁹ Online survey, N=34

⁴³⁰ KII #45

⁴³¹ KII #3

⁴³² KII #22

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

- STOP AIDS has been for a long time, a partner of UNFPA. We always are consulted before each application or project support. Peer education network in prison settings is in place and HIV prevention activities in prison has been regularly supported by UNFPA⁴³³.
- Most of actions are followed up and continue implementation in different level and actions proceed as cascades⁴³⁴.
- Peer educations and life skills education programs that we're implementing has drawn interest of youth who are actively participating and contributing to our activities⁴³⁵.
- Through human rights-based, and gender responsive, UNFPA has contributed to the development of legal frameworks, practical programme experiences, campaigns to support accountability, and efforts to engage stakeholders⁴³⁶.
- The Ministry of Education, Sport and Youth in partnership with UNFPA has produced the national guideline on "Health Education with a focus on Life Skills Sexual Education"⁴³⁷.
- GLOW project covers issues on GBV, but we would like to have a country program on GBV issues with the authorship of MoEYS.
- I must say that activities supported by UNFPA are sustainable as we are planning to have a dedicated budget on youth issues, including activities that were supported by UNFPA⁴³⁸.
- Activities has been planned and implemented jointly by Maliqi municipality, UNFPA and Observatori, having also the contribution of young people⁴³⁹.

Online survey⁴⁴⁰ Qs 31-33 (below)

EQ 7 (Sustainability): To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

Policies, strategies and laws are institutionalized	<ul style="list-style-type: none"> • Evidence of policies developed in consultation with diverse stakeholders, including community and local organizations • National strategies is developed, endorsed and operationalized • An adequate budget is allocated to enable the implementation of policies • A number of new laws are being discussed at concerned parliamentary committees • Evidence that underlying information – including socio-cultural norms and beliefs and legal structures – are considered in the drafting of new legislation and policies 	<ul style="list-style-type: none"> • Project strategy document • Minutes/reports from planning meetings with partners • Field visits • Partners' work plans • Implementing partners • UNFPA (including finance/administrative departments) 	<ul style="list-style-type: none"> • Document review • Interviews with Implementing partners • Interviews with health professionals • Interviews with teachers • Interview with diverse groups of service users • Annual reports from partner ministries, and implementing partners, audit reports and monitoring reports
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Documents reviewed include:

- UNFPA Albania Annual reports, 2017 – 2019;
- UNFPA Albania Annual Workplans, 2017-2020;
- UN PoCSD Annual Reports;
- UN PoCSD Evaluation report, 2020.

⁴³³ KII #19

⁴³⁴ KII #21

⁴³⁵ KII #23

⁴³⁶ KII #32

⁴³⁷ KII #46

⁴³⁸ KII #33

⁴³⁹ KII #29

⁴⁴⁰ Online survey, N=34

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

Key informants' contributions

- It is appreciated the engagement of UNFPA CO not only in development of new strategies and programs, but also in their monitoring and evaluation. Two good examples are the evaluation of Strategy of Reproductive Health 2017-2021 and the evaluation of LMIS program and contraception plan. Both initiatives are undertaken in close collaboration with MHSP and IPH and both reports are in final draft phases⁴⁴¹.
- Comprehensive/comparative analyses of population surveys are also supported by UNFPA as a way to validate the data and translate operative research into policy briefs⁴⁴².
- A great example is the ongoing process of developing several national strategies and action plans which have been approved by the MoHSP, followed by trainings of healthcare providers and key stakeholders⁴⁴³.
- Much remains to be done in that regard⁴⁴⁴.
- Albania, with support of UNFPA Regional Office for Eastern Europe and Central Asia (EECA), has quite heavily invested in the development and introduction of comprehensive sexuality education (CSE) in schools in Albania. UNFPA prepares quarterly and 6 monthly brief information reports on program implementation, in the framework of Leaving No One Behind, for its outputs. Observatory has contributed on these brief information reports, by including all actions taken within the program supported by UNFPA CO Albania⁴⁴⁵.
- UNFPA organizes periodic meetings with different stakeholders and as far as I know has allocated adequate budget to allow implementation of new policies and laws.⁴⁴⁶
- UNFPA sends periodic reports/information for our review and inputs. Therefore, such documents are consulted with diverse partners and of course reflect the country socio-context norms⁴⁴⁷.
- Currently, every National Plan and Strategy has a dedicated budget by the government that covers the majority of planned activities⁴⁴⁸.
- Law on Family violence has been updated and insights/suggestions from youth of our municipality has been added accordingly⁴⁴⁹.

Online survey⁴⁵⁰ Qs 31-33 (below)

EQ 8 (Sustainability): To what extent have some of the results of pilot projects being used to scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

The results of UNFPA supported initiatives are likely to last beyond termination of country program	<ul style="list-style-type: none"> • Evidence that national funds have been allocated to continue/scale-up UNFPA-supported pilot projects (once UNFPA funded projects end) • Evidence of a handover process from UNFPA to the related executing parties regarding the related projects. • Extent of ownership of each project by various collaborating groups/bodies (i.e., national implementing partners, including NGOs and government bodies) • Evidence of maintenance of equipment (counseling rooms, rape kit, dignity kit) 	<ul style="list-style-type: none"> • Relevant government ministries (cross-sectoral) • Partners • UNFPA staff 	<ul style="list-style-type: none"> • Degree of structural integration within budget and structures/processes in national ministries • Document review of guidelines and tools (including referral pathways, adoption of standards of care) • Site visits (e.g., inspection of maintenance of equipment) • Volunteerism • Interviews with NGOs (implementing partners and non-implementing partners)
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⁴⁴¹ KII #11

⁴⁴² KII #34

⁴⁴³ KII #19

⁴⁴⁴ KII #21

⁴⁴⁵ KII #41

⁴⁴⁶ KII #23

⁴⁴⁷ KII #32

⁴⁴⁸ KII #24

⁴⁴⁹ KII #4

⁴⁵⁰ Online survey, N=34

Documents reviewed include:

- UNFPA Albania Annual reports, 2017 – 2019;
- UNFPA Albania Annual Workplans, 2017-2020;
- UN PoCSD Annual Reports;
- UN PoCSD Evaluation report, 2020.

Key informants' contributions

- An excellent example of pilot projects being used to scale up interventions and/or bring relevant evidence to policy-makers is the cervical screening program activities initiated with support from UNFPA; in 2017 UNFPA supported a pilot program for cervical cancer screening in Fieri region in collaboration with IPH and local healthcare authorities. The results were used to convince government to scale up the activities into a full national screening program, which was approved in January 2019 and it is in its second year. MHSP and IPH are owners of the program that is fully integrated to primary health care, regional hospitals and public health services⁴⁵¹.
- Working through focal points/local experts in government institutions, has been important to assure local ownership of processes and results. Only in some rare cases designated experts have not shown high professionalism. One specific case is the one covering contraceptive distribution program. It would be best if someone can substitute it with more potential for communication/coordination. Also, although most counterparts show dedication and responsibility in accomplishment of contracts, in rare cases the timelines were not respected. More effective mechanisms are needed in the future to guarantee the product of local experts⁴⁵².
- Support of UNFPA for media campaigns has helped some news outlets gain experience in reaching marginalized groups, including Roma and those with poor education. 'The programs we created during collaboration with UNFPA served as good bases to continue explore new ways of good ethical TV'⁴⁵³.
- Peace Corps Albania, an American-Albanian Organisation focusing on health education of children and adolescents in schools, reports that Comprehensive Sexual Education and other education packages integrated into school curricula during last three years have facilitated their targeted interventions schools, especially in remote rural areas. It is much easier to work with teachers who have already undergone training courses provided by specialists of Curricula Development Institute (supported by UNFPA). They are much more aware and informed about youth needs and health risks, and make better motivated partners when Peace Corps Volunteers try to implement micro projects about healthy lifestyles, sport and music clubs, as well small infrastructural interventions (such as improved toilets or sport facilities). All those small but targeted interventions in disadvantaged communities get more sustainable when people are trained, education packages are formally part of school program and there is partnership among different donors and community. Support in school education curricula needs to be continued as pandemic (or lack of funds?) have interrupted trainings in the regions. Another recommendation for UNFPA and their partner, Institute of Curricula is about making training courses accredited and promoting those teachers who get more credits. While Peace Corps can't get funds from UNPFA, it is also advisable for UNFPA to take some of the experience of their microprojctcs in rural areas and replicate them in other regions by implementing partners⁴⁵⁴.
- Sexual Education Programs/Curricula and Youth Peer Network that are being implemented through the Government Support.
- Ownership: This is a gap that needs to be addressed through a more sustainable intervention and UNFPA technical support⁴⁵⁵.
- Our projects are welcomed by government institutions, but I am afraid of to say that if UNFPA stops financing there is a great risk that current intervention stop as well. However, we as NGO are well recognized as "the main contributors" in the prevention of HIV in the prison settings, and this is thanks to ongoing UNFPA support⁴⁵⁶.
- Aksion + is has a long partnership with UNPFA and thus this has contributed to have sustainable programs and interventions⁴⁵⁷.
- Within the program implemented by Observatory, with the support of UNFPA CO Albania, were compiled Plans of activities and budget for young people in 14 Municipalities (Shkodër, Lezhë, Durrës, Dibër, Fier, Pogradec, Korçë, Përmet, Maliq, Belsh, Roskovec, Krujë, Shijak, Urë Vajgurore). These Plans have concrete commitment and responsibilities of LGUs for young people issues.

⁴⁵¹ KII #16

⁴⁵² KII #6

⁴⁵³ KII #36

⁴⁵⁴ KII #20

⁴⁵⁵ KII #19

⁴⁵⁶ KII #21

⁴⁵⁷ KII #27

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

Also, Observatory this year (2020), thanks to the support of UNFPA, has started to monitor the implementation of this Plans in 4 Municipalities⁴⁵⁸.

- It is too early to talk about the ownership, once the fund from UNFPA terminates. With the new law on Social Fund, it has to be seen how the government will support NGOs and whether the SRHS topics will be priorities to be supported by this Fund⁴⁵⁹.
- Technical and financial support on setting up an online platform related implementation of international human rights monitoring bodies, mainly the recommendations under Universal Periodic Review (UPR) in 2019, and the Convention for elimination of all forms of discrimination against women (CEDAW), in 2020.
- Technical expertise on the preparation of national report on the implementation of CEDAW Convention during the year 2020⁴⁶⁰.
- It is our main objective that programs supported by UNFPA to be sustainable, and make sure to guarantee a financial stability once the funds from UNFPA will be terminated⁴⁶¹.

Online survey⁴⁶²

7. The CP sets out relevant goals, objectives and interventions to develop national capacities, N=31	4.7
8. UNFPA interventions have been implemented with Government and local partners, N=33	4.8
20. UNFPA established the partnerships with ministries, agencies and other representatives of the partner government, N=34	4.85
21. UNFPA provides to its partners and the beneficiaries support in developing their capacities, N=33	4.7
22. UNFPA provides to its partners and the beneficiaries support in establishing mechanisms to ensure ownership, N=31	4.7
23. UNFPA provides to its partners and the beneficiaries support in developing the durability of effects, N=34	4.7
24. UNFPA interventions contributed or are likely to contribute to ensure partners' ownership, N=30	4.8
25. UNFPA interventions contributed or are likely to contribute to ensure the durability of effects? N=33	4.7
26. UNFPA has exit strategies with government partners exist to hand over of activities and demonstrate readiness of national stakeholders to replicate activities, N=30	4.6

EQ 9 (UNFPA Country programme coordination with UNCT): To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

The UNFPA country office has actively contributed to UNCT working groups and joint initiatives	<ul style="list-style-type: none"> • Evidence of active participation in UN working groups • Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas • Evidence of exchanges of information between UN agencies • Evidence of joint programming initiatives (planning) • Evidence of joint implementation of programmes 	<ul style="list-style-type: none"> • Minutes of UNCT working groups • Programming documents regarding UNCT joint initiatives • Monitoring/evaluation reports of joint programmes and projects 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with other United Nations agencies
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Documents reviewed include:

- UNFPA Albania Annual reports, 2017 – 2019;
- UNFPA Albania Annual Workplans, 2017-2020;
- UN PoCSD Annual Reports;
- UN PoCSD Evaluation report, 2020.

Key informants' contributions:

- UNFPA, UNICEF and WHO health services component function in full synchrony and effectively share information, responsibilities and actions.

⁴⁵⁸ KII #41

⁴⁵⁹ KII #23

⁴⁶⁰ KII #46

⁴⁶¹ KII #24

⁴⁶² Online survey, N=34

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

- Better coordination is needed between state agencies, UNFPA/UN and implementing agencies about policies. Example: there is a policy meeting about contraceptives, which ACPD is moderating, but the CO is not informed about it⁴⁶³.
- Better coordination is expected between UNWomen, UNDP and UNFPA. Sometimes there may be overlapping, although, MHSP always provides roundtables for partners to identify needs and areas of specific support⁴⁶⁴.
- The director of STOP AIDS NGO, was invited in the last UNTC meeting (2019) and made a presentation on the HIV situation among vulnerable groups, with a main focus on programs supported by UNFPA⁴⁶⁵.
- UNFPA CO Albania is part of Leaving No One Behind policy, by contributing in fulfillment of fundamental components of it⁴⁶⁶.
- UNFPA regularly share with IPs a summary of meetings with UNTC working group as well as we also have been invited to take part in some of these meetings⁴⁶⁷.
- We receive frequent updates/emails and informed about UNFPA work/collaboration with other UN agencies⁴⁶⁸.

Online survey⁴⁶⁹

27. UNFPA actively participate in UN working groups, N=31	4.8
28. UNFPA contribute to UN advocacy efforts, N=31	4.9
29. UNFPA participated in planning of joint initiatives, N=32	4.9
30. UNFPA participated in implementing of joint initiatives, N=33	4.9

EQ 10 (UNFPA Country programme added value):What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

Added value of UNFPA in the country context is significant	<ul style="list-style-type: none"> • Evidence that the results observed within the programmatic areas couldn't be achieved without UNFPA support • Evidence and magnitude of benefits added by UNFPA to the results from other development actors' interventions. 	<ul style="list-style-type: none"> • UNFPA team • Parliamentary Committee • Ministries • Relevant NGOs • Project reports • Partners' work plans and reports • National reports 	Document review and analysis
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Documents reviewed include:

- UNFPA Albania Annual reports, 2017 – 2019;
- UNFPA Albania Annual Workplans, 2017-2020;
- UN PoCSD Annual Reports;
- UN PoCSD Evaluation report, 2020.

Key informants' contributions

- The UNFPA mandate is an added value. Often the gender issues and sexual health are moved down in the priority list, while there are not dedicated/specialized agencies covering those issues. UNFPA presence helps with expertise as well as awareness.

⁴⁶³ KII #42

⁴⁶⁴ KII #14

⁴⁶⁵ KII #21

⁴⁶⁶ KII #41

⁴⁶⁷ KII #23

⁴⁶⁸ KII #32

⁴⁶⁹ Online survey, N=34

- UNFPA has shown to be very flexible and it is the agency, the most adaptable to government changing needs⁴⁷⁰.
- The best agency to work in crises. They always will find a solution for you, taking responsibility for their actions while showing trust and support⁴⁷¹.
- The only UN agency with expertise in health sector, among three partners covering gender issues (UNWomen, UNDP). The best partner in terms of communication and information sharing. UNFPA office continuously shares with Local partners helpful information, events, reports, ideas and training opportunities. Very flexible and helpful!⁴⁷².
- Having a comparatively small budget, UNFPA office is the most efficient spender). UNFPA representatives have been very good communicators in CCM⁴⁷³.
- From someone who has worked for UN (ILO), I can say they are the most supportive and cooperating team among other UN in Albania
- Small efficient office adapting well to country situations⁴⁷⁴.
- Some of UNFPA CO staff has had work experience in Albanian Health System; Manuela and Dorina are very knowledgeable on priorities, capacities and challenges of our system⁴⁷⁵.
- UNFPA office is the most adaptable and quick in reactions of all UN agencies in Albania. For example is more reactive than WHO and definitely more than UNICEF⁴⁷⁶.
- UNFPA in Albania is the most youth oriented agency among all UN partners. It is more supportive and provides more expertise than UN Women for example⁴⁷⁷.
- UNFPA spends more efforts and energy in developing the capacities of IPs or strengthening them. Not just funds, but working to make them strong independent organizations⁴⁷⁸.
- UNFPA office shares a lot of information, and sometimes serves as resource centre on issues covered by its mandate. Regional UNFPA offices work together in identifying the best materials and share then with local stakeholders. They share ideas without any jealousy and work very well in network with other UN agencies.
- Development of Country Coordinating Mechanisms and involvement of different partners and stakeholders in the development and implementation process (programs, strategies, trainings, etc.).
- Once the Global Fund project phased out in Albania (2011), the UNFPA was the only donor agency that took the initiative to support NGOs working in the HIV/Substance abuse field. By doing that, it has saved thousand lives of people belonging to vulnerable groups and also contributed to strengthen the expertise and legacy of organizations implementing such programs.
- Programs supported by UNFPA are a great investment in realization of human right services, provision of information on SRHS, particularly for vulnerable groups who often are left behind and neglected, as well as prejudged by the society
- Coordination between officers through the various sectors that UNFPA CO Albania covers (such as advocacy and communication, youth, gender equality, sexual and reproductive health) makes the activities implemented by partner organizations have a wider impact, support and coverage. The immediate responsiveness and adaptability that UNFPA representatives have made in emergency situations (as in the case of Covid-19) has led some of the planned activities to be immediately reviewed and adapted to the situation created (being done online or according to outgoing needs). This is done without affecting and compromising the time, quality and purpose of the activities.
- There are some added values: Full commitment and strong liability. Very good knowledge of the situation, problems and needs; Relevant approach to the intervention actions; Close and collaboration frequent interactions with all stakeholders governmental and non governmental
- UNFPA has established the concept of dialogue, partnership and advocacy with different stakeholders and has been able to build bridges of collaboration among government institutions, donors and NGOs
- UNFPA support to the prevention, and elimination of gender based violence and harmful practices. Efforts by UNFPA to respond to and eliminate gender-based violence and harmful practices have accelerated progress on the implementation of the 2030 Agenda for Sustainable Development, particularly Sustainable Development Goal (SDG) 5 on gender equality and related goals such as SDG 3 (Health).
- Enhancing the knowledge, supporting and implementing the activities for family planning among youths and adolescents and young mothers, vulnerable groups, also enhancing a better care

⁴⁷⁰ KII #9

⁴⁷¹ KII #6

⁴⁷² KII #14

⁴⁷³ AIDS/TB Global Fund Project Report

⁴⁷⁴ KII #2

⁴⁷⁵ KII #13

⁴⁷⁶ KII #34

⁴⁷⁷ KII #35

⁴⁷⁸ KII #22

for mothers and child in hospitals through a better care, through integrated strategies and activities in line with government and local organizations and activities are an added value for UNFPA.

- I can summarize the added values as: a sustainable development, application of new approached and establish the “tradition” of project development. On the other hand, it has increased significantly the participation of youth in community activities.
- Youth Debate on Budgeting issues, helped not only to strengthen the youth network in Korca region, but also gave us excellent ideas on youth needs and their activities. However, brain drain issues should be addressed and UNFPA has to invest more on this topic.
- An added value, was the UNFPA approach to involved young people to debate and provide their insights on the Youth Law. This approach has been implemented for the first time in our municipality and have a better idea on the youth needs and the Youth Law.
- UNFPA readiness to support GBV activities and provide technical expertise to carry out activities with municipality staff, women and youth on GBV issues, family violence and engagement of youth in debate.

Online Survey⁴⁷⁹:

Q31. What are the comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies?

- Specific focus of UNFPA on vulnerable communities and willingness to engage with other UN agencies on cross cutting issues.
- UNFPA's niche in maternal health care, support to statistics, engagement with youth, the work with youth, especially those from hard to reach communities/groups; the youth and youth NGOs networks; knowledge and experience in addressing youth issues from various angles, which is serving successfully to our project.
- SRH, Family planning, maternal health, gender issues, youth and its health
- UNFPA has perfect coordination, monitoring and right counseling.
- Enhancing the knowledge, supporting and implementing the activities for family planning among youths and adolescents and young mothers, vulnerable groups, also enhancing a better care for mothers and child in hospitals through a better care, through integrated strategies and activities in line with government and local organizations and activities are a added value for UNFPA
- Once the Global Fund project phased out in Albania (2011), the UNFPA was the only donor agency that took the initiative to support NGOs working in the HIV/Substance abuse field. By doing that, it has saved thousand lives of people belonging to vulnerable groups and also contributed to strengthen the expertise and legacy of organizations implementing such programs.
- Partnership in setting priorities for cooperation with central and local government based on the policies and objectives of the Albanian Government for the protection of human rights
- Flexibility with partners and real-time response to partners' needs.
- Support for youth organizations. Assessing and addressing the needs of young people. Partnership with all actors.
- UNFPA is a partner agency, where we learn and exchange good and necessary practices and ideas periodically; is an agency that, thanks to the established cooperation, creates the space for action and initiative by the partner organization, - which has undoubtedly helped us to strengthen our capacities and strengthen communication with institutions at all levels of government. Thanks to the cooperation with this agency, we are now part of the well-used financial and narrative online reporting platforms (through the atlas platform).
- UNFPA focus and scope, program sustainability and contextualization. Ongoing efforts to implement international best models and practices
 - Online processing for reporting (financial and narrative) and request for advance for future expenses through the Atlas system, makes this process more controllable, transparent and feasible in time compared to other UN agencies,
- Ongoing situation analysis, analysis-based planning, capacity building of partners (IPs) and flexibility in adapting to unforeseen situations
- With the closure of the UNAIDS program, UNFPA was the only one to support us in continuing the work started.
- UNFPA, unlike other UN agencies or many other donors, has the following strengths: 1- The topics they cover every aspect of daily life 2- Targets the groups most in need by promoting innovative and inclusive activities 3- fosters networking between the partners it supports as well as helping its partners to advocate on many issues. 4- Strong relationships and transparent communication with partners, in time. 5- Addressing the needs of the partners. 6- Reviewing work plans on a quarterly basis, gives you the opportunity to address the needs that arise along the way.
- Stability, Security

⁴⁷⁹ Online survey, N=34

- A high level of responsibility, professionalism and cooperation with implementing agencies. A professional and supportive communication.
- AGENCY SUPPORTING THE FUTURE, TODAY AND YESTERDAY.
- UNFPA has perfect coordination, monitoring and timely advice.
- Excellent staff assistance; consistency of interventions; sustainability of programs; efficiency in advocacy and institutionalization of initiatives; supranational population groups, which are very little supported by the state and highly stigmatized in society: sex workers; the LGBT community; drug users; MSM. Programs are an investment in the realization of the right to services, information and care for the sexual and reproductive health of the population, these human rights that often are left aside, neglected due to the prioritization of other issues by the government, unsatisfactory funding from other donors, and socio-cultural prejudices and norms negative of society.
- Transparency, accuracy, support at every level related to the conception and implementation of the project.
- Efficient networking and fostering partnerships with government and other NGOs.
- Close monitoring and follow-up of the implementation of objectives.
- Extensive pre-evaluation and discussion with partners about the program and its indicators.
- Sincerity, kindness, non-abuse, no corruption and a humane approach to relations with NGOs
- Once the Global Fund project phased out in Albania (2011), the UNFPA was the only donor agency that took the initiative to support NGOs working in the HIV/Substance abuse field. By doing that, it has saved thousand lives of people belonging to vulnerable groups and also contributed to strengthen the expertise and legacy of organizations implementing such programs.
- Inclusiveness; human rights based approach, technical support and specific initiatives to support the state institutions to ensure the implementation of human rights monitoring bodies.
- Leadership approach. Full commitment and strong liability. Very good knowledge of the situation, problems and needs; Relevant approach to the intervention actions. Close and collaboration frequent interactions with all stakeholders governmental and non-governmental.
- Communication and Cooperation of UNFPA offices Albania for me are the best in the UN.
- Very good communication, high willingness for cooperation and support
- One of the strengths is that he knows well the difficulties of the field and is very cooperative with the field specialists.

Q32. What is the UNFPA's added value⁴⁸⁰

- Specific focus on vulnerable groups and willingness to engage a range of stakeholders to achieve optimal results.
- UNFPA is a constructive team player, and adds value on UN's joint work based on comparative advantages.
- With its interventions, it makes a difference.
- UNFPA added value is that it is very close to people's problems by giving them right solutions and choices.
- Very good and supportive team, with a very good organization and coordinating skill, able to ensure the partnerships with government and non-government organizations, fulfilling the objective and all the activities planned in time with efficacy and efficiency.
- Strong advocacy tools, great networking skills, technical assistance and expertise. UNFPA is always the most open and cooperative agency
- UNFPA every year expands the map of supporting NGOs, thus providing a valuable contribution to the country level, by reducing the burn of disease as well as the mortality rate among vulnerable groups.
- Contributing to more than two decades in human rights, highlighting the laying of the foundations for the concept and development of gender equality and family planning policies
- Significantly improve and advance the agenda related to gender equality, the health of adolescents and young people, and addressing aging issues.
- UNFPA has given voice to young people in Albania. Contributes to and supports the development of young people, focusing on vital issues, such as health.
 - Providing a model partnership and collaborative partnership.
 - The Observatory is a structure that coordinates the network "Voice of Youth", and the added value is that this agency helps and supports the voices of young people, to bring stronger lobbying issues cause
 - Establishment and support of a network for sexual and reproductive health issues (called "Voice of Youth") - as the first and only youth network in Albania that focuses on sexual and

⁴⁸⁰ Q32 Online survey, N=34

reproductive health issues, which are very important

- Coordinated multidisciplinary approach and exceptional sources of information and worldwide experience.
- UNFPA has helped create comprehensive interventions against the most vulnerable groups. It has encouraged the creation of young people with the right expertise to address issues related to UNFPA areas. It is these young people whom today take personal initiatives and advocate precisely for these community concerns.
- Sustainability of projects that create tradition and achieve results.
- Ongoing support for youth and women programs even in pandemic times.
- The added value is that it is very close to human problems by giving solutions and choices.
- Investing in sexual and reproductive health programs as an investment in achieving universal health coverage, reducing maternal and infant mortality; reducing gender-based violence; reducing gender inequalities; Improving the health of adolescents and young people for a healthier society, which enjoys well-being .
- In addition to helping in difficult times such as Covid 19, we have created resilience especially in interventions with KAP, financial stability, successful networking and recognition on a national and international scale.
- Active participation in studies and capacity building, especially in advocacy.
- UNFPA every year expands the map of supporting NGOs, thus providing a valuable contribution to the country level, by reducing the burn of disease as well as the mortality rate among vulnerable groups.
- Human rights approach, gender response.
- Reached impact in most of its actions.
- Allowing the implementation of our work without obstacles by UNFPA.
- Capacity building in the field of population statistics by continuously providing quality training on population projections, aging and population development dynamics. Technical support with international experts for in-depth analysis on certain issues related to the population. An intermediary and professional incentive in signing the agreement between INSTAT and the People's Advocate.
- Ability to identify needs in real time.

Q33. Would you like to add or say something else that is relevant to this evaluation?⁴⁸¹

- As can be seen by my responses, I was not able to provide a lot of answers, because the project we are implementing with UNFPA is a regional one, and the organization I work for is a regional intergovernmental mechanism. Since most of the questions were related to CP and National frameworks, I am not able to provide an answer based on limited insights I have obtained in this process.
- UNFPA country team, although a small team is very vivid and cooperative to joint UN initiatives. I have witnessed the strong team spirit within the country team, where different staff contributes actively to activities/initiatives/projects assigned to the other colleagues, by bringing their own types of expertise and experience to activities organised by peer colleague. The level of cooperation with implementing partners is impressive, regardless of challenges posed by the implementation context or by the fact that the implementing partner itself is inexperienced. UNFPA colleagues have found always ways to adjust to the needs of the implementing partner and build common trust during the implementation of the project. I have also experienced the distinctive and unconditioned support of UNFPA colleagues in implementation of our project, in all circumstances.
- UNFPA Agency has brought progress in my country, making possible teaching in schools health education focus on "sexual education as life skills", where until yesterday it was taboo, as well as creating safe spaces in and out of school against sexual abuse, through extraordinary assistance in creating of National and Local training capacities for health education focus on "sexual education as life skills".
- As a director of NCQSAHI I have been involved in many activities organized and supporting by UNFPA and have a very fruitful collaboration in implementing and developing tools such as guidelines and protocols, quality tools regarding family planning and reproductive health in Albania. I hope these collaboration will continue in the future and focusing in training and

⁴⁸¹ Q33 Online survey, N=34

developing tools for quality and safety also standards on improving healthcare and accreditation in primary healthcare and maternity hospital care, focusing in youth, child and mother care and sexual and reproductive health.

- UNFPA should focus and support the integration of HIV/Substance abuse programs into the Sexual and Reproductive Health services. The one stop shop model should be implemented, particularly in reaching vulnerable groups to receive preventive services.
- Thanks to the program we are implementing with UNFPA we have made possible not only the identification of the needs of young people, but also their access / inclusion in the local budget plans of municipalities, - bringing then the step of evaluation and monitoring of these plans, - precisely in order to have as many youth activities and programs at the municipal level, as well as the creation of a local institutional behavior / culture (municipality) in having in mind and agenda the youth issue and the realization of the respective budgets for this group based on the needs and youth demands. This type of intervention / form of program implementation makes it possible to build a model of success in approaching youth policies at the local level.
- Wishing success to the evaluation team, I express my readiness for a possible meeting, if more info / communication is needed. Thank you and good luck, Elma
- On the occasion of the entry into force of the law on youth, there are a series of competencies and tasks that must be fulfilled by local government institutions (Municipalities) and central institutions. The Observatory of its work plan with UNFPA has been able to draft budget plans and activities for young people in 15 different municipalities of the country, based on all its proposals of obligations that arise to the Municipality for youth issues, in its youth law, local self-government law and finance law. In this context, it is important to continuously monitor Municipalities and institutions for the fulfillment of commitments for youth. The Observatory, thanks to the support of UNFPA has so far drafted 4 monitoring plans in 4 different municipalities of the country, monitoring the progress of fulfilling the commitments for young people.
- In accordance with the law on youth, UNFPA should continue to support such initiatives based on locality - institutions and youth, in order to have as much engagement and participation of young people in initiatives conceived by young people and for young people.
- It is important for UNFPA to increase investment and attention in the field of women's health, specifically related to breast cancer and cervical cancer.
- It is important to invest in prevention programs for drug abuse and it is the Agency that has brought progress in my country, making possible the teaching in sex education schools, where until yesterday it was taboo, as well as creating safe spaces in and out of school against sexual abuse, through extraordinary assistance in creation of National and local training capacities in the field of health education with a focus on "Sex education as a life skill".
- Thank you UNFPA for supporting the programs of SRH, GBV and GE, PD and the progress that these programs bring to the Albanian society.
- One of the most correct, fruitful and useful collaborations and partnerships in 27 years of activities of our association.
- UNFPA should focus and support the integration of HIV/Substance abuse programs into the Sexual and Reproductive Health services. The one stop shop model should be implemented, particularly in reaching vulnerable groups to receive preventive services.
- Ability of UNFPA to respond to national priority needs.
- Impressed by UNFPA devotion and professionalism.
- Thank you UNFPA for the ongoing cooperation, and for raising the voice of the issues that concern young people.
- Assistance in setting up the Case Referral Mechanism in rural areas in order to identify gender-based violence in real time and protect the victim from the responsible institutions.

CPE for Albania (2017-2021)

Abstract

Subject of the evaluation. UNFPA support provided to Albania during 2017-2020

Purpose of the evaluation. The overall purpose of this CPE is to conduct an independent assessment of relevance, performance and sustainability of UNFPA support provided to Albania during 2017-2020, as well as to provide an evidence based analyses of gaps, needs and factors for facilitating the design of the next programming cycle.

Methodology.

The evaluation was conducted by a three-person team (team leader and two evaluators). 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 online and offline using four main methods: 1) Desk review; 2) Key informant semi- structured group and individual interviews; 3) Online survey; and 4) Site visits to selected implementing partners in capital and municipal levels. The analysis is based on a synthesis and triangulation of information obtained from the above-mentioned four evaluation activities. Limitations of the evaluation are related to COVID-19 pandemic, including disadvantages connected to remote way of evaluation performance and limited ability of evaluation team (ET) to interview UNFPA beneficiaries groups and visit municipalities where the Fund works.

Main conclusions.

Evaluation showed that all programme areas of 4th CPs are of high relevance for Albania and are adapted to the needs of its population, including the most vulnerable, and Albania's objective of European integration to a greater extent. UNFPA strategy of programme interventions is responsive to global challenges and national interests.

The 4th UNFPA Albania Country Program contributed to several of the achievements made by Albania in improving its policies and actions in several areas. Within this program cycle the first Youth law was passed by Albanian Parliament, National Plan on Ageing was developed and approved by Albanian Government, National Reproductive Health Plan and Contraceptive Plan were approved and evaluated by MHSP. Two new national health programs on screening cervical and breast cancers were introduced by Albanian Government, while Coordinated Referral Mechanism for GBV was introduced in health sector in response to gender- based violence, and Minimum Initial Service Package was included in national contingency plan by MHSP. Additionally, there are tangible progress toward planned objectives in spreading all over the country the participatory platforms that advocate for increased investment in sexual and reproductive health and reproductive rights, as well as comprehensive sexuality education in schools.

4th Country Program has also contributed in improving systematic information and data quality in several areas of sexual and reproductive health, gender equality, and adolescent and population dynamics. A number of national surveys in population, healthcare and school settings as well as in depth analyses have produced valuable data to assist Albania in monitoring situation and understanding problems in these areas.

Evaluation found evidence of country ownership of programme outcomes, and effective support for advocacy and policy dialogue to ensure the principles of human rights observation and protection, with a focus on the most vulnerable. UNFPA also contributed to country capacities to prepare and submit national reports and reviews on international and national commitments on human rights and women's rights.

Being an upper-middle income country, Albania cannot benefit from traditional development assistance model. In spite of that, and committed to the UN *Delivering as One* principle in programming and resource mobilization, UNFPA succeeded in receiving direct government support that set up precedent for new forms of assistance, including funds envisioned by Albania's EU accession process. To extent possible, UNFPA ensured sustainability of achieved results by provision of evidence-based support to advocacy and policy work, strengthening technical capacity of its government and non-government partners, introducing them to the best international practices and expertise, advocating for them at local and national levels and engaging key ministries and donors in implementation of new concepts.

Evaluation witnessed good progress in achieving output and outcome indicators of all 4th programme areas. However, some output and outcome indicators are not defined very clear and, as result, have not been able to correctly reflect and understand the extent of UNFPA contribution to discovered achievements. The indicators intending to demonstrate the achievement of the planned outcomes are also not very useable, because most of them are not correctly reflecting advocacy goals.

Main recommendations

- UNFPA Country programme design should reflect gender equity and P&D areas through individual outcomes/outputs and respective indicators and targets to better measurement of UNFPA achievements and challenges.
- UNFPA should better explore programming and resource mobilization strategy at regional level as well as opportunities provided by Albania's objective of European integration.
- UNFPA has to raise its visibility, comparative advantages, uniqueness particularly among potential donors, including private sector, at both, country and regional levels.

Sexual and Reproductive Health:

- UNFPA should assist MoHSP and MESYS in utilization of public reproductive and sexual services by young people and better use of guidelines and protocols for adolescent health and women health by health professionals.
- UNFPA should support the newly reorganized National Reproductive Health Committee to make it fully functional and fulfill its mandate as evidence based policy coordination mechanism.

Adolescents and Youth:

UNFPA should continue support of Adolescent & Youth component focusing on:

- i) evaluation of the National Youth Strategy implementation and developing a new one in the context of the new Youth Law;
- ii) continuing advocacy on the integration of sexuality course into the school curricula throughout the country and training teachers to deliver it; and
- iii) expanding the regional participation platforms developed between youth organizations and local governments.

Gender Equality:

UNFPA should continue its support to combating GBV.

Population and Development:

- UNFPA should provide support in upgrading the whole reporting system of diseases and deaths provided by health professionals in Albania.
- UNFPA should pay more attention to ageing issues and support preparation of routine data disaggregated by age, gender, economic status and/or ethnicity.

Annex 6. Stakeholders' mapping

Outcome 1: Sexual reproductive health services Output 1: Strengthened health system to provide equal access to quality integrated sexual and reproductive health services at national and municipal levels and in humanitarian settings. Output 2: Strengthened engagement and partnerships between government and non-governmental institutions to promote reproductive rights and empowerment of women, and reduce inequalities in sexual and reproductive health		
Sexual and Reproductive Health Advocacy (relates to all areas of UNFPA)		
Government and other institutions (LGU, Academia, Media)	INGO/NGOs (please specify if IPs)	Donor (specify direct or not) / UNRCO / UN Agencies
Ministry of Health and Social Protection (MoHSP) <ul style="list-style-type: none"> Erol Como, Sector of Policies and Strategies for Health Sector Development Erol.Como@shendetesia.gov.al (SRHR and Youth Programme Areas) Andoneta Njehrena, Juridical Directory Antoneta.Njehrrrena@shendetesia.gov.al (SRHR Programme Area) Institute of Public Health (IPH) <ul style="list-style-type: none"> Albana Fico, Director albanafico@gmail.com (SRHR Programme Area) Gentiana Qirjako, Head of Health Promotion Department gentaqirjako@gmail.com (All UNFPA Programme Areas) Alban Ylli, Head of Sector for Policies on Non-communicable Diseases albanylli@yahoo.co.uk (All UNFPA Programme Areas) Marjeta Dervishi, National HIV Programme marjeta_dervishi@yahoo.com (SRHR and Youth especially focusing on YKP and on MISP related initiatives) Health Insurance Fund (HIF) Albana Adhami / Cela, Deputy Director albana.adhami@fsdsksh.gov.al (SRHR programme area)	Albanian Center for Population and Development (IP) <ul style="list-style-type: none"> Brunilda Hylviu, Executive Director, ACPD (for all areas of UNFPA) Andi Rabijs, Programme Coordinator, ACPD Monika Kocaqi (GBV), consultant STOP AIDS NGO Please add focal Point	Swiss Development Cooperation project staff <ul style="list-style-type: none"> Silvana Mjeda, SDC Social Sector Officer, silvana.mjeda@eda.admin.ch Zhenihen Zanj, SDC Health Sector Officer Zhenihen.zanj@eda.admin.ch UNDP re LNB Project <ul style="list-style-type: none"> Anduena Shkurti, LNB Project Manager, UNDP anduenashkurti@undp.org Dhurata Vrenozi, Project M&E, UNDP dhurata.vrenozi@undp.org UN Albania Resident Coordinator's Office Fioralba Shkodra, Head of Office, Development Coordination Officer / Strategic Planning Team Leader, fioralba.shkodra@un.org Topic: advocacy & joint coordination & programing
Health Care Operator Mirela Cami, Director of Health Care Operator mirelacami91@gmail.com (SRHR Programme Area, focusing on RH Committee and on MISP related initiatives)	Albania Community Assist (IP) Holta Koci, Executive Director (focus on LNB, SRH, Vulnerable Groups of Roma and Egyptian, GE)	UN Albania Resident Coordinator's Office Guri Daco, Programme Communications and Advocacy Officer, guri.daco@un.org Topic: advocacy & joint communications
National Center for Quality, Safety and Accreditation of Health Care Institutions Mirela Cela, Director of National Center for Quality, Safety and Accreditation of Health Institutions celamirela@gmail.com (SRHR Programme Area, focusing on quality improvement initiatives: clinical guidelines development/standards and clinical protocols)	NESMARK Foundation (IP) Edlira Bracellari, ED adhs@nesmark.org.al (SRHR programme area focusing on TMA implementation)	UNDP Nora Kushti, Communication Manager, nora.kushti@undp.org
Ministry of Education, Sport & Youth Aspasjana Kongo, Deputy Minister of Youth,	YWCA NGO Donika Godaj, Director of YWCA dreitore@ywca-albania.al (SRHR programme area focusing on HIV and AIDS as well as on Breast Cancer awareness)	WHO Gazmend Bejtja, Health Officer, bejtjag@who.int
	Global Fund Enida Xhumari, Project Manager, Programme Implementation Unit enidaxh05@yahoo.fr	UNICEF <ul style="list-style-type: none"> Mariana Bukli, Health Officer, mbukli@unicef.org Anila Miria, Communication Officer, amiria@unicef.org
	Health for All Project Besim Nuri, HAP Project Manager besim.nuri@hap.org.al	UNWomen Yllka Parllaku, Communication Officer, yllka.parllaku@unwomen.org

<p>Aspasjana.Kongo@arsmi.gov.al <i>Topic: advocacy, youth policies, collaboration on youth engagement & participation</i></p> <p>Municipality of Maliq <i>(LNB project-youth budgeting)</i> Azem Nuhu, Director of Social Care Dept. azemnuhu@hotmail.com</p> <p>Municipality of Korce Brunilda Prifti, Chief of Cabinet, brunandili@gmail.com</p> <p>Municipality of Durres <i>(LNB project-youth budgeting)</i> Meme Xhaferaj, Director of Social Care Dept. mxhaferaj@yahoo.com</p> <p>Euronews Albania</p> <ul style="list-style-type: none"> Karolina Rista, Administrator, karolina.rista@euronews.al Erida Shani, erida.shani@euronews.al <p>Shendetet.com.al newspaper Eglantina Bardhi, Executive Director, ebardhitgf@yahoo.com</p>		
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<p>Outcome 2: Adolescents and youth Output 1: Rights and needs of adolescents and youth are fully addressed in laws, policies and programmes, including comprehensive sexuality education at national and subnational levels and in humanitarian settings. Output 2: Strengthened multi-sectoral response for the prevention and management of gender-based violence and harmful practices, with a focus on adolescents and youth, including in humanitarian settings.</p>		
<p>Youth</p>		
<p>Ministry of Education, Sport & Youth</p> <ul style="list-style-type: none"> Aspasjana Kongo, Deputy Minister of Youth, Aspasjana.Kongo@arsmi.gov.al <i>Topic: advocacy, youth policies, collaboration on youth engagement & participation</i> Zamira Gjini, Director General, Policy Dept., Zamira.Gjini@arsimi.gov.al <i>Topic: education, CSE</i> <p>Agjensia e Sigurimitte Cilesisedhe Akreditimit – IP PGAL12</p> <ul style="list-style-type: none"> Gerti Janaqi, General Director, gjanaqi@gmail.com EdliraSina, CSE /GBV National Coordinator, edlirasina@yahoo.com 	<p>Observatory for Children’s & Youth Rights – IP PN6713 Elma Teršana – Executive Director, director@observator.org.al</p> <p>Regional Youth Cooperation Office – IP PN7425 <i>Topic: youth & peacebuilding & reconciliation in Western Balkans</i> VladicaJovanovic – project Lead, vladica.jovanovic@rycowb.org</p> <p>Youth Voice Network (comprises 21 youth NGOs & youth clubs whose reps can be called in as a focus group) <i>Topic: youth civic engagement / youth advocacy platform / media platform</i></p> <ul style="list-style-type: none"> Eridjona Kica - Coordinator, e.kica@observator.org.almailto:alb.youthvoice@gmail.com Andi Rabi – Administrator, andi_rabi@live.com <p>Schools for Health Project GencBurazeri, ED Genc.Burazeri@savethechildren.org</p> <p>Aleanca LGBT</p>	<p>UNICEF Mirlinda Bushati, Early Learning Education Specialist, mbushati@unicef.org <i>(as co-chair of U joint Education Output)</i></p> <p>UNDP Rodika Goci, Project Coordinator “Supporting the Western Balkan's collective leadership on reconciliation - RYCO Project”, rodika.goci@undp.org</p>

EVALUATION REPORT: The 4th UNFPA Country Programme for Albania (2017-2021)

	Peace Corps DarinaKaltani, Health Programme Manager DKaltani@peacecorps.gov	
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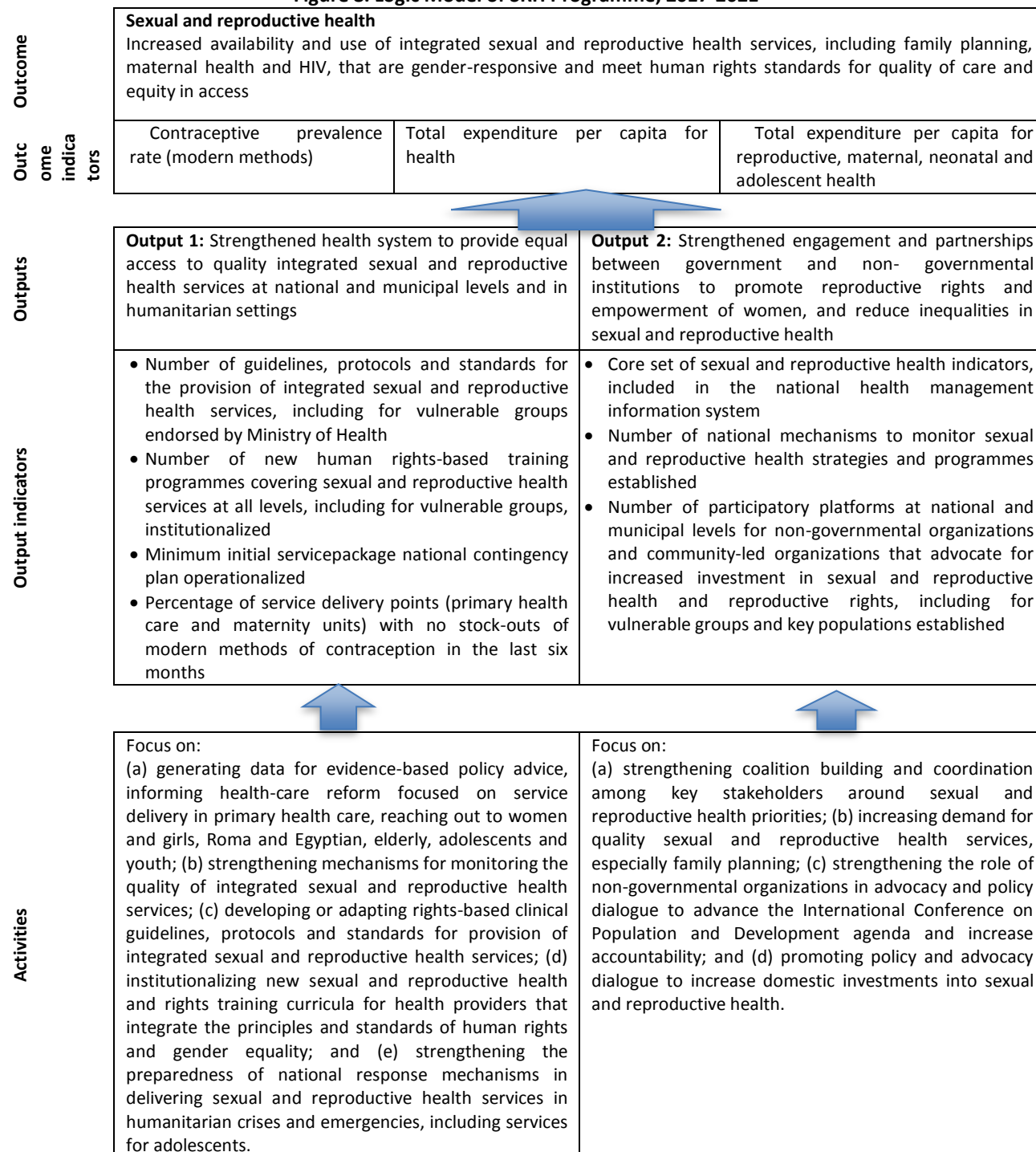
Gender and Population Development (cross cutting)		
Ministry of Health and Social Protection <ul style="list-style-type: none"> Merita Xhafaj, Director General for Policies and Strategies (<i>all areas of UNFPA relating to Health, GE, Population, Social Inclusion</i>) Merita.Xhafaj@shendetesia.gov.al Brunilda Dervishaj Chief, Department for Policies and Strategies for Social Inclusion and Gender equality Brunilda.Dervishaj@shendetesia.gov.al Xhilda Papajani, Expert, Social Care and Protection including Older Persons Xhilda.papajani@shendetesia.gov.al Agjensia e Sigurimit e Cilesisedhe Akreditimit (<i>also mentioned in the Youth under Comprehensive Sexuality Education</i>) <i>We have started working together on the capacity building of teachers to address sexual violence in school setting</i> <ul style="list-style-type: none"> Gerti Janaqi, General Director, gjanaqi@gmail.com Edlira Sina, CSE /GBV National Coordinator, edlirasina@yahoo.com Ministry of Europe and Foreign Affairs Bruna Minarolli Chief of Sector for International Organisations Bruna.Minarolli@mfa.gov.al <i>Focus on UN, Human Right and UN Conventions and Reporting</i>	Albanian Center for Population and Development (IP) <ul style="list-style-type: none"> Brunilda Hylviu, Executive Director, ACPD (for all areas of UNFPA) brunahylviu@gmail.com Andi Rabi, Programme Coordinator, ACPD andi_rabi@live.com Monika Kocaqi (GBV), consultant with ACPD Monikakocaqi@gmail.com Albania Community Assist (IP) Holta Koci, Executive Director holta.koci@gmail.com <i>Focus on LNB, SRH, Vulnerable Groups of Roma and Egyptian, GE)</i> Act for Society Armela Pengili, Executive Director actfsociety@gmail.com <i>Focus on GE, GBV through Research and Awareness (funded from Sida Project)</i> NESMARK Foundation (IP) Edlira Bracellari <i>Genta Qirjako (expert for research, HBSC, secondary analysis)</i> Albanian Human Rights Group Elsa Ballauri, Executive Director el.ballauri@gmail.com	UN Gender Thematic Group Chaired by Michele Ribotta, UNW Representative and Chair of Gender Results Group UN Women <ul style="list-style-type: none"> Estela Bulku estela.bulku@unwomen.org Alba Agolli Alba.agolli@unwomen.org Megi Llubani Megi.llubani@unwomen.org UNDP, Sida Funded Joint Programme on Eliminating Violence against Women in Albania <ul style="list-style-type: none"> Entela Lako, Entela.lako@undp.org Social Inclusion and GE, UNDP, Edlira Papavangjeli GE/GBV Project manager, UNDP UNICEF, relating to Early Marriage, Human Rights related work Emira Shkurti, Juvenile Justice eshkurti@unicef.org member of GTG

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Annex 7. UNFPA Intervention logic for 4th CPs by programme components**SEXUAL AND REPRODUCTIVE HEALTH**

The 4th on going CP concentrates on *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* to reach 2017-2021 PoSDGs priorities in I. *Governance and Rule of Law* and II. *Social cohesion: Health, education, social protection, child protection, and gender-based violence*. To achieve planned outcomes, UNFPA works with Ministry of Health, United Nations organizations, development partners, Institute of Public Health, Health Insurance Fund, National Centre for Quality, Safety and Accreditation of Health Institutions, National Centre for Continuous Medical Education, the private sector, civil society organizations, Ministry of Education, Ministry of Social Welfare and Youth, the Ombudsman, Parliament.

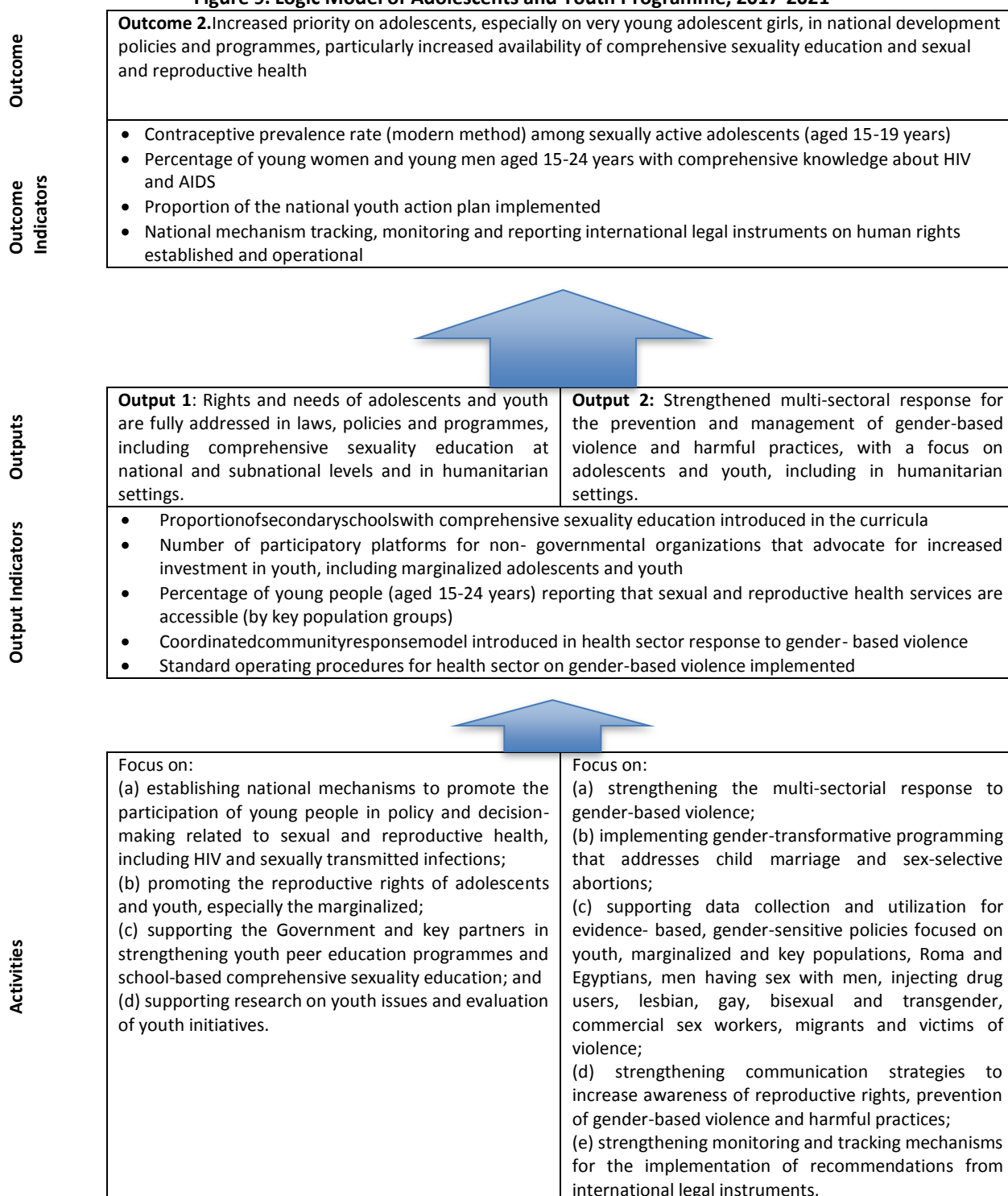
Figure 8. Logic Model of SRH Programme, 2017-2021



ADOLESCENT AND YOUTH

In the 4th Country programme the UNFPA activities in the field of Adolescent and Youth are focused on advocacy, policy dialogue and provision of technical assistance to 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. To achieve planned outcomes, UNFPA works with Ministries of: Health; Social Welfare and Youth; Education; United Nations organizations; development partners; Institute of Public Health; Health Insurance Fund; National Centre of Quality, Safety and Accreditation of Health Institutions; National Center of Continuing Education; the private sector; civil society organizations; the Ombudsman; Parliament

Figure 9. Logic Model of Adolescents and Youth Programme, 2017-2021



Annex 8. Linkages between UNFPA CP outputs 2017-2021, outcomes of UNFPA Strategic Plan 2018-2021 and outcomes of the GoA-UN PoCSDs

