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Population Fund and the United
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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Albania

Proposed indicative UNFPA assistance: \$4.5 million: \$3.0 million from regular resources and \$1.5 million through co-financing modalities or other resources

Programme period: Five years (2022-2026)

Cycle of assistance: Fifth

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2022-2026

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.5	0.5	2.0
Outcome 3	Gender equality and women's empowerment	0.5	0.5	1.0
Outcome 4	Population dynamics	0.5	0.5	1.0
Programme coordination and assistance		0.5	-	0.5
Total		3.0	1.5	4.5

I. Programme rationale

1. Albania is an upper-middle-income country on its path to European Union accession. It is one of the poorest countries in Europe, with a poverty rate of 23.4 per cent in 2018. The COVID-19 and related socio-economic impact risks exacerbating poverty while the country remains exposed to earthquakes, floods and faces the increasingly severe impacts of climate change.
2. The population – 2,845,955 (2020) – decreased by nine per cent over the past decade, determined by the high rate of migration and a declining fertility rate (from three children per woman in 1990 to 1.36 in 2019). The contraceptive prevalence rate for any method is 46 per cent (in currently married women aged 15-49), while the level of use of modern contraception among the same group is four per cent (ADHS 2017-2018), the lowest in the Eastern Europe and Central Asia region. The total demand for family planning among currently married women is 61.2 per cent and only six per cent of the demand is satisfied by modern methods (ADHS 2017-2018). There is a lack of awareness and negative attitude to family planning practices, especially among the most traditional communities. The support for family planning among medical practitioners remains poor.
3. Albania continues to have an imbalanced sex ratio at birth of about 109 males to 100 female births (INSTAT 2019). The maternal mortality rate is 3.4 per 100,000 live births (INSTAT 2019) but more efforts should be done to come to zero by 2030.
4. Cervical cancer is a public health concern in Albania. The average mortality rate of cervical cancer is 2.9/100,000 (2013-2017), the mortality/incidence ratio is 32 per cent. Albania continues to be a low HIV prevalence country (less than 1 per cent in the general population), with over 1,387 known HIV cases from 1993 until 2020. But these data hide a large undiagnosed HIV population and an urgent need for expanded testing.
5. The adolescent birth rate is 14 births per 1,000 women aged 15-19 years in 2019. Around seven per cent of women aged 20-49 years reported having been married before the age of 18, while among Roma and Egyptian women, the percentage is much higher (50 per cent). Some 58 per cent of youth aged 18-24 years are in employment, education or training, compared to only 22 per cent of Roma and Egyptian youth (2017).
6. While comprehensive sexuality education (CSE) is widespread in schools (70 per cent coverage in 2021), the quality remains poor, and there is still strong resistance from parents and caregivers, community members and teachers, who see CSE as a factor that leads young people to early sex.
7. Lack of disaggregated demographic data on vulnerable groups challenges the statistical system to monitor indicators of the International Conference on Population and Development (ICPD) Programme of Action and the Sustainable Development Goals (SDGs), especially data relating to the well-being and needs of people with disabilities and older persons. Albania is committed to undertaking the 2022 round of population and housing census following the latest international recommendations, in particular the recommendations and standards addressed to the European countries from the United Nations and the Statistical Office of the European Union (Eurostat), including those related to data quality and protection of personal data, which will enable UNFPA to make full use of collected data for advancing population data systems.
8. In 2019, public spending on health as a share of the gross domestic product was lower in Albania (2.97 per cent) than in most south-eastern European countries and the European Union. Around 50 per cent of all health expenditures are out-of-pocket (2016), which creates particular problems for the poor population, especially women from remote areas and older persons living alone.
9. Albania continues to face barriers to achieving gender equality. Gender inequalities persist in health care, specifically in health status, health-related behaviour and access to health care, putting Albania's index score in health at 81.8, some 6.3 points lower than the European Union (28 average). Due to rigid and traditional gender roles, gender-based social

exclusion is a reality for many women in the country. There is a clear distinction between the roles of men and women in both private and public life: men are still widely considered to be the head of household in most Albanian families, with 83 per cent headed by men and 17 per cent by women, while women still have the burden of doing most of the domestic chores and unpaid care work. Among parents with children under the age of 7, men spend 58 minutes a day while women spend 8 hours 25 minutes towards unpaid work (2011).

10. Gender-based violence continues to be one of the most pervasive forms of violence in Albania. One in three women of aged 18-74 years recently experienced one or more of five forms of violence (intimate partner violence; dating violence; non-partner violence; sexual harassment; stalking), while one in two has experienced it during their lifetime (2019).

11. The Albanian population is ageing very quickly, the percentage of the population over age 65 is 14.7 (2020) and is expected to reach 24 per cent by 2035. Older persons are faced with a multi-dimensional exclusion, with particular risk factors, including low retirement income, living alone without family support, poor health and physical distance from services.

12. The previous country programme contributed to the advancement of sexual and reproductive health (SRH) care and gender equality, the expansion of youth participation and recognition of comprehensive sexuality education in formal education and to strengthening the quality of population data. The country programme evaluation conveys the successes of the programme in responding to the needs of the population in close partnership with the national Government and civil society partners, while it recommends continuing work on improving quality and access to sexual and reproductive health and reproductive rights, by expanding non-traditional partnerships, including with the private sector. The Albania SDG Voluntary National Review (2018) underlines the need to increase the quality and coverage of innovative and citizen-centred public services. Similarly, the National Strategy for Integration and Development (NSDI II) prioritizes equality and access to services for all, improving the well-being for all citizens in a fair and cohesive society.

13. The new country programme will be focusing on ensuring equal access to high-quality SHR services, creating an enabling environment for the social inclusion of vulnerable groups, developing a strong base for behaviour and social norm change. The programme will promote voluntarism, especially among youth, and community participation. UNFPA, with its experience in health, protection and outreach to the most vulnerable groups, will contribute to Albania's United Nations Sustainable Development Cooperation Framework (UNSDCF) priorities: human capital development and social inclusion; people-centred governance; rule of law; human rights and gender equality.

II. Programme priorities and partnerships

14. The new country programme will transform the lives of women, older persons and young people (aged 10-24 years), especially the most vulnerable and young key populations at risk of HIV and AIDS by empowering them to live free from violence and make informed reproductive choices and life decisions. More specifically, it commits to increasing the contraceptive prevalence rate for modern methods among all women aged 15-49 years from the current four per cent to 11 per cent, empower women and girls to exercise their rights and make informed decisions about their bodies and their lives, improve the health system response to the sexual and reproductive health needs of women and young people, respond to demographic challenges and strengthen related evidence-based policies by focusing on the most vulnerable and marginalized, including in emergencies and crises.

15. The country programme strategies derive from a consultative process with key stakeholders, including people with disabilities, young people, rural women, young key populations, older persons, government partners, the private sector, research institutions and civil society. The programme will be implemented at the national and subnational levels.

16. The country programme target groups will include people in remote areas; women and girls with disabilities; vulnerable young people (Roma and Egyptian); gender-based violence survivors; older persons; and other hard-to-reach population groups.

17. The country programme contributes to the achievement of the three transformative results of UNFPA, and will directly contribute to SDGs 3, 4, 5, 10 and 16.

18. The programme is aligned with the National Strategy on Development and Integration 2014-2020. It reinforces the government action plans on the National Strategy on the Development of Primary Health Care Services in Albania 2020-2025, the National Action Plan on Ageing 2020-2024, the National Action Plan on SRH and Reproductive Rights 2017-2021, the National Health Strategy 2016-2020, and the national action plan for the implementation of United Nations Security Council resolution 1325 on women, peace and security, 2018-2020.

19. The country programme builds on the Nairobi commitments made by the Government to accelerate the ICPD Programme of Action and the 2030 Agenda. The commitments include (a) increasing financing for reproductive, maternal, newborn and adolescent health by increasing the budget allocation by about 30 per cent by 2025; (b) intensifying efforts to achieve universal access to sexual and reproductive health as a part of universal health coverage by (i) leading the national reproductive health committee and establishing the sub-committee on contraceptive security to ensure zero unmet need for family planning by 2030, with full support from government institutions, civil society, academia and all partners; (ii) strengthening the national cervical screening programme and the national screening programme for breast cancer; (iii) establishing national obstetric surveillance and response system by 2021; (c) eliminating gender-based violence and harmful practices of child, early and forced marriages, by (i) strengthening the multisectoral response to gender-based violence; (ii) developing and endorsing the law on gender-based violence; (d) funding and implementing the National Action Plan on Ageing 2020-2024 and monitoring its implementation step by step; (e) improving the quality of youth-friendly services within the basic package of primary health care; (f) promoting and supporting policies that include innovative mechanisms for the primary health care workforce; and (g) making the service friendly for the young generation and people with disabilities.

20. The new programme is fully aligned with the 2030 Agenda principle of leaving no one behind. UNFPA ensures a people-centred and human rights-based approach by engaging vulnerable populations in the design and implementation of interventions; advocating for the utilization of disaggregated data for policies and programmes; and ensuring the protection of rights and empowerment of women and girls, as well as universal access to gender-transformative SRH education and services.

21. The programme interventions are based on the principles of resilience, sustainability and accountability, to explore and operationalize the most sustainable solutions by ensuring their integration into the existing national policies, programmes and practices, including in crises and situations of recurrent vulnerability; and building a supportive environment for transforming social norms at the community level. This approach allows improved adaptability to humanitarian contexts, including through contingency planning and response efforts, in partnership with the United Nations country team.

22. The country programme will benefit from South-South and triangular cooperation, focusing on behaviour and social norm change in addressing family-planning practices and gender stereotypes, intergenerational solidarity and active aging. UNFPA will continue to collaborate with the established network of national partners, such as the Ministry of Health and Social Protection, the Ministry of Education, Sport and Youth, the Ministry of Finance, local governments, academia, civil society organizations (for persons with disabilities, the Roma and other minorities), youth networks, professional associations, the media and the private sector.

23. UNFPA will apply different modes of engagement to deliver the country programme, such as advocacy and policy dialogue, capacity development for enabling environment, partnership and coordination, and knowledge management. The proposed country programme document is fully in line with the United Nations Sustainable Development Cooperation Framework (UNSDCF) that will promote a unified United Nations approach and ensure coherence to its response in the country.

A. Sexual and reproductive health

24. *UNSDCF Outcome A1. By 2026, there is an increased and more equitable investment in people, removing barriers and creating opportunities for those at risk of exclusion.*

25. *UNFPA Output 1 directly contributes to UNSDCF output A1.3. Strengthened institutional capacities to provide high-quality people-centred sexual and reproductive health services for every woman, adolescent and youth, especially for the most vulnerable groups of the population, including during emergencies.*

26. This output will be achieved through (a) technical support and policy advocacy for strengthening high-quality SRH services in the country, with a targeted focus on vulnerable population groups ; (b) behaviour and social norm interventions on knowledge, attitudes and practices related to family planning for building a base to influence the medical community, the general population and most vulnerable groups; (c) policy dialogue and technical assistance to generate data for evidence-based policy advice, informing health-care reform, focused on service delivery at primary health care centres, reaching out to rural women and girls, Roma and Egyptian communities, older persons, adolescents and youth; (d) technical support in the implementation of effective perinatal care approach and in the institutionalization of the obstetric surveillance and response system; (e) intensifying efforts for strengthening capacities for better diagnoses and treatment of precancerous lesions and access to screening for cervical and breast cancer; (f) advocacy for adequate provision of HIV prevention and treatment services, with a particular focus on young key populations; (g) strengthening the capacity of national partners in humanitarian preparedness and response and adequately addressing the SRH needs of women and young people in national policies and plans, with a focus on those left behind in emergency situations; (h) building social capital and empowering vulnerable groups (including people in remote areas, women with disabilities, young key populations and Roma communities) via health information, education, communication, peer support and community mobilization.

27. *Output 2: Young people utilize their skills and opportunities to make informed choices about their sexual and reproductive health and rights, well-being and civic engagement, including in humanitarian situations.*

28. The output will be achieved through (a) policy advocacy and technical support to the Ministry of Education, Sport and Youth for full integration of high-quality CSE; (b) strengthened intergenerational knowledge exchange and learning by involving grassroots organizations, communities, youth organisations and youth peer educators; (c) strengthened quality of CSE and support for functioning innovative digital learning platforms, including for students with disabilities and hard-to-reach youth groups; (d) improved quality and increased access to youth-friendly services for vulnerable and marginalized adolescents and youth through community-based mobilization and civic engagement; (e) strengthened youth agency and youth voice for greater participation in policy dialogue on youth SRH, gender equality, and human rights, conflict prevention and peace-building processes; (f) generation and strategic use of evidence on youth SRH to advocate for supportive policies for marginalized youth populations.

B. Gender equality and women's empowerment

29. *UNSDCF Outcome C2. By 2026, gender-responsive governance strengthens equality and non-discrimination, promotes women's empowerment and human rights and reduces violence against women and children.*

30. *Output 1 directly contributes to UNSDCF outputs C2.1 and C2.2. Improved multisectoral response to prevent and address all forms of gender-based violence and harmful practices and elimination of discriminatory gender norms and stereotypes.*

31. UNFPA will (a) support integration of international normative frameworks and human rights treaties standards on gender equality and women's empowerment (including the European Union gender equality law) into national policies and legislation, and provide technical support to the Government at all levels for monitoring of their implementation;

(b) advocate and build institutional capacities for a multisectoral response to gender-based violence, especially through the health sector, at both central and local levels, including in emergencies; (c) facilitate innovative, meaningful and impactful partnerships with non-traditional partners, private-sector actors, think tanks, academia and civil society organizations for the integration of gender-sensitive family policies and male engagement for the prevention of gender-based violence and in addressing harmful gender norms; (d) empower women and girls from the most vulnerable groups in decision-making and access to information and services; (e) support communities to change discriminatory social norms, gender stereotypes and abusive behaviours leading to gender-based violence and early marriage; and (g) support institutional capacity building for the implementation of gender-responsive, family-friendly policies in the workplace, with focus on the private sector.

C. Population dynamics

32. *UNSDCF Outcome C1. By 2026, governance is more transparent and accountable, enabling people (women and girls, men and boys, and persons at risk of exclusion), to enjoy quality, inclusive services, enhanced rule of law and access to justice in line with Albania's human rights commitments.*

33. *Joint Output. Cooperation framework partners have increased capacities to generate high-quality disaggregated data to strengthen policies and programmes (quantitative and qualitative, results-based, gender-sensitive, responsive to demographic changes and the situation of vulnerable groups).*

34. This output will be achieved by (a) improving national capacities to develop population and social policies and programmes that respond to population dynamics, strengthen human capital and build demographic resilience; (b) providing technical expertise and increasing capacities to generate and use high-quality disaggregated population data, census and survey data for evidence-based policies and programmes that are results-based, gender-sensitive and respond to the rights and needs of most vulnerable groups; (c) supporting the development of accurate, human rights-based demographic policies that reflect the existing population trends, including declining fertility, ageing, migration, urbanization, and increasing the resilience of vulnerable groups to climate change effects; (d) promoting active ageing and intergenerational solidarity between younger and older persons through community mobilization of youth organizations in support of older persons, empowering the voice of older persons in policy formulation, fighting ageism and supporting a society for all age groups.

III. Programme and risk management

35. UNFPA will be part of the UNSCDF coordination mechanisms led by the joint national steering committee, co-chaired by the United Nations resident coordinator and the designated government representative. UNFPA will contribute to results groups and other relevant interagency groups as internal country team coordination mechanisms towards the achievement of the SDGs and in support of the European Union accession agenda.

36. The country office will strengthen its technical capacity in the areas of partnerships and resource mobilization as well as behaviour and social norm change for efficient programme delivery. The current office structure will remain.

37. Programme implementation will benefit from UNFPA regional and global expertise on demographic intelligence, sexual and reproductive health, harmful practices, and will engage national partners working with vulnerable women (poor urban and rural women, women with disabilities, violence survivors, Roma women), key populations, people living with HIV, older people and youth. UNFPA will maintain effective partnerships while reaching new, non-traditional partners.

38. UNFPA will advocate for increased financing for the Nairobi commitments and the SDGs from the private sector and local governments. To leverage resources and scale up the results, UNFPA will proactively seek joint initiatives with United Nations organizations,

strengthen relationships with donors in Albania and intensify resource mobilization efforts with the Government.

39. UNFPA will regularly assess operational and programmatic risks identified in the theory of change and make adjustments, as required. The key risks, such as change of high-level and mid-level officials, post-COVID-19 budgetary cuts and political sensitivity to UNFPA issues, will be closely followed. UNFPA will support the Government and partners in assessing critical information about public health emergencies and in evaluating the capacities of the health systems to manage potential health crises.

40. Key mitigation strategies will include the creation of demand from communities (bottom-up approach); reference to the Nairobi commitments; encouraging cost-sharing by the Government; regular engagement of technical-level staff; working with the parliament and its bodies; improving the efficiency of the existing dedicated programmes and accelerating their success; strengthening partnerships with development partners and mobilizing resources and support; pursuing alternative financing and funding options, including with the private sector and local governments; exploring and enhancing low-cost, innovative methods in the implementation of programme activities aimed at reaching vulnerable women and youth; regular monitoring and revision of the UNSDCF and country programme results matrix to reflect changes in national priorities and better alignment to 2030 Agenda.

41. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

42. UNFPA, together with the Government and the United Nations country team, will establish a framework to monitor and evaluate the UNSDCF implementation. UNFPA will contribute and participate in the UNSDCF evaluation to which the country programme is contributing.

43. UNFPA and its partners will implement quality-assurance activities, regular annual reviews to improve accountability and a budgeted results-based management culture. Milestones will be documented to improve programme monitoring.

44. The country programme evaluation will be conducted as per the country programme evaluation plan, adopting innovative and participative approaches to generate evidence for the design of the next programming cycle, ensure accountability and promote a learning culture.

45. UNFPA will support the strengthening of national statistical capacities to ensure effective monitoring and evaluation of the Sustainable Development Goals. UNFPA will support the overall United Nations contribution to the voluntary national reviews, the universal periodic review and reporting on the Convention on the Elimination of All Forms of Discrimination against Women, and plans to work together with the United Nations country team and the Government to implement an integrated approach to monitor and evaluate the UNSDCF, including how periodic programme reviews will inform the implementation of the Cooperation Framework.

RESULTS AND RESOURCES FRAMEWORK FOR ALBANIA (2022-2026)

NATIONAL PRIORITY: National Strategy on the Development of Primary Health Care Services in Albania, 2020-2025; National Action Plan on SRH and Reproductive Rights, 2017-2021, National Health Strategy, 2016-2020				
UNSDCF OUTCOME INVOLVING UNFPA: By 2026, there is an increased and more equitable investment in people, removing barriers and creating opportunities for those at risk of exclusion				
RELATED UNFPA STRATEGIC PLAN OUTCOMES: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> Adolescent birth rate per 1,000 women in the age group aged 15-19 years <i>Baseline: 14 (2019); Target: 11 (2026)</i> Number of visits on reproductive, maternal, newborn, child and adolescent health <i>Baseline: 1,000,285 annually (15 % of total visits in PHC) (2018); Target 1,667,141 annually (25 % of total visits) (2026)</i> <p>UNFPA strategic plan outcome indicator(s):</p> <ul style="list-style-type: none"> Contraceptive prevalence rate for modern methods <i>Baseline: 4% (2019); Target: 5.2%, increased by 30% (2026)</i> Unmet need for family planning for all women aged 15-49 years <i>Baseline: 12% (2020); Target: 7% (2026)</i> 	<p>Output 1. Strengthened institutional capacities to provide quality people-centred sexual and reproductive health services for every woman, adolescent and youth, especially for the most vulnerable groups of the population, including during emergencies</p>	<ul style="list-style-type: none"> The ratio of people from most vulnerable and marginalized groups who do not use the primary health care although needing services <i>Baseline: 30% (women); Roma and Egyptian communities (76%); poor individuals (58%) (2019); Target: Reduction by about 10% (2026)</i> Number of primary health care centres that provide high-quality integrated sexual and reproductive health services accredited by the National Centre for Quality, Safety and Accreditation of Health Institutions <i>Baseline: 3 (2021); Target: 30 (2026)</i> Number of national inquiry reports developed on SRHR <i>Baseline: 0 (2021); Target: 2 (2026)</i> Number of women aged 25-65 years covered by cervical cancer screening <i>Baseline: 15,000 annually (2018); Target: 19,500 annually (2026)</i> The strategy for SHRH behaviour change based on the needs of vulnerable population groups is developed <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Health and Social Protection; Ministry of Education, Sport and Youth; Ministry of Finance; Institute of Public Health; National Centre for Quality, Safety and Accreditation of Health Institutions; National Centre for Continuous Medical Education; health insurance fund; national health care operator; local health units, local education offices, agency for quality assurance at pre-university education, civil society organizations working on SRHR and youth, NGOs of persons with disabilities, Roma and other minorities, parents associations, Parliament, academia, professional associations, media, private sector, UNICEF, WHO, UNDP</p>	<p>\$1.7 million (\$1.5 million from regular resources and \$0.2 million from other resources)</p>
	<p>Output 2. Young people have the skills and opportunities to make informed choices about their sexual and reproductive health and rights, well-being and civic engagement, including in humanitarian situations</p>	<ul style="list-style-type: none"> Coverage of schools providing CSE <i>Baseline: 70% (2021); Target: 100% (2026)</i> Number of trained youth peer educators from vulnerable groups <i>Baseline: 110 (2021); Target 500 (2026)</i> 		
NATIONAL PRIORITY: National Action Plan for the Implementation of the United Nations Security Council Resolution 1325 on Women, Peace and Security, 2018-2020				
UNSDCF OUTCOME INVOLVING UNFPA: By 2026, gender-responsive governance strengthens equality and non-discrimination, promotes women's empowerment and human rights and reduces violence against women and children				

RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> Proportion of women aged 18-74 years subjected to (i) intimate partner domestic violence; (ii) non-partner violence; (iii) sexual harassment in the previous 12 months (SDG 5.2.1; 5.2.2) <i>Baseline: (i) 33.7; (ii) 2.4; (iii) 8.5; Target: (i) 32; (ii) 2; (iii) 8</i> Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (SDG 5.3.1) <i>Baseline: 1.4 (under 15); 11.8 (under 18)</i> <i>Target: 1 (under 15); 11 (under 18)</i> 	<p>Output 1. Improved multisectoral response to prevent and address all forms of violence based on victims/survivor-centred approach, including harmful practices and discriminatory gender norms and stereotypes</p>	<ul style="list-style-type: none"> Number of municipalities that implement awareness-raising efforts on gender-based violence and gender equality initiated by UNFPA <i>Baseline: 23 (2021); Target: 61 (2026)</i> Number of coordinated referral mechanisms that fully operationalized the standard operating procedures for multisectoral prevention and response to gender-based violence <i>Baseline: 7 (2021); Target: 61 (2026)</i> Number of private-sector companies that integrate gender-responsive family-friendly policies in the workplace <i>Baseline: 9 (2021); Target: 3 each year (2026)</i> 	<p>Parliament; the Prime Minister's Office; Ministries of Finance and Economy, Justice, Interior, Health and Social Protection; INSTAT; national human rights institutions; local governments and local child protection units and gender-based violence coordinated referral mechanisms; other government bodies, including the State Agency for Child Right and Protection; civil society organizations, including women's alliances, youth networks, older persons organizations and networks; the Alliance of Women MPs; European Union Commission, international bilateral donors and the international financial institutions; FAO, ILO, IOM, UNDP, UNESCO, UNHCR, UNICEF, UN-Women, WHO</p>	<p>\$0.9 million (\$0.5 million from regular resources and \$0.4 million from other resources)</p>
NATIONAL PRIORITY: National Strategy on Development and Integration 2014-2020, The national action plan on aging 2020-2024				
UNSDCF OUTCOME INVOLVING UNFPA: By 2026, governance is more transparent and accountable, enabling people (women and girls, men and boys, and persons at risk of exclusion) to enjoy quality, inclusive services, enhanced rule of law and access to justice in line with Albania's human rights commitments				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> Proportion of the population that believes institutional transparency and accountability are satisfactory, by sex, age, disability and population group (disaggregated by central/local level) (SDG 16.6.1 proxy) 	<p>Output 1 (UNSDCF Output C1.3). Cooperation Framework partners have increased capacities to generate quality disaggregated data to strengthen policies and programmes (quantitative and qualitative, results-based, gender-sensitive, responsive to</p>	<ul style="list-style-type: none"> Number of census reports, including on SDGs produced and disseminated based on data from the Population and Housing Census <i>Baseline: 0 (2021), Target: 2 (2026)</i> Number of new legislation/policies concerning health/ protection of vulnerable groups developed and adopted by ministries <i>Baseline: 2 (Youth Strategy, GE Strategy) (2021);</i> 	<p>Parliament; The Prime Minister's Office (PMO); The Ministries of Justice, Interior, Health and Social Protection, Europe and Foreign Affairs, and the Minister of State for Diaspora; INSTAT; national</p>	<p>\$0.9 million (\$0.5 million from regular resources and \$0.4 million from other resources)</p>

<p>Baseline (2020): Central: T: 35%; A: 35%; Local: T: 37%; A: 37%</p> <p>Target (2026): Central: T: 50%, A: 60%; Local: T: 50%, A: 60%</p> <ul style="list-style-type: none"> • Proportion of population who believe there are sufficient opportunities to participate in the decision-making processes of public institutions (disaggregated by sex, age group, central/local level) (SDG 16.7.2, proxy) <p>Baseline (2020): Central: 28%; Local: 39%</p> <p>Target (2026): Central: 40%; Local: 50%</p> <p>UNFPA Outcome indicators:</p> <ul style="list-style-type: none"> • Census conducted in 2022: <p><i>Baseline: No, Target: Yes</i></p>	<p>demographic changes and the situation of vulnerable groups)</p>	<p><i>Target: 5 (SRH Law, New GE Strategy, PHC Strategy, National Action Plan for Older Persons, Population Policy), (2026)</i></p> <ul style="list-style-type: none"> • Developed and promoted national demographic resilience strategy, based on existing population trends <p><i>Baseline: No (2021), Target: Yes (2026)</i></p> <ul style="list-style-type: none"> • Number of municipalities piloting of the model of centres for older people implemented best standards of active ageing centres/intergenerational centres <p><i>Baseline: 2 (2021); Target: 5 (2026)</i></p>	<p>human rights institutions; local governments; other government bodies, including the School of Magistrates; civil society organizations, including women’s alliances, youth networks, older persons’ networks; the Albania Media Council, the Alliance of Women MPs, and political parties; European Union Commission, international bilateral donors and the international financial institutions, UNDP, UNHCR, UNICEF, UN-Women, WHO</p>	
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