

**Programme evaluation of the United
Nations Population Fund (UNFPA)
2nd Kosovo¹ Programme**

Programme Evaluation

2021-2025



EVALUATION REPORT
June, 2025

¹ All references to Kosovo should be understood to be in the context of UNSCR 1244 (1999)



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Kosovo Map



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Acronyms and Abbreviations

A&Y	Adolescents and Youth
AH	Adolescent Health
AI	Administrative Instruction
AMC	Action for Mothers and Children
AQH	Accessible Quality Healthcare
AWP	Annual Work Plans
BCC	Board for Cancer Control
CBPD	Coordination Body on Population Development
CCGP	Council on Clinical Guidelines and Protocols
CCSP	Cervical Cancer Screening Programme
CDP	Common Development Plan
CGP	Clinical Guidelines and Protocol
CMA	Committee for Maternal Audit
CNMCR	Confidential Near-Miss Case Review
CPR	Contraceptive Prevalence Rate
CRA	Civil Registration Agency
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DHS	Demographic Health Survey
DSK	Development Strategy of Kosovo
EECARO	Eastern Europe and Central Asia Regional Office
EPC	Effective Perinatal Care
EQA	Evaluation Quality Assurance
EU	European Union
FBO	Faith-Based Organisation
FGD	Focus Group Discussions
FMC	Family Medicine Centres
FP	Family Planning
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women Empowerment
GII	Gender Inequality Index
GNI	Gross National Income
GRFP	Gender-responsive family policies
HIV	Human Immunodeficiency Virus
HPV	Human papillomavirus
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
IPH	Institute of Public Health
JP	Joint Project
KP	Kosovo Programme
KPD	Kosovo Programme Document
KPE	Kosovo Programme Evaluation
KWN	Kosovo Women's Network
LMIS	Logistics Management Information System
LNOB	Leave No One Behind Principle
MCH	Mother and Child Health
MCRH	Mother, Child and Reproductive Health
MCYS	Ministry of Culture, Youth and Sports
MESTI	Ministry of Education, Science, Technology and Innovation

MFMC	Main Family Medicine Centre
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MoJ	Ministry of Justice
NCDs	Non-communicable diseases
NEET	Not in Education, Employment, or Training
NGO	Non-Governmental Organization
NTA	National Transfer Accounts
OB/GYN	Obstetrics and Gynaecology
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of the High Commissioner for Human Rights
OIK	Ombudsperson Institution in Kosovo
OPM	Office of the Prime Minister
OSRS	Obstetric Surveillance and Response System
OSP	Office for Strategic Planning
PBF	Peace Building Fund
PD	Population and Development
PHC	Primary Health Care
PHHC	Population, Household, and Housing Census
PISA	Programme for International Student Assessment
PMR	Perinatal Mortality Rate
PSEAH	Protection from Sexual Exploitation, Abuse, and Harassment
RAE	Roma, Ashkali and Egyptian
RCK	Red Cross of Kosovo
RH	Reproductive Health
SAK	Statistical Agency of Kosovo
SDG	Sustainable Development Goals
SIT	SIT- Center for Counseling Social Services and Research
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRR	Sexual and Reproductive Rights
STI	Sexually Transmitted Infections
TB	Tuberculosis
ToC	Theory of Change
ToT	Training of Trainers
TPH	Tropical and Public Health Institute
U5MR	Under 5 Mortality Rate
UCCK	University Clinical Centre of Kosovo
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Fund for Children
UNKT	United Nations Kosovo Team
UNSDCF	United Nations Sustainable Development Cooperation Framework
UP	University of Pristina
VET	Vocational Education and Training
WHO	World Health Organisation
YFHS	Youth Friendly Health Services

Key Facts Table

Land	
Geographical location	Kosovo is located in the Western Balkans
Land area	10,887 sq km
Demographics	
Total population size	1,602,515 ¹ inhabitants (2024 Census)
Population size by sex composition	49.9% females and 50.1% males and
Population size by rural/urban	50.18% urban and 49.82% rural ²
Population growth rate	- 0.7% per year ³
Life expectancy at birth	78 years: 80 for females, 76 for males ⁴
Under 5 mortality rate	10 (per 1,000 live births) ⁵
Human Development Index (HDI)	0.757 ⁶
Gender Inequality Index (GII) index/rank	N/A
Young people	
Proportion of population aged 10-19	247,318 (or 15.4% of the population) ⁷
School attendance rate (disaggregated by sex; level of education e.g primary, secondary)	<p>Primary school attendance rate (Kosovo Multiple Indicator Cluster Survey (MICS) 2019-2020)⁸ :</p> <ul style="list-style-type: none"> General population: 96.1% (96.7% for females, 95.5% for males); RAE: 84.1% (82.6% for females, 85.5% for males) <p>Lower secondary school attendance rate (Kosovo MICS 2019-2020):</p> <ul style="list-style-type: none"> General population: 93.7% (93.5% for females, 93.9% for males); RAE: 63.7% (62.9% for females, 64.4% for males) <p>Upper secondary school attendance rate (Kosovo MICS 2019-2020):</p> <ul style="list-style-type: none"> General population: 86.8% (90.4% for females, 83.5% for males); RAE: 31% (30.9% for females, 31.1% for males)
School completion rate (disaggregated by sex; level of education e.g primary, secondary)	<p>Primary school completion rate (Kosovo MICS 2019-2020):</p> <ul style="list-style-type: none"> General population: 98.4% (98.8% for females, 98.1% for males) <p>Lower secondary school completion rate (Kosovo MICS 2019-2020):</p> <ul style="list-style-type: none"> General population: 96.4% (97.1% for females, 95.8% for males) <p>Upper secondary school completion rate (Kosovo MICS 2019-2020):</p> <ul style="list-style-type: none"> General population: RAE: 87.2% (86.6% for females, 87.9% for males)
Teenage pregnancy rate (proportion of	6.3 in 2022 (SA reporting)

¹ Statistical Agency of Kosovo (2024). Regjistrimi i popullsisë, ekonomive familjare dhe banesave në Kosovë 2024: Të dhënat e para finale. <https://askapi.rks-gov.net/Custom/a5d4d7e6-c0a3-4b4b-bda2-577a5486d465.pdf>

² Ibid.

³ Calculation based on data available on <https://askdata.rks-gov.net/pxweb/sq/ASKdata/>

⁴ World Bank Open Data <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=XK>

⁵ World Bank Data (<https://data.worldbank.org/indicator/SH.DYN.MORT?l=null&locations=XK>)

⁶ Global Data Lab (<https://globaldatalab.org/shdi/table/shdi/XKO/>).

⁷ Statistical Agency of Kosovo. ASKdata. <https://askdata.rks-gov.net/pxweb/sq/ASKdata/>

⁸ Statistical Agency of Kosovo and UNICEF (2020). 2019–2020 Kosovo Multiple Indicator Cluster Survey and 2019–2020 Roma, Ashkali and Egyptian Communities Multiple Indicator Cluster Survey, Survey Findings Report. Prishtina, Kosovo: Statistical Agency of Kosovo and UNICEF.

women aged 15-19 years who have begun childbearing) per 1,000 women in that age group	8 in 2022; 8.2 in 2021; 8.2 in 2020 ⁹
Health and fertility	
Total fertility rate	1.5 (2022) ¹⁰
Adolescent birth rate	13 (per 1,000 women) (MICS 2020)
Contraceptive prevalence rate (modern methods)	Among married and in-union women aged 15-49 9% for modern contraceptives (MICS 2020)
Unmet need for family planning	8.4% and 55.3% for modern methods (MICS 2020)
Proportion of births attended by skilled health personnel	99.5% (MICS 2020)
Institutional deliveries	99% in health facilities (MICS 2020)
Maternal mortality ratio	Maternal Mortality ratio (per 100,000) for 2018 was 4.3 and 18.3 in 2019. ¹¹ In 2018, one maternal death was registered, followed by four in 2019 and in 2020. According to official statistics, no maternal mortalities have been reported since 2021, although the media continues to highlight individual cases.
HIV prevalence rate, 15-49 (disaggregated by sex)	<0.005% among the general population and <1% among key populations, but men who have sex with men are disproportionately affected, with an estimated prevalence of 2.8% (Burnet Institute 2018). Between 1986 and 2021, a total of 139 HIV cases were registered (MoH)
Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	All: 0,011349321; Female: 0; Male: 0,011349321 in 2023 (SA)
Economic	
Gross National Income (GNI)	5,600 EUR (2023) ¹²
Gross domestic product (GDP) per capita	5,451 EUR (2023) ¹³
GDP growth rate	3.3% (in 2023) ¹⁴
Unemployment rate (by sex; rural/urban)	Overall, 10.9%; 18.2% for women, 7.7% for men ¹⁵
Inflation rate	5% in 2023 ¹⁶
Gini index	29 ¹⁷
Major economic activity	Agriculture: 7.2%; Industry: 18%; Construction: 8%; Services: 67% ¹⁸

⁹ World Bank Group. Gender Data Portal. "[Adolescent Fertility Rate \(Births per 1,000 Women Ages 15-19\).](#)"

¹⁰ World Bank data: <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=XK>

¹¹ WHO, Kosovo-Rapid Assessment of Maternal Deaths

¹² IMF Kosovo Report No.24/147

¹³ Ibid

¹⁴ Ibid

¹⁵ Statistical Agency of Kosovo: Labour Force Survey 2023 (<https://ask.rks-gov.net/Releases/Details/8237>)

¹⁶ IMF Kosovo Report No.24/147

¹⁷ World Bank Data (<https://data.worldbank.org/indicator/SI.POV.GINI?locations=XK>)

¹⁸ Statistical Agency of Kosovo: GDP by economic activities and expenditure approach, 2023 (<https://ask.rks-gov.net/Themes/Budget>)

Gender equality	
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (child marriage)	<p>Kosovo MICS (2019-2020) – child marriages</p> <ul style="list-style-type: none"> • General population: 4% were first married or in a union before the age of 18; less than 1% were first married or in a union before the age of 15. • RAE Community: 31% were first married or in a union before the age of 18; 7% were first married or in a union before the age of 15.
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months	2019: 58% ¹⁹
Political	
Type of government	Parliamentary republic
Key political events (during period being evaluated)	General and local elections were held in 2021. However, although general elections took place in February 2025, no assembly or institutions have yet been established. The political situation between Kosovo and Serbia remains tensed and soared since September 24, 2023 when a group of Serbs organized coordinated violent attacks on the Police of Kosovo near the Banjska Monastery.

¹⁹ OSCE (2019). Survey on Wellbeing and Safety of Women in Kosovo

Executive Summary

Overview of the context and intervention

Kosovo is located in the Western Balkans, with a total area of 10,887 sq km and 1,6 million inhabitants. It is currently undergoing a demographic transition, where birth rates are declining but remain much higher than the death rates, contributing positively to population growth. However, despite having a relatively young population, Kosovo's overall population has declined, mainly due to decreasing fertility rates and high out-migration. According to the Statistical Agency of Kosovo, the number of Kosovars who emigrated during the 2012-2022 period is estimated to be around 226.2 thousand (or 14% of the population for 2024), and the main drivers of emigration include: pursuing better economic and employment conditions, pursuing higher education, and family reunification. The desire to emigrate to pursue a better life remains high, especially among young people. It is estimated that more than 800,000 Kosovars live abroad but continue to maintain ties with Kosovo.

Over the last decade, Kosovo has experienced moderate economic growth averaging around 4% annually, and a significant increase in GDP per capita. Despite this increase, its GDP per capita remains very low compared to the EU-27, and a considerable portion of its population lives under the upper-middle-income poverty rate. Growth has primarily been driven by private consumption – fuelled by remittances and credit – and public spending. Foreign direct investment has fluctuated and, despite recent increases, has largely been concentrated in non-tradable sectors like construction and real estate, with limited investment in higher-value, export-oriented industries crucial for sustainable growth. The labour market shows some small positive developments in employment rates, but Kosovo still faces a significant gap compared to regional and EU countries. The labour force participation rate remains low, and the decline in unemployment is largely attributed to outward migration rather than increased economic activity. A major concern is the vast inactive population and the persistently high youth not in education, employment, or training (NEET) rate.

Kosovo faces significant challenges in sexual and reproductive health and rights, despite some improvements in general health indicators like life expectancy. A major obstacle is unreliable and scarce data, making accurate assessment difficult. The quality of health services is poor, underfunded, and lack of and lack of public health insurance leads to high out-of-pocket expenses. Concerning trends include persisting child marriage and higher adolescent birth rates, especially within Roma, Ashkali, and Egyptian communities, which are linked to lower education and income. While efforts are being made in cancer screening and HPV vaccination, data reliability remains an issue. There's a decreasing trend in modern contraceptive use, leading to an unmet need for family planning, and data on abortions is unreliable. Contraceptive use among young people is notably low. Although HIV/AIDS prevalence is low overall, it's increasing among men who have sex with men. Despite a legal framework for SRHR, implementation is hampered by a lack of awareness, stigma, discrimination, and limited access to quality care, largely due to insufficient accountability, budgets, and infrastructure.

Kosovo has the youngest population in Europe, but its youth face significant challenges despite some progress. A major concern is the poor quality of education, evidenced by low proficiency levels in PISA results, indicating that students are several years behind OECD averages and hindering their preparation for the labour market. While youth unemployment has decreased, Kosovo still has the lowest youth labour force participation rate in the Western Balkans, and a high percentage of youth are not in education, employment, or training (NEET), significantly higher than regional and EU averages, with Roma, Ashkali,

and Egyptian youth disproportionately affected. A strong desire to emigrate for economic reasons persists among youth, despite a decline in asylum applications. Health concerns include high rates of smoking and alcohol consumption among young people, and growing mental health issues. Furthermore, youth face safety concerns like bullying in schools and online insecurity. Marginalized groups, including girls and young women, ethnic minorities, and youth with disabilities, experience severe discrimination and barriers to education, employment, and quality services, compounding their vulnerability.

Gender-based violence is highly prevalent in Kosovo, with over half of women reporting intimate partner violence and a significant portion experiencing sexual harassment. There's a concerning normalization of violence and victim-blaming attitudes. Cases of domestic violence are underreported but show a rising trend in official statistics, alongside reported femicides and rapes. Despite significant legislative reforms, including the integration of the Istanbul Convention, gaps remain in addressing all forms of GBV (e.g., economic violence, sexual harassment). Implementation is hampered by inconsistent law enforcement, poor institutional coordination, and insufficient funding for services. The justice system often fails survivors, with dismissive police responses, a focus on family unification over protection, and low conviction rates. Support services are limited and underfunded, with few shelters and no dedicated crisis centres for sexual violence or specific provisions for LGBTQI+ individuals or adult men. Marginalized groups face amplified barriers to accessing help.

The United Nations Kosovo Team guides UN agencies' assistance through the UN Sustainable Development Cooperation Framework (UNSDCF) for 2021-2025, focusing on accountable governance, inclusive social services, resilient economic development, social cohesion, and cross-cutting gender equality. UNFPA's work directly contributes to three UNSDCF outcomes. UNFPA's programs in Sexual and Reproductive Health, including the Cervical Cancer Screening Programme and services in crisis, align with UNSDCF Outcome 2, aiming for improved access to equitable health and social services. Additionally, UNFPA's peace-building initiatives support UNSDCF Outcome 4 by enhancing social cohesion. Finally, UNFPA's efforts in comprehensive sexuality education, gender equality, and women's empowerment, and population and development, contribute to UNSDCF Outcome 5, which focuses on empowering rights-holders to achieve gender equality and fulfil civic responsibilities.

UNFPA's 2nd Programme (2021-2025) in Kosovo is dedicated to empowering all Kosovars, particularly youth and marginalized groups, to make informed choices, realize their potential, and contribute to Kosovo development by 2030. The program focuses on enhancing sexual and reproductive health and rights, advancing gender equality, reducing gender-based violence, supporting the rights of young people, and strengthening the use of population data. This involves investing in high-quality education and health services, alongside evidence-based policies. The program's interventions are structured into around key thematic areas: Sexual and Reproductive Health (covering maternal health, reproductive cancer screening, and family planning/STI/HIV services, including in emergencies); Adolescents and Youth (improving comprehensive sexuality education and fostering trust in institutions); Gender Equality and Women Empowerment (strengthening civil society efforts against GBV, promoting gender-responsive family policies, and raising awareness on various forms of violence); and Population Dynamics (mainstreaming demographic intelligence for better development policies and advocacy). These thematic areas directly align with UNFPA's global Strategic Plan (2022-2025) outcomes, aiming to accelerate the reduction of unmet family planning needs, preventable maternal deaths, and gender-based violence by 2025. Similarly, the program is well-structured to contribute to several Sustainable Development Goals (SDGs), particularly those related to SRHR and Population & Development, such as SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 16 (Peace, Justice, and Strong Institutions). The UNFPA Kosovo program demonstrates strong alignment with Kosovo strategies, including the 2030 Development Strategy, the

draft Health Sector Strategy (2025-2030), and specific plans for Maternal, Child, and Reproductive Health, Youth, and Protection against Domestic Violence. This ensures that UNFPA's efforts are integrated into Kosovo's broader development agenda, contributing to key outcomes such as improving access to health services, promoting maternal, child, and adolescent health, empowering youth, and preventing violence while supporting victims.

Purpose, objective and scope of the evaluation

The Kosovo Programme Evaluation serves the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) to provide oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; (iii) aggregate and share good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, local and regional stakeholders. The main objective of the KPE is to provide UNFPA Kosovo, institutional stakeholders and rights-holders, UNFPA Eastern Europe and Central Asia Regional Office (EECARO), UNFPA Headquarters, as well as a wider audience with an independent assessment of the UNFPA 2nd Kosovo Programme. The evaluation focuses on: (i) assessing the relevance, coherence, effectiveness, efficiency, and sustainability of UNFPA programme interventions, (ii) evaluating the role played by the UNFPA Office in Kosovo in the coordination mechanisms of the United Nations Kosovo Team, with the aim of enhancing the United Nations' collective contribution to Kosovo development results, and (iii) drawing key conclusions from past and current cooperation and provide a set of clear, forward-looking, and actionable recommendations for the next programme cycle.

Methodology

The methodology applied during the evaluation comprised of: (i) a desk review of key documents to identify the baseline situation, planned activities, and intended outputs and outcomes of UNFPA's programmatic interventions and a detailed review of the monitoring reports and secondary data/research to assess actual progress, (ii) semi-structured interviews with key informants (UNFPA staff, implementing partners, clients, and beneficiaries) and (iii) focus group discussions to examine the degree to which planned activities have been implemented and intended outputs and outcomes achieved. More specifically, a total of 57 documents were consulted, as listed in Annex 2: Bibliography/List of Documents Consulted. The evaluation team met with 37 individuals through key informant interviews, representing a diverse range of institutions, including Kosovo bodies, UN agencies, civil society organizations, schools, and health institutions. Of those interviewed, 28 were female (76%) and 9 were male (24%), reflecting strong female representation, particularly in the education, health, youth, and gender sectors. In addition, 10 focus group discussions were conducted with various stakeholder groups. While efforts were made to ensure balanced participation of females and males, the exact gender breakdown of FGD participants was not systematically recorded.

Key Findings

Relevance: The UNFPA Kosovo Programme Document was found to be highly relevant to Kosovo's development context and responsive to the needs of its target beneficiaries, particularly vulnerable women and youth, Kosovo's institutional priorities, and global frameworks such as the Sustainable Development Goals.

The Kosovo Programme Document adopts a needs-based approach and aligns closely with 2-3-Development Strategy of Kosovo, as well as key sectoral strategies, including those related to healthcare, youth development, and gender equality.

In terms of **effectiveness**, on **Sexual and Reproductive Health and Rights** the evaluation highlights significant progress across three key areas: access to sexual and reproductive health, cervical cancer prevention, and emergency preparedness. In sexual and reproductive health, UNFPA supported the development of clinical guidelines, training over 2,400 healthcare professionals, and implementing audits and protocols that improved service quality and provider capacity. However, challenges remain in achieving outcomes due to systemic barriers such as weak health information systems, contraceptive insecurity, and political resistance. The Kosovo Inquiry on SRHR uncovered violations of patient rights, emphasizing the need for continued reform. In cervical cancer prevention, UNFPA expanded screening services from five to eight institutions, introduced double-reading protocols, and successfully advocated for the inclusion of the HPV vaccine in the immunization programme. While coordination issues and lack of a functional cancer registry persist, awareness campaigns and increased screenings indicate positive *behavioural* shifts. In emergency preparedness, the programme integrated the Minimum Initial Service Package into central and municipal response plans, trained over 1,800 health workers and volunteers, and ensured service continuity during crises like COVID-19. Despite political instability, the programme's outputs have driven system-level improvements and laid a foundation for sustainable impact.

In the area of **Adolescents and Youth**, UNFPA has made important strides in enhancing teachers' capacity to deliver comprehensive sexuality education. While these efforts have led to more consistent implementation of comprehensive sexuality education in primary schools, feedback indicates that delivery remains uneven at the lower and upper secondary levels, largely due to the sensitivity of the topics, the age of teachers, and prevailing cultural norms. UNFPA's **peer education** efforts significantly improved youth awareness and attitudes around sexual and reproductive health; however, a lack of structured and sustained activities limited their effectiveness in achieving long-term behavioural change. The **social marketing of condoms** has had moderate success in increasing condom use awareness, but the shift towards consistent and widespread usage has been slower than anticipated, requiring stronger focus on addressing social and cultural barriers. **UN's Peace Building Fund project** equipped youth with skills to counter hate speech and violence through key training interventions, though challenges remained in sustaining behaviour change, broadening reach, engaging policymakers, and measuring long-term impact.

Regarding **Gender Equality and Women Empowerment**, UNFPA has contributed to advancing gender equality in Kosovo, reaching over one million people online and 10,000 through in-person engagement. Through innovative approaches such as theatre-based education with Artpolis, social media campaigns (Bodyright), and strategic marking of international days (K10 members), the programme has addressed critical topics including gender-based violence, digital abuse, early marriage, and menstrual hygiene. The sustainability of these interventions is challenged by dependency on donor funding, a lack of monitoring systems, and rising patriarchal and nationalist rhetoric, highlighting the need for continued funding and development of sustainable funding mechanisms. UNFPA partnered with SIT – Center for Counseling, Social Services and Research to pioneer GBV perpetrator rehabilitation, promoting behavioural change and reintegration, though scale-up remains constrained. On gender responsible family-friendly policies, UNFPA supported reforms through partnerships with the Kosovo Chamber of Commerce and Kosovo Women's Network. Although the Labour Law reform process remains delayed, UNFPA has worked with the Ministry of Finance, Labour and Transfers to raise awareness and pilot work-life balance measures with seven champion companies. Continued progress will require stronger institutional ownership and sustained resources.

In relation to **Population Dynamics**, 2024 Population, Household, and Housing Census was successfully conducted with significant support from UNFPA, though ongoing structural and capacity challenges—such as budgeting, procurement, the shift to register-based censuses, and limited expertise in population projections—highlight the need for continued assistance. While the Riinvest Institute produced National Transfer Accounts in 2022 with UNFPA’s support, the expertise remains concentrated there, necessitating broader institutional knowledge transfer. In civil registration, despite consensus on a unified data collection form, the lack of a functional health information system hampers effective data exchange between the ministry of health, Civil Registration Agency, and Statistical Agency of Kosovo. Although progress has been made in generating population data, its use in policymaking remains limited and inconsistent, falling short of the programme’s intended outcome.

UNFPA interventions demonstrate strong **coherence** with Kosovo policies, global frameworks, and international best practices, particularly through partnerships with UN agencies and alignment with the SDGs, which further reinforce the programme’s relevance and coherence. However, some small gaps have been identified in aligning certain key areas (such as cancer screening, cancer registries, and comprehensive sexuality education) with international standards, which could be easily addressed through process standardization.

In terms of **efficiency**, the resources expended to achieve outputs through implementation of different programmatic activities appear to be reasonable. Furthermore, the overall budget utilization rate of the programme, in terms of funds allocated vs funds utilized, is considered very high. On average, the SRH component had a higher allocation of funding (around 44%) compared to other components such as Adolescents and Youth, Gender Equality and Women Empowerment, and Population Dynamics (17%, 8%, and 14%, respectively). However, despite its focus on cost-effective interventions, UNFPA has been found to spread its efforts across too many activities in diverse areas, particularly in Sexual and Reproductive Health and Rights, Gender Equality and Women Empowerment, and Population Dynamics. This dispersed approach, coupled with limited financial and human resources, risks diluting the potential impact of its programmes and hindering efficiency gains that could be achieved through a more focused strategy.

Regarding **sustainability**, most UNFPA interventions demonstrate static sustainability over a defined period, reflecting their potential to maintain results even after UNFPA’s support ends. Static sustainability refers to the extent to which intervention results, such as tools and products developed, remain functional and relevant without requiring substantial updates. However, many UNFPA interventions lack dynamic sustainability, which looks at whether supported functions and services delivered by UNFPA can be independently maintained, updated, and provided by public institutions or other organizations after UNFPA’s involvement ends. Finally, UNFPA played a central role within the UN system in Kosovo, particularly through strong partnerships in sexual and reproductive health and active coordination efforts. Collaborations with agencies like WHO, UNICEF, UNDP, and UN Women have enhanced health outcomes, such as HPV vaccine introduction and cancer screening, and supported initiatives like the Peacebuilding Fund and disability analysis. UNFPA also leads and co-chairs key UN result groups, fostering data-driven collaboration and avoiding programme overlap. In the area of Protection from Sexual Exploitation, Abuse, and Harassment, UNFPA contributes significantly to policy, training, and accountability. However, structural challenges within the UN system, including fragmented funding, overlapping mandates, and weak coordination in non-emergency contexts, limit broader collaboration. Still, successful joint actions like the COVID-19 response and the Inter-Ministerial Youth Strategy demonstrate the potential for stronger development partnerships, which could serve as models for future cross-sectoral initiatives.

UNFPA has also effectively used digital tools and social media to expand outreach among youth in Kosovo, partnering with influencers to promote messages on sexual and reproductive health, consent, and gender-based violence. Campaigns like Bodyright reached over 500,000 people and sparked important conversations about bodily autonomy and digital safety. Additionally, UNFPA supported the Statistical Agency of Kosovo in modernizing data collection for the 2024 Census through technologies like CAPI and GIS, improving data quality and efficiency.

Conclusions

Effectiveness and Accountability: UNFPA's interventions in Kosovo have been largely effective in building the capacity of institutions at the central and local level across critical areas such as sexual and reproductive health, comprehensive sexuality education, and population data. Key improvements include enhanced cervical cancer screening services, delivery of comprehensive sexuality education in schools, and strengthened statistical capacities at the Statistical Agency of Kosovo. Moreover, UNFPA has empowered civil society, private actors, and communities (especially youth and vulnerable groups) by raising awareness and enabling their engagement in shaping health and education services. However, uptake of interventions varies across institutions due to differing levels of individual or institutional accountability mechanisms. For example, the Statistical Agency of Kosovo has more robust institutional accountability mechanisms to deliver the Population and Housing Census than primary healthcare providers have for delivering Sexual and Reproductive Health services or public schools for implementing comprehensive sexuality education. Thus, Statistical Agency of Kosovo performed much better compared to health centres and public schools in delivery of sexual and reproductive health services and comprehensive sexuality education. Improved accountability structures are necessary to ensure more consistent uptake of the outputs produced by UNFPA in relation to public institutions.

Monitoring and Evaluation Systems and Data Gaps: UNFPA has used various monitoring tools but lacks comprehensive and systematic monitoring and evaluation systems that capture behavioural change and long-term outcomes, particularly for SRHR. Outdated data further limits the ability to track progress with some figures dating back to the 2020 Multiple Indicator Cluster Survey and others concerning sexual and reproductive behaviours among school-aged adolescents originating from 2019. The current Results and Resources Framework of the Kosovo Programme Document is also found to be insufficient to fully capture capacity and performance improvements, as well as potential impact-level changes across all interventions. It also falls short in tracking behavioural changes among the target population regarding sexual and reproductive health and gender equality. When agencies are constrained by a limited number of results statements at the output and outcome levels, they usually can address this gap by increasing the number of indicators at both levels to better reflect intended achievements.

Relevance, Inclusion, and Efficiency: The KPD aligns well with Kosovo's development context and responsive to the needs of its target beneficiaries, particularly vulnerable women and youth, Kosovo's institutional priorities, and global frameworks such as the Sustainable Development Goals. However, the next KPD would benefit from a more balanced approach that integrates both supply-driven solutions and demand-driven strategies. While supply-driven solutions focus on enhancing institutional capacities and service delivery mechanisms, demand-driven approaches are essential for fostering community support, ownership, and sustainability. UNFPA's focus on persons with disabilities is commendable, especially in SRH and CSE, but broader efforts are needed to address the needs of other marginalized groups.

While many interventions have been cost-effective, spreading efforts too thinly across diverse thematic areas reduces overall efficiency. A more focused strategy targeting high-impact areas could increase sustainability and long-term impact.

Sustainability and Partnerships: UNFPA’s interventions show strong “static sustainability”—resources like training manuals and tools remain relevant over time—but limited “dynamic sustainability,” meaning few initiatives are integrated into Kosovo systems for long-term running. Emergency preparedness efforts, however, show stronger sustainability due to high local ownership. Partnerships with institutions of Kosovo, UN agencies, NGOs, and communities have been crucial in expanding reach and building local capacities. To ensure lasting results, UNFPA should continue strengthening these partnerships and institutionalizing its programmes within institutional frameworks.

Strategic Recommendations

The UNFPA office in Kosovo is recommended to streamline programming by prioritizing high-impact interventions and enhancing data collection efforts to better identify and address the needs of marginalized groups throughout programme interventions. To ensure long-term effectiveness, the office should take proactive steps to strengthen the sustainability of its initiatives. UNFPA is also advised to regularly update the Results and Resources Framework to reflect changing contexts and programming needs, and to expand the use of indicators at both output and outcome levels to more accurately capture improvements in capacity and performance across all intervention.

Programmatic Recommendations

In relation to **Sexual and Reproductive Health and Rights**, UNFPA should consider a further shift from direct intervention delivery toward a system development approach within the sexual and reproductive health domain, focusing on systemic change that empowers local stakeholders and ensures scalability and sustainability. This strategic pivot enables leadership in generating system-level solutions, as exemplified by successful initiatives like the cervical cancer programme and Minimum Initial Service Package. At the same time, UNFPA should continue direct involvement in select high-impact areas such as maternal health and workforce education to maintain momentum on critical fronts. Equally important is the need to phase out or reformulate activities lacking strong beneficiary commitment, thus ensuring that resources are directed toward initiatives with tangible impact and alignment with Kosovo priorities. Strengthening partnerships remains essential; deeper collaboration with institutions of Kosovo, NGOs, and academic entities will enhance effectiveness, accountability, and integration of programmes into Kosovo’s health system. Through this dual strategy—driving system change while maintaining focused direct involvement—UNFPA can foster sustainable, transformative outcomes in sexual and reproductive health.

In relation to **Adolescents and Youth**, in the area of **comprehensive sexuality education**, UNFPA is recommended to support the revision of teacher manuals on comprehensive sexuality education, consider rebranding comprehensive sexuality education as “Education for Healthy Habits for Young People,” and collaborate with the ministry of education on reviewing relevant textbook content. Additionally, it is recommended that UNFPA focus on increasing public support and demand for school-based comprehensive sexuality education and explore digital media-based delivery of comprehensive sexuality education to improve youth engagement and expand outreach. Moreover, UNFPA is advised to strengthen **peer education** by integrating mandatory peer-led sessions into training programmes, enhance **social marketing of condoms** through youth-targeted online campaigns and updated Love Plus branding design,

and advance the **Peace Building Fund project** by institutionalizing youth-led peacebuilding efforts and promoting engagement with policymakers to ensure long-term impact and sustainability.

To strengthen its impact on gender equality, UNFPA is advised to consolidate its strategic positioning by leveraging its expertise and mandate under an integrated gender equality and women empowerment framework that links sexual and reproductive health, gender-based violence, and empowerment. It is advised to intensify its efforts to institutionalize the tested gender-based violence perpetrator rehabilitation model in partnership with justice institutions and enhance technical capacities of frontline responders. UNFPA is advised also to intensify support to the K10 coalition by improving its structure, ensuring rotational leadership, securing budgets, and fostering sustained engagement to influence policy and public discourse. Digital advocacy should be scaled with targeted, youth-focused campaigns that address cyberbullying and misinformation. Further, collaboration with champion companies implementing gender-responsive family friendly policies could be expanded by using their experiences to mentor new firms and promote systemic uptake of gender responsive family policies and practices. Strategic cooperation with the ministry of finance, labour and transfers, the Chamber of Commerce of Kosovo, and the Women Economic Forum is essential for scaling these efforts across sectors and municipalities.

Finally, on **population dynamics**, UNFPA is advised to continue strengthening the capacity of the Statistical Agency of Kosovo, particularly to produce the next round of municipal-level population projections after the release of detailed PHHC results, and to support Statistical Agency of Kosovo in transitioning from a fully field-based to a register-based census for future cycles. UNFPA should also consider building the capacity of Statistical Agency of Kosovo and other relevant institutions to ensure the timely collection of data related to sexual and reproductive health and rights. Moreover, it is recommended that UNFPA actively promote political commitment, foster public support, and enhance institutional capacity to integrate population trends into policymaking. Regarding National Transfer Account, UNFPA is encouraged to strengthen its support to Riinvest Institute by expanding its role to address wider sustainability issues, improve primary data collection for National Transfer Account, and build the capacity of policymakers to apply National Transfer Account insights (especially if the Macro Unit of the ministry of finance commits to taking over National Transfer Account-related analysis).

Operational Recommendations

UNFPA is further advised to reinforce Monitoring and Evaluation systems across all thematic areas by adopting more comprehensive and robust tools. For this purpose, UNFPA is recommended to adopt more targeted data collection methods to better assess the implementation, outcomes, and impact of its interventions. This should be complemented by regular reporting, stakeholder engagement, and tailored Monitoring and Evaluation training for staff and implementing partners to improve effectiveness, accountability, and responsiveness to emerging needs.

1. Introduction

The UNFPA Kosovo is implementing its second official UNFPA Kosovo Programme (KP) for the five-year period of 2021-2025, developed through a participatory approach with partners and approved by the Executive Board in 2020. The current KP is organised around four key outputs that cover the following areas of UNFPA's mandate: (i) **Sexual and reproductive health (SRH)**: aims to support Kosovo's efforts in delivering integrated sexual and reproductive health services, including in emergencies in public health; (ii) **Adolescents and youth (A&Y)**: dedicated to improving the institutional capacity to design and implement out-of-school and school-based comprehensive sexuality education programmes that promote sexual and reproductive rights and gender equality as well as to increasing the confidence of young people towards institutions and more trust among themselves through peace building initiatives; (iii) **Gender equality and women empowerment (GEWE)**: aims to strengthen civil society initiatives in addressing gender based violence, conflict related sexual violence and raise awareness on fighting against GBV, gender-biased sex selection, gender stereotypes, digital violence and abuse as well as to promote gender responsive family policies (GRFP) (iv) **Population dynamics (PD)**: aims to strengthen institutional capacity to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy. These outputs are expected to contribute to the UN Sustainable Development Cooperation Framework (UNSDCF) outcomes²⁰ and the UNFPA Strategic Plan 2022-2025.²¹ The overall goal of the UNFPA 2nd Kosovo Programme (2021-2025) is that by 2030, all people of Kosovo, especially youth and those left behind, will be empowered to make their own informed decisions, reach their full potential, and contribute to Kosovo development.

Following four years of programme implementation, the UNFPA is undertaking an external final evaluation to assess the relevance, coherence, effectiveness, efficiency and sustainability dimensions of the programme. For this purpose, UNFPA Office in Kosovo has contracted a team of consultants to conduct an independent evaluation of the programme. The findings from this evaluation will inform the drafting and preparation of the next programming cycle. The evaluation covers the period from 2021 to 2024.

1.1 Purpose and objectives of the evaluation

The KPE serves the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, local and regional stakeholders.

The main objective of the Kosovo Programme Evaluation (KPE) is to provide UNFPA Kosovo, institutional stakeholders and rights-holders, UNFPA Eastern Europe and Central Asia Regional Office (EECARO), UNFPA Headquarters, as well as a wider audience with an independent assessment of the UNFPA 2nd Kosovo Programme. The evaluation focuses on: (i) assessing the relevance, coherence, effectiveness, efficiency, and sustainability of UNFPA programme interventions, (ii) evaluating the role played by the UNFPA Office

²⁰ Such as **UNSDCF outcome 2**: By 2025 all girls and boys, women and men, particularly the most marginalized have better/improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education and **UNSDCF outcome 4**: By 2025, all communities in Kosovo, equitably benefit from greater social cohesion and integration support.

²¹ **Outcome 1**: By 2025, the reduction in the unmet need for family planning has accelerated; **Outcome 2**: By 2025, the reduction of preventable maternal deaths has accelerated and **Outcome 3**: By 2025, the reduction in gender-based violence and harmful practices has accelerated.

in Kosovo in the coordination mechanisms of the UN Kosovo Team (UNKT), with the aim of enhancing the United Nations' collective contribution to Kosovo development results, and (iii) drawing key conclusions from past and current cooperation and provide a set of clear, forward-looking, and actionable recommendations for the next programme cycle.

1.2. Scope of the evaluation: thematic (evaluation questions), geographic, and temporal

The evaluation covered the central level and selected municipalities²² where UNFPA implemented interventions. The selected municipalities are determined jointly with the UNFPA team during this phase of the evaluation.

The evaluation covered all interventions implemented within the four outputs explained above. Its scope includes an examination of the relevance, coherence, effectiveness, efficiency, and sustainability of the interventions adopted and implemented by the UNFPA Office in Kosovo within the time period of the current Kosovo Programme: starting from January 2021 up to the period of the evaluation data collection. In addition, the evaluation covered cross-cutting and transversal functions, such as coordination with the United Nations Kosovo Team (UNKT), and extent of which the UNFPA introduced or used innovative tools/digitalization to accelerate outreach.

Thematically, the KPE seeks to respond to the following evaluation questions (Box 1), which have been defined during the design phase, and generally in line with the OECD evaluation criteria.

Box 1: Overview of evaluation criteria and questions

Evaluation Criteria: Effectiveness

Evaluation Question 1: To what extent have the intended programme outputs in all programmatic areas (SRH, A&Y, GEWE and PD) been achieved? To what extent did the outputs contribute to the achievement of planned outcomes?

Evaluation Criteria: Relevance

Evaluation Question 2: To what extent is the UNFPA programme and its interventions aligned with and respond to the (i) current needs of target beneficiaries, especially vulnerable women and youth, (ii) Kosovo's institutions policy objectives and priorities, (iii) local conditions (iv) UNFPA Strategic Plan and the UN Sustainable Development Cooperation Framework (UNSDCF)?

Evaluation Criteria: Coherence

Evaluation Question 3: To what extent is the UNFPA programme and its interventions compatible (i) with other interventions in Kosovo, sector or institutions and (ii) with global framework (such as SDGs) international best practices and those practices implemented by UNFPA elsewhere (external coherence)?

Evaluation Criteria: Efficiency

Evaluation Question 4: 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 programme documents?

Evaluation Criteria: Sustainability

²² Prishtina/Priština, Prizren, Peja/ Peć, Mitrovice/ Kosovska Mitrovica, Gjakova, Ferizaj/Uroševac, Mitrovice Veriore/ Severna Kosovska Mitrovica, Gjilan/ Gnjilane, Obiliq/ Obilić, Hani i Elezit/ Elez Han, Vushtrri/Vučitrn, Novobërdë/ Novo Brdo, Shtime/ Štimlje/ Đakovica, Fushe Kosove/ Kosovo Polje, Rahovec/ Orahovac, Kamenicë/ Kosovska Kamenica, Klinë/ Klina, Malisheva/ Mališevo, Leposaviq / Leposavić, Mitrovica e Veriut/ Severna Kosovska Mitrovica, Zubin Potoku/Zubin Potok, Zvečan/ Zvečan.

Evaluation Question 5: Are programme results sustainable in short and long-term perspectives?

Cross Cutting Issues and Transversal functions

Evaluation Question 6: To what extent the UNFPA performed coordination and strategic partnerships role during delivery of the programme (including with UN Agencies) and introduced or used innovative tools/digitalization to accelerate outreach?

The complete thematic scope which included the evaluation criteria, key questions, and assumptions to be verified is presented in **Annex 9** and further elaborated in the Findings section (**Section 4**), while comprehensive evaluation matrix, covering key questions for each evaluation criterion, the assumptions to be verified, performance indicators, and corresponding data collection methods and sources is presented in **Annex 1 (Evaluation Matrices)**.

1.3. Evaluation Approach

The KPE was conducted using a theory-driven methodology, and it applied the approach that integrates the principles of human rights and gender equality, as endorsed by the United Nations Evaluation Group. Its framework followed the guidance set forth in the 2024 edition of the UNFPA 2024 Evaluation Handbook.

1.3.1. Contribution analysis and theory of change

The analytical model for assessing the effectiveness of the UNFPA programme follows a “causal model” or Theory of Change (ToC), which outlines results at three different levels: output, outcome, and impact.²³ The ToC articulates how different actions/interventions conducted by the UNFPA KP are expected to lead to changes at different levels (in outputs and outcomes), ultimately leading to development impact. Figure 1 below shows the programme interventions at the base, followed by the different expected tiers of change. Based on this model, successful programme interventions are expected to result in outputs (i.e. these are the direct results of the interventions, such as improvements in skills or abilities and capacities of individuals, institutions, as well as the availability of new products and services). The achievement of these outputs is expected to lead to desired outcomes, which reflect the “uptake or response” from client institutions and/or beneficiary groups as a result of these outputs. This may include behavioural changes and performances improvements at the sector level. Ultimately, these outcomes contribute to the intended impact (i.e. changes in people’s lives that result from the completion of outcomes).

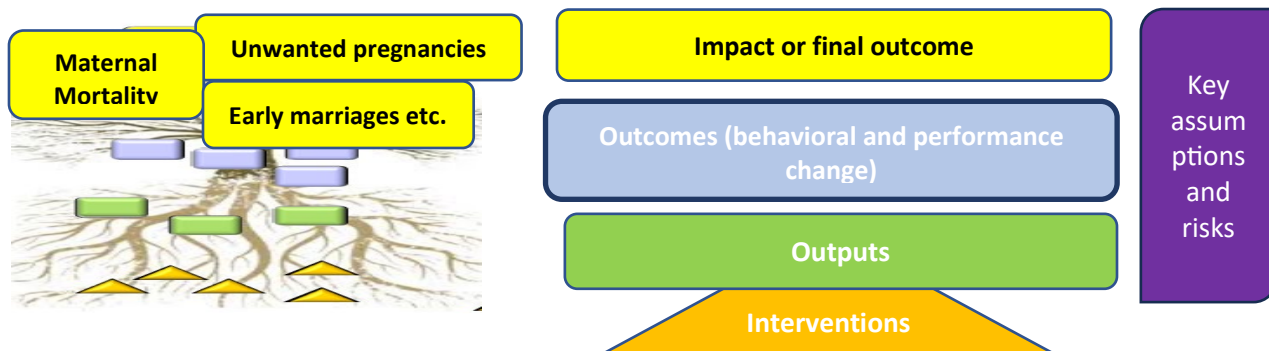
Based on this model, programme activities/interventions aim to achieve outputs that are expected to lead to desired outcomes,²⁴ and at the same time contribute to the intended impact. The model is also influenced by and includes key assumptions and risks. Under this model, the UNFPA’s responsibilities and accountability for results varies considerably across the different levels. At the output level, the UNFPA is directly responsible and accountable for achieving results, since these outputs are directly controlled and achieved through UNFPA-supported interventions. However, at the outcome and impact levels, the UNFPA’s role shifts from being responsible to being accountable. The achievement of these results relies on the institutions and beneficiaries effectively utilizing the outputs produced by UNFPA. The overall approach for determining the effectiveness of the programme (one of the key evaluation criteria) is to

²³ Outputs are defined as changes in capacity (skills and abilities), whereas outcomes are defined as changes in the performance and behaviour of institutions and people. Impact is defined as improvements in human lives such as a reduction in the maternal mortality ratio.

²⁴ However, there is no guarantee that interventions create outputs and outputs contribute to achievement of outcomes if there is no response or uptake from the client institutions or targeted beneficiaries.

examine the different levels of change within the ToC. This includes analysing whether the changes observed were influenced or contributed²⁵ by programme interventions/actions (see the figure below).

Figure 1: Causal model or ToC



The contribution analysis also examines how the 2nd Kosovo Programme (2021–2025) of the UNFPA Kosovo directly supports the achievement of the UNSDCF outcomes, UNFPA Strategic Plan (2022–2025), and contributes to key Kosovo strategies by supporting access to quality SRHR services, advancing gender equality, empowering young people, and strengthening population data systems.

The team initially reviewed the Theory of Change (ToC) outlined in the Kosovo Programme (KP) and developed ten distinct ToC models to reflect the full range of interventions implemented by UNFPA during the evaluation period. These models along with the KP’s contribution to the UNSDCF, UNFPA Strategic Plan and Kosovo strategies are discussed in detail in Section 3.2.2, the Current UNFPA Kosovo Programme and an Analysis of its Theory of Change.

1.3.2. Methods for data collection and analysis

Data collection methods are designed to obtain evidence for each performance indicator, assessing whether progress is being made in each link/chain in the ToC and providing insights into other evaluation criteria (relevance, coherence, efficiency and sustainability). The data collection methods that were applied during this evaluation include: (i) **desk review** of the key documents with the purpose of identifying the baseline situation, planned interventions, and intended outputs and outcomes of UNFPA programmatic interventions. This involved a detailed review of the monitoring reports and secondary data/research to comprehend the actual progress achieved so far.; (ii) **semi-structured interviews** with key informants (UNFPA staff, implementation partners, representatives from the institutions of Kosovo, CSOs, other clients and beneficiaries), (iii) **focus group discussions** with the purpose of examining the degree to which planned interventions are being implemented and whether the intended outputs and outcomes are being realized; (iv) **online surveys with key beneficiaries** to assess the effectiveness of some key KP interventions and their relevance in addressing their needs; and (v) **participatory workshops** which will bring together all relevant stakeholders, including officials from institutions, implementing partners, beneficiaries, and others, to obtain input on the effectiveness of programme interventions and other evaluation criteria. Templates used for conducting interviews, focus group discussions, as well as surveys, are presented in **Annex 4 (Data collection tools)**.

²⁵ ‘Contribution’ describes a link between an activity and impact; but different from the attribution affect, it recognises that other factors may have also contributed to the impact.

Desk review: For the purpose of this evaluation, around 40 documents were consulted during the preparation and design phases, including: The UNFPA Corporate Strategic plan 2022-2025, UNFPA Kosovo Programme Document 2021-2025, The United Nations Kosovo Team (UNKT) UNSDCF 2021-2025, Annual Work Plans (AWPs) of UNFPA and key implementing partners, Annual Progress Reports of UNFPA and key implementing partners, the Standard Progress Reports, the UNSDCF Progress Reports, monitoring and evaluation reports, UNFPA various donor reports, various studies and reports that were conducted and prepared with the support of UNFPA, and so forth. The desk review includes a set of documents received from the UNFPA team. The full list of documents reviewed is presented in **Annex 2**.

Key-informant interviews: The evaluation team met with 37 individuals through key informant interviews, representing a diverse range of institutions, including Kosovo bodies, UN agencies, civil society organizations, schools, and health institutions. Of those interviewed, 28 were female (76%) and 9 were male (24%), reflecting strong female representation, particularly in the education, health, youth, and gender sectors. These interviews utilized a semi-structured questionnaire, designed to address the evaluation questions and/or verify key assumptions. The evaluation team organized around 40 in-depth interviews with different stakeholders. The full list of stakeholders met (disaggregated by gender) is presented in Annex 3; however, to ensure data privacy and confidentiality, individual names are not included.

The stakeholder mapping considered power, influence, and the varied impacts of programme interventions across different groups. Implementing partners—primarily civil society organizations (CSOs)—played a key role in outreach and service delivery, while institutions of Kosovo, such as ministries and institutional agencies, were involved in decision-making, coordination, and policy formulation. Youth, students, and other community members served as direct beneficiaries, particularly of components related to sexual and reproductive health (SRH) and gender equality and women’s empowerment (GEWE). These groups experienced the programme differently: institutional stakeholders primarily engaged in systems strengthening and policy development, whereas youth-focused interventions emphasized awareness-raising, capacity-building, and behaviour change. These differing roles and levels of engagement were taken into account in the evaluation design and are reflected in the analysis.

Focus Group Discussions: Focus groups discussions (FGDs) were conducted to gather in-depth feedback on key aspects of the evaluation. The team organized around 10 different focus group discussions/participatory workshops with key implementing partners and/or with beneficiaries of UNFPA interventions, including e.g. certified peer educators, participants of gender equality initiatives, MISP, Effective Perinatal Care, Gender Based Violence (GBV), the Cervical Cancer Screening Programme, etc. The focus groups included 6-10 participants, considered the optimal number for such sessions. While the main discussion points for the focus groups are summarized in the main evaluation report, separate minutes for each focus group discussion are presented in **Annex 4**.

Online Surveys: An online survey targeting upper secondary students was planned to assess the delivery of comprehensive sexuality education (CSE) and its influence on students' behaviors. The survey was designed to be mobile-friendly, piloted with a small group, and distributed by certified peer educators with incentives to encourage participation. However, a politically charged debate over the Ministry of Education’s teacher manuals on sexual and reproductive health emerged during the data collection phase. Criticized for allegedly undermining family values, the manuals were temporarily suspended. To avoid escalating tensions during this sensitive period, the Evaluation Team, in consultation with the UNFPA Office, decided not to proceed with the survey or other planned data collection methods. An online survey

was conducted with youth who participated in the Bystander Intervention training (delivered under the PBF project). The survey was distributed to 97 trainees, with only 14 individuals responding.

Participatory Workshops: Participatory workshops were planned as a key data collection method, bringing together stakeholders in a collaborative setting. For example, a workshop on school-based CSE would have involved representatives from the Ministry of Education, Science, Technology, and Innovation (MESTI), school directors, teachers, MESTI inspectors, parents' councils, implementing partners, and other relevant stakeholders. The goal was to gather inputs on the effectiveness of UNFPA's CSE interventions and other evaluation criteria such as relevance, coherence, efficiency, and sustainability. However, due to the recent debate surrounding the Ministry of Education's teacher manuals on CSE, this workshop was not organized. Similarly, a workshop focused on gender responsive family policies involved three group of interviews with implementing partners, beneficiaries and representative of the institutions.

All information gathered during the inception phase and the field phase is outlined in the evaluation matrix, and adjusted with each verified input from the conducted interviews and other data collection methods. The information are further synthesized to:

- present the facts and findings pertinent to the objectives of the evaluation;
- draw conclusions on the programme strategy and need for adjustments; and
- formulate recommendations.

The evaluators collected both qualitative and quantitative, providing a mix of factual information, as well as perceptions and opinions about the Programme. The preparation and execution of the evaluation were based on a participatory process to ensure ownership of the conclusions and, therefore, effective implementation of the recommendations. In particular, the close involvement of programme staff, officials from institutions and stakeholders in the evaluation is important. By involving the actors and programme beneficiaries as co-participants, the evaluation process will enhance the credibility of the study's conclusions and increase their acceptance among stakeholders.

To enhance the reliability and validity of the findings, data triangulation was employed through utilization of multiple sources, methods, and perspectives. By cross-verifying information from key informant interviews, surveys, document reviews, the assessment ensured a comprehensive and balanced understanding of the findings. This approach also helped to identify any consistencies and discrepancies, reducing potential biases and strengthening the overall credibility of the results.

1.3.3. Stakeholders consulted and sites visited

SRH: All relevant stakeholders in the SRH domain were consulted to assess interventions in the area of SRH. This included representatives of UNFPA, the ministry of health, the Institute of Public Health, Action for Mothers and Children, Kosovo Population Fund, the Agency for Emergencies of Kosova, Main Family Medical Centers, Red Cross of Kosovo, Association of Municipalities of Kosovo, Ombudsperson Institution in Kosovo, Municipal authorities, WHO, UNICEF. This list includes representatives from all active partners in the project. Representatives were selected in consultation with UNFPA staff. In addition, five focus groups were organised with cervical screening staff in MFMC, SRH training programme trainees, clinical audit coordinators, MISP Red Cross of Kosovo volunteers and another one with MISP youth activities to discuss relevant domains of activities and achievements in the programme.

For the FGD on cervical cancer, the aim was to include representatives from six sites (Peja/ Peć, Gjilan/ Gnjilane, *Obiliq*, Prishtina/Priština, Prizren, Ferizaj/Uroševac) where the cervical cancer programme has been implemented, ensuring geographic representation. Participants were recruited in collaboration with AMC (implementing partner). For the FGD on sexual and reproductive health (SRH) training, participants represented multiple programmes focused on topics such as gender-based violence (GBV), family planning (FP), and adolescent health (AH). All trainees were invited, with facilitated by AMC. The FGD on clinical audits included participants or facilitators from the various clinical audits that have been implemented, with recruitment managed in consultation with UNFPA. Two additional FGDs were organized focus on the Minimum Initial Service Package (MISP): one involving MISP trainee volunteers from the Red Cross, with 8–10 participants invited, selected from a pool of approximately 30 trainers, and another involving MISP youth volunteers, with a similar sample size. Recruitment for both groups was conducted in collaboration with the Red Cross of Kosovo. Convenience sampling was employed as needed to ensure flexibility in participant selection.

CSE and PD: After reviewing background documents and discussions with Kosovo Office staff, the evaluation team has identified the key stakeholders for data collection. While for certain programme interventions, such as the Census with the SA, all relevant stakeholders were consulted, for other interventions, certain sampling methods were applied in selecting stakeholders for consultation. For example, in the case of school-based CSE and peer education, the **snowball method or snowball sampling** was planned to be applied to reach upper secondary students for the completion of the online survey (from 500 to 1,000 students thought Kosovo). The snowball sampling is a non-probability sampling technique which is used in data collection, particularly when it is difficult to identify or conduct representative surveys (especially when constrained by tight deadlines as is our case). However, due to the recent debate over Ministry of Education’s teacher manuals on sexual and reproductive health, this survey was not launched to prevent and avoid any potential backlash.

Peer Education, Social Marketing of Condoms, and PBF: To effectively assess interventions in the areas of peer education, social marketing of condoms, and interventions under the PBF project, targeted interviews were conducted with staff from key implementing organizations, namely the Kosovo Population Fund (KOPF), Center for Counseling, Social Services and Research (SIT), and Artpolis. Each organization plays a distinct role in executing components of these initiatives: KOPF leads efforts on condom social marketing and peer education, while SIT and Artpolis implement various aspects of the PBF peace-building programmes. These stakeholders were selected based on their central roles in implementing programme activities as well as their capacity to provide detailed insights into intervention activities, beneficiary selection, participant outreach, and achieved outcomes. For detailed exploration of youth experiences and perceptions, three Focus Group Discussions (FGDs) were organized: one with peer educators, one with young ambassadors of peace (PBF), and one with young journalists (PBF). The total population of peer educators (high school students) trained from 2021–2024 is 1,364, and a sample of 10 peer educators was invited to participate in the focus group to ensure diverse representation while maintaining a manageable group size for in-depth discussions. Among youth ambassadors of peace, the total population is 15, and all 15 of them were invited, representing the entire population to capture the full range of experiences. However, only 4 of them attending the focus group. For young journalists, the total population involved in peace-building initiatives from 2021–2024 is 5, and all 5 of them were invited to participate to ensure that every unique perspective is reflected (only 2 out of 5 attended). This sampling approach balances feasibility with inclusivity, ensuring the FGDs provide a comprehensive understanding of the diversity and depth of experiences within these groups. Out of all youth engaged in programme activities, these three groups have been central, with number of participants being larger and their continuity sustained

throughout the years. The FGDs will be conducted in Pristina and/or online, to accommodate students' school/university schedule.

In addition to qualitative methods, an online survey targeting an approximate sample of 100 youth participants engaged in the programme was launched. The survey specifically targeted Bystander Intervention trainees (delivered under the PBF project), with a total population of 161 youth trained on the bystander intervention concept during 2021-2024. The survey aimed to gather quantitative data on programme reach, participant satisfaction, impact, and overall engagement, providing a comprehensive view of effectiveness across all youth demographics.

GEWE and GRFP: To assess interventions in the area of GEWE and GRFP, all relevant stakeholders were consulted, such as representatives from the Gender Equality Agency, the Ministry of Justice, Ministry of Finance, Labour and Transfers, the Parliament of Kosovo. Two focus groups were organised with implementing partners and K10 to assess the outcome level results of the awareness raising interventions and with all the seven champion companies (the whole population) to assess the outcome level results of implementing GRFP. Individual meetings were organised also with implementing partners such as SIT, ArtPolis, Kosovo Chamber of Commerce and Kosova Women's Network. Special focus was put on assessing interventions implemented in the northern municipalities of Kosovo covering municipalities of Leposaviq / Leposavić, Mitrovica e Veriut/ Severna Kosovska Mitrovica, Zubin Potoku/Zubin Potok, Zvecan/ Zvečan.

The complete list of stakeholders met and consulted is presented in **Annex 3**.

The evaluation process also emphasized transparency and stakeholder engagement. Preliminary findings, conclusions, and recommendations were validated through consultations with the Evaluation Reference Group (ERG), which included representatives from key stakeholders and rights-holder groups. This step helped to ensure the accuracy, relevance, and credibility of the findings, while also fostering ownership of the results and enhancing the utility of the recommendations.

Ethical considerations are central to the evaluation process, and the evaluation team strictly adhered to the UNEG Ethical Guidelines for Evaluation, which prioritize integrity, impartiality, and respect for the dignity, rights, and welfare of all stakeholders. To uphold these principles, the team ensured informed consent, protected confidentiality, and maintained transparency throughout the process, while avoiding any harm or undue pressure on participants. During the focus group discussions (FGDs) and key informant interviews (KIIs), the evaluation team applied several specific and innovative approaches to uphold confidentiality and ensure adherence to the "do no harm" principle. All participants were briefed in advance about the purpose of the evaluation, the voluntary nature of their participation, and their right to withdraw at any time without consequence. Verbal informed consent was obtained from all participants prior to the start of data collection. To safeguard privacy and emotional well-being, individual interviews were conducted within stakeholders' offices, while focus group discussions (FGDs) were held in neutral and secure locations to provide a comfortable and confidential environment for open dialogue. Particular attention was given to cultural sensitivity and inclusivity, especially when working with marginalized or vulnerable groups. The team was also committed to producing accurate, fair, and unbiased findings, ensuring accountability and upholding the highest ethical standards at every stage of the evaluation.

1.3.4. Limitations and mitigations measures

The Evaluation Team faced some limitations. The first limitation was that it was not feasible for this evaluation to employ quantitative research methods (i.e. collect statistically representative models for certain results) and identify an attribution factor between the realization of outputs and achievements of any outcomes.²⁶ For this reason, this evaluation is inherently qualitative in nature, trying to gather and analyse the evidence for the achievement of outputs and their “contribution” to the realization of outcomes. The samples of interviews and group meetings chosen are purposive, and not representative of the target population of both implementation partner organisations and beneficiaries. There are possible biases in the selection of respondents (both stakeholders and beneficiaries) and their locations since they are selected on a non-random basis during the collection of evidence for the achievement of the outputs. To minimize the possibility of bias, the evaluation team tried to interview different stakeholders on the same topic.

Kosovo currently lacks up-to-date data necessary to reliably track progress on several key Sustainable Development Goals (SDGs) related to Sexual and Reproductive Health and Rights (SRHR), including indicators such as 3.1.1, 3.3.1, 3.7.1, 3.7.2, 5.2.1, 5.2.2, 5.3.1, 5.6.1, 16.1.3, 16.2.3, and 16.9.1. This data gap made it challenging to assess the contribution of UNFPA programming in these areas, thereby limiting the scope of effectiveness evaluations. To address this issue, the Team compiled a comprehensive list of required data and share it with the Statistical Agency of Kosovo (SAK) to identify available resources. Despite this effort, the team received only limited data from SA, which ultimately constrained the assessment of the programme’s impact on key SDG indicators related to SRHR.

At the start of the data collection phase, a politically motivated debate erupted due to upcoming elections, over the Ministry of Education’s teacher manuals on sexual and reproductive health. Originally drafted in 2016 under the previous KPD, the manuals were criticized for allegedly undermining family values. In response to growing public and political pressure, the Ministry of Education temporarily suspended the manuals pending a comprehensive review. In light of this controversy, the Evaluation Team, in consultation with the UNFPA Office, decided to forego certain planned data collection methods. These included organizing a participatory workshop with stakeholders such as MESTI, MESTI inspectors, school directors, and teachers, as well as conducting an online survey with upper secondary students to assess the delivery of Comprehensive Sexuality Education (CSE) to avoid exacerbating the debate further.²⁷ The survey would have explored whether CSE, delivered through formal education, peer educators, peers, or other sources, had begun to shape or influence students’ behaviours. Although the evaluation did not directly collect feedback from upper secondary students on the delivery of CSE or related student behaviours, nor did it allow for the application of an intersectional lens or gender-based analysis, the team was able to conduct focus group discussions with peer educators and teachers to obtain meaningful insights on these dimensions as a mitigation measure.

²⁶ The impact evaluation is intended to determine more broadly whether the intervention had a desired effect on beneficiaries and whether those effects are attributable to the intervention itself since there may be other factors or events that can influence the impact that are not caused by the intervention. To ensure methodological rigour, an impact evaluation needs to determine the counterfactual which is usually accomplished through the use of a quasi-experimental or experimental analysis technique and through comparing control groups (those who do not participate in a programme) with the treatment group (individuals who do receive the intervention).

²⁷ Instead, the evaluation team, with support from UNFPA, succeeded to organize one focus group discussion with primary school teachers by leveraging personal networks.

Moreover, despite efforts to invite 6-10 participants to each focus group, considered the optimal number for such sessions, there was a notable limitation in data collection due to low turnout. Possible reasons for the low participation include scheduling conflicts, lack of interest or awareness about the sessions, concerns about the sensitivity of the topics discussed, etc. This limitation affected the diversity and depth of perspectives captured during the discussions.

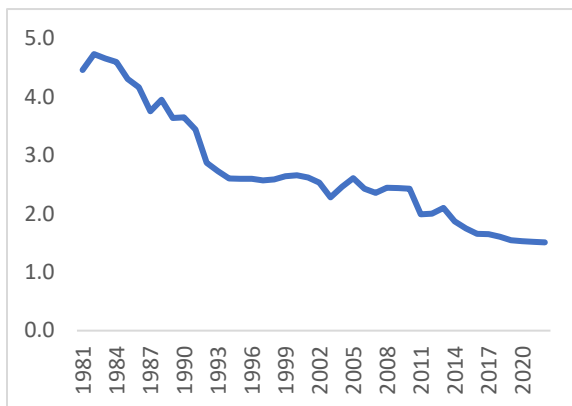
2. Kosovo context

2.1. Development challenges and Kosovo strategies

Population Dynamics

Kosovo is located in the Western Balkans, with a total area of 10,887 sq km. Based on preliminary results of the most recent Census (2024), Kosovo has 1,586,659 inhabitants (of which 50.1% are men and 49.9% women), 200,000 inhabitants less compared to the previous Census organized in 2011. Kosovo is in the phase of a demographic transition, where birth rates are declining but remain much higher than the death rates, contributing positively to population growth. However, despite having a relatively young population, Kosovo's overall population has declined²⁸, mainly due to lower fertility rates (which reached 1.51 in 2022, a level comparable to the current fertility rate in the European Union) and out-migration. According to the Statistical Agency of Kosovo (SAK), on balance, the number of Kosovars that emigrated during the 2012-2022 period is estimated to be around 226.2 thousand (or 14% of the population for 2024), including legal and illegal emigrants.²⁹ Currently, the main drivers of emigration, as identified by SA, include: pursuing better economic and employment conditions, pursuing higher education, and family reunification. The desire to emigrate to pursue a better life remains high, especially among young people. It is estimated that more than 800,000 Kosovars live abroad, but continue to maintain ties with Kosovo.

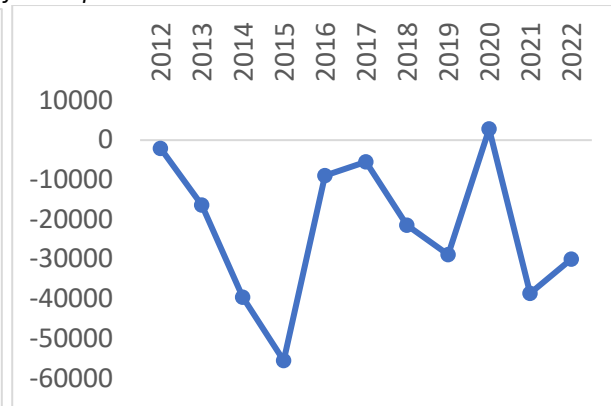
Figure 2: Fertility rate, total (births per women)



Source: World Bank Open Data –

<https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=XK>

Figure 3: Net balance of the international migration for the period 2012-2022



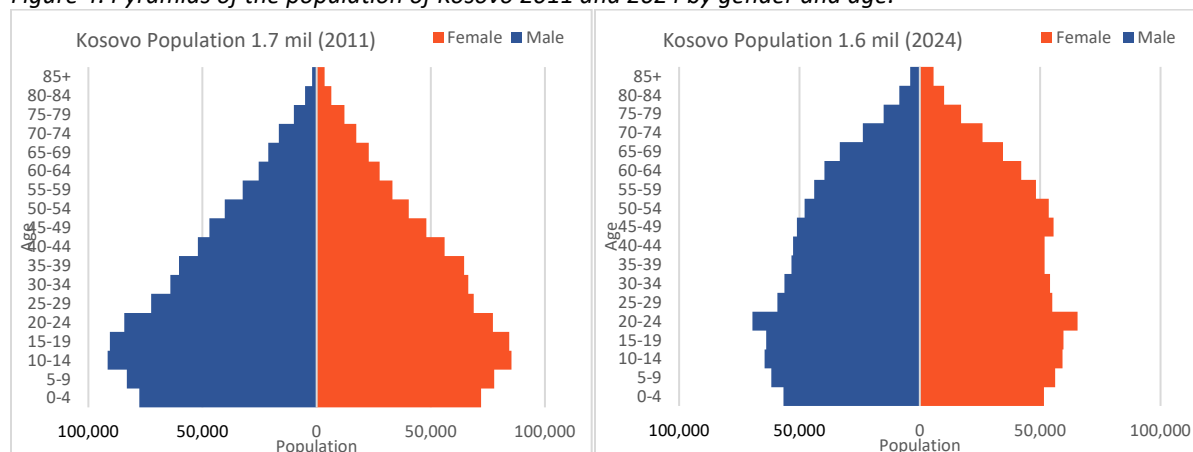
Source: Statistical Agency of Kosovo

The graphs below provide the population pyramids on January 1st, 2011 and 2024, according to the most recent Census results. Based on these graphs, the large generation which was born in 2000, moves up in the pyramid over time (between age group of 20-24). Also, the age groups of the population between 25 to 45 are significantly reduced between 2011 and 2024 due to the large emigration flows.

²⁸ According to the Kosovo 2021 census, the average age of the population was estimated at 26 years (while in 2024 this was increased to 34.8 years). Young girls and boys under the age of 25 make up about 47.3% of the population. Of this, 28% are young people under the age of 15 and 19.3% are aged 15 and 24, making up about 30% of the working age population. Only 8% of Kosovo's population today is elderly, compared to 19% in the EU (with all 28 countries included) and 22% in Italy.

²⁹ Statistical Agency of Kosovo (SAK) database on Population Estimates

Figure 4: Pyramids of the population of Kosovo 2011 and 2024 by gender and age.



Source: SA, Preliminary Results of the Population Census (ReKos2024)

The high rate of out-migration, combined with the declines in fertility rates, are expected to lead to a significant change in the age structure of the population. Table 1 captures the projected trends in age distribution for the next 50 years according to the Population Project report.³⁰ While the youngest age group (0-14 years old) is projected to decrease from almost 28% to 12% of the total population, the oldest age group (age 65+) may increase more than fourfold (from 7% to 29% of the population).

Table 1: Population by age-group breakdown, in percentage

Years	Population by age, in %		
	0-14	15-64	65 +
2011	27.8	65.3	6.9
2061	12.4	58.6	29

Source: Statistical Agency of Kosovo, Kosovo Population Projection 2011 -2061

Socio-economic situation

In relation to economic growth, during the last decade Kosovo grew at an average rate of 4%, while Gross Domestic Product (GDP) per capita in real terms increased from 2,732 euro in 2012 to 4,500 euro in 2022. Despite this increase, in 2021, Kosovo’s GDP per capita was equivalent to 13% of the EU-27 countries.³¹ In 2022, it is estimated that 25.2% of the population lived under the upper middle-income poverty rate (\$6.85) while the Gini index was 29.³² In the period 2012-2022, the main drivers of growth were private consumption – fuelled by remittance inflows (ranging from 15 to 18.6% of GDP within this period)³³ and credit expansion – as well as public sector spending. During this period, there were no significant changes in terms of the share of added value as percentage of GDP within different sectors³⁴ neither by the structure of GDP by expenditure approach.³⁵ The share of foreign direct investment (FDI) inflows on the other hand, decreased during this period, from 9.2% of GDP in 2010 to 3.6% in 2019 and then started to

³⁰ Statistical Agency of Kosovo, Kosovo Population Projection 2017 -2061

³¹ World Bank, Databank: available at <https://data.worldbank.org/>

³² World Bank Group (2023). Poverty and Equity Brief: Europe and Central Asia: Kosovo.

³³ World Bank, Databank: available at <https://data.worldbank.org/>

³⁴ While the share of the added value as percentage of GDP decreased slightly for the agriculture sector from 8.1% in 2011 to 7.4% in 2021, the share of public administration and defence spending has increased from 5.5% in 2011 to 6.5% in 2020 reflecting an expansion of the public sector. The contribution of remaining sectors such as manufacturing, construction and wholesale and retail trade to the added value remained the same during this period.

³⁵ The share of private consumption, public spending, gross fixed capital formation and net exports remained unchanged as share of GDP (around 86%, 12%, 30% and -30% respectively) during the last decade

increase to 5.3% in 2021 and 8.6% in 2022.³⁶ Despite an increase in recent years, FDI flows have been concentrated largely on non-tradable and domestic market – oriented sectors, such as construction and real estate. There has been very limited FDI in export-oriented or higher-value-added manufacturing and services sectors (or greenfield investments), which tend to have greater impact and spillover effects on global value chains integration, productivity gains, and sustainable job creation.³⁷

Due to economic growth and out-migration, Kosovo has experienced some small positive developments in key labour market indicators in recent years. According to the Labour Force Survey, although the employment-to-population ratio for the 15-64 age group increased (from 31% in 2021 to 34% in 2023)³⁸ in Kosovo there remains a significant gap between Kosovo and regional and EU countries (e.g. Kosovo shows a 34-percentage points gap compared to Albania). Despite this small increase in the employment rate, the labour force participation rate in Kosovo remained unchanged, at a record low of 39%. The decrease in unemployment did not cause an increase in activity rates, so it was rather driven by outward migration. Similarly, the youth unemployment rate in Kosovo for ages 15-24 decreased from 38% in 2021 to 19% in Q2 2023. While in absolute terms, there are about 50,000 unemployed people in Kosovo, the largest issue lies in its vast inactive population of about 700,000 people. Another concerning indicator is the persistently high youth NEET (Not in Education, Employment, or Training) rate, which is about 30%.

Sexual and Reproductive Health and Rights (SRHR)

Regarding the overall health conditions, Kosovo shows much poorer results compared to any other countries in the region or in the EU. However, there have been improvements in selected indicators in recent years. For example, life expectancy at birth³⁹ was around 68 in 2000, while it is around 80 years in 2022.⁴⁰ The official statistics on SRH are scarce, underreported, and often unreliable due to a lack of health information systems and weaknesses in data collection, monitoring, and reporting. For example, the ministry of health (MoH) advises that the data on maternal mortality should be treated with caution due to deficiencies in reporting. At the same time, it reports officially that there have been no maternal mortalities since 2013, while the media continues to report individual cases of maternal deaths. Moreover, according to World Bank data, the neonatal mortality rate and mortality rate for children under 5 (per 1,000 live births) decreased from 12 and 17 in 2012 to 7 and 10 in 2022, respectively.⁴¹ The main concern in relation to the health system is the quality of health services, low financing, and lack of public health insurance. Thus, people have to cover health services with out-of-pocket expenditures. Correspondingly, services for reproductive health are of poor quality.

According to the latest MICS conducted in 2020, about 4% of women in Kosovo aged 20–24 years were married before the age of 18, which is 1 percentage point lower than the 5% reported in 2013/14 when previous MICS was conducted.⁴² The proportion is much higher among women and men from Roma, Ashkali, and Egyptian communities in Kosovo.⁴³

³⁶ World Bank, Databank: available at <https://data.worldbank.org/>

³⁷ World Bank Group (2021): Boosting Foreign Direct Investment: Kosovo Economic Memorandum

³⁸ Statistical Agency of Kosovo, Labour Force Surveys (LFS), 2021-2023

³⁹ Indicates the number of years a new-born baby would live if health conditions prevailing at the time of its birth were to stay the same throughout its life.

⁴⁰ <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=XK>

⁴¹ Source: World Bank Open Data

⁴² Statistical Agency of Kosovo and UNICEF (2020). 2019–2020 Kosovo Multiple Indicator Cluster Survey and 2019–2020 Roma, Ashkali and Egyptian Communities Multiple Indicator Cluster Survey, Survey Findings Report.

⁴³ 1 in 3 women and 1 in 10 men aged 20–24 years were married before the age of 18.

Marriage before the age of 18 is highly correlated with education attainment and level of income.⁴⁴ Similarly, according to the latest MICS which collected data in 2019-2020, the adolescent birth rate (per 1,000 women) for Roma, Egyptian and Ashkali communities was 78 compared to the general population's rate of 13. This represents a slight decrease compared to the figure registered in 2013/14, where the adolescent birth rate for the general population was 15 per 1,000 women.

Similarly, the existing data on cervical and breast cancer are not reliable and accurate. However, according to a report from the World Health Organization, cervical cancer is the fourth most common cancer in women in Kosovo.⁴⁵ With UNFPA support, screening programmes for cervical cancer are being expanded through primary health care (PHC) facilities. Additionally, in 2023, HPV immunization was introduced and included into the Kosovo immunization programme for 12-year-old girls.⁴⁶

Correspondingly, the latest (credible) data on contraceptive prevalence rate and unmet need for family planning dates back to 2020. According to MICS data, the contraceptive prevalence rate among married and in-union women aged 15-49 decreased to 9% for modern contraceptives in 2020, down from 14% in 2013/14. Among Roma, Ashkali, and Egyptian women, the rate fell to 13%, down from 19%. The unmet need for all methods of family planning was 8.4% in 2020 (down from 8.9% in 2014) for women in the general population (55.3% for modern methods) and 11.9% for Roma, Ashkali, and Egyptian women. There are no reliable figures on the number of unwanted pregnancies and intended terminations of pregnancies, as many abortions go unregistered. Following the 2009 law on the termination of pregnancy, induced abortion remains legal in Kosovo up to 10 weeks after conception, and beyond this limit it is allowed only with medical committee approval for health reasons or in cases of crime, rape, incest, etc. Yet, it is generally admitted that many abortions take place beyond the ten-week period. Similarly, the law does not allow for sex-selective abortions. As for young people, according to a 2019 report produced by Friedrich Ebert Stiftung, only 40% of young people who have had sexual experiences use contraceptives, compared to 71% of young people in Europe.⁴⁷

Although no updated data is available, Kosovo is considered a low-prevalence for HIV/AIDS. According to the Burnet institute, the estimated HIV prevalence is <0.005% among the general population and <1% among key populations, but men who have sex with men are disproportionately affected, with an estimated prevalence of 2.8% in 2018.⁴⁸ Furthermore, data from the Global Fund indicate that the HIV prevalence rate among men who have sex with men has continuously increased between 2011 and 2018.⁴⁹

Sexual and reproductive health in Kosovo is included in all levels of the legislative framework, laws, and other legal acts, with the Law on Reproductive Health specifically regulating SRH concepts. The rights related to SRH in Kosovo include the right to information and education, bodily integrity, decision-making about sexual activity and relationships, marriage with consent, reproductive decision-making, safe termination of pregnancy, prevention and treatment of infertility and sexually transmitted infections, and prevention and treatment of reproductive system cancers and breast cancer. However, there are gaps and

⁴⁴ While in 2020, 41% of women in the general population and 47% of women living in Roma, Ashkali, and Egyptian communities were married by age 18 with no education, only 1% of women in the general population and 10% of women living in Roma, Ashkali, and Egyptian communities were married by age 18 with higher levels of education. Similarly, women living in poorer households were/are more likely to be married before age 18 than those living in households with higher family income.

⁴⁵ World Health Organization. World Health Organization website accessed on 29 July 2024 https://www.who.int/health-topics/cervical-cancer#tab=tab_1

⁴⁶ Ministry of Health (2022). Plani i veprimt për vaksinim 2023-2025 (Vaccination Action Plan 2022-2025).

⁴⁷ Friedrich Ebert Stiftung (2019): Youth Study Kosovo

⁴⁸ Burnet institute (2023). Allocation of HIV Resources towards Maximizing the Impact of Funding in Selected Eastern European and Central Asian Countries: Kosovo

⁴⁹ Ministry of Health (2022). Plani i veprimt për HIV/AIDS 2022-2024 (HIV/AIDS Action Plan 2022-2024).

challenges, including lack of awareness and education, stigma and discrimination and limited access to quality healthcare services. These issues result primarily due to lack of accountability frameworks as well as insufficient budgets and infrastructure for delivering effective services.

Youth

With an average population age of just 34 years (as of July 2024)⁵⁰, Kosovo has the youngest population in the Western Balkans and Europe. Over 477,000 young people in Kosovo are aged 15-29, making up around 30% of the population (2011 population census⁵¹).⁵²

Kosovo has made significant progress in increasing educational participation at all levels. However, further investments are needed to improve access to quality education, enabling young people to better prepare for the current and future labour markets. According to the 2018 Programme for International Student Assessment (PISA) results, 77% of 15-year-old students in Kosovo have not reached the minimum proficiency level in reading, mathematics, and science, compared to less than 50% in neighbouring countries and 22% below the OECD average.⁵³ These results indicate that Kosovar students are approximately five years behind the OECD average in reading and slightly more than four years behind in mathematics. Improving the quality of education (both formal and informal) is crucial, considering its role as a key force in empowering youth with essential life skills for their personal and professional development, and better preparing them for the current and future labour markets.

The youth unemployment rate for those aged 15-24 in Kosovo has significantly declined over the past decade from 55% in 2012 to 19% in Q4 2023⁵⁴. However, Kosovo has the lowest youth labour force participation rate in the Western Balkans at 21%, compared to the regional average of 24% and the EU average of 37.8%. Furthermore, one-third (or 32%) of young people aged 15-24 in Kosovo, and around 50% of those aged 25-29, fall into the category of NEET (Not in Employment, Education, or Training).⁵⁵ This contrasts sharply with 23% of young people in the Western Balkans⁵⁶ and just 11.2% in the EU⁵⁷. The situation is particularly alarming for young Roma, Ashkali, and Egyptian individuals: 78% of those aged 18-24 are not in employment, education, or training (NEET).⁵⁸ Although youth emigration from Kosovo to EU countries has declined in recent years (from 39,625 young Kosovars aged 14-35 applying for asylum in EU countries in 2015 to only 1,310 in 2023),⁵⁹ more than half of the youth aspire to emigrate from Kosovo, with 63% citing economic reasons as their primary motivation.⁶⁰

A significant percentage (29%) of young Kosovars (aged 15-29) are daily smokers, compared to 18% of young people in the EU.⁶¹ Additionally, 27% regularly consume alcohol⁶², similar to the EU average⁶³,

⁵⁰ Statistical Agency of Kosovo (2024): [The Preliminary Results of the Population Census \(ReKos2024\) are published](#), accessed on July 23rd, 2024

⁵¹ Statistical Agency of Kosovo (2011): Population, Household, and Housing Census in Kosovo

⁵² According to the 2011 population census, young men and women under the age of 29 make up about 55.4% of the population of Kosovo. Of them, 28% are young people under 15 years old, 19.3% are aged 15-24, while 8.1% are aged 25-29, which together make up about 42% of the working age population.

⁵³ OECD (2018): [PISA Results: Student performance in reading, mathematics, and science](#)

⁵⁴ Statistical Agency of Kosovo (2024): [Labour Force Survey Q4 2023](#)

⁵⁵ Ibid

⁵⁶ Regional Cooperation Council (2021): [Study on Youth Employment in the Western Balkans](#)

⁵⁷ Eurostat 2023: [Statistics on young people neither in employment nor in education or training](#)

⁵⁸ World Bank, UNDP, EU (2018). Roma at a Glance: Kosovo, based on 2017 Regional Roma Survey.

⁵⁹ Eurostat: [Asylum applicants by type, citizenship, age and sex - annual aggregated data \(2015, 2023\)](#)

⁶⁰ The Friedrich Ebert Stiftung (2019): [Youth Study Kosovo 2018/2019](#)

⁶¹ Eurostat (2019): [Smoking of tobacco products by sex, age and educational attainment level](#)

⁶² The Friedrich Ebert Stiftung (2019): [Youth Study Kosovo 2018/2019](#)

⁶³ Eurostat (2019): [Frequency of alcohol consumption by sex, age and country of birth](#)

where 30% of young people drink weekly. While precise data on drug use is unavailable, about 38% of young people have expressed moderate to extreme concerns about substance abuse.⁶⁴ Furthermore, youth increasingly face various mental health issues, which have significantly risen due to the COVID-19 pandemic.

According to Save the Children Kosovo's Young Voices 2022 survey, 35% of youth aged 13-17 reported feeling bullied or harassed in the past year.⁶⁵ Other surveys reveal that youth feel safer in their neighbourhoods than in school (e.g. 86% of the respondents in the UNKT 2021 survey felt very safe or somewhat safe in their neighbourhoods, compared to 68% who felt very safe or somewhat safe in their schools).⁶⁶ Cybersecurity is another critical concern, with around 14% of boys and 9% of girls (aged 13-17) in the Young Voices survey reporting feeling unsafe online, and only 60% of boys and 62% of girls stating they have been taught how to use the internet safely.⁶⁷

Despite some recent progress, marginalized young people in Kosovo—particularly girls and women, ethnic minorities, youth with disabilities, and those in rural areas—continue to face discrimination, limited access to services, and systemic barriers. Young women are underrepresented in STEM fields and leadership roles, with high unemployment and low labour force participation, often due to caregiving responsibilities and traditional gender norms. Roma, Ashkali, and Egyptian youth have significantly lower education rates and face the highest NEET rates (78%), with early marriage and poverty compounding their challenges. Youth with disabilities face major obstacles in education and employment, with 88% not enrolled in school.⁶⁸ Additionally, only 15% of people with disabilities aged 15–64 are employed.⁶⁹ Access to quality healthcare and rehabilitation services remains limited, especially for those with multiple layers of marginalization.

Gender-based violence (GBV)

According to a 2019 survey conducted by the Organization for Security and Co-operation in Europe (OSCE), more than half (54%) of the 1,990 women aged 18-74 surveyed in Kosovo reported having experienced psychological, physical, or sexual violence from their intimate partner since the age of 15, and nearly three in ten (29%) experienced sexual harassment.⁷⁰ Additionally, 35% of the surveyed women agree that violence against women is often provoked by the victim, with 32% agreeing that women who say they were abused often make up or exaggerate claims of abuse or rape. In 2020, 24.7% of women and 12.2% of men believed that domestic violence can be justified, marking a slight improvement from 2014 when 42.4% of women and 21.9% of men held this belief.⁷¹ However, the normalization of domestic violence is even more prevalent in Roma communities. As of 2020, 57.1% of Roma women and 25.5% of Roma men justified domestic violence. The reported cases of GBV in Kosovo are likely lower than the actual number due to many survivors choosing not to report the abuse to authorities, mainly due to fear of retaliation, shame and stigma, cultural and social norms discouraging disclosure, financial dependence, and other factors. Domestic violence remains the most prevalent form of GBV in Kosovo, with 2,069 cases reported

⁶⁴ UNKT (2021): [Youth Challenges and Perspectives in Kosovo](#)

⁶⁵ Save the Children in Kosovo (2022): [Young Voices](#)

⁶⁶ UNKT (2021): [Youth Challenges and Perspectives in Kosovo](#)

⁶⁷ Save the Children in Kosovo (2022): [Young Voices](#)

⁶⁸ UNMIK Kosovo (2019): [38,000 children with disabilities do not attend school](#)

⁶⁹ World Bank Blogs (June 14, 2023). [Disability-inclusive development in Kosovo: Why it matters and what the World Bank is doing](#). World Bank Blogs.

⁷⁰ OSCE (2019). Survey on Wellbeing and Safety of Women in Kosovo.

⁷¹ Statistical Agency of Kosovo and UNICEF (2020). 2019–2020 Kosovo Multiple Indicator Cluster Survey and 2019–2020 Roma, Ashkali and Egyptian Communities Multiple Indicator Cluster Survey, Survey Findings Report.

to Police of Kosovo in 2020, increasing to 2,456 in 2021 and 2,764 in 2022.⁷² Additionally, 228 rape cases were reported from 2019 to 2021.⁷³ According to the Kosovo Women's Network, from 2017 to 2020, at least 74 women have been killed⁷⁴ whereas official police statistics indicate that 24 femicides were recorded in Kosovo between 2018 and 2023 (There were 6 femicides in Kosovo in 2018, 4 in 2019 and 2020, 3 in 2021 and 2022, and 4 in 2023.)⁷⁵ There are no female genital mutilation cases in Kosovo.

Despite significant legislative reforms, such as the criminalization of various forms of GBV and the integration of the Istanbul Convention into Kosovo law, existing legal frameworks in Kosovo fail to effectively address all forms of violence. Kosovo has adopted the Law on Protection from Domestic Violence and integrated GBV provisions into its Criminal Code of the forms of violence in the Istanbul Convention, domestic violence is the most compressively addressed in Kosovo's legal framework. Challenges persist in effectively addressing all forms of GBV, such as economic violence and sexual harassment, and ensuring access to justice for marginalized groups. Additionally, gaps remain in terms of inconsistent law enforcement, and limited adequate institutional coordination, victim-centred services, and financial resources for implementation.

The justice system often falls short, with police responses frequently dismissive and a tendency to prioritize family unification over survivor protection, resulting in low conviction rates and lenient sentences. Many cases of GBV go unreported due to fear, social stigma, and a lack of trust in authorities. Support services for survivors are limited, with few NGO-run shelters and no dedicated crisis centres for sexual violence. Currently, Kosovo has 14 shelters for people who have suffered GBV, including 12 run by CSOs, as well as a municipality run shelter in Zubin Potok and a Kosovo run Interim Security Facility for high risk trafficking cases. In terms of funding, some improvements have been noted in 2019, when the authorities approved a specific budget line for shelters in the amount of Euro 880,000. This signals improvement, however funding for these services is insufficient and unreliable, hindering their ability to provide adequate support There are no shelters available for LGBTQI+ community and men who are above 16 years of age.⁷⁶ Additionally, marginalized groups, such as Roma, Ashkali, and Egyptian women, face heightened barriers to accessing help, exacerbating their vulnerability.

Kosovo Strategies

In relation to Kosovo strategies, it is important to emphasize that Pillar 2 of the **2030 Development Strategy**, which focuses on Equitable Human Development, aligns closely with UNFPA's mandate. The Equitable Human Development pillar focuses on enhancing opportunities and well-being for all people, particularly those most in need, covering sectors such as education, labour, social protection, culture, and health. Within the health sector, key outcomes include improving the quality and access to health services and improving maternal, child and adolescent health through reorganization of health financing to ensure universal access to health care, reorganization of health services, as well as advancing and increasing the applicability of the concept of family medicine, among others.

The new **Health Sector Strategy** (2025 -2030) is being drafted with the overall vision to achieve a healthy population as well as quality and safe health services, with easy, equal and cost-effective access. According to the early draft of this Strategy, it will share the same objectives as presented in the Development

⁷² The Kvinna till Kvinna Foundation (2023). [Women Rights in Western Balkans](#).

⁷³ EULEX (2022): [Assessment of the Handling of Rape Cases by the Justice System in Kosovo, EULEX Monitoring Report](#)

⁷⁴ Kosovo Women's Network (2022). From Laws to Action: Monitoring the Institutional Response to Gender-based Violence in Kosovo.

⁷⁵ The Kvinna till Kvinna Foundation (2023). Women Rights in Western Balkans 2023 report

⁷⁶ Kosovo Women's Network (2022). From Laws to Action: Monitoring the Institutional Response to Gender-based Violence in Kosovo.

Strategy of Kosovo. The specific objective on ensuring good health for mothers, children, and adolescents is planned to be achieved through the implementation of approved policies and standards for maternal, child, and reproductive health, with programmes for neonatal screening, early childhood intervention, and cervical and breast cancer screening. Continuous improvements of maternal, child, and reproductive health services are also foreseen to be achieved through the implementation of the Action Plan for Early Childhood Interventions 2024-2030, which will integrate home visits for mothers and children in all municipalities. In addition to the sectoral health Strategy, there is a **Strategic Plan for Maternal, Child, and Reproductive Health in Kosovo 2023-2030** which aims to:

- Reduce child morbidity and mortality, by providing quality care for all newborns, infants and children;
- Reduce maternal mortality through the improvement of antenatal, prenatal and delivery care, including the management of obstetric emergencies;
- Improve the health and development of children, children with disabilities, adolescents, and young people;
- Reduce the number of unplanned pregnancies and abortions; and
- Reduce STI and HIV/AIDS risk factors.

The ministry of health (MoH) has foreseen to achieve these aims through three specific objectives: (i) Implementation of policies and standards in maternal, child, and reproductive health (MCHRH); (ii) Continuous improvement of the quality of health services for MCHRH at all levels of health care; and (iii) Raise awareness among the population for improving practices and habits in the field of MCHRH.

On youth and adolescents, the newly drafted **Strategy for Youth** for the period 2024-2032 represents a commitment by the institutions of Kosovo (not only the ministry of youth, sport and culture, but the ministry of health, the ministry of education, science technology and innovation, the ministry of internal affairs, the ministry of finance, labour and transfers) to empower all young Kosovars, without exception, to realize their needs, rights, aspirations, and full potential. Sexual health of young people is addressed in the two specific objectives of the Strategy. The first specific objective (Empowering or equipping young people with essential life skills for a successful and prosperous life)⁷⁷ includes measures aimed at improving health education, covering physical, sexual, and mental health. Similarly, the second specific objective (Improving the availability, accessibility, and quality of services online and face to face) aims to improve the quality, effectiveness, and accessibility of services related to i) Mental health, ii) Sexual health, iii) Addiction and abuse of narcotic substances and iv) Prevention or reporting of harassment, bullying, and violence (of various forms).

On gender equality and women empowerment, the **Programme for Gender Equality for the period 2020-2024** and its related work plan focuses on embedding gender equality across all levels of institutions, civil society, and private sectors. Its core pillars aim at (i) economic empowerment and social welfare, (ii) human development, roles, and gender relations, and (iii) women's rights, access to justice, and security. **The first pillar targets** reducing socio-economic exclusion, enhancing women's labour market participation, tackling occupational segregation, and improving access to property, finance, and childcare services. Specific actions include aligning active labour market measures with women's needs, advancing gender-responsive budgeting, and providing support for women in entrepreneurship. **The second pillar focuses** on increasing gender equality in education, health, and media representation. Actions encompass promoting women's access to education, combating stereotypes in educational materials, and ensuring

⁷⁷ Which is intended to equip young Kosovar people with life skills, necessary for their personal and professional development and empowering them to live a comfortable and successful life, in harmony with others.

equitable access to health services, including reproductive and mental health support. The third pillar addresses structural violence and discrimination, aiming to improve legal protections and support services for victims of domestic and gender-based violence. The strategy includes the victim-centred approach mandated by the Istanbul Convention and establishing the role of a Coordinator to monitor gender-based violence cases and advocate for gender-sensitive laws. Each pillar aligns with the Sustainable Development Goals, and Programme mandates inter-sectoral collaboration for cohesive gender mainstreaming across public policies and strategies. This programme will be extended for two more years, until 2026.

Following the 2020 constitutional amendment which gave direct effect to the Istanbul Convention⁷⁸, the **Strategy on the Protection Against Domestic Violence and Violence Against Women (2022-2026)**⁷⁹ was adopted in January 2022. This strategy serves as the main policy instrument for planning measures to address violence against women as defined under Article 3a of the Istanbul Convention, and is organized around four key pillars: (i) Prevention and identification of violence, (ii) Advancing and harmonizing public policies with international standards, (iii) Strengthening institutions to prevent and address domestic violence, and (iv) Provision of comprehensive support services to victims. It emphasizes preventing violence, protecting victims, reintegration and empowerment of victims, and holding perpetrators accountable. This strategy has a broader scope than its previous versions⁸⁰, as it explicitly states that it covers all offenses to be criminalized under Chapter V of the Istanbul Convention and frames its objectives within the context of implementing the measures prescribed by the Convention. A key principle of the strategy is the victim-centered approach. Additionally, this strategy is also the first document to introduce and outline the responsibilities of the Coordinator against Domestic Violence, tasked with overseeing the preparation, implementation, and monitoring of the strategy. During this period, Kosovo aims to prioritize cases of domestic violence and violence against women, allocate necessary resources, ensure access to quality integrated services, guarantee justice for victims, and actively promote awareness across society to combat these forms of violence effectively.

Despite the fact that key challenges are well-covered by the above-mentioned strategies, there is limited information regarding their implementation and effectiveness in addressing such challenges. In general, central, sectoral, and inter-ministerial strategies in Kosovo are well-known to have a poor track record when it comes to implementation due to lack of human capacities, insufficient funding, weak accountability frameworks, and frequently changing priorities. In 2024, the Statistical Agency of Kosovo successfully completed the population registration and published the preliminary results, marking an important achievement. The EU report on Kosovo also highlighted significant progress in data collection methods, sharing data with Eurostat, and implementing Eurostat's peer-review suggestions.⁸¹ However, Kosovo faces significant limitations in data collection, data processing and data publishing, particularly concerning key Sustainable Development Goals (SDG) indicators, including those related to SRHR. There is currently no data available to track trends reliably on key SDGs related to SRHR such as SDG 3.1.1; 3.3.1; 3.7.1; 3.7.2; 5.2.1; 5.2.2, 5.3.1; 5.6.1; 16.1.3; 16.2.3, and 16.9.1, among others. Moreover, according to the Open Data Inventory (ODIN), which measures how complete statistical offerings are and whether their data meet international standards of openness, with an overall score of 48, Kosovo was ranked 98th in 2022, 22 positions lower than in 2020, when it held the 76th position with a score of 53.

⁷⁸ [The Istanbul Convention](#), which entered into force on 1 August 2014, is the most far-reaching international treaty to tackle violence against women and domestic violence. Importantly, it recognizes violence against women as a violation of human rights and a form of discrimination against women.

⁷⁹ Ministry of Justice: [Strategy on Protection Against Domestic Violence and Violence Against Women](#)

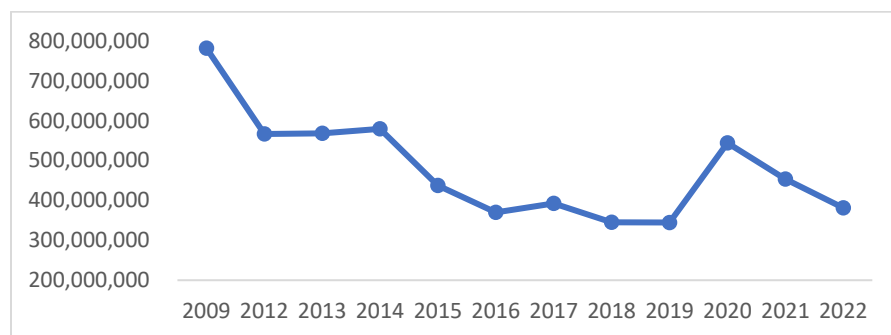
⁸⁰ Namely the "Strategy against Domestic Violence (2011-2014)" and the "Strategy on the Protection against Domestic Violence (2016-2020)".

⁸¹ European Commission (2023). Commission Staff Working Document Kosovo* 2023

2.2. The role of external assistance

As of 2020, net official development assistance (ODA) sent to Kosovo is on a downward trend. According to World Bank figures, while in 2020 Kosovo received more than 544 million US\$ net in ODA, this figure decreased to 381 million US\$ in 2022.⁸² Of the total \$381 million US\$, \$43.4 million US\$ (11.3%) was allocated to all UN Agencies in 2022.⁸³ Furthermore, in July 2023, the EU announced a package of 'reversible' measures against Kosovo, citing its failure to restore calm in the Serb-majority north. Some of the measures enacted by the EU are suspension of high-level visits, contacts, and events as well as financial cooperation with Kosovo. The suspension of financial aid by the EU in 2023 further lowered the overall value of ODA sent to Kosovo since the EU is considered as one of the main providers of financial aid.

Figure 5: Net official development assistance received by Kosovo (current US\$)



Source: World Bank Open Data –

<https://data.worldbank.org/indicator/DY.ODA.ODAT.CD?locations=XK>

Although there is no available information on ODA allocations for health, youth, gender equality and population dynamics, the following are the main projects related to UNFPA's work:

The Accessible Quality Healthcare (AQH) Project is funded by Swiss Agency for Development and Cooperation (SDC) and implemented by Swiss Tropical and Public Health Institute (TPH). The third phase of the AQH project started in January 2024 and will continue until December 2027. The AQH project focuses on the Primary Health Care (PHC) level and non-communicable diseases (NCDs). The project aims to stimulate the use of quality primary health care services by all people of Kosovo, with particular attention to the needs and inclusion of socially vulnerable populations. The project aims to particularly contribute to achieving the following outcomes: (i) **Outcome 1:** PHC providers deliver quality services for NCDs to informed population, (ii) **Outcome 2:** Health managers ensure delivery of quality PHC services that respond to community needs (iii) **Outcome 3:** The population improves its' health literacy and demands better access to high quality care. The total budget is 6.5 million CHF.

The Kosovo Comprehensive Approach to Health System Strengthening (KOMPAS) Project is financed by the World Bank. The project was approved by the World Bank Board of Executive Directors on May 7, 2024. Following the Board approval, the Loan Agreement was signed by the Bank and the Ministry of Finance on June 28, 2024. The project is currently pending Parliament approval to be declared effective. Meanwhile, the ministry of health has already started to fill in the Project Coordination Unit (PCU) positions. The key

⁸² Source: World Bank Open Data - <https://data.worldbank.org/indicator/DY.ODA.ODAT.CD?locations=XK>

⁸³ United Nations Kosovo Team Annual Result Report for 2022 - <https://kosovoteam.un.org/en/240938-2022-un-kosovo-team-annual-results-report>.

objectives of the project are: (i) Strengthening key health system building blocks for quality of care (ii) Developing an integrated health information system. The total budget is 20 million USD.

The Council of Europe project “Aligning laws and policies with the Istanbul Convention in Kosovo” 2023-2026) aims to strengthen the institutional capacities to prevent and counter violence against women and domestic violence in line with the standards of the Istanbul Conventions and addresses the urgent recommendations identified in an assessment report published in 2022.⁸⁴ The expected outputs of the project are: (1) Judicial professionals are aware of the requirements of the Istanbul Convention regarding investigation, prosecution, and protective measures; (2) Recommendations are drafted regarding legislative and policy frameworks on criminalisation, investigation, prosecution, procedural law and protective measures; (3) Media, education sector and NGOs are aware of their role in preventing VAW and understand the requirements of the Istanbul Convention; (4) Support services, in particular shelters, hotlines and centres for social work have trained staff and knowledge on the Istanbul Convention requirements to run quality services for victims and programmes for perpetrators; (5) Necessary support services and other measures are identified in relation to the protection of victims at risk of intersectional discrimination.

As for the UNFPA programme, during the period 2021-2024, about 28% of the funds came from various development organizations, while the remaining part as core funds. During this period, UNFPA programme received funding from three different sources: the United Kingdom Government, the Austrian Government and the UN Multi-Partner Trust Fund. As can be seen from figure 6 during the post-COVID period, the main external contributor to UNFPA funding was the UK government. In subsequent years, both the Austrian Government and the UN Multi-Partner Trust Fund were major external contributors to the UNFPA programme.

Figure 6: Total share of funds (for the period of 2021-2024) received from development partners and core funds

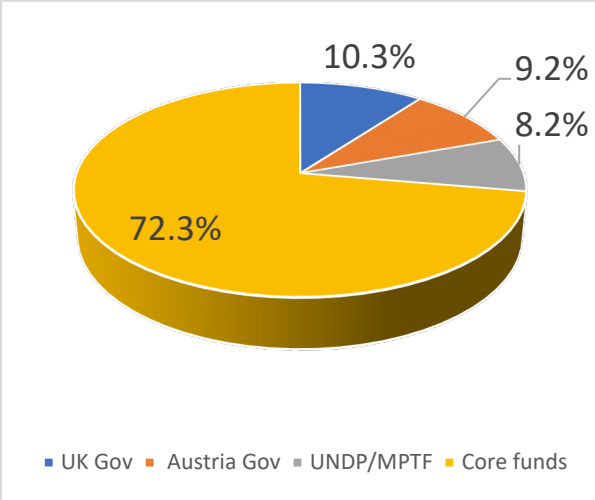
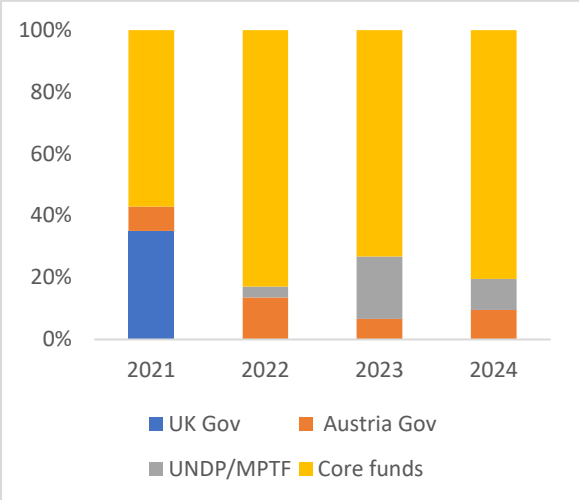


Figure 7: Yearly share of funds received from development partners and core funds



Source: Team’s calculation based on data received from UNFPA Kosovo

⁸⁴ Council of Europe (2022). Assessment of the alignment of Kosovo’s laws, policies and other measures with the standards of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)

3. United Nations and UNFPA response

3.1. United Nations and UNFPA strategic response

The UN agencies, funds, and programmes, which operate in Kosovo, and comprise the UN Kosovo Team (UNKT), laid out their assistance framework for both institutions and civil society through the UN Sustainable Development Cooperation Framework (UNSDCF) for the period of 2021-2025. The UNSDCF harmonized UN Agencies and programme interventions around five strategic themes: (i) Accountable governance, (ii) Inclusive and non-discriminatory social services and policies, (iii) Resilient, sustainable, and inclusive economic development, (iv) Social cohesion and (v) as cross cutting theme increased gender equality and rights-holders' participation, empowerment, and civic engagement.

The UNFPA has been directly contributing to the achievement of three (3) UNSDCF Kosovo outcomes: two on duty bearers⁸⁵ and one on right holders⁸⁶ by covering all programmatic activities. The UNFPA programmatic activities on Cervical Cancer Screening Programme (CCSP), SRH, and Minimum Initial Service Package (MISP) for SRH in crisis situation contribute directly to the UNSDCF Outcome 2, which focuses on improving access to and utilization of equitable, qualitative, and integrated social protection, universal health services. and quality education for all girls and boys, women and men, particularly the most marginalised. On the other hand, UNFPA interventions related to peace-building, contribute to the achievement of Outcome 4, which aims to enhance social cohesion and inclusive engagement for all communities in Kosovo. Finally, UNFPA interventions that support comprehensive sexuality education, gender equality, and women empowerment through formal and community-based initiatives (including PD), contribute to the achievement of the fifth and final Outcome of the UNSDCF. This outcome focuses on empowering right holders to achieve gender equality, claim their rights, and fulfil their civic responsibilities.

3.2. UNFPA response through the Kosovo programme

3.2.1. Brief description of UNFPA previous programme cycle, goals and achievements

The previous UNFPA Programme was structured around three key outcomes aligned with UNFPA's mandate: (i) Sexual and Reproductive Health, (ii) Adolescents and Youth, and (iii) Population Dynamics. Within the Sexual and Reproductive Health domain, UNFPA initiated its first pilot programme on cervical cancer screening (CCS) in Pristina and Prizren, where approximately 5,500 women underwent sample collection. Additionally, UNFPA contributed to enhancing Emergency Perinatal Care (EPC) by supporting the revision of the Administrative Instruction on Clinical Guidelines and Protocols (CGPs) and drafting 11 CGPs, which were subsequently approved by the ministry of health. During the same period, the Ombudsperson Institution in Kosovo (OIK) published the first Assessment of Reproductive and Sexual Rights in Kosovo, providing a comprehensive evaluation of the state of these rights in Kosovo. In the field of Comprehensive Sexuality Education (CSE), UNFPA supported the development of the learning outcomes for CSE aligned to the new Curriculum Framework for all grades of pre-university education, which was adopted by the ministry of education, science and technology (MEST).

⁸⁵ Duty bearers are those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations.

⁸⁶ Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty-bearers.

Further support included developing teacher manuals for all grades on sexuality education and piloting training for teachers to enhance the implementation of CSE in formal education. For Population Dynamics, a significant milestone was addressing the underreporting of death cases. This was achieved through strengthened collaboration between the Civil Registration Agency (CRA) and Faith-Based Organizations (FBO), as well as joint efforts with UNICEF to conduct the second Multiple Indicator Cluster Survey (MICS).

There is some evolution of the UNFPA programme compared to the previous cycle. The major changes are seen in the Populations Dynamics component due to the Demographic Resilience programme but also due to the population census. The Demographic Resilience programme brought two very important initiatives: the Expanding Choices programme as well as the National Transfer Accounts. The Expanding Choices programme promotes gender-responsive family-friendly policies by working with authorities and companies on parental leave, childcare services etc. to create a better work-life balance and increase the women's ability to participate in labour markets. National Transfer Accounts, on the other hand, offers a method to examine the links between demographic change and the economy (aggregate consumption, production, labour income, public income etc.). They provide evidence for example for assessing the sustainability of social protection programmes.

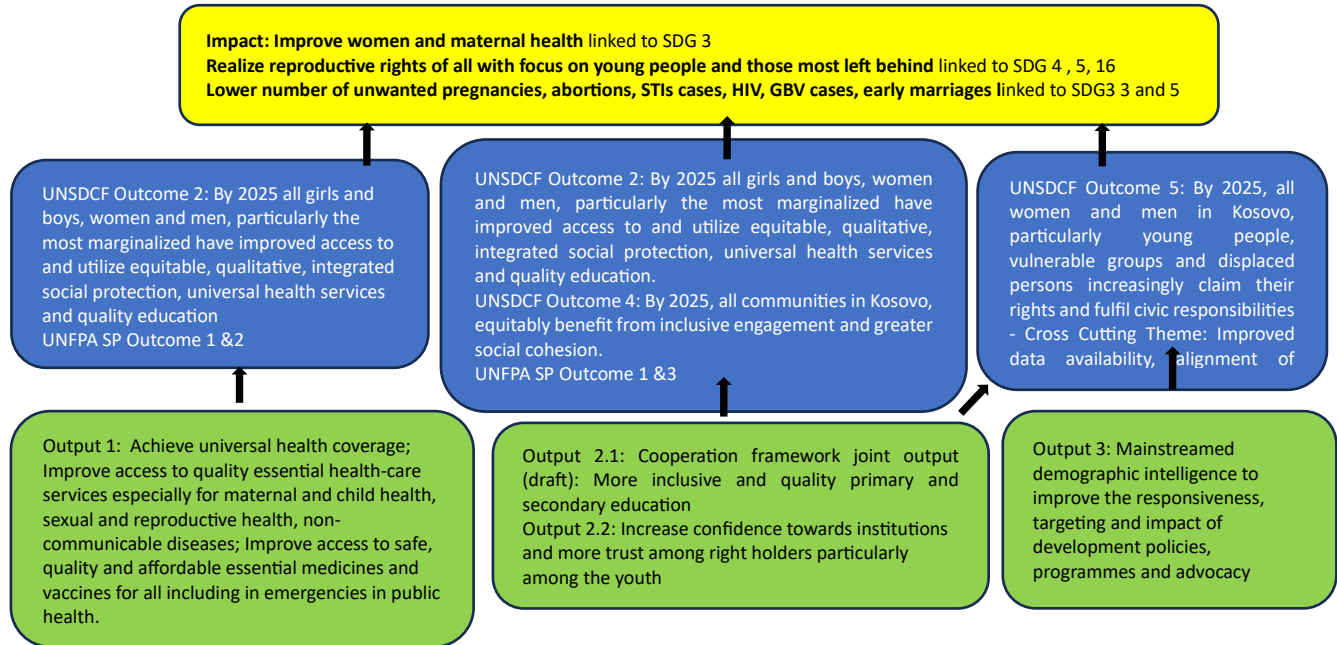
Regarding the SRH component of the programme, there is less change compared to the previous cycle. An important and welcome change that was observed is the shift from providing direct training to health care personnel to monitoring the performance of health care services (both in primary, secondary and tertiary health care) in relation to SRH through clinical audits and through the Kosovo Inquiry process. A similar pattern is observed in comprehensive school-based sexuality education (CSE), where the focus is gradually shifting from providing training for teachers in CSE to thinking about monitoring the provision of CSE by teachers to students in pre-university education.

Last but not least, a slight and again welcome evolution is seen in youth and community-based programmes, where more social media tools and influencers are used to deliver key messages in awareness raising campaigns. Leveraging these platforms and personalities can amplify a campaign's reach and effectiveness.

3.2.2. The current UNFPA Kosovo programme and an analysis of its theory of change

Through its 2nd Kosovo programme (KP), UNFPA continued to support institutional efforts to enhance sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, reducing gender-based violence, realizing rights and choices for young people, and strengthening the generation and use of population data for development. The **overall goal** of the UNFPA Kosovo KP programme (2021-2025) is that **by 2030, all people of Kosovo, especially youth and those left behind, are enabled to make their own informed choice, fulfil their potential, and contribute to development. UNFPA will invest in creating opportunities for the provision of high-quality education and health services, as well as evidence-based policies to enable individuals to fulfil their potential and exercise their reproductive rights.**

Figure 8: Simplified Kosovo Programme ToC



The figure above presents a simplified version of the Kosovo Programme (KP) Theory of Change. However, following a comprehensive review of 121 interventions (listed in **Annex 7**), and a comparison with the KP’s Results and Resources Framework and this ToC, it became evident that the programme has evolved significantly over time. The actual scope of programme interventions (i.e. actual KP) is much broader than what is captured in the original KP Theory of Change and Results Framework.

For this reason, the evaluation team reorganized the interventions into four thematic programming areas. Based on this revised structure, the evaluation team developed ten detailed Theory of Change (ToC) models to accurately represent the full range of interventions implemented by UNFPA during the evaluation period (see Annex 8). These models informed the key assumptions to be tested under the evaluation’s effectiveness criterion. The assessment of effectiveness was then carried out using these updated ToCs and corresponding assumptions. The full list of assumptions to be tested for each evaluation criterion and question is provided in **Annex 9** and further elaborated in the Findings section (**Section 4**).

These thematic areas include: (i) **Sexual and reproductive health**, which encompasses (i) access to services that support mothers in having a healthy pregnancy, safe delivery, and healthy babies, (ii) services facilitating the prevention, early diagnosis, and treatment of reproductive tract cancers, more specifically through the Cervical Cancer Screening Programme, and (iii) information and services related to family planning (FP), sexually transmitted infections (STI), HIV, gender-based violence (GBV), provided by primary health care (PHC) providers, including the delivery of these services in emergencies; (ii) **Adolescents and youth**: which is dedicated to improving the institutional capacity to design and implement community- and school-based comprehensive sexuality education programmes that promote sexual and reproductive rights and gender equality as well as to increasing the confidence of young people towards institutions and more trust among themselves through peace building initiatives; (iii) **Gender equality and women empowerment**: which aims to strengthen civil society initiatives in addressing gender based violence, conflict related sexual violence and raise awareness on fighting against GBV, gender-biased sex selection, gender stereotypes, digital violence & abuse as well as to promote gender responsive family friendly

policies (GRFFP), and (iv) **Population dynamics**: which is directed to strengthen institutional capacity to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.

UNFPA Kosovo KP interventions are also aligned with and contribute to the achievement of the three UNFPA (global) Strategic Plan 2022-2025 outcomes: (i) **Outcome 1**: By 2025, the reduction in the unmet need for family planning has accelerated, (ii) **Outcome 2**: By 2025, the reduction of preventable maternal deaths has accelerated, and (iii) **Outcome 3**: By 2025, the reduction in gender-based violence and harmful practices has accelerated.

Similarly, the UNFPA programme is very well structured to address key SDGs related to SRHR and Population & Development such as SDG 3.1; 3.3; 3.7; 5.2; 5.3; 5.6; 16.1; 16.2, 16.9, and 17.19 among others. In relation to the International Conference on Population and Development (ICPD), the UNFPA programme is well placed to contribute to the following key ICPD benchmarks: Universal access to reproductive health services, reduction of maternal mortality, gender equality in education, addressing adolescent health, combating HIV/AIDS and women's empowerment.

The UNFPA's KP (2021-2025) is found to be aligned with the Development Strategy of Kosovo (2016-2021), the draft Health Sector Strategy (2025-2030), the Strategic Plan for Maternal, Child, and Reproductive Health in Kosovo 2023-2030, the Strategy for Youth 2024-2032, the Strategy on Protection against Domestic Violence and Violence against Women 2022-2026, and UNFPA's global strategic plan 2022-2025. In relation to the **2030 Development Strategy of Kosovo**, the UNFPA programme contributes to the achievement of the Equitable Human Development (pillar II), which includes key outcomes directed to improving the quality of and access to health services as well as improving maternal, child and adolescent health. UNFPA Kosovo programme interventions are also aligned with and contribute to the achievement of the new **Kosovo Health Sector Strategy (2025 -2030)**, which shares the same objectives with the 2030 Development Strategy. In addition to the sectoral health strategy, UNFPA programme interventions also align with and contribute to the implementation of the **Strategic Plan for Maternal, Child, and Reproductive Health in Kosovo (2023-2030)**, which aims to reduce morbidity and mortality rates for mothers and children, reduce the number of unplanned pregnancies and abortions, as well as STI and HIV/AIDS risk factors, among others. In relation to the newly drafted **Strategy for Youth** for the period 2024-2032, UNFPA KP directly contributes towards the achievement of its two specific objectives: i) Specific Objective 1 'Empowering or equipping young people with essential life skills', and ii) Specific Objective 2 'Improving the availability, accessibility, and quality of services (online and face to face)'. Finally, UNFPA KP interventions contribute to the implementation of the **Strategy on Protection against Domestic Violence and Violence against Women 2022-2026**, more specifically of pillar I, which focuses on violence prevention, and pillar IV, focusing on the provision of comprehensive support services to victims.

3.2.3. The financial structure of the UNFPA Kosovo programme

According to the financial data obtained from the UNFPA Office in Kosovo, in four consecutive years the actual resources mobilized have exceeded the resource targets set out in the KPD. However, the total value of resources mobilized and disbursed decreased by an average of 23% between 2021 and 2022 and then increased by an average of 7% between 2022 and 2023. While in 2024, the resources mobilized were 5% lower than in 2023.

Between 2021 and 2023, about 44% of the funds were allocated to the Sexual and Reproductive Health KPD output, while only 8% went toward the Gender Equality and Women’s Empowerment KPD output.⁸⁷ A significant portion of resources (approximately 73%) was directed to Strategic Plan Outcome 1: (By 2025, the reduction in the unmet need for family planning has accelerated, while only 3% went toward SP Outcome 2 (By 2025, the reduction of preventable maternal deaths has accelerated)).⁸⁸

Figure 9: Resources Mobilized versus Planned (US\$)

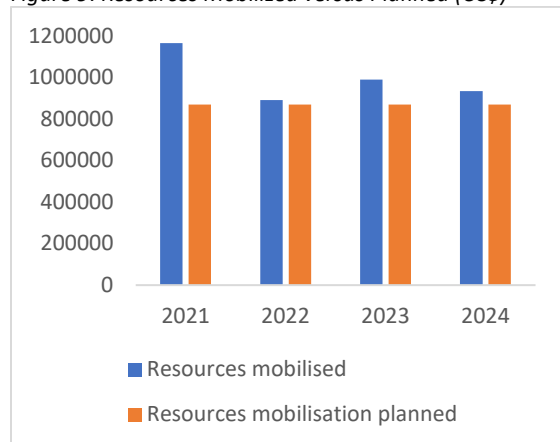
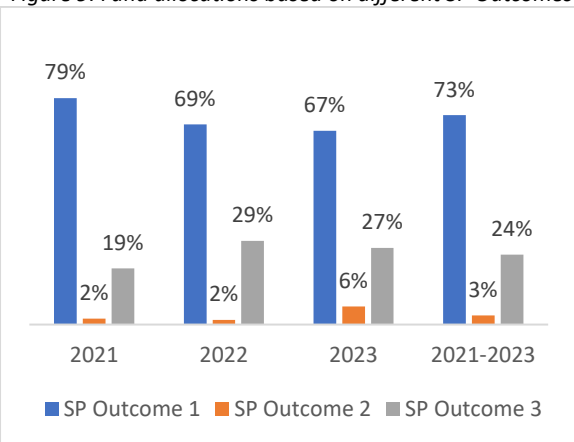
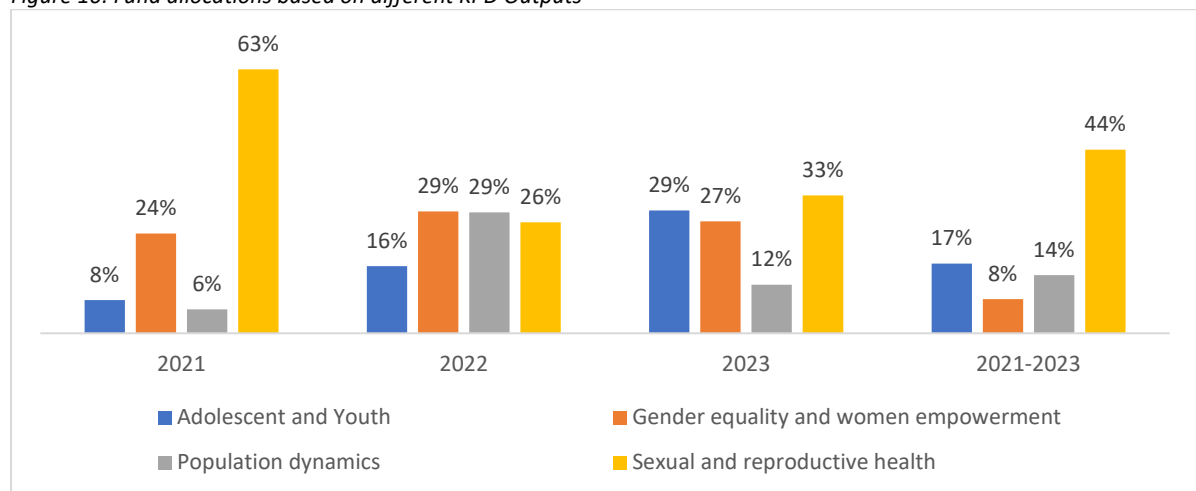


Figure 9: Fund allocations based on different SP Outcomes



Source: Team’s calculation based on data received from UNFPA Kosovo

Figure 10: Fund allocations based on different KPD Outputs



Source: Team’s calculation based on data received from UNFPA Kosovo

A significant portion of both core and non-core funds appears to be allocated to SP Outcome 1, while SP Outcome 2 received funding exclusively from core resources. In contrast, SP Outcome 3 saw a greater allocation of non-core funds.

⁸⁷ Which is directly linked to interventions related to strengthening civil society efforts in addressing GBV, and digital abuse while promoting awareness on gender-biased sex selection, stereotypes, and gender-responsive family-friendly policies while other CPD outputs also played a role in advancing gender equality and women’s empowerment.

⁸⁸ Although such analysis related to SP outcomes should be interpreted with caution, as certain CPD outputs may contribute to multiple SP outcomes.

Figure 10: Core and non-core fund allocations based on different SP Outcomes.

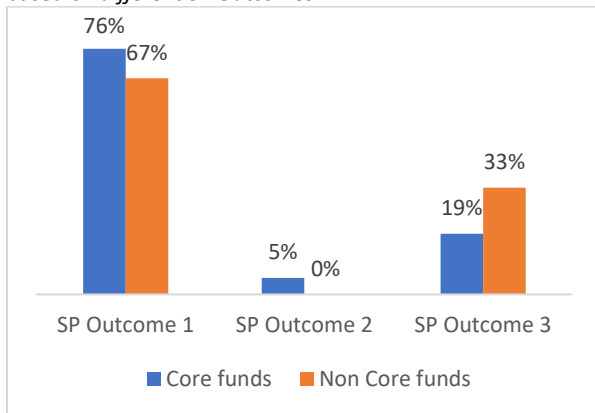
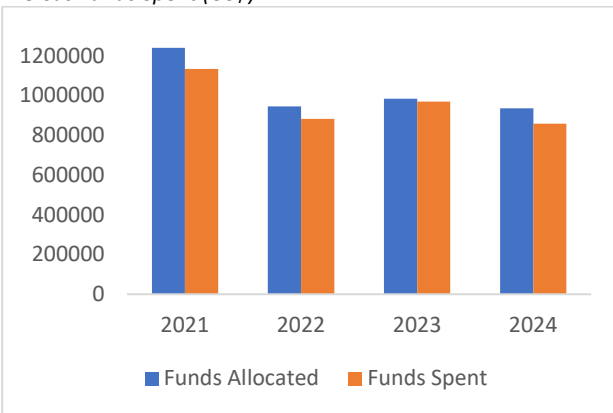


Figure 11: UNFPA Kosovo Programme Funds Allocated versus Funds Spent (US\$)



Source: Team's calculation based on data received from UNFPA Kosovo

The overall budget utilization rate for the period 2021-2023 was 94%. Figure 10 presents annual budget utilization rates and for the entire period 2021-2023 broken down by core/noncore funds, implementing partners and direct implementation by UNFPA while subsequent figures present the budget utilizations rates based on KPD outputs and SP outcomes. The lowest rate of budget utilization was realized in 2021 with 91% and the highest in 2023 with 99%. When it comes to different types of funds, the budget utilization rate for the entire period (2021-2023) was higher for core funds at 98% comparing to non-core funds at 87%. The budget utilization rate was also higher when implementation was done with implementing partners compared to when UNFPA implemented directly (97% compared to 93% respectively).⁸⁹

Figure 12a: Budget utilization rates (in %) by fund type

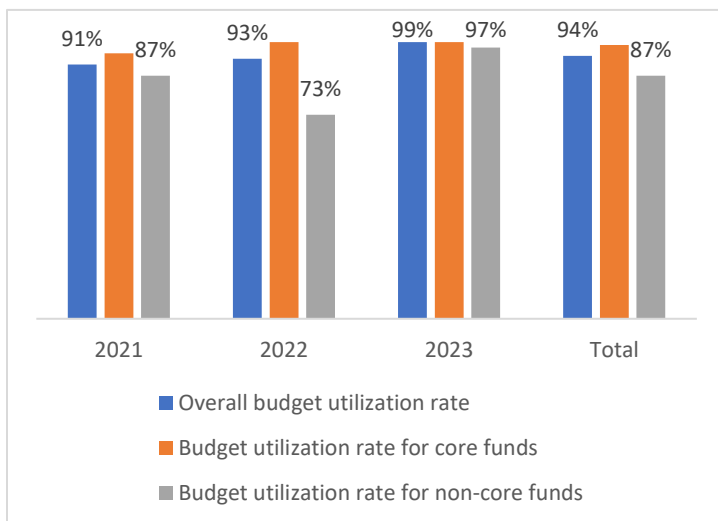
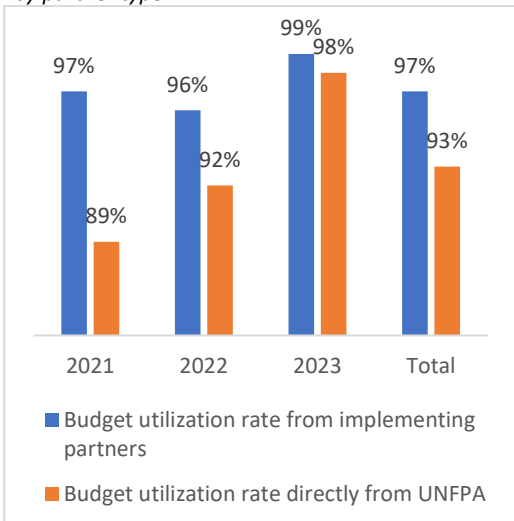


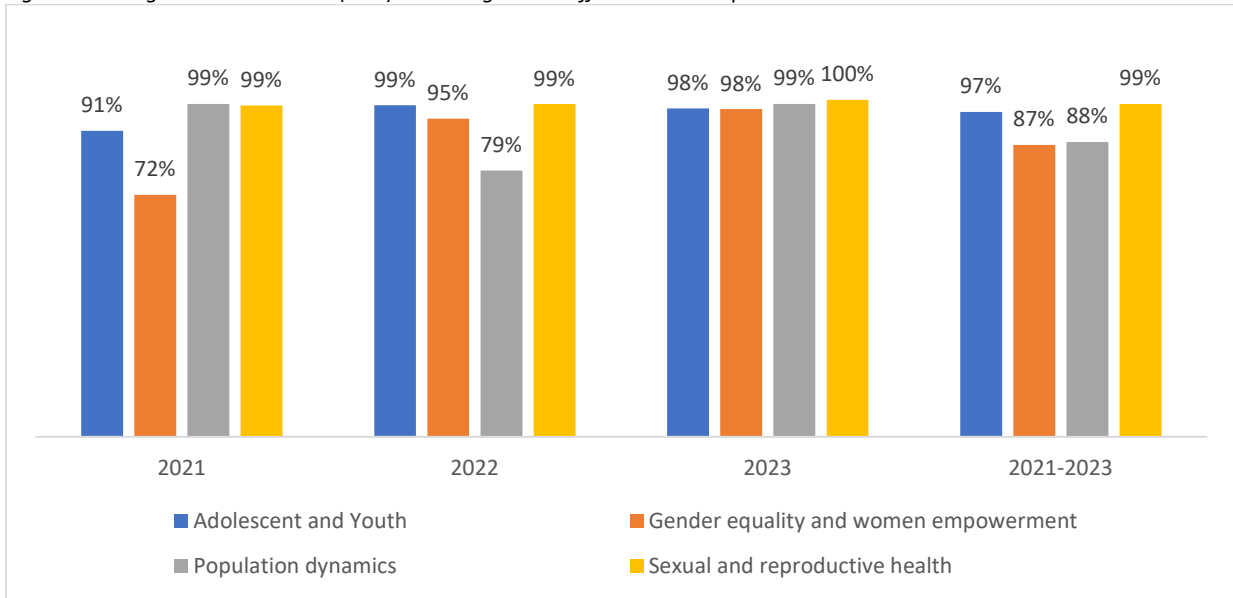
Figure 13b: Budget utilization rate (in%) by partner type



Source: Team's calculation based on data received from UNFPA Kosovo

⁸⁹ The same analysis was not possible perform according to SP outcomes, outputs or thematic areas as the budgetary items were not properly coded as per SP outcomes and outputs and some others were coded without specifying any SP outcome and output coded and some others as "Not Applicable".

Figure 13: Budget utilization rates (in %) according to the different KPD Outputs



Source: Team's calculation based on data received from UNFPA Kosovo

4. Findings

4.1. Effectiveness

Evaluation Question 1: To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of planned outcomes?

Key assumption 1.1.1: UNFPA's efforts to strengthen policies, quality assurance tools, and frameworks—along with enhancing healthcare personnel's skills and knowledge in delivering rights-based sexual and reproductive healthcare—contribute to improving the availability, accessibility, affordability, and utilization of high-quality, rights-based SRH services

Summary finding: UNFPA effectively advanced the availability and quality of rights-based SRH services through policy development, training, and service standardization. The programme delivered a costed Kosovo SRH action plan, 11 clinical guidelines, and 8 audits, improving policy coherence and service quality. Over 2,400 healthcare providers were trained, enhancing capacity for SRH and GBV service delivery. SOPs and clinical audits improved quality assurance, while advocacy secured inclusion of contraceptives in the Essential Drug List (EDL), though inconsistent supply persists. Despite progress, systemic constraints—lack of coordination, weak enforcement, and data gaps—limit outcome achievement. While HIV/STI prevalence data is available, other impact indicators remain insufficiently tracked. Nonetheless, stakeholder commitment and UNFPA's leadership sustained progress amid political and institutional challenges.

UNFPA support has been crucial in advancing Sexual and Reproductive Health (SRH) services through its comprehensive policymaking efforts. The Costed Integrated Sexual and Reproductive Health Action Plan was a cornerstone of these efforts, aligning with Sustainable Development Goals (SDGs) to address maternal and reproductive health needs. This plan emphasized education initiatives, cervical cancer screening, and the development of clinical guidelines. The plan was moved forward in the working group even though the Sectorial Plan for Health was not approved yet. Efforts to ensure coverage with contraceptives and other SRH services focused on integrating contraceptives into the essential drugs list. However, inconsistent availability in primary healthcare facilities remains challenging, especially for vulnerable groups relying on public sector services. The Inquiry on SRHR in Kosovo, conducted in collaboration with the Ombudsperson Institutions, was a groundbreaking effort to evaluate the state of SRH service delivery in Kosovo. Data gathered through focus groups, interviews, and public hearings revealed systemic breaches in confidentiality, dignity, and quality of care. Violations included unprofessional treatment and inadequate access to essential services.

*"UNFPA has participated in numerous working groups addressing laws, reproductive health strategies, and action plans for sexual and reproductive health."
~ Key informant*

Efforts to enhance SRH services have included the development of an Obstetric Surveillance and Response System (OSRS). This system was designed to track maternal and neonatal health outcomes, focusing on maternal deaths, near-misses, and newborn mortality. However, its implementation has been delayed due to shifting political priorities and logistical challenges, such as lacking a functional health information system. A feasibility study for maternity services in primary healthcare was a significant initiative. Conducted in 2022, the study assessed the cost-effectiveness of 14 primary healthcare facilities, providing actionable recommendations for optimizing resource allocation. The findings emphasized the need to reorganize underutilized facilities and improve service quality.

While political resistance has limited the full implementation of these recommendations, the study has informed ongoing discussions on healthcare reform.

The programme has contributed to development of the protocols derived from earlier guidelines on the management of severe pre-eclampsia, cervical cancer screening, and the management of primary postpartum haemorrhage as well as new clinical guidelines, covering areas like normal delivery, caesarean section, management and treatment of sexual violence, foetal echocardiography, diabetes during pregnancy, ectopic pregnancy, infertility, and endometrial haemorrhage. These efforts have contributed to enhancement of the service standards. Clinical audits have been integral to improving SRH service quality, providing evidence-based insights into service gaps and areas for improvement. Audits on family planning, STI management, adolescent health, and postpartum haemorrhage have been implemented to examine deficiencies in service delivery, such as inadequate supplies, lack of standardized procedures, and insufficient capacity among healthcare providers. Audits have been carried out as planned, with primary care staff participating actively.

UNFPA's capacity-building initiatives, in partnership with local actors, have focused on strengthening the skills and knowledge of healthcare providers to deliver integrated SRH services. Accredited training modules covered family planning, STI syndromic management, adolescent health, code of ethics and SRH for people with disabilities. The training also emphasized ethical practices and the management of GBV cases, trying to equip providers to respond more effectively to complex healthcare needs. Specific efforts targeted midwifery education, addressing professional standards and training opportunities gaps. UNFPA advocated for the development of midwifery education standards, aligning them with international best practices to ensure quality care. Additional training programmes focused on SRH services for people with disabilities, improving accessibility and equity in healthcare provision. UNFPA's innovative service delivery approaches include providing hygiene products at Pristina's Gynaecology/Obstetrics Clinic.

The programme has achieved most of its intended outputs (see the Evaluation Matrix for details). A costed Action Plan on Maternal, Child, and Reproductive Health for 2023-2025 was developed and approved by 2023. By 2023 eleven clinical guidelines and protocols aligned with international standards were developed and approved. SRH clinical audits reached the target of eight audits completed by 2023, doubling from a baseline of four in 2021. Working groups developed three clinical protocols addressing cervical cancer, eclampsia/pre-eclampsia, and postnatal haemorrhage management, which were approved by 2024. Clinical audits were partially integrated during specific activities but are not yet embedded in institutional practices.

*"Negligence and lack of interest remain significant barriers (in implementation of clinical audits)... resistance is even greater among hospital clinicians, who lack the same training on audits and are generally opposed to data collection efforts."
~ Key informant*

Developing standard operating procedures (SOPs) for GBV management in primary healthcare at three municipalities improved reporting and response mechanisms. These SOPs established clear pathways for managing GBV cases, setting a precedent for comprehensive care and improving outcomes for survivors.

Earlier advocacy of UNFPA and other partners did result in modern contraceptives being added to the Essential Drug List (EDL).

Specifically in three-year period starting 2020, the ministry of health procured contraceptives through the essential drug list over a three-year period, including levonorgestrel, ethinylestradiol with levonorgestrel, and male condoms. UNFPA continued its advocacy efforts, organizing six events on SRHR, building on a baseline of 13 events, with a target of 20 by 2024. Furthermore, there was progress with indicators like Family Medicine Centres providing at least three modern contraceptives to vulnerable women and youth, which has been no lower than 40% since procurement started and those providing GBV services, have reached around 75%.

The Obstetrics Surveillance and Response System (OSRS) progressed, with ToRs developed, committees established, and the platform tested, though the implementation has never started. The Inquiry on SRHR in Kosovo, conducted by the Ombudsperson Institution, with UNFPA support, exposed systematic violations of women's and girls' rights, including breaches of confidentiality, dignity, and service quality. The inquiry generated 538 recommendations targeting institutions and healthcare providers. By the end of 2023, 146 have been implemented, 188 are pending implementation, 28 are partially implemented, and 176 have not been implemented.

The programme has significantly improved the capacity of healthcare providers to deliver quality SRH services. In 2021, 44 primary health providers enhanced their understanding of patient rights and ethical standards through training delivered by the Association of Patients in Kosovo and the Chamber of Physicians. Number of primary health care providers with increased skills and knowledge to provide quality sexual, reproductive health and rights and gender-based violence health services and MISPs by end of 2024 reached 2,468 (cumulative). These accredited programmes have established a sustainable framework for professional development and improved SRH services. By 2023, 1,535 healthcare professionals gained skills to deliver quality SRH and GBV services, progressing toward the 2024 target of 1,650 from a baseline of 1,000 in 2020. Training sessions accredited by the Chamber of Physicians in Kosovo focused on family planning, STI syndromic management, GBV case management, code of ethics and SRH for people with disabilities, showing significant knowledge improvement and bolstering healthcare capacity. Furthermore, UNFPA's collaboration with the ministry of health and partners provided 85,008 sanitary pads to women and girls at the Gynecological Obstetric Clinic in Pristina in 2023. This initiative ensured access to essential hygiene products and set the stage for institutionalizing such support through public funding.

"Gender-based violence training is an example of a successful intervention. Healthcare workers were trained, and a system for managing GBV cases was developed. Two algorithms were created to guide responses to GBV cases. This led to increased reporting and more effective case management. Pristina has become a model of success in this domain, with all centers now properly reporting GBV cases to the main family medical center."
~ Key informant

Nevertheless, there is lack of data to assess certain programme's outcomes (see the Evaluation matrix for details). In 2021, the Obstetrics Surveillance and Response System (OSRS) was postponed due to shifting political priorities and the pandemic. Contraceptives, long included in the Essential Drug List (EDL), were removed in 2024, and a later stage, again during 2024, were included in EDL. Since 2023, no procurement of contraceptives was done by ministry of health, because the health institutions didn't put requests for

new supplies, thus worsening family planning service delivery. The small pharmaceutical market in Kosovo further complicates procuring contraceptive supplies, leaving vulnerable populations underserved.

Frequent institutional changes have not had major disruptions in the SRH's domain of activities. Institutions in Kosovo remain committed to SRHR but face significant inefficiencies in pushing forward the agenda. Key SRH-related activities from the ministry's maternal, child, and reproductive health strategy were implemented mainly by UNFPA due to the absence of a dedicated coordination mechanism. Contraceptive insecurity persisted after 2023, with no resolution for ensuring consistent supply. Stakeholders, including implementing partners and beneficiaries, have strongly committed to the programme's goals. However, systemic barriers, such as the lack of a coordination committee for SRH, hindered progress in 2022 and 2023. UNFPA continued implementing key activities like advocacy and capacity building, but the programme's full potential remains constrained by inefficiencies within institutional structures.

Family planning issues have become increasingly politicized, blocking progress on essential policies like the reproductive health law. In the public sector, healthcare providers often prioritize infection treatment and private sector-driven

"The issue of lack of contraceptives continues..."
~ FGD participants

practices over SRH services. This reflects broader systemic challenges, including insufficient professional accountability and a lack of emphasis on SRH in daily medical practice. COVID-19 significantly disrupted programme activities, particularly in 2021, when health professionals were reassigned to pandemic-related duties. Training sessions on SRH and GBV management were conducted online, limiting participation. The Inquiry on SRHR, launched in 2020, was delayed until 2021 due to the pandemic, pushing its conclusion to 2022. Obstructions from public servants and political actors remain a persistent issue. Poor enforcement of laws, lack of accountability among public health employees, and weak leadership have affected the quality of healthcare services. These challenges, coupled with prolonged health reforms and inefficiencies in implementation, continue to slow progress toward SRHR objectives.

Progress Toward Achieving Higher-Level Outcomes: Data at the impact level is limited, making it difficult to identify clear trends. The only available information pertains to the number of new STI and HIV infections. When it comes to HIV prevalence, in 2019, the overall prevalence was 0.003927 with 917 cases, including 0.001122 (262 cases) among females and 0.002805 (655 cases) among males. In 2020, the overall prevalence dropped slightly to 0.001112 with 232 cases, equally split between females (0.000556; 116 cases) and males (0.000556; 116 cases). By 2021, prevalence increased to 0.005073 with 364 cases, with females at 0.000556 (370 cases) and males rising to 0.004509 (657 cases). In 2022, the prevalence increased to 0.011916 with 787 cases, including 0.000567 (466 cases) among females and 0.011349 (321 cases) among males. Finally, in 2023, the prevalence reached its highest level at 0.051071 with 943 cases, with females accounting for 0.034048 (962 cases) and males at 0.017024 (981 cases). A more detailed overview of each indicator's status can be found in Annex 1.1

Key assumption 1.1.2: UNFPA's efforts to strengthen policies, quality assurance tools, and frameworks—along with enhancing healthcare personnel's skills in providing cervical cancer screening and early breast cancer detection, as well as raising public awareness about screening and prevention—help facilitate early detection of breast and cervical cancer at stages I or II, ensuring timely treatment

Summary finding: UNFPA's support significantly advanced early detection of cervical and breast cancer through expanded screening services, capacity building, and public awareness. Cervical screening programmes extended to six municipalities, and equipped health institutions increased from 5 (2020) to 8 (2023), with improved diagnostic capacity through double-reading protocols. Training of primary care providers enhanced detection and referral practices, while awareness campaigns reached over 500,000 people by 2024. Integration of HPV vaccination into the immunization calendar of Kosovo in 2023 marked a major policy success. However, progress was limited by delays in establishing the Board for Cancer Control, lack of a functional cancer registry, and insufficient coordination across services. Early-stage detection rates and HPV infection trends remain unreported, constraining full assessment of behavioural and health outcomes.

Support for health policies on cancer control, particularly in developing screening programmes, has been a priority in Kosovo. Between 2021 and 2022, UNFPA Kosovo strengthened partnerships and institutional capacities for sexual and reproductive health (SRH) improvement through cervical cancer screening programmes. Despite these advances, establishing a Board for Cancer Control (BCC) was delayed continuously due to shifting ministerial priorities, postponing the programme expansion in municipalities. However, by 2022, screening programmes continued in municipalities like Prishtina, Prizren, Mitrovica, and Peja. In 2024, cervical cancer screening programme was initiated in Obiliq and Gjilan municipalities.

Advocacy for including the HPV vaccine in Kosovo's immunization plan gained momentum from 2021 onwards. An inquiry initiated by the Ombudsperson Institution in Kosovo with UNFPA support from 2021 to 2023 highlighted systemic breaches in women's and girls' rights including cancer care. Efforts to establish a functional cancer registry

*" UNFPA has worked on advocacy to include the HPV vaccine in the Kosovo vaccination calendar, partnering with AMC for community information sessions."
~ Key informant*

at the Institute of Public Health (IPH) faced challenges. From 2021 to 2023, the registry remained limited to basic Excel sheets, lacking integration with broader health information systems. Insufficient coordination among cervical screening services—primary care, histopathology, and colposcopy—further hindered patient navigation and programmatic planning.

Municipalities implemented Standard Operating Procedures (SOPs) to enhance service delivery consistency for cervical cancer screening. Comprehensive guidelines covering prevention, screening, diagnosis, and treatment were developed, complemented by quality assurance measures such as a double-reading protocol for Pap smears.

*"Support for a cancer registry at the Institute revealed that it was only an Excel sheet, not a comprehensive registry..."
~ Key informant*

UNFPA emphasized capacity building for healthcare professionals in cervical cancer screening. Between 2021 and 2022, primary care physicians were trained to collect samples, and specialized training improved the ability to read Pap smears using the 2014 Revised Bethesda System. In 2021, double-reading of samples was introduced in regional hospitals (Prizren, Mitrovica, Peja, and Gjilan) for quality assurance. Capacity-building initiatives also included identifying and initiating services at health institutions for cervical cancer screening and breast cancer early detection.

Public awareness campaigns on cervical and breast cancer were pivotal, involving many institutions and stakeholders at the central and municipal levels. HPV vaccine awareness efforts, including school programmes and brochures, were spearheaded by other UN agencies, with UNFPA providing supportive roles.

The programme has achieved most of its intended outputs (please see the Evaluation Matrix 1.1.), except progress with the Board for Cancer Control and cancer-related policies, such as action plans for cancer prevention, treatment, and monitoring, which are now underway. Additionally, the development of a functional cancer registry remains a significant gap. Despite these challenges, key advances have been made in other areas. An important milestone in cancer prevention came in 2023 with the successful integration of the HPV vaccine into the immunization programme, thanks to advocacy by UNFPA and its partners. Starting in 2024, the vaccine will be administered to girls aged 11-13 as part of the routine vaccination schedule, marking a significant step in combating cervical cancer. An inquiry on cervical cancer further underscored the critical need for a robust cancer registry.

The number of health institutions equipped to provide cervical cancer screening and early breast cancer detection increased from five in 2020 to eight in 2023, with a target of 10 by 2024. This expansion ensures broader access to diagnostic services and strengthens Kosovo's capacity for early cancer detection. Cervical cancer screening programmes expanded to more municipalities, including Prishtina, Prizren, Mitrovica, Peja, Obiliq and Gjilan. Retesting of samples for accuracy reached 145 cases by 2024, improving diagnostic reliability.

Public awareness initiatives played a vital role in promoting cancer prevention and screening. In 2022 alone, activities like Cervical Cancer Prevention Awareness Week, community sessions, and online campaigns reached nearly 150,000 people. With support of the programme, partners have developed multiple awareness campaigns on breast cancer and cervical early detection, including Race for the Cure initiatives, and cervical cancer screening week reaching 500,000+ individuals in 2024.

The programme's outputs appear to influence and drive behavioural outcomes (see the Evaluation Matrix for details). The programme has made substantial progress in several areas related to cancer treatment, prevention, and monitoring. There are indications of improved diagnostic capabilities among primary care providers. This enhancement likely stems from training and capacity-building efforts under the programme. Health institutions offering cervical cancer screening and early breast cancer detection have expanded significantly. This expansion improves access to diagnostic services and reinforces the health system's ability to detect cancers early.

The utilization of cervical cancer screening services by women has increased markedly. Screening consistently increased: 1,970 women in 2021, 2,544 in 2022, and 2,246 in 2023 and 3691 in 2024. It is worth to note that 8,2% of women being diagnosed with precancerous or positive for abnormal cells. These women were subsequently referred for additional testing and treatment. Proper treatment for these cases plays a crucial role in preventing the development of cervical cancer, thereby contributing to the good health and well-being of these women. UNFPA has established a strategic partnership with Roche to advance cervical cancer screening, awareness, and policy development, underscoring the importance of early detection and treatment in reducing cancer morbidity.

The programme's progress is influenced by various behavioural changes, systemic assumptions, and external challenges, with mixed outcomes in achieving early detection and treatment goals. Efforts to achieve early-stage detection of breast and cervical cancer (stages I or II) and early treatment lack reported data, making it challenging to

*"Delays in establishing new Board for Cancer Control hindered the expansion of the cervical cancer-screening programme in new municipalities, despite all preparations being finalized."
~ Key informant*

assess behavioural impacts in these areas. Similarly, no evidence indicates a decline in HPV infection rates. Institutional commitment to systemic solutions for cancer prevention and treatment has been inconsistent. Although relevant institutions demonstrate a general commitment to addressing cancer, progress has been slow, reflecting challenges in policy implementation. The lack of a health insurance scheme and a functional health information system impedes programme success. These systemic issues compromise the ability to collect and utilize comprehensive health data, hindering effective planning and service delivery. The commitment to implementing partners and beneficiaries remains a programme strength. Primary care networks exhibit significant interest and dedication, which has been instrumental in advancing cancer screening services and building healthcare capacity.

Frequent changes in institutions, often composed of multiple political parties with differing priorities, disrupt policy continuity and implementation. In 2021 alone, four Ministers of Health held office, each with a unique agenda. This politicized environment and poor leadership and management capacities adversely affect healthcare service provision. Impact of COVID-19: The pandemic significantly affected healthcare services. Women remained hesitant to visit healthcare centers except for urgent needs, reducing the number of screenings. Prioritization of COVID-19 responses and staff shortages further disrupted cervical cancer screening services, emphasizing the need for resilient healthcare systems in crises.

Key assumption: 1.1.3: UNFPA's efforts to strengthen policies, along with enhancing the skills and knowledge of healthcare personnel, CSOs, youth, and volunteers on MISP and emergency response, help ensure the continuous delivery and utilization of essential SRH services during emergency situations

Summary finding: UNFPA effectively ensured continuity of essential SRH services during emergencies through strong policy integration, capacity building, and community engagement. The Minimum Initial Service Package (MISP) was embedded in Kosovo’s Response Plan and municipal emergency frameworks. Training reached 1,832 healthcare staff and volunteers by 2024, exceeding targets. Youth-led outreach expanded to over 2,300 participants, promoting awareness on SRH in emergencies. Practical MISP drills and field exercises improved preparedness, while COVID-19 response campaigns achieved wide public reach. Despite systemic and political challenges, emergency SRH services remained uninterrupted, including during floods and the pandemic. The programme's design and focus insulated it from broader policy instability, with strong institutional and partner commitment sustaining progress and enabling effective emergency SRH service delivery.

The programme successfully implemented key interventions focused on strengthening emergency preparedness, reproductive health, and COVID-19 resilience in Kosovo. Despite some challenges, including resource constraints and systemic barriers, substantial progress has been made in policy integration, capacity building, and community engagement. Advocacy efforts to

“The agency has successfully lobbied for the integration of MISP into emergency plans. It is now well-embedded within emergency structures, including scenario planning, field exercises, and simulations.”
~ Key informant

integrate the Minimum Initial Service Package (MISP) into emergency preparedness and response plans have been highly effective. Coordination meetings involving the ministry of health, UNFPA, the Red Cross, and municipal authorities ensured alignment of activities. Efforts were made to include MISP in the emergency preparedness plan more superficially Emergency Support Function 8. The efforts were also extended to municipal levels, with the intention of incorporating MISP into the seven municipalities' emergency plans. Regional advocacy meetings, including two focused on MISP in pandemic situations, facilitated broader stakeholder engagement.

The Red Cross of Kosovo, ministry of health, UNFPA and Emergency Management Agency (EMA) have effectively advocated for the inclusion of MISP in emergency response plans. As a result, MISP is now firmly integrated into Kosovo Response Plan, in some emergency frameworks, including scenario planning, field exercises, and simulations. UNFPA’s leadership in 2021 and 2022 supported the MISP readiness assessment in Kosovo, conducted with local experts and stakeholders. Extensive training programmes targeted healthcare professionals, youth, and Red Cross Kosovo (RCK) volunteers. Field and table exercises provided practical scenarios for participants to practice MISP implementation, including natural disasters, gender-based violence (GBV), and maternal care.

Community awareness initiatives complemented capacity-building efforts with targeted outreach to diverse populations, including marginalized groups. Youth volunteers were pivotal in delivering lectures on sexual and reproductive health (SRH), family planning, and emergency preparedness

“Students showed great curiosity and interest, and three trainers facilitated the sessions.”
~ FGD participants

in schools and communities. MISP was implemented during emergencies, including flooding in isolated areas, with dignity kits provided to affected communities. Despite systemic challenges such as staffing

shortages and fragmented health systems in smaller municipalities, the programme consistently expanded its reach through partnerships and capacity-building activities.

The programme adapted to the COVID-19 crisis by implementing measures to ensure healthcare continuity and public awareness. UNFPA collaborated with UNICEF, WHO, and UN Women to promote resilience and inclusivity through initiatives like the "Together Against COVID-19" campaign. Media efforts included videos, infographics, and translated materials in Albanian, Serbian, Turkish, and Braille, disseminating critical health messages. Guidelines for COVID-19 management in maternal health were developed alongside protective measures for visually impaired individuals. The I-SHARE survey, conducted during the pandemic, assessed its impact on SRH, revealing disparities in access to contraceptives and menstrual products among socio-economic groups.

The programme has achieved all of its intended outputs (see the Evaluation Matrix for details), which seem to influence programme outcomes. MISP was successfully integrated into Emergency Support Function 8 of Kosovo's, Kosovo Response Plan establishing it as a core component of the emergency preparedness framework. All intended municipalities have integrated MISP in their respective municipal emergency plans. By 2024, MISP review meetings with municipal stakeholders increased to three, reflecting steady progress in embedding these principles at central and municipal levels.

In 2021, 249 primary healthcare providers gained knowledge and skills in MISP implementation, alongside outreach to 1,346 youth in nine municipalities. By 2022, 162 healthcare providers and 2,685 youth participated in MISP training sessions. The number of trained health staff and volunteers, which increased from a baseline of 890 in 2021 to 1,582 by 2023, nearing the target of 1,742 by 2024. By 2024, three MISP exercises had been completed, helping to refine roles, responsibilities, and coordination among stakeholders. The total number of health staff and volunteers trained in MISP implementation reached 1,832 by 2024.

In 2021, 64 health professionals, Red Cross volunteers, and stakeholders participated in a three-day drill coordinated by the ministry of health and the Kosovo Emergency Management Agency. By 2022, these activities expanded to include 106 participants across health centres, Red Cross volunteers, and municipal decision-makers, with scenarios addressing natural disasters, GBV cases, and maternal health. Youth engagement also grew significantly, with 2,360 participants reached by 2024 through peer-to-peer sessions and outreach activities.

UNFPA's "Together Against COVID-19" campaign achieved extensive reach. For instance, Koha.net garnered 1.27 million impressions, while Klan Kosova reached 687,094 impressions with 2,068 clicks. These campaigns engaged more than 196,000 unique users, generating over 60,000 interactions across boosted posts. Billboards in seven locations and TV spots featuring municipal mayors and healthcare professionals further amplified the campaign.

UNFPA prioritized marginalized populations, delivering essential supplies to those most affected by the pandemic. In 2021, through the Red Cross of Kosovo, 1,022 hygiene kits were distributed to vulnerable families, including 359 kits for Afghan refugee women and 69 kits for returnee Roma women and girls. The uninterrupted delivery and utilization of essential services during emergencies, including the COVID-19 pandemic and floods, highlight the programme's effectiveness. Institutional buy-in and commitment to systemic solutions have been key enablers of the programme's success. Institutions of Kosovo remain steadfast in their support. Similarly, implementing partners and beneficiaries have shown consistent dedication, ensuring the sustained implementation of emergency preparedness and response activities. Frequent changes in institutions have disrupted policy development and implementation across various sectors. However, these challenges have not significantly affected the emergency preparedness and response (EPR) components of the programme, including MISP activities. The focused and nature-specific implementation of MISP has insulated it from these systemic inefficiencies. Though increasingly politicized, family planning has not influenced the delivery of MISP and emergency response activities. Similarly, the participation of healthcare workers in private sector activities has no bearing on MISP due to its unique structure and implementation mechanisms. Moreover, usual supply system disruptions have not posed significant challenges for the programme.

Key assumption 1.2.1: UNFPA's efforts to support the delivery of CSE in formal and informal education settings (through peer education), combined with awareness and social marketing initiatives, empowers adolescents and youth on SRHR, fostering healthier lifestyles, safer sex practices, and informed decision-making to exercise their sexual and reproductive rights

Summary of finding: UNFPA has demonstrated strong output-level achievements, notably in capacity building for comprehensive sexuality education (CSE) delivery by teachers and peer educators, and in enabling cost-effective condom procurement for KOPF. However, significant outcome-level challenges persist: influencing adolescent and youth behaviour through CSE in formal education, increasing Love Plus condom sales (which have consistently declined), and expanding the reach of awareness campaigns. The impact on youth knowledge and behaviour is also difficult to measure due to a lack of follow-up mechanisms.

Comprehensive Sexuality Education (CSE)

UNFPA has achieved significant results at the output level, particularly in building the capacity of teachers across primary, lower, and upper secondary education to deliver comprehensive sexuality education (CSE). By the end of October 2024, a total of 2,807 teachers had been trained, approximately 80% of whom were women: 1,997 from primary schools, 661 from lower secondary schools, and 149 from upper secondary schools (excluding VET institutions). These trainings, organized by UNFPA's implementing partners, covered 60% of primary school teachers and 100% of relevant teachers at lower and upper secondary levels (mainly Biology and Civic Education teachers). Pre and post-training assessments demonstrated notable improvements in teachers' knowledge, with the average correct responses increasing from 50% to 80% in post-training tests. Feedback from in-depth interviews with stakeholders further corroborated these findings, with reports indicating that teachers felt more confident and better equipped to deliver CSE content after completing the training.

Additionally, UNFPA facilitated the integration of CSE into the curriculum of the Faculty of Education at the UP. A working group within the faculty assessed existing curricula and identified suitable courses for incorporating CSE, including Civic Education, Natural Science, Physical Education and Sport, Psychology, and Equality in Education. These subjects address various dimensions of CSE, such as emotional, psychological, physical, and social aspects. UNFPA also facilitated the training for faculty professors, focusing on teaching strategies and the role of primary and pre-primary educators in delivering CSE to students.

Despite these advances at the output level, collected evidence suggests significant challenges in delivering CSE in schools. While stakeholders generally agree that CSE is being implemented more consistently in primary schools,⁹⁰ there is consensus that delivery at lower and upper secondary levels is inconsistent. Two main reasons for this inconsistency emerged from interviews. The first one is about **sensitivity of the CSE topics**. CSE topics taught in primary school is perceived as less sensitive compared to lower and upper secondary levels, thus teachers in primary education feel more comfortable to teach CSE topics compared to lower and upper secondary teachers. The second one is related to **age of the teachers and cultural norms**. According to the feedback obtained, the lower and upper secondary school teachers tend to be older on average, making it more difficult to challenge their existing values, cultural norms, and perceptions about sexuality education. For many, teaching about sexuality still remains a taboo. Many stakeholders reported that many teachers avoid teaching CSE topics, despite including them in their yearly plans. According to the feedback obtained, topics related to CSE are often planned to be delivered towards the end of the academic year or most often are skipped altogether. The lack of robust individual or institutional accountability mechanisms about the delivery and the quality of teaching further exacerbates the teaching of CSE in formal education.

A survey conducted with teachers and parents in five municipalities highlights similar findings.⁹¹ According to the survey results, when asked about the most important challenges and difficulties faced when developing sexual and reproductive health topics, the insufficient teaching hours was reported by 37% of teachers of all grades.⁹² Despite the availability of additional teacher manuals, about 29 of teachers cited insufficient materials as a challenge.⁹³ The third most important challenges mentioned by teachers were discomfort. Around 20% of teachers, particularly those teaching grades 10–12, expressed feelings of shame when addressing these topics. When the teachers were asked whether they feel comfortable in teaching CSE, only 33% of teachers reported feeling very comfortable teaching CSE in front of their students.

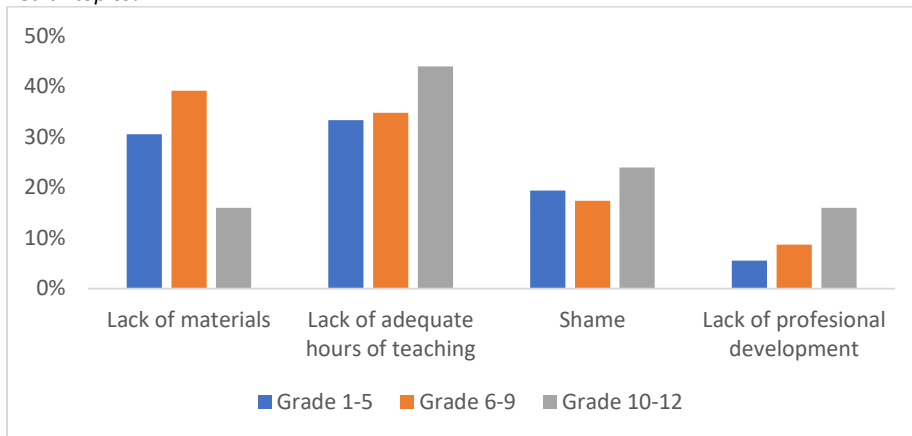
⁹⁰ The finding was also confirmed by FGD participants.

⁹¹ Shala, Leonora and others (2022): Analysis of Sexual and Reproductive Health Questionnaires Based on Teacher Training

⁹² Ibid

⁹³ Similar finding is also found when teachers of lower and upper secondary teachers were asked what kind of materials they use for teaching CSE. Only 26% of teachers in lower secondary and 12% of teachers in upper secondary reported that they use the Manuals during delivery of CSE.

Figure 14: Teachers' responses to the question, "What are the challenges and difficulties when developing sexual and reproductive health topics?"



Source: Shala, Leonora and others (2022): Analysis of Sexual and Reproductive Health Questionnaires Based on Teacher Training

Figure 15: Teachers' responses to the question "How comfortable do you feel addressing topics related to sexual and reproductive health?"

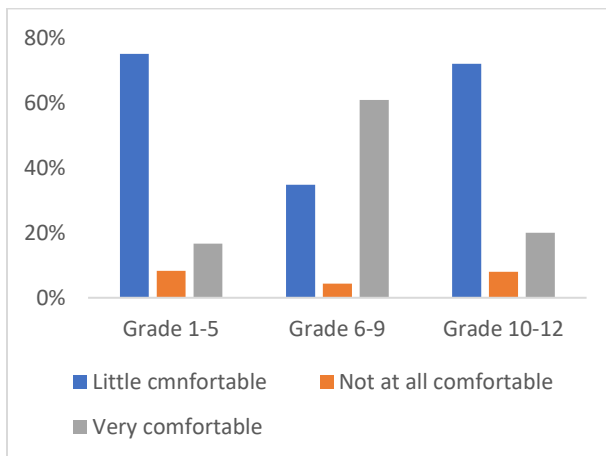
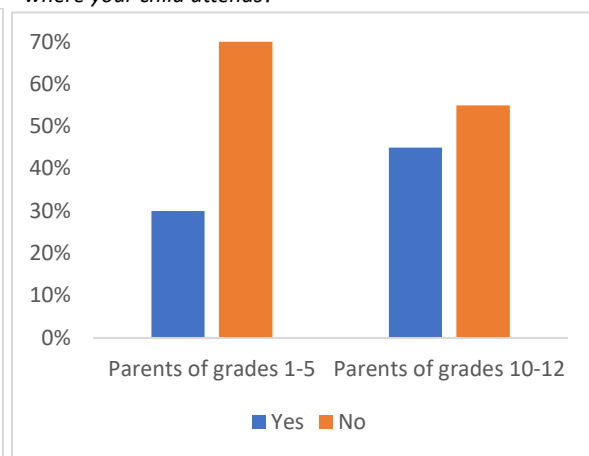


Figure 16: Parents' responses to the question, "Have you been informed that the topic of sexual and reproductive education is provided in the school where your child attends?"



Source: Shala, Leonora and others (2022): Analysis of Sexual and Reproductive Health Questionnaires Based on Teacher Training

On a positive note, nearly 90% of parents supported including CSE topics in the curriculum, acknowledging their own discomfort in discussing these issues with their children. However, over 65% of parents were unaware that CSE was being taught in their children's schools.

The implementation of CSE at the Faculty of Education also faced with similar challenges according to the feedback obtained. While no formal assessments have been conducted, anecdotal evidence suggests a focus on the social aspects of sexuality, with less emphasis on the biological and physical dimensions. Stakeholders noted greater resistance among male professors—despite the majority of students being women—to teaching CSE-related topics.

During the design phase of the KPD evaluation, the debate raged over the Ministry of Education's teacher manuals on sexual and reproductive health, originally drafted in 2016 under the previous KPD.

The debate began on November 11, 2024, during a parliamentary session on the 2025 budget where an opposition MP, motivated by political interests due to upcoming elections that will be held in February 2025, criticized the manuals, the MESTI and the current authorities, alleging they undermined family values. He misrepresented a classroom activity from the manual for grades 1-5, which was intended to foster empathy, falsely claiming it encouraged inappropriate behaviour among students. This sparked outrage among socially conservative MPs and commentators, who framed the manuals as a threat to Kosovo's cultural and moral norms.⁹⁴ In response, the Prime Minister and several organizations defended the manuals, emphasizing their importance in equipping students with accurate information on sexual health and relationships, combating misinformation, and improving youth well-being. However, under growing public and political pressure, the Ministry of Education decided to temporarily suspend the manuals pending a comprehensive review. Proponents argue that comprehensive sexuality education (CSE) is essential for addressing health risks and gender-based violence among youth. Opponents, however, contend that the content conflicts with traditional values and should be revised. The suspension is expected to disrupt the already inconsistent delivery of CSE in schools. Moreover, the polarized debate highlights the need to build widespread public and political support for school-based CSE. Rather than focusing solely on the delivery of CSE (supply-side efforts), a broader effort is needed to generate demand and widespread support to CSE. This approach would enhance the sustainability and resilience of CSE and better prepare stakeholders to respond to similar debates in the future.

Peer Education

UNFPA has achieved notable results at the output level, particularly in equipping peer educators with the knowledge and skills necessary to deliver sexuality education to their peers. Since 2013, more than 4,000 peer educators have been certified in 31 municipalities across Kosovo, reflecting the programme's wide reach and impact. From 2021 to 2024, a total of 1,364 peer educators were trained and certified⁹⁵. These two-day training sessions, organized by UNFPA's implementing partner KOPF and financially supported by UNFPA, primarily targeted students in vocational/technical high schools (around 80% of targeted trainings), who lack comprehensive sexuality education in their curriculum.⁹⁶ On average, 10-15 training sessions were conducted annually across Kosovo. Each training session involved 20-25 students, selected and recommended by school staff based on their suitability for the role of peer educator. The trainings were delivered jointly by KOPF staff and 2-3 doctors from Main Family Medicine Centres (MFMCs).⁹⁷

From 2021 to 2024, pre-and-post training assessments conducted by KOPF demonstrated an average annual perceived knowledge increase of approximately 18.24% among peer educators. Feedback from stakeholders, including in-depth interviews with KOPF staff and insights from focus groups with three of the peer educators, also revealed that participants felt more confident and better prepared to disseminate this knowledge to their peers.

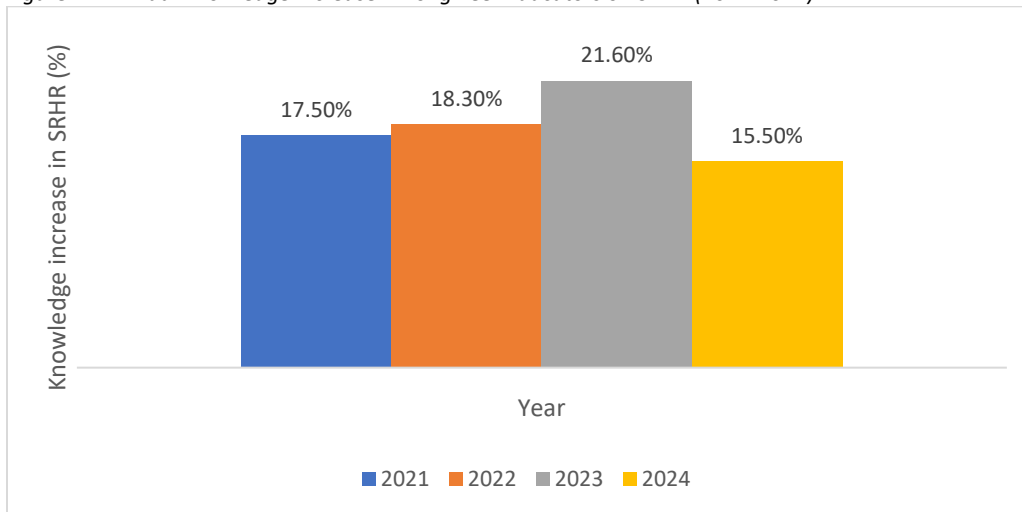
⁹⁴ Balkan Insight, *Kosovo PM Hit by Backlash Over Schools' Sex Education Guidelines*, November 19, 2024. Retrieved from [Balkan Insight](#).

⁹⁵ 339 peer educators trained and certified in 2021, 460 in 2022, 339 in 2023, and 226 in 2024.

⁹⁶ In instances where vocational/technical high schools were unavailable or not cooperative (which occurred in a few cases), KOPF extended the training to general high schools and gymnasiums to ensure broader coverage.

⁹⁷ The Main Family Medicine Centers (MFMCs) are primary healthcare institutions in Kosovo that provide essential health services to the population.

Figure 17: Annual Knowledge Increase Among Peer Educators on SRHR (2021-2024)



Source: KOPF reporting to the UNFPA/KPE Team, based on pre-and-post training assessments with peer educators

Despite progress at the output level, evidence points to limited changes at the outcome level, particularly in influencing peers' or youth behaviour. Behavioural change outcomes tied to peer educators delivering in-school SRHR sessions to their peers were not realized. Focus group discussions revealed that peer educators did not organize in-school or out-of-school SRHR sessions, despite encouragement from trainers. Many peer educators lacked the initiative to take the lead, often waiting for schools or KOPF to arrange such activities. A key challenge identified was the absence of a clear institutional framework or guidance from schools, leaving peer educators uncertain about how to initiate or conduct sessions. Cultural norms and stigmas around SRHR topics also contributed to hesitation, with some school staff, especially in rural areas, reluctant to support peer-led sessions due to concerns about community backlash. This lack of institutional buy-in further discouraged peer educators from taking action. These findings underscore the need for stronger collaboration between schools, communities, and programme implementers to foster a supportive environment for peer education.

That said, peer educators were primarily engaged in awareness-raising activities, namely in marking international days (e.g., World Contraception Day, World AIDS Day, etc.). During these events, peer educators, engaged by KOPF, actively participated in distributing educational materials, answering questions, and engaging with youth participants. Focus groups revealed that peer educators felt confident and comfortable discussing SRHR topics during these events. The in-depth interview with KOPF also corroborated these findings. On the other hand, the behavioural change outcomes for young participants in awareness-raising activities could not be assessed due to the absence of participant lists and follow-up mechanisms. This limitation highlights a gap in monitoring and evaluation systems, which are essential for measuring the impact of these initiatives.

Social Marketing of Condoms

Summary of Findings: UNFPA has achieved notable success at the output level by enabling KOPF to leverage its procurement system to acquire condoms at significantly reduced costs. However, the number of Love Plus condoms sold has consistently declined during 2021-2024. This downward trend may signal potential barriers to achieving the intended outcomes of improving condom availability, accessibility, and usage among youth. Additionally, the overall coverage of physical awareness-raising campaigns remains limited, which could hinder widespread behavioural change. Due to the lack of follow-up mechanisms, the impact on youth knowledge and behaviour cannot be effectively measured.

UNFPA has achieved significant results at the output level by enabling KOPF in leveraging the procurement system of UNFPA's office in Copenhagen to acquire condoms at significantly reduced costs⁹⁸. From 2021 to 2024, KOPF procured a total of 1,869,185 condoms through UNFPA's system. The condoms procured through the UNFPA system are then sold through an extensive network of pharmacies, markets, hypermarkets vending machines, and kiosks, ensuring widespread distribution, while a small portion is distributed free of charge during awareness-raising activities. Of these, 1,844,549 condoms were sold or distributed to pharmacies, markets, hypermarkets, and kiosks, surpassing procurement numbers due to additional stock carried over from previous cycles. Additionally, 24,636 condoms were distributed free of charge to youth during various awareness-raising events. The free distribution is a voluntary effort by KOPF, reflecting KOPF's commitment to providing easy access to condoms for both youth and the general population.

As shown in the figure below, there has been a consistent decline in the number of Love Plus condoms sold each year, decreasing from 579,183 in 2021 to 323,179 in 2024. This downward trend raises concerns about potential barriers to achieving intended outcomes, such as improving the availability, accessibility, and affordability of Love Plus condoms for youth.

Figure 18: Total Love Plus Condoms Sold (2021-2024)

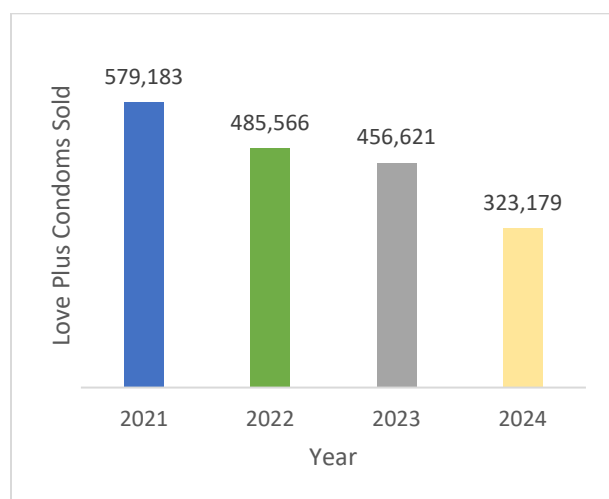
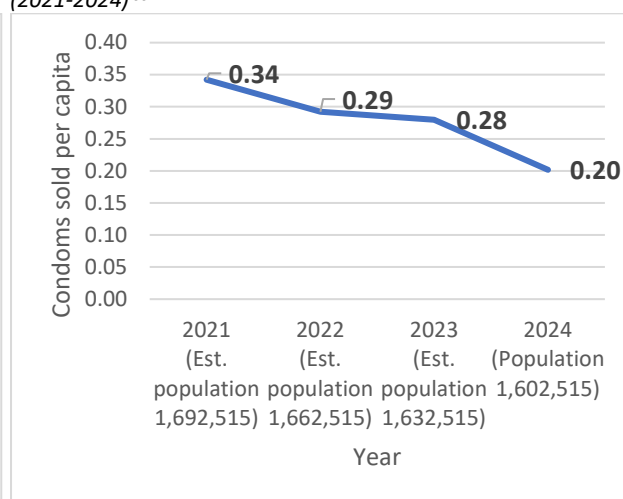


Figure 19: Love Plus Condoms Sold Per Capita (2021-2024)⁹⁹



Source: KOPF reporting to the UNFPA/KPETeam

An in-depth interview with key informants suggests that the decline in procured and sold Love Plus condoms may partly be due to Kosovo's shrinking population, which has decreased by about 30,000 people annually. This demographic shift may explain the drop in per capita condom sales from 0.34 in 2021 to 0.20 in 2024. Other contributing factors include changing demand, market dynamics, and rising logistical costs.

⁹⁸ According to KOPF, Love Plus condoms, which account for approximately 70% of the market, are the most affordable option available, priced at just 0.70 cents per condom.

⁹⁹ The number of Love Plus condoms sold per capita was calculated by dividing the total number of condoms sold by the population of Kosovo for each respective year. The population for 2024 is based on the official data from the Statistical Agency of Kosovo (KAS) 2024 population census, while the population figures for the previous years (2021, 2022, and 2023) are estimates, assuming a decrease of approximately 30,000 people each year, primarily due to migration. This calculation reflects the number of condoms sold per person, allowing for a comparison of condom sales relative to the population size across the years.

With UNFPA support, the key implementing partner also organized awareness activities to promote condom use among youth, especially during international days such as World Contraception Day (September 26th), European Testing Week (May and November)¹⁰⁰, and World AIDS Day (December 1st), as well as the organization of Prishtina Marathon¹⁰¹. From 2021–2024, in-person events reached 30,965 people, while online campaigns reached 573,898. Though demographics were not tracked, key informants confirm that most participants were youth.

Measuring the impact of these efforts on youth knowledge and behavior remains challenging. It was not possible to determine what share of Love Plus condoms were purchased by youth, nor assess changes in their knowledge or behavior. While youth engagement during activities was high, reaching 30,000 in-person participants is not enough to drive significant behavioral shifts throughout Kosovo.

Key assumption 1.2.2: UNFPA's efforts to strengthen youth dialogue with policymakers and enhance engagement mechanisms, combined with empowering young people in media literacy, critical thinking, and peacebuilding, increase youth participation, combat hate speech and divisive narratives, promote social cohesion and diversity, and foster trust among ethnic groups

Summary of Findings:

UNFPA achieved significant successes at the output level through the PBF project, notably via the Bystander Intervention Training, the Young Ambassadors of Peace Program, and the Young Journalists Program. These interventions equipped youth with skills to address hate speech, divisive narratives, discrimination, and violence, and fostered capacities in advocacy, project planning, and ethical journalism. However, outcome-level changes remain limited, with data gaps in monitoring sustained behavioural shifts and long-term community impacts.

UN's Peace-building Fund (PBF) Project

Between 2022 and 2024, during the implementation of the PBF project, UNFPA achieved significant success at the output level through a range of interventions, particularly through the bystander intervention training, the Young Ambassadors Program, and the Young Journalists Program.

The Bystander Intervention Training: The training equipped youth with skills to recognize and address hate speech, discrimination, bullying, and violence. However, participation was limited—only 161 youth from five municipalities took part,¹⁰² mostly high school and university students selected via open call, highlighting challenges in broader outreach. An online survey of 14 trainees¹⁰³ showed notable gains: all reported improved understanding of harmful behaviors and increased confidence in addressing and reporting them. Additionally, 79% felt prepared to intervene in both in-person and online situations.

¹⁰⁰ European Testing Week is a campaign that encourages organisations and institutions — in community, health care and policy institutions — throughout Europe to unite for one week twice a year to increase testing efforts and promote awareness on the benefits of earlier hepatitis and HIV testing.

¹⁰¹ At the Prishtina Marathon, which attracts 1,000-2,000 participants annually, free condoms and SRHR materials were included in participant kits.

¹⁰² 65 participants from the municipality of Pristina and South Mitrovica, 96 from Gracanica, Obiliq, and Kamenica.

¹⁰³ The survey was distributed to 97 trainees, with only 14 individuals responding. All respondents were over 18 years old, with 11 (78%) identifying as female and 3 (22%) as male. The majority (10) were Kosovo Albanian, while the remaining participants included 2 Bosnians, 1 Egyptian, and 1 Ashkali. Although the response rate was limited, the feedback gathered provides valuable insights and reflects broader trends, indicating the training's potential impact on the wider trainee population. The complete survey sent to participants can be found in Annex 4 (Data Collection Tools).

Figure 20: Impact of the bystander intervention training on equipping youth with the knowledge and skills to identify and address negative issues (N=14)

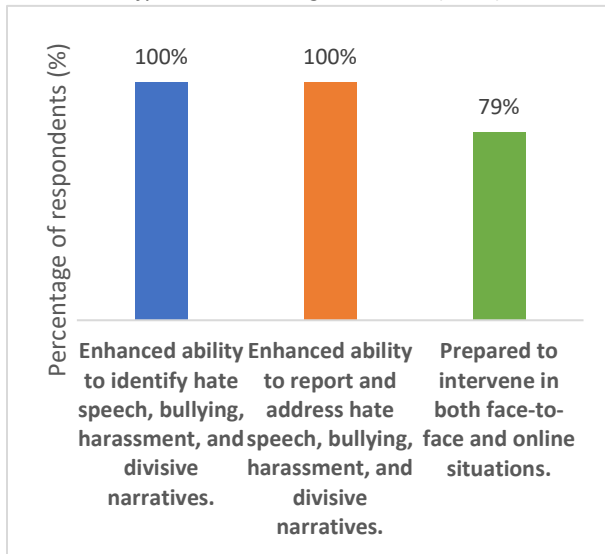
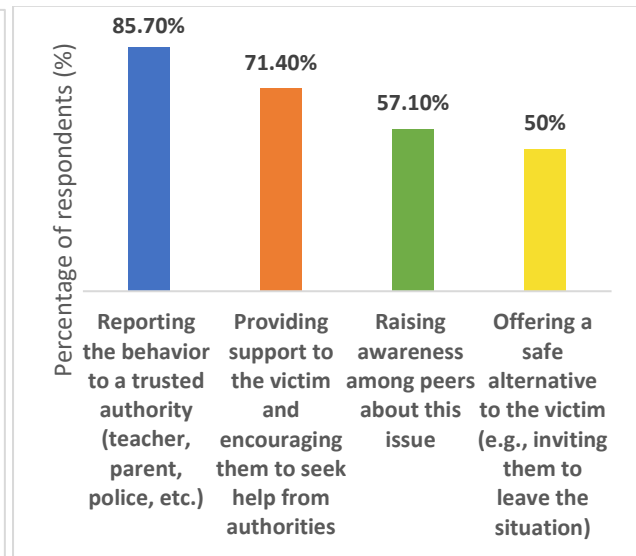


Figure 21: Survey respondents' preferred actions for addressing inappropriate behavior

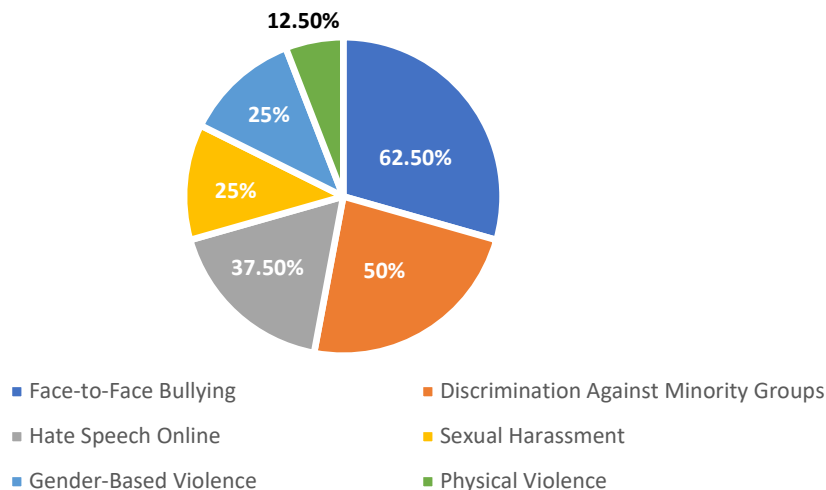


Source: Online survey conducted with 14 participants in the bystander intervention training

Survey results indicate positive behavioral outcomes among participants. When asked to choose actions to address hate speech, bullying, sexual harassment, and violence, respondents overwhelmingly selected constructive options. The most common were reporting to a trusted authority (12 of 14 respondents), supporting the victim and encouraging them to seek help (10), and raising peer awareness (8). Harmful or passive responses—like confronting the perpetrator aggressively or ignoring the behavior—received little to no support. These findings suggest the training successfully encouraged responsible and proactive approaches to inappropriate behavior.

Additionally, 57% of participants reported intervening after the training to stop negative behaviors. The most common scenario was face-to-face bullying (5 participants), followed by discrimination against minority groups (4) and online hate speech (3). Fewer interventions occurred in cases of sexual harassment, gender-based violence (2 each), and physical violence (1), while none reported intervening in response to divisive narratives. This may reflect the complexity or perceived risk of such situations. Focus group insights suggest youth often hesitate to act due to fear of retaliation, escalation, or being labeled negatively.

Figure 22: Types of interventions post-training (N=14)



Source: Online survey conducted with 14 participants in the bystander intervention training

Survey results show that 64.3% of participants now feel *very comfortable* addressing bullying or inappropriate comments from friends, and the same share feel confident intervening in cases of harassment or adult violence toward a child. However, comfort levels were lower for more complex situations like online hate speech (35.7%) and physical violence (28.6% reported feeling *not comfortable at all*). These findings suggest the training empowered youth to act, particularly in familiar or less threatening contexts.

The training also positively influenced attitudes toward diversity—80% of participants reported increased respect for others and a stronger commitment to promoting understanding and trust across groups. Only 20% reported no change or were unsure.

Young Ambassadors of Peace Program: In 2024, UNFPA, through its implementing partner, organized a three-day residential training for 15 young ambassadors¹⁰⁴, selected from bystander intervention trainees. Divided into four groups, they received small grants to implement community initiatives.¹⁰⁵ Focus group participants noted that the training equipped them with valuable skills in activism, procurement, teamwork, and collaboration with local municipalities. Though municipal engagement was limited, it was described as smooth and cooperative.

However, impact at the outcome level was limited. There was no continued involvement in community initiatives beyond those funded by UNFPA, with each initiative reaching a maximum of 100 additional youth. A key barrier was the inability to access municipal funding, as participants were not registered NGOs. Moreover, there was no engagement with policymakers, and peacebuilding themes have yet to influence local decision-making. This gap may stem from limited access to decision-makers, lack of structured engagement opportunities, and insufficient support in connecting youth with policymakers.

Young Journalists Program: From 2022–2024, UNFPA supported the training of five journalism students on youth content creation addressing hate speech, divisive narratives, masculinities, and gender equality. After the training, all participants completed six-month internships with major media outlets (e.g., Klan

¹⁰⁴ 12 girls and 3 boys of which 5 are from Serbian community and 10 from the Albanian community.

¹⁰⁵ For instance, one group hosted a training session on these topics with approximately 25 high school students from the municipalities of Istog, Klinë, and Deçan. Additionally, they collaborated to paint a mural in the municipality of Istog.

Kosova, T7), which led to job offers.¹⁰⁶ Focus group participants reported improved understanding of key issues and highlighted fact-checking as a particularly valuable and new skill. They now regularly apply ethical journalism practices and feel more confident covering sensitive topics such as hate speech and gender norms.

Outputs and Outcomes of Other Interventions: In-depth interviews with implementing partners confirm notable outputs from other PBF interventions. Artpolis' theatre-based education program trained 78 high school students in intercultural dialogue, gender equality, and challenging patriarchal norms. Participants co-created performances on peacebuilding themes, presented across Kosovo and the region.¹⁰⁷ Additionally, the "Empowering Voices Workshop – Writing for Social Change" in Q3 2023 trained 12 youth in media literacy, critical thinking, and addressing online hate speech and toxic masculinities. Each participant produced a story promoting diversity and inclusion, published on SIT's website.

Through collaboration with NGO Special Olympics Kosovo¹⁰⁸, UNFPA supported about 600 participants in inclusive sports events—football, bowling, basketball, swimming, and running—both locally and abroad¹⁰⁹, promoting youth with disabilities and challenging stereotypes. UNFPA also helped create three "Building Positive Stories in the Classroom" manuals, launched and distributed to schools in 10 municipalities. However, there is no data on actual usage due to a lack of monitoring. From 2022–2024, UNFPA supported SIT in organizing eight physical and online awareness campaigns, engaging around 200 youth directly and reaching nearly 58,000 online.¹¹⁰ While some initiatives show behavioral changes among direct beneficiaries, overall coverage remains limited.

Given many interventions under the PBF project, key programs—bystander intervention, young ambassadors of peace, and young journalists—were prioritized for evaluation. These groups showed more sustained engagement and meaningful behavioral impacts. For others, like awareness campaigns and school manuals, outcome-level change could not be measured due to insufficient data.

Progress Towards Achievement of Higher-Level Outcomes: There is a significant lack of data to track key outcome indicators like new STI infections, unsafe abortions, or condom use among youth, limiting the ability to assess the UNFPA programme's impact.

¹⁰⁶ Throughout their internships, each journalist developed two key stories for the project (10 in total) and participated in 10 media fact-checking activities. One journalist, employed by a media fact-checking organization, conducted 90 fact-checking exercises independently during their internship.

¹⁰⁷ Notable productions include *Women of Troy*, highlighting issues like war, displacement, and violence against women. Despite challenges such as language barriers and rehearsal adjustments, the collaborative efforts, and professional approach of all involved resulted in a truly inspiring production. The diverse cast of 16 artists, including 9 women and 7 men, worked together in physical and online rehearsals from March in Pristina and Prizren, culminating in a powerful performance at Kino Lumbardhi on April 15, 2024 in Prizren. Another successful production was *Women of Troy – Replica*, a co-creation between Artpolis in Kosovo and DAH Teatar in Serbia. While performed in Pristina, the latter was not permitted to be shown in Belgrade by UNFPA Serbia (highlighting 2023 tensions — including those surrounding the 21 April recall process for mayors elected in northern Kosovo in 2023).

¹⁰⁸ The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

¹⁰⁹ A total of 23 girls participated in the KOMM MIT international football tournament in Croatia, while 40 young people competed in ten-pin bowling as part of the "Bowling for Inclusivity" activity. 4 participants took part in the Regional Swimming Competition in Skopje, and around 150 youth with disabilities engaged in "Football for Youth Inclusion" events across five municipalities. Additionally, 200 runners participated in community runs, and seven youth took part in the regional 3x3 basketball tournament, "Shoot for Inclusion," organized by Special Olympics in Albania. A Regional Swimming Competition was held in Skopje from April 5-7, with around 30 athletes, including 5 from Kosovo. During Poverty Eradication Week in October, 100 young men and women with disabilities from seven municipalities, along with their families, demonstrated a strong commitment to challenging stereotypes and prejudices.

¹¹⁰ Including documentaries, panel discussions, and events marking World Population Day (38 participants), Youth Day (25 participants), the World Day of Peace (46 participants), the International Day of Non-Violence and the "16 Days of Activism" (63 participants), along with the production of two videos on Bystander and Upstander intervention.

Available data shows a rise in adolescent birth rates—from 5.8 per 1,000 girls aged 15–19 in 2020 to 6.3 in 2022—indicating a concerning upward trend. Studies like the 2020 MICS report¹¹¹ highlight that many adolescent births occur among Roma, Ashkali, and Egyptian communities, underscoring the need for targeted interventions. Monitoring and follow-up mechanisms are lacking across all thematic areas—including peer education, condom social marketing, and PBF interventions—making it difficult to assess youth behavior changes and knowledge retention. This absence limits measurement of shifts in sexual and reproductive health attitudes and behaviors. While PBF interventions have advanced peace-building and youth empowerment, systemic changes like greater youth participation in policymaking remain limited without long-term outcome tracking. These gaps highlight the need for stronger monitoring, institutional support, and comprehensive frameworks to track both immediate and lasting results.

Key assumption 1.3.1: UNFPA's efforts to strengthen policies, raise awareness of gender and social norms, and provide psychosocial counselling for perpetrators of violence help reduce discrimination, enhance GBV response effectiveness, and prevent violence, including in online spaces

Summary of finding: UNFPA met most output targets on GEWE, using innovative approaches like theatre-based education, social media campaigns, and outreach events to raise awareness on GBV, early marriage, menstrual hygiene, and digital violence. These efforts reached hundreds of thousands and included pioneering work with GBV perpetrators through structured rehabilitation. UNFPA also supported key legal reforms, including the Law on Domestic Violence and the Gender Equality Strategy. However, systemic change remains limited due to persistent structural and cultural barriers. Challenges include weak implementation, lack of behavioural impact data, donor dependency, and limited monitoring. Civil society engagement has declined amid funding cuts, and rising patriarchal rhetoric continues to hinder progress and the sustainability of results.

Advocacy and awareness raising. UNFPA has successfully delivered many of its intended outputs, achieving meaningful progress across several intervention areas. Efforts to raise awareness and understanding of GEWE issues, including topics such as GBV, menstrual hygiene, digital abuse, early child marriages, and selective abortion, engaging with more than 1 million women and men online and around 10,000 women and men physically.

Theatre-based education, delivered in partnership with ArtPolis, has emerged as a powerful medium to engage communities on sensitive topics. By using humour and edutainment, performances address issues such as toxic masculinity, GBV, and gender roles. This approach has proven instrumental in reaching both urban and rural audiences, breaking down barriers to dialogue in traditionally resistant communities. FemArt, organised by ArtPolis for around 11 years, has been also supported by UNFPA during the period 2021-2023, and has reached around 350,000 people virtually and engaged more than one thousand physically every year.

Similarly, social media campaigns, such as the "Bodyright" initiative, have leveraged digital platforms to capture the attention of diverse audiences, particularly youth. By collaborating with around 13 influencers and employing relatable messaging, these campaigns have raised awareness about online abuse and digital safety, fostering conversations about the risks of exploitation in the digital age. This campaign has reached out at more than 500k people online.

¹¹¹ Statistical Agency of Kosovo and UNICEF (2020). 2019–2020 Kosovo Multiple Indicator Cluster Survey and 2019-2020 Roma, Ashkali and Egyptian Communities Multiple Indicator Cluster Survey, Survey Findings Report. Prishtina, Kosovo: Statistical Agency of Kosovo and UNICEF

Marking international days, such as the "16 Days of Activism," International Women's Day, and Girl Child Day, has provided vital opportunities to raise awareness about critical issues. These events have reached large audiences and encouraged discussions on gender equality and empowerment, creating visibility for marginalized voices and topics. Increased awareness of GBV and digital abuse is evident in the growing number of affected individuals reporting violence to authorities. The total number of reported domestic violence cases has increased in the last years from a total of 2,069 cases in 2020 to a total of 2,638 cases in 2023.

Box 4.3.1. Youth vulnerability in the digital age: Cases from Focus Group Discussions

Case 1: Cyberbullying and exploitation

A teenage girl was threatened by a boy who secretly photographed her during an intimate moment. He demanded that she comply with inappropriate actions, or he would share the images on social media. The girl then had to comply and had intimate relations with five other friends of the boy. The girl reported the case.

Case 2: Self-harm influenced by social media

In Fushe Kosove and Lipjan, cases of self-harm (vein-cutting) among teenagers were reported, influenced by harmful trends and instructions found on TikTok. Some videos or posts provide step-by-step guidance on self-harming behaviours in cases when parents would not allow them to go out with friends.

Despite these achievements, challenges remain in sustaining and scaling the programme's impact. Evidence from focus groups and interviews highlights that while activities like those implemented by the K10 Coalition are effective in raising awareness, they are **largely short-term and do not foster sustainable engagement with local stakeholders and policymakers**. Deeply rooted cultural and societal norms often pose significant barriers to discussing sensitive issues like GBV, menstrual hygiene, and reproductive health. **Resistance is particularly strong in conservative or rural communities**, limiting the acceptance and impact of awareness efforts. Some activities have **low outreach**, such as marking international days by engaging with local communities. In addition, through online campaigns have higher outreach, they have less potential to reach out to vulnerable groups who are not online. Social media, while an effective tool for awareness, also amplifies misinformation and harmful trends. These risks undermine awareness campaigns and create competing narratives that can mislead or harm target populations.

Awareness raising interventions **are heavy reliant on UNFPA funding**, which creates vulnerabilities in achieving sustainability. A lack of robust monitoring and evaluation systems further compounds these issues, leaving gaps in understanding whether campaigns achieve meaningful impact, particularly among conservative populations. This also limits the ability to adapt and optimize strategies over time. Sustaining results requires addressing broader systemic challenges. The increasing prevalence of nationalist and patriarchal rhetoric, coupled with ongoing social media narratives normalizing violence, presents a significant threat to the progress made.

Engaging with the perpetrators. Stakeholders recognise the key role of UNFPA in opening up the discussion of working with the perpetrators for the first time and have proven to be a critical intervention in addressing GBV in Kosovo. Around 100 men and boys received more than 900 counselling sessions, which provided vital support to individuals seeking to unlearn harmful behaviours and rebuild relationships. Sessions typically last 16 to 24 weeks, with weekly one-hour meetings and additional follow-ups to reinforce rehabilitation. In some cases, treatment spans a year to ensure comprehensive behavioural change. These sessions are structured to rehabilitate perpetrators, challenging traditional toxic masculinities and promoting healthier attitudes and behaviours. As the only organization in Kosovo offering rehabilitation for GBV perpetrators in alignment with the Istanbul Convention, SIT addresses a critical need that institutions have yet to fulfil.

Evidence collected from in-depth interviews highlight that around 80% of men and boys who complete the programme show significant progress in understanding and addressing their behaviours and have reported decrease in the incidence of repeated violence, however, no M&E mechanism is currently in place to back it up.

Policy reform on GEWE. The policy initiatives supported like the Law on Prevention and Protection from Domestic Violence Against Women and GBV (2021–2023) has been approved. The new Gender Equality Strategy and Action Plan is in the process of drafting and will be ready by 2025. Feedback on the current status of the action plan against child marriages could not be obtained. The desk review and discussion during in-depth interviews reveal that while a relatively comprehensive legal framework is in place, implementation remains weak. GBV continues to be widespread, disproportionately impacting women and girls. This issue is further exacerbated by the global surge in hate speech, divisive rhetoric targeting women and girls, cyberbullying, inter-ethnic tensions, and discrimination against minorities and marginalized groups. Early marriage persists, particularly among some Roma, Ashkali, Egyptian, and rural girls, highlighting deeply rooted societal challenges. Although institutional responses to violence and access to justice have seen improvements, significant gaps remain. Rehabilitation and reintegration services for survivors and perpetrators are insufficient, and financial resources to address these issues are inadequate.

On the other hand, civil society, traditionally a champion for such reforms, has retreated from engaging in this area, partly due to reduced funding. The political climate in Kosovo exacerbates these challenges. Security concerns, such as the recent incidences in Banjska and fears of escalating conflict. The prioritization of security related matters divert attention and resources from critical social issues. Strengthened partnerships and advocacy for institutional accountability will be crucial in ensuring long-term impact and alignment with beneficiaries' evolving needs. As such, UNFPA's support to advance policy reforms in GEWE must remain focused and impactful.

Following the research on sexual harassment at the university of Prishtina, an internal regulation on how to treat sexual harassment cases has been drafted and approved. ArtPolis has conducted information sessions with all first-year university students on how to report sexual harassment and it is treated as per the approved regulation. Information on the current implementation status of this regulation could not be obtained.

Progress Towards Achievement of Higher-Level Outcomes

There is significant lack of data to track **trends in key outcome and impact indicators related to GEWE**, such as use of disposal methods and consistent access to hygiene products, change in violent behaviour, change in early child marriages, cases of reported cases of online harassment, etc. This data gap limits the ability to assess changes at higher results levels and evaluate where these changes are influenced in any way by the UNFPA programme. However, limited available data indicate that 25.6% of the ever-partnered women and girls aged 18 and older subjected to physical, sexual or psychological violence by current or former intimate partner in the previous 12 months in 2022 (SAK, Survey on Gender Based Violence, 2022). Figures on the trends are not available. On the other hand, the total number of reported domestic violence cases has increased in the last years from a total of 2,069 cases in 2020 to a total of 2,638 cases in 2023. Discussions with key informants and FGD participants highlighted an increased awareness of response mechanisms in place.

Key assumption 1.3.2: UNFPA's efforts to enhance policies and build private and public sector capacities to promote Gender and Family Responsive Policies (GFRP) support their implementation, fostering better work-life balance and increasing women's labour force participation

Summary of finding: UNFPA's GRFP work focused on policy reform, capacity building, and private sector engagement to improve work-life balance. Support to MFLT included awareness-raising on the EU Work-Life Balance Directive, technical assistance to transpose it to the Kosovo legislation and drafting non-binding manuals. Seven companies piloted GRFP practices, but progress remains slow due to delays in adopting Kosovo's new Labour Law. The private sector is reluctant to implement changes, citing burdens and lack of incentives. Civil society and parliamentarians have had limited roles in the process, restricting inclusive dialogue. While pilot efforts have started, structural barriers and insufficient political will continue to hinder the institutionalisation of GRFP reforms.

Policy reform on GRFP. The integration of work-life balance directives into Kosovo's legal framework remains under discussion but is hindered by the prolonged delays in finalizing the Labour Law. Insights from in-depth interviews with members of the Assembly of Kosovo reveal that the institutions have yet to submit the draft law, making it unlikely to reach parliamentary review until after the upcoming elections. Given that the draft law has not been sent to the Assembly of Kosovo yet, the latter has limited information and analysis over the impact of such legislative revisions, which also hinders its capacity to engage effectively in informed debates and decision-making processes regarding the Labour Law. The MFLT has expressed reservations about the private sector's capacity to implement GRFP effectively, such as amending provisions on parental leave, flexible working hours, etc. In addition, civil society organizations have raised concerns over the institutions' lack of transparency regarding the Labour Law's working group. They highlight that the Labour Law has remained unchanged since 2010, leaving Kosovo as the only one in the region that has not revised its labour legislation. This stagnation underscores the pressing need for improved institutional engagement, transparency, and accountability in updating policies to reflect current labour market realities and align with European standards, as recommended also in the recent Progress Report.

Despite these concerns, the MFLT underscores the importance of raising awareness among public officials which has been supported by UNFPA. Due to this support, the staff of the MFLT has been able to develop manuals to raise awareness among private sector on implementation of work-life balance directive. These manuals aim to prepare companies for future implementation of work-life balance directives and are expected to be published in 2025. While non-binding, these resources are intended to foster private sector understanding and readiness ahead of legal mandates. The MFLT is currently preparing a dissemination plan to identify priority municipalities and sectors.

Engaging with the private sector in GRFP. Seven companies were supported to build their capacities to apply GRFP but no information on the outputs achieved were obtained due to the limited participation of companies in the planned focus group discussion. However, the project's regional evaluation conducted during 2024 has captured the key internal policies that were implemented by the champion companies. In-depth interviews with project stakeholder highlight that some of the champion companies demonstrated resistance to implementing recommended changes, often citing overburdened HR departments and additional workload as key reasons. This reluctance highlighted a broader challenge of engaging companies in adopting work-life balance initiatives without sufficient incentives or clear benefits to finance initiatives like in-house creches or kindergartens, rooms for breastfeeding or pumping machines, etc.

Key assumption 1.4.1: UNFPA's efforts to enhance the legal framework, regulations, procedures, communication, outreach, and implementation capacities of the Statistical Agency of Kosovo for conducting the population census contribute to the successful execution of the PHHC, providing more comprehensive and reliable population data and projections for improved policy-making

Summary of finding: The Statistical Agency of Kosovo successfully conducted its 2024 Population, Household, and Housing Census (PHHC), leveraging advanced IT tools for improved efficiency and data quality, a feat internationally commended despite partial boycotts in northern municipalities. UNFPA played a pivotal and flexible role in supporting SA throughout the process, contributing to communication, legal and budgetary aspects, questionnaire revision, funding gap solutions, and fostering regional collaboration. However, moving forward, SA requires continued UNFPA technical to transition to register-based censuses, and develop expertise in population projections and demographic analysis.

The Statistical Agency of Kosovo (SAK) successfully conducted the 2024 Population, Household, and Housing Census (PHHC) after multiple delays.¹¹² For the first time, SA utilized advanced IT tools such as Computer-Assisted Personal Interviewing (CAPI) and Geographic Information Systems (GIS), which enhanced operational efficiency, enabled real-time data verification, improved data quality, and allowed faster publication of results. GIS technology facilitated accurate access to enumeration areas through geo-referenced maps, helping to avoid missing populated regions. The 2024 Census questionnaire included about 20% more questions compared to the 2011 Census, allowing for more detailed data collection on demographics, education, employment, and housing conditions. Despite political tensions leading to a partial boycott in some northern municipalities, the Census achieved broad coverage, with SA reporting over 99.8% of residential facilities successfully enumerated, excluding the northern municipalities.¹¹³ An international expert advisory/review mission by UNFPA and UNECE commended the thorough preparation of the Census, noting adherence to international standards and recommendations¹¹⁴ and efforts to engage all ethnic communities.¹¹⁵

According to key informants, UNFPA played a pivotal role in supporting the Census at various stages, contributing to the successful implementation of the 2024 PHHC. In communication and outreach, SA implemented recommendations from UNFPA experts to improve media engagement, avoiding mistakes observed in other countries and shifted their communication strategy from face-to-face interactions to active social media engagement. SA also implemented widespread communication and outreach campaigns some of them which were directly developed and disseminated by UNFPA, contributing to positive sentiment and broader inclusion of community groups in the Census process. Beyond communication, UNFPA's contributions were highlighted during the drafting the PHHC law, conducting budgetary estimates, advocating for approval of draft PHHC law and financial allocation for Census, and revising the Census questionnaire with stakeholder input. During the dissemination phase, SA recognized UNFPA's valuable assistance in identifying institutional data needs, ensuring that the processing and release of Census results were aligned with stakeholder requirements.

¹¹² Initially postponed due to the COVID-19 pandemic, the Census faced further rescheduling, moving from 2022 to 2023, and ultimately to 2024, when it was finally completed.

¹¹³ Statistical Agency of Kosovo (2024): Report on the population, household and housing census in Kosovo

¹¹⁴ Conference of European Statisticians Recommendations on Population and Housing and Censuses

¹¹⁵ Mission Report (UNECE-UNFPA): Advisory mission to support the 2024 population and housing census of Kosovo

SA praised UNFPA's flexibility and responsiveness in addressing funding gaps caused by repeated Census postponements. UNFPA was able to swiftly mobilise international and local expertise, a process SA noted would have been hindered by its procurement constraints. Additionally, SA was very appreciative to UNFPA for bringing valuable regional experiences to Kosovo by organizing events such as Population Census Week, which fostered collaboration between statistical agencies from North Macedonia, Albania, Montenegro, and Croatia.

Despite these achievements, certain challenges remain. Structural issues with budget allocation and procurement processes persist, potentially affecting future Census efforts. SA is planning to transition from fully field-based to register-based Censuses which will reveal significant and perhaps different capacity and resource gaps, requiring further technical support from UNFPA to facilitate this transition. Furthermore, SA lacks the expertise to produce the next round of population projections and demography dividend analysis based on the Census data, highlighting an area where continued UNFPA assistance will be critical.

Key assumption 1.4.2: UNFPA's efforts to strengthen the capacities of relevant institutions on National Transfer Accounts and CRVS, combined with improved population data from the Census and other analytical work, contribute to more effective policy development informed by robust population data

Summary of finding: Kosovo initiated National Transfer Accounts (NTAs) for the first. Simultaneously, efforts to integrate its Civil Registration and Vital Statistics (CRVS) system are underway, though stalled by the lack of a functional Health Information System. While UNFPA has produced analyses on the elderly, these have yet to yield consistent tangible outcomes. While considerable progress has been made in increasing the availability of population data, particularly through these initiatives and PHHC, Kosovo faces significant challenges in leveraging demographic data for policymaking, with limited utilization attributed to a lack of awareness and different political priorities.

National Transfer Accounts (NTA)

In 2022, the Riinvest Institute calculated the National Transfer Accounts (NTAs)¹¹⁶ for the first time, with the goal of enhancing the understanding of how population trends and demographic changes impact economic growth, public finances, and other key aspects of the macroeconomy. The process of constructing the first NTAs for Kosovo was particularly challenging due to the lack of up-to-date data. For instance, the initial NTA was based on the 2018 Survey on Income and Living Conditions and the 2017 Household Budget Survey. Additionally, the data lacked the level of disaggregation required for accurate NTA construction. New data sources are expected to become available for the next round of NTAs, planned for next year. However, even with updated primary data, some limitations will remain, requiring further attention and refinement. Currently, the expertise needed for calculating NTAs resides within Riinvest, and it is essential to transfer this knowledge to other institutions. This would ensure the sustainable production of NTAs in the future and enhance their use in policy development.

¹¹⁶ Such as labour income across age groups, private consumption in education and health, private consumption other than health and education, public consumption in education and health, life cycle deficit (aggregate consumption less aggregate income) and public asset-based reallocations. According to the life cycle deficit account, which is one of the most important indicators regarding NTA Kosovo people on average begin to generate income equivalent to their consumption levels at late twenties and save until early sixties before the retirement age.

Civil Registration and Vital Statistics System (CRVS)

In 2021, the UNFPA conducted a Comprehensive Assessment of the Civil Registration and Vital Statistics (CRVS) systems in Kosovo¹¹⁷. The assessment was validated in collaboration with representatives from the Institute of Public Health (IPH), the ministry of health (MoH), the Civil Registration Agency (CRA), and the Statistical Agency of Kosovo (SAK). The assessment identified several key challenges¹¹⁸ and recommended transitioning to an integrated system for data registration and exchange. In response, SA has phased out paper-based formats and now directly obtains data from the CRA. A Memorandum of Understanding (MOU) was signed between SA and CRA to collaborate on harmonizing institutional data and establishing a centralized system for data collection. Moreover, the parties have agreed on a unified form for registering and obtaining vital statistics data. However, the absence of a functional Health Information System (HIS) has hindered the implementation and completeness of the data exchanged between the ministry of health, CRA and SA. As a result, no final agreement has been reached on the roadmap for the implementation of the unified forms, and further progress is contingent on the functionality of the HIS.

Analytical Products on Elderly

In 2022, UNFPA produced a report on Loneliness and Social Isolation of Older Persons in Kosovo, which was launched during the International Day of Older Persons event. The report identified the scale of loneliness and its risk factors among older people in Kosovo, offering policy recommendations for the institutions of Kosovo to improve support for healthy aging and prevent loneliness for older people in Kosovo. However, the report did not lead to further tangible outcomes. Similarly, despite efforts to establish the Coordination Body on Population Development (CBPD) in Kosovo, no additional results were achieved. At the end of 2024, UNFPA also calculated the Active Ageing Index to assess the living conditions of older people and determine necessary policy adjustments.

Progress Towards Achievement of Higher-Level Outcomes

The programme aims to achieve three key outcomes: improved availability and quality of population data, enhanced demographic projections, and better-informed policies leveraging this data. Considerable progress has been made in increasing the availability of population data, particularly through initiatives like the PHHC, the National Transfer Accounts (NTA), and some analytical products such as Loneliness Report. Population projections are expected to be developed with UNFPA support following the publication of the Census results.

While demographic data and projections are critical for understanding population dynamics and designing evidence-based policies, the programme's outcome in this area has fallen short of expectations. In Kosovo, the utilization of population data for policymaking remains limited and sporadic. Policymakers and public institutions often lack awareness or interest in demographic changes and their policy implications. This may be attributed to Kosovo's relatively young population but also to political agenda which is heavily focused on the EU-facilitated dialogue with Serbia and tensions in the northern municipalities. However, the publication of the 2024 Census, which revealed Kosovo's population to be 200,000 lower than in 2011, may prompt greater attention to population decline, though changes in age structure might still be overlooked.

¹¹⁷ Which are formal mechanisms for recording key life events such as births, deaths, causes of death, divorces, and migration

¹¹⁸ (i) discrepancies between the number of birth and death certificates completed by the health system and those registered by the CRA, (ii) continued reliance on paper forms rather than online data registration and exchange, (iii) insufficient cooperation and data sharing between KAS, CRA, and MoH, (iv) the absence of manuals to standardize the collection, definition, and harmonization of data, as well as to clarify processes and roles for data exchange and verification, (v) a lack of quality control, comprehensive coverage, and auditing mechanisms.

While progress has been made in population data collection and projections, the same cannot be said for other critical area of work of UNFPA: sexual and reproductive health and rights (SRHR). Kosovo lacks up-to-date data to reliably track trends on several key Sustainable Development Goals (SDGs) related to SRHR, such as SDG indicators 3.1.1, 3.3.1, 3.7.1, 3.7.2, 5.2.1, 5.2.2, 5.3.1, 5.6.1, 16.1.3, 16.2.3, and 16.9.1. Without updated and reliable data, it is challenging to develop or adapt policies that effectively address SRHR needs.

4.2. Relevance

Evaluation Question 2: To what extent is the UNFPA programme and its interventions are aligned with and respond to the (i) current needs of target beneficiaries, especially vulnerable women and youth, (ii) Kosovo's institutions policy objectives and priorities, (iii) local conditions (iv) UNFPA Strategic Plan and the UN Sustainable Development Cooperation Framework (UNSDCF)?

Key assumption 2.1: The UNFPA Kosovo 2021-2025 programme and its interventions are aligned with and respond to the current needs of target beneficiaries, especially vulnerable women and youth

Summary finding: UNFPA Kosovo's 2021-2025 programme and its interventions are largely aligned with and responsive to the current needs of target beneficiaries, especially vulnerable women and youth, in the area of sexual and reproductive health, as well as in emergency preparedness, adolescent and youth programming, gender equality, and population dynamics. UNFPA has focused on integrating disability inclusion into its programme, but an evaluation suggests a need to expand this systematic approach to include other marginalized groups more consistently.

The UNFPA's SRH interventions consistently demonstrate strong alignment with beneficiaries' needs. Actions like costed integrated SRH action plans, inquiries, and awareness efforts are fully relevant, as are advocacy for HPV vaccination, public awareness campaigns, and the training of healthcare providers. The cervical cancer screening programme actively engaged women through local municipalities and prioritized their feedback, increasing participation and ensuring the programme was responsive to specific needs. Similarly, UNFPA's emergency preparedness and response interventions show full relevance. They actively involve community members in Minimum Initial Service Package (MISP) exercises, which include comprehensive and safe simulations for emergency scenarios. Awareness campaigns are inclusive, targeting women, people with disabilities, and Roma, Egyptian, and Ashkali communities through info sessions and media outreach, ensuring broad participation and addressing the needs of marginalized and vulnerable populations.

For A&Y, while the most recent data is unavailable, the need for CSE remains significant where challenges persist due to low contraceptive use and the taboo nature of the topic, exacerbated by reliance on unverified online information. UNFPA's peer education and condom social marketing components effectively address youth needs, particularly in bridging gaps in sexual and reproductive rights (SRR) knowledge. A special focus is placed on vocational and technical high school students, who often lack formal SRHR education and face higher risks. Furthermore, UNFPA interventions under the Peacebuilding Fund (PBF) project address key challenges for youth, including widespread bullying, harassment, and violence in schools, as highlighted by the 2022 Save the Children 'Young Voices' survey, which found that 35% of youth aged 13-17 experienced bullying or harassment.¹¹⁹ To improve inclusivity, UNFPA developed

¹¹⁹ Save the Children Kosovo (2022): New Voices. According to this report about 14% of boys and 9% of girls in this survey also stated that they rarely or never feel safe online, while only 60% of boys and 62% of girls stated that they were taught at school how to use the Internet safely

specialized CSE manuals and trained teachers for students with disabilities in five specialized schools. The PBF project also fostered understanding and equality by bringing together youth from diverse ethnic and ability backgrounds, such as the Young Ambassadors of Peace programme, which included 5 Kosovo Serbs and 10 Kosovo Albanians, and inclusive sports events with Special Olympics Kosovo.

Regarding GEWE, the UNFPA programme aligns well with the needs of vulnerable women and youth through its targeted and relevant interventions. It has successfully addressed immediate challenges, such as working with perpetrators of GBV and addressing traditional norms through community engagement. The programme has also shown flexibility in adapting to emerging needs. Additionally, interventions have been highly relevant in exposing local actors to best practices for enhancing awareness of Gender-Responsive Family Policies (GRFP), with manuals and approaches tailored to local needs.

Finally, in PD, UNFPA's interventions are highly relevant to the needs of the population, especially given Kosovo's demographic transition marked by population decline and shifts in age structure. UNFPA has provided substantial support to the Statistical Agency of Kosovo (SAK) for the 2024 Population and Housing Census (PHHC), developing awareness-raising materials in four languages (Albanian, Serbian, Turkish, Roma), sign language, and Braille print to ensure accessibility for all population groups. The census questionnaire and software were also available in multiple languages and upgraded to better capture data on people with disabilities. A joint assessment by UNFPA and the United Nations Economic Commission for Europe (UNECE) praised SA for its extensive efforts to engage all ethnic communities in the census. UNFPA's 2022 report on loneliness and social isolation among older people and the calculation of the Active Ageing Index also align with the global commitment to "Leaving No One Behind," addressing the needs of an aging population.

UNFPA has prioritized disability inclusion, implementing a consistent and structured approach in areas like SRH, CSE, and GBV services. This includes accredited SRH training modules for healthcare personnel covering people with disabilities, and specialized CSE manuals and teacher training for students with disabilities in five schools. While this focus on persons with disabilities is justified given the critical accessibility and inclusion gaps, the evaluation revealed a less systematic and more sporadic engagement with other marginalized groups. This indicates a need for UNFPA to broaden and consistently apply its inclusivity principles, informed by data and contextual analysis, to fully uphold its commitment to leaving no one behind across all programming.

Key assumption 2.2: The UNFPA Kosovo 2021-2025 programme and its interventions are aligned with and respond to the Kosovo's institutions policy objectives and priorities

Summary finding: The UNFPA's program in Kosovo demonstrates strong alignment with Kosovo strategies across several key areas. Its Sexual and Reproductive Health (SRH) initiatives directly support the priorities of ministry of health, defined by the Sectoral Health Strategy 2025–2030. Similarly, Adolescent and Youth (A&Y) interventions, such as school-based Comprehensive Sexuality Education (CSE) and peer education, align with the Youth Strategy by empowering young people with essential life skills. In Gender Equality and Women Empowerment (GEWE), UNFPA's efforts are well-integrated with the Kosovo Programme for Gender Equality and the Strategy against Domestic Violence, focusing on economic empowerment and combating violence. However, while Population Dynamics (PD) interventions like the Census align with policy objectives, there's a notable lack of awareness among policymakers regarding the importance of demographic changes and a challenge in securing investment for data infrastructure, which limits the overall impact in this area.

In the area of SRH, the UNFPA programme demonstrates strong alignment with Kosovo strategies, including the ministry of health reproductive health priorities and the broader Sectoral Health Strategy. Key initiatives such as expanding access to SRH services, strengthening the capacity of healthcare providers, and implementing cervical cancer screening in municipalities directly support these objectives. For instance, SRH interventions contribute to Specific Objective 2.1 of the Sectoral Health Strategy 2025–2030, which focuses on ensuring the health of mothers, children, and adolescents. Similarly, activities related to cervical and breast cancer prevention align with Specific Objective 2.4, which calls for the development and implementation of action plans for cervical, breast, and colorectal cancer. Additionally, UNFPA’s work on emergency preparedness and response, including the integration of the Minimum Initial Service Package (MISP) into central and municipal emergency frameworks and the training of healthcare personnel, is well-aligned with Kosovo’s broader institutional goals to strengthen emergency response systems.

Regarding A&Y, the school-based CSE interventions are aligned with the Youth Strategy, specifically addressing the first specific objective of empowering young people with essential life skills which includes measures aimed at improving health education, covering physical, sexual, and mental health from formal education. Similarly, peer education and social marketing of condoms are consistent with the Youth Strategy 2024-2032, particularly its first specific objective.¹²⁰ PBF interventions also show close alignment with the Youth Strategy, particularly with Specific Objectives 1 (Empower), 3 (Engage).¹²¹

For GEWE, all interventions in this field align well with the Programme for Gender Equality 2020-2024, particularly its first pillar focused on enhancing women's labour market participation and its third pillar addressing structural violence and discrimination with a victim-centered approach to combating GBV. Additionally, the programme aligns with the Strategy against Domestic Violence and Violence Against Women 2022-2026, especially in preventing and identifying violence through public and institutional awareness-raising and developing services for perpetrator reintegration. Stakeholders emphasize UNFPA's proactive role in raising awareness among institutions and holding them accountable on GEWE issues.

In the area of PD, the programmatic interventions related to the Census are highly aligned with Kosovo's institutional policy objectives and priorities to conduct the Population and Housing Census (PHHC) in 2024. However, it's noted that policymakers and public institutions in Kosovo appear largely unaware of or uninterested in the significance of demographic changes and their policy impact, which diminishes the overall relevance of UNFPA’s efforts in this specific aspect. A comparable challenge exists in securing the necessary investment to strengthen the capacity of the Statistical Agency of Kosovo (SAK) to generate and provide access to real-time, high-quality data, which is crucial for informed decision-making.

¹²⁰ Specific Objective 1 of Youth Strategy (2024-2032) “Empowering or equipping young people with essential life skills for a successful and prosperous life” aims to equip Kosovar youth with life skills, necessary for their personal and professional development and empowering them to live a comfortable and successful life, in harmony with others. The interventions cover different areas of life skills such as i) Health education (physical, sexual and mental) ii) Socio-emotional skills, iii) Digital skills and computer knowledge, iv) Civic education, v) Education on safety and social cohesion, vi) Education on environmental protection, vii) Cultural, artistic, and sports education, etc.

¹²¹ Specific Objective 3 of Youth Strategy (2024-2032) “Improving youth policies and empowering young people in decision-making, policy-making, and implementation of programs aimed at society development”, envisions the implementation of various political measures in order to improve youth policies to more effectively and efficiently support the development and empowerment of young people both personally and as agents of positive change in the community and society.

Key assumption 2.3: The UNFPA Kosovo 2021–2025 programme and its interventions are aligned with and respond to the local conditions

Summary finding: The UNFPA program largely aligns with local conditions in SRH, addressing healthcare gaps. While A&Y's school-based CSE is well-suited to local needs due to adoption of the new curricular framework, peer education struggles with local adaptation and societal discomfort. PBF interventions are very relevant for local conditions particularly in promoting inter-ethnic dialogue among young people. In PD, Census support is considered relevant to local conditions aligning with Kosovo's commitment to conduct a Population and Housing Census every decade.

In SRH, the programme significantly aligns with local conditions. Interventions focused on improving access to SRH services and enhancing healthcare providers' capacity demonstrate an understanding of the local healthcare system's limitations. Efforts to tackle gender-based violence and promote family planning are particularly relevant given existing social and cultural barriers. Cervical cancer screening and care interventions are well-aligned with the growing local need for preventative healthcare, with screening programmes established in several municipalities and training for healthcare providers reflecting an understanding of local gaps. Nevertheless, local conditions such as the lack of a functional cancer registry and insufficient coordination among healthcare facilities present ongoing obstacles that need to be addressed for better alignment with local healthcare realities. The programme's emergency preparedness and response initiatives are also well-adapted to local conditions, proving relevant during recent emergencies like floods and the COVID-19 pandemic. Integrating the Minimum Initial Service Package (MISP) into municipal and Kosovo emergency plans highlights a clear understanding of local vulnerabilities and logistical challenges, while capacity-building activities ensure a localized approach.

For A&Y, the school-based CSE fits local conditions well, given the integration of sexuality education for the first time into the core curriculum of pre-university education over the past decade. However, peer education initiatives remain limited, as they are not fully adapted to the local context. Schools often lack the institutional support to encourage peer-led activities, and broader societal discomfort with openly discussing sexual and reproductive health and rights (SRHR) further hinders their effectiveness. PBF interventions are highly relevant, particularly in promoting inter-ethnic dialogue and encouraging youth participation in peacebuilding processes. Nonetheless, their overall impact is constrained by persistent political tensions, limited trust among communities, and inadequate institutional mechanisms to sustain these efforts over time.

Regarding PD, the programmatic intervention related to the Census is considered relevant to local conditions, aligning with Kosovo's commitment to conduct a Population and Housing Census every decade. UNFPA has played a crucial role in supporting the SA, particularly in addressing funding gaps caused by repeated Census postponements.

Key assumption 2.4: The UNFPA Kosovo 2021–2025 programme and its interventions are aligned with the UNFPA Strategic Plan 2022–2025 and the UN Sustainable Development Cooperation Framework (UNSDCF)

Summary finding: The UNFPA Kosovo 2021–2025 programme demonstrates strong alignment with both the UNFPA Strategic Plan (2022–2025) and the UN Sustainable Development Cooperation Framework (UNSDCF).

Key interventions in SRH, including the Cervical Cancer Screening Programme (CCSP), broader SRH services, and the Minimum Initial Service Package (MISP) for crisis situations directly contribute to UNFPA Strategic Plan Outcomes 1 and 2, which aim to reduce the unmet need for family planning and preventable maternal deaths by 2025. These efforts also align with UNSDCF Outcome 2, which focuses on enhancing access to equitable, high-quality, and integrated health, education, and social protection services, particularly for marginalized groups. The A&Y programming is aligned with UNFPA Strategic Plan Output 6 (By 2025, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital) and UNSDCF Outcome 5,¹²² emphasizing youth empowerment, civic engagement, and gender equality.

In the area of GEWE, the programme supports Strategic Plan Outcome 3, targeting the reduction of gender-based violence (GBV) and harmful practices. These efforts also contribute to UNSDCF Outcome 5 by enabling women, youth, and vulnerable populations to claim their rights, achieve gender equality, and fulfil civic responsibilities. Activities such as legal advocacy, awareness campaigns, and community-level initiatives reflect this strategic alignment.

Population Dynamics interventions are directly linked and contribute to Strategic Plan Output 4, which focuses on population change and data, and also support the cross-cutting elements of UNSDCF Outcome 5 related to improved data availability, strategic alignment, and SDG financing.

Additionally, the programme is well-positioned to advance several Sustainable Development Goals (SDGs), including 3.1, 3.3, 3.7, 5.2, 5.3, 5.6, 16.1, 16.2, 16.9, and 17.19. It also contributes meaningfully to the key benchmarks of the International Conference on Population and Development (ICPD), such as universal access to reproductive health services, maternal mortality reduction, gender equality in education, adolescent health, HIV/AIDS prevention, and women's empowerment.

4.3. Coherence

Evaluation Question 3: To what extent are the UNFPA programme and its interventions compatible (i) with other interventions in Kosovo, sector or institutions and (ii) with global framework (such as SDGs) international best practices and those practices implemented by UNFPA elsewhere (external coherence)?

Key assumption 3.1: The UNFPA Kosovo programme interventions are compatible with programme outcomes (internal coherence)

Summary finding: While many UNFPA Kosovo programme interventions align with the KPD, some gaps remain. SRH activities such as contraceptive access and cervical cancer screening are reflected in KPD outcome indicators, but maternal health and MISP interventions are not. CSE, peer education, and condom marketing align with KPD indicators but lack dedicated output statements. PBF and GEWE interventions are well aligned with relevant KPD outcomes, particularly those related to institutional trust and gender equality. However, GRFP activities and private sector partnerships lack corresponding outcome and output indicators and outputs. In contrast, Population Dynamics interventions are coherent, with clear outcome and output indicators aligned with KPD priorities on demographic data and evidence-based policymaking.

¹²² UNSDCF's fifth outcome on "Increased gender equality and rights-holders' participation, empowerment, and civic engagement.

In terms of internal coherence, not all SRH interventions are fully reflected at the outcome level of the KPD. While indicators related to contraceptive prevalence, procurement, and cervical cancer screening are included in the KPD outcome indicators, maternal health and MISP activities are not represented at this level.

CSE, peer education, and condom social marketing are aligned with the KPD outcome indicator: “Percentage of young people aged 15–24 reporting condom use during last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months.” However, these interventions lack dedicated output statements in the KPD, even though they are tracked through output-level indicators. Instead, they are reported under the output statement “More inclusive and quality primary and secondary education,” which better reflects an outcome-level change, creating a misalignment. Peacebuilding Fund interventions are coherent with KPD Output 2.2, which aims to “Increase confidence in institutions and trust among rights holders, particularly among youth.”

GEWE interventions are aligned with KPD outcome indicators such as SDG 3.7.1 and the “Percentage of people aged 15–49 who believe domestic violence is justified,” as well as with Output 2.2 on institutional trust and youth empowerment. However, Gender-Responsive Family Policy (GRFP) interventions lack corresponding indicators in the KPD and are only partially coherent with Output 3. Activities conducted in collaboration with the private sector have neither a dedicated output nor indicators within the KPD.

PD interventions are well-aligned with three KPD outcome indicators: (i) completion and public release of the 2021 Census, (ii) Open Data Inventory (ODIN) score improvements, and (iii) availability of quality census data for evidence-based policymaking. PD interventions also have a clearly defined output statement and corresponding output-level indicators in the KPD, captured under the statement “Mainstreamed demographic intelligence to improve the responsiveness, targeting, and impact of development policies, programmes, and advocacy.” However, within the Population Dynamics (PD) area, some output-level indicators should be elevated to the outcome level, as they reflect shifts in institutional behaviour and performance (such as the indicator measuring the number of formulated policies and programmes based on identified priorities using population data).

Key assumption 3.2: The UNFPA Kosovo programme interventions are compatible with other interventions in Kosovo, sector or institution (in-Kosovo coherence)

Summary finding: UNFPA Kosovo’s programme interventions demonstrate strong compatibility with other central, sectoral, and institutional initiatives. Across all areas, close collaboration with institutions and civil society has supported alignment and coherence with existing programmes.

UNFPA's SRH interventions are well-integrated within the health sector in Kosovo, aligning with Kosovo policies and supporting initiatives like costed action plans and contraceptive security advocacy. The integration of the MISP into emergency plans also ensures strong coherence with existing disaster response frameworks. Additionally, UNFPA's efforts in reproductive cancer prevention, including HPV vaccine advocacy and cervical screening services, are consistent with Kosovo’s institutional frameworks.

In A&Y, UNFPA has effectively supported sexuality education through both formal schooling and informal peer education. Recognizing that CSE in schools takes time to fully implement, UNFPA has strategically focused its peer education efforts on students in vocational education and training (VET) schools, where CSE is not yet part of the curriculum. This approach enhances the coherence and reach of sexuality education across different educational levels.

Across various sectors, UNFPA interventions are highly compatible with other sectoral and institutional efforts. Strong partnerships with key Kosovo bodies, including the Prime Minister’s Office and the Ministry of Justice, ensure alignment with Kosovo policies such as the Programme for Gender Equality and the Strategy against Domestic Violence and Violence against Women. Collaboration with local civil society organisations further strengthens these efforts, particularly in addressing GBV and promoting gender equality.

Regarding PD, UNFPA has played a crucial role as the primary international organisation providing technical assistance to the SA, especially as SA faced challenges securing other international support due to repeated postponements of the Census. Consequently, no coherence issues were observed with other international interventions supporting SA efforts to conduct the 2024 PHHC. However, questions may arise about the internal coherence of the various interventions UNFPA provided to SA during the PHHC process. While UNFPA addressed a broad spectrum of SA needs stemming from funding gaps and delayed allocation of funds caused by repeated Census postponements, this demand-driven and client-focused approach may have drawbacks. Specifically, the wide-ranging but fragmented support may undermine efforts to build the long-term institutional capacity of SA.

Key assumption 3.3: The UNFPA Kosovo programme interventions are compatible with global framework (such as SDGs) international best practices and those practices implemented by UNFPA elsewhere (external coherence)

Summary finding: The UNFPA Kosovo programme interventions consistently demonstrate strong alignment with global frameworks, including the Sustainable Development Goals (SDGs), and effectively integrate international best practices and approaches established by UNFPA in other contexts.

In SRH, the programme's advocacy for the inclusion of contraceptives in the Essential Drug List and its focus on family planning directly support SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality). The emphasis on capacity building for healthcare providers and developing clinical guidelines aligns with international best practices promoted by UNFPA globally, ensuring quality and equity in healthcare delivery. Initiatives such as training on SRHR for marginalized communities and including SRHR education for youth further demonstrate adherence to UNFPA's global priorities for equity and rights-based healthcare. In cervical cancer prevention and screening, the Kosovo programme reflects global UNFPA strategies by focusing on early detection, capacity building, and developing robust clinical guidelines, consistent with international best practices like WHO recommendations. The inclusion of cervical cancer screening as a regular service in multiple municipalities and advocacy for HPV vaccination further exemplify alignment with global frameworks and proven practices. However, challenges like the non-functional cancer registry highlight the need for continued efforts to fully integrate international standards in health information systems.

In Emergency Preparedness and Response, the programme’s integration of the MISP into central and municipal emergency plans aligns with internationally recognized frameworks for reproductive health in humanitarian settings. The COVID-19 response, including protective guideline development and awareness campaigns, further demonstrates adherence to global best practices in addressing public health emergencies. The programme's focus on SDG-aligned outcomes and its incorporation of international UNFPA strategies underscore its external coherence.

The CSE interventions follow the International Technical Guidance on Sexuality Education,¹²³ though the monitoring and evaluation (M&E) component of this framework lack fully compliance.¹²⁴ The peer education programme follows UNFPA standards and supports SDG 3 (health and well-being), as does condom social marketing. The Peacebuilding Fund project also contributes to SDG 16, promoting peace and strong institutions. For GRFP, UNFPA has adapted successful practices from initiatives from other countries initiatives and drawn inspiration from Sweden’s model for achieving work-life balance, tailoring these approaches to Kosovo’s local context. For GEWE, the programme adheres to the principles of the Istanbul Convention, a critical instrument for combating GBV and promoting gender equality, including SDG 5. This alignment is evident in UNFPA’s advocacy and policy work, including the development and delivery of reintegration counselling services for perpetrators of GBV. Finally, UNFPA’s support for the Statistical Agency of Kosovo (SAK) in conducting the Population and Housing Census (PHHC) is fully aligned with SDG 17.19.2, which calls for countries to conduct at least one population and housing census within a decade. Similarly, the UNFPA-supported calculation of National Transfer Accounts (NTA) adhered to international best practices established by the UN and EU.

Key assumption 3.4: The UNFPA contributed to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners (including UN Agencies)

Summary finding: The UNFPA Kosovo programme interventions consistently demonstrate strong efforts in fostering complementarity and synergies, effectively aligning with existing frameworks and leveraging collaborative efforts across various sectors to avoid duplication. The UNFPA Kosovo programme strategically ensures its efforts complement existing initiatives and avoid duplication by working closely with various partners and aligning with established frameworks. Furthermore, UNFPA actively participates in coordination platforms and joint planning efforts.

In SRH, UNFPA has achieved complementarity by aligning its interventions with existing frameworks and through collaborative efforts. For instance, advocacy for contraceptives in the Essential Drug List involved coordination with stakeholders to align with broader development goals. Partnerships with the Kosovo Chamber of Physicians and other organizations ensured that training and capacity-building initiatives strengthened healthcare workers' skills without duplicating efforts. Furthermore, UNFPA’s work with NGOs and municipal authorities to support underserved populations, such as Roma and Ashkali communities, has successfully addressed gaps rather than overlapping with existing initiatives. In cervical cancer prevention and screening, UNFPA has demonstrated strong complementarity by working closely with the ministry of health and other Kosovo and international partners to expand screening services across multiple municipalities. This collaboration has ensured alignment with cancer control priorities in Kosovo while avoiding duplication. UNFPA’s focus on capacity building, guideline development, and supporting early detection has complemented broader healthcare efforts, such as infrastructure improvements spearheaded by other development actors. UNFPA’s Emergency Preparedness and Response interventions have also ensured complementarity and avoided duplication through strategic collaboration with stakeholders like the Emergency Management Agency, the Red Cross, and municipal authorities. Integrating the MISP into emergency plans and jointly implementing field and table exercises have strengthened coordination and reduced risks of overlapping activities. UNFPA’s contributions to broader emergency preparedness efforts, including the response to COVID-19, align closely with the activities of other UN agencies such as WHO and UNICEF, creating a cohesive emergency response framework.

¹²³ Which was prepared jointly by UNAIDs, UNFPA, UNICEF, UN Women, WHO.

¹²⁴ More structured M&E is crucial both before scaling up CSE to all schools and after full implementation to ensure programme quality and effectiveness. Recent efforts include surveys with teachers and parents and training inspectors to improve oversight

For A&Y, through active participation in coordination platforms and networks, UNFPA has established itself as the lead agency for interventions in comprehensive sexuality education (CSE), peer education, and social marketing of condoms, with desk reviews and interviews highlighting its unique and exclusive role in these areas. In the PBF project, UNFPA's collaboration with UNDP exemplifies effective joint planning and complementary action, with both agencies delivering distinct yet interconnected activities, thus maximizing impact.

UNFPA has also made significant contributions to ensuring overall programme complementarity by participating in coordination platforms, donor mapping meetings, and joint planning processes. At the donor level, meetings organized by the Deputy Prime Minister have been instrumental in aligning donor support with programme objectives. On GBV related topics, the Ministry of Justice leads coordination efforts, further enhancing complementarity. However, challenges remain in fostering coherence with the Council of Europe, where interventions reportedly lack synergy with UNFPA and do not build on prior efforts. Interviews with stakeholders reveal that coordination is most effective when UN agencies implement joint projects. Finally, in relation to the 2024 PHHC, within the United Nations Kosovo Team (UNKT), UNFPA effectively coordinated efforts across different agencies to support the SA, a role widely recognized and praised by its UN counterparts.

4.4. Efficiency

Evaluation Question 4: 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 programme documents?

Key assumption 4.1: The relationship between input of resources and results achieved are appropriate and justifiable

Summary finding: UNFPA's investments across thematic areas generally demonstrate a reasonable and well-justified alignment between inputs and achieved outputs. However, the connection between inputs and the attainment of outcomes is less evident, primarily due to limited evidence on outcome-level results.

UNFPA's investments in SRH, reproductive cancers, and EPR interventions demonstrate an appropriate and justifiable relationship between inputs and results. The development of the Costed Integrated Sexual and Reproductive Health Action Plan, along with new clinical guidelines and protocols, was accomplished using relatively modest resources. In cervical cancer prevention, the low budget spent on advocacy initiative on HPV vaccination achieved broad coverage. Despite operating within tight budgets of €400–€1,000 per event, awareness campaigns reach 800–1,000 people, which illustrates strong cost–result alignment. Overall, resource use was responsive, targeted, and supported measurable outputs.

In terms of A&Y, UNFPA's investment in the design and implementation of school-based CSE demonstrates a generally appropriate relationship between inputs and outputs. The per-teacher training cost (approx. €39.3) was modest considering the reach. Likewise, the peer education programme, at €25.8 per trained youth educator, is highly cost-efficient. However, despite efficient delivery, the link between inputs and outcomes (e.g. actual CSE delivery and adolescent behavioural change) remains unclear. The absence of rigorous impact monitoring during scale-up phases limits a fuller cost-effectiveness analysis to gauge the relationship between the inputs used and outcome achieved.

In PBF, UNFPA strategically combined low-cost tools, training, workshops, theatre, and small grants, to achieve significant outreach, though longer-term input-outcome measurement remains constrained.

While the input-output relationship is generally appropriate within GEWE, especially given the successful engagement of diverse stakeholders, some interventions were too broad in scope for the resources available. This suggests that more focused intervention design could have improved alignment between inputs and expected results, particularly for achieving sustainable impact across multiple GEWE and GRFP components.

In terms of PD, overall, resource allocation demonstrates a reasonable and justifiable relationship between the inputs utilized and the outcomes achieved, particularly in the successful implementation of the PHHC. Similarly, inputs directed toward initiatives like the National Transfer Accounts (NTA) and Civil Registration and Vital Statistics (CRVS) have yielded promising outputs. However, newer interventions like NTA require more time before they become fully operational and widely recognized by policymakers as essential tools. Despite these achievements, there is room to enhance programme efficiency by strengthening the link between inputs and outcomes. UNFPA's involvement across multiple areas, given its limited resources, inevitably reduces its potential to achieve greater efficiency. The evaluation found that efficiency could potentially be improved by reallocating resources toward higher-impact activities, as some interventions—such as the loneliness survey—were perceived to have relatively limited transformative value compared to others.

Key assumption 4.2: The program effectively utilized its financial, human, and material resources

Summary Finding: UNFPA made effective use of financial, human, and technical resources across all programme areas. The average annual resource utilization rate exceeded 95%, although the smaller programmes—Population Dynamics (PD) and Gender Equality and Women's Empowerment (GEWE)—recorded comparatively lower utilization rates. In PD, the utilization rate was 88%, primarily due to planning challenges caused by repeated delays in the Population and Housing Census (PHHC). While overall resource use was disciplined and results-oriented, strengthening planning and delivery systems for some areas and rebalancing investment could further enhance efficiency.

In terms of SRH, the programme leveraged collaborative approaches, effective communication, and streamlined operations to utilise its human and technical resources efficiently. Sexual and Reproductive Health (SRH) accounted for approximately 44% of UNFPA's overall budget, with a utilization rate of 99%, highlighting highly effective financial execution.

On the other hand, from 2021 to 2023, UNFPA Kosovo allocated approximately \$451,400 to A&Y initiatives, averaging \$150,000 annually and comprising around 17% of the total budget. Although representing a relatively small share of the overall programme and requiring modest resources, these activities achieved a high average budget utilization rate of 97% over the three-year period. However, the potential to reach out a large number of adolescents and youth from various sub-components within this output differs significantly. School-based CSE and social media awareness-raising initiatives, for example, have a high capacity to engage large numbers of adolescents and youth. These approaches are particularly more efficient compared to other interventions in terms of outreach, offering a potential for broader impact on the target population. On the other hand, interventions such as the Young Journalists Program, which provides specialized training and aims to build advocacy and ethical journalism skills, have had more limited reach due to the smaller number of participants and the highly targeted nature of the activities.

In terms of GEWE, UNFPA effectively utilised its resources to deliver advocacy and awareness activities under GEWE, support policy reform, engage with perpetrators, and implement GRFP interventions. Between 2021 and 2023, approximately \$542,600 was allocated to GEWE and GRFP, representing about 8% of the overall budget. Most resources (75%) were allocated to advocacy, policy dialogue, and advisory activities, while only 19% went to capacity development. While this reflects strategic priorities in awareness-raising and policy influence, a stronger emphasis on capacity development would enhance institutional uptake and service delivery. Budget utilisation stood at approximately 87% annually, lower than other programme outputs. This indicates room to strengthen delivery efficiency, especially by balancing strategic dialogue with more operational and implementation-focused efforts.

In terms of PD, UNFPA effectively utilized its resources, although repeated delays in organizing the Population, Household, and Housing Census (PHHC), factors beyond UNFPA's control, impacted the timeline of related interventions. The annual financial expenditure for UNFPA's Kosovo Population Development programme averaged \$125,000 between 2021 and 2023, a relatively modest amount compared to the budgets of other organizations' programmes. However, there were significant variations, with \$65,000 spent in 2021, peaking at \$215,000 in 2022, and declining to \$95,000 in 2023. These fluctuations correspond to changes in plans for PHHC implementation. Approximately 88% of the allocated budget was successfully utilized, one of the lowest utilization rates across all programme outputs. The budget proportion for the population development programme also varied, averaging 14% of the total programme budget during this period, reaching a high of 23% in 2022 but dropping to 5% in 2021.

Key assumption 4.3: There are no other alternatives for achieving the same results with less inputs (funds) and less time

Summary finding: Across all programmatic areas, the broad scope of activities diluted overall efficiency, indicating that a more focused approach may yield a higher return on investment. Efficiency gains were influenced by the extent of prioritisation, the structure of monitoring and evaluation systems, and how well the scope of interventions aligned with available resources and institutional capacities.

UNFPA's interventions often demonstrate strong cost-effectiveness and efficiency, delivering significant value despite relatively low expenditures. For example, numerous studies underscore the cost-effectiveness of HPV vaccination for adolescent girls as a crucial cervical cancer prevention measure. The absence of this vaccination for girls aged 9–13 leads to severe consequences, including increased cervical cancer morbidity and mortality among women of reproductive age and a substantial economic burden on health systems in Kosovo due to the high costs of cancer treatment and care. Additionally, the Love Plus social marketing initiative exemplifies efficient resource utilization, achieving financial sustainability without direct UNFPA financial assistance since 2010.

However, despite its commitment to cost-effective interventions, UNFPA has a tendency to disperse its efforts across a wide array of activities, particularly within SRH, GEWE, and PD outputs. This fragmented approach, exacerbated by limited financial and human resources, risks diluting the potential impact of its programmes and impeding efficiency gains that a more concentrated strategy could achieve. Consequently, the capacity to foster sustained, systemic change may be compromised, especially in areas where a focused approach and strategic alignment could lead to more substantial and lasting outcomes.

4.5. Sustainability

Evaluation Question 5: Are programme results sustainable in short and long-term perspectives?

Key assumption 5.1: The results achieved through UNFPA interventions will be maintained after UNFPA support is withdrawn (static sustainability)

Summary finding: UNFPA Kosovo’s 2021–2025 programme demonstrates strong static sustainability across key areas. In SRH, action plans, protocols and clinical guidelines all present static sustainability. Similarly, the EPR tools like MISP guidelines are embedded in local emergency protocols. In A&Y, teacher training materials and peer education outputs will likely continue to exist for mid-term without major revisions. GEWE and GRFP initiatives have left behind tested tools and content, but their durability is at risk due to staff turnover and limited institutional anchoring. In Population Dynamics, CRVS, NTA, and SA-related capacities are expected to persist, if there is no staff turnover.

Static sustainability reviews the extent to which results achieved through the interventions are maintained after UNFPA support is withdrawn. In the SRH area, several outputs such as Costed SRH action plans, protocols and clinical guidelines that are produced show strong static sustainability, likely effective for 5–10 years without major revisions. Institutional mechanisms such as accredited training packages for healthcare providers have been integrated into the professional development system, indicating a potential for continued skill-building beyond UNFPA's involvement. The inclusion of modern contraceptives in the Essential Drug List further underscores efforts to institutionalize SRH related initiatives. The capacities developed for the cervical cancer screening programme will continue to be maintained within primary health care system. Similarly, in EPR, static sustainability is robust, as tools such as MISP guidelines, readiness assessment instruments, and emergency planning templates have been institutionalized in several municipalities. These tools are now embedded in local response protocols and most likely will remain in use even without direct UNFPA facilitation.

For A&Y, teacher training and manuals show strong static sustainability, likely effective for mid-term without major revisions. Peer education has trained over 1,300 youth educators (2021–2024) who can continue sessions, though without support this reach may decline as educators move on. Social marketing of condoms benefits from established distribution networks and partnerships that support short-term continuity. PBF interventions—such as theatre-based education, bystander training, and youth ambassador programs—also demonstrate strong static sustainability in the short to medium term, continuing youth engagement with minimal support. However, systemic changes like sustained youth participation remain limited.

UNFPA has contributed to establishing solid foundations for GEWE and GRFP through awareness campaigns, counselling models, strategic documents, and advocacy tools. Initiatives such as the theatre-based education by ArtPolis and GBV awareness campaigns have left behind a valuable repository of tested methods, curricula, and outreach content. Similarly, the first phase of GRFP work with private companies produced manuals, company policies, and peer-learning materials that remain available for continued use. However, the continued existence of these outputs is vulnerable. Their maintenance currently depends on the ongoing engagement of a few key CSOs and private firms. High staff turnover within champion companies and limited institutional capacity within civil society and public institutions threaten the durability of outputs. Without mechanisms for institutional memory or systematic updates to materials, the risk of these resources becoming obsolete or unused remains high.

Most aspects of UNFPA's programme related to population development exhibit static sustainability, ensuring their continuity for a certain period. Capacity enhancements within key partners, such as on National Transfer Accounts (NTA), Civil Registration and Vital Statistics (CRVS), and support to the Statistical Agency of Kosovo (SAK), are expected to endure within these institutions. For example, in the case of CRVS, partners appear capable of advancing the implementation of unified forms and integrating them into their systems once the Health Information System (HIS) becomes operational.

Key assumption 5.2: The functions and services supported by UNFPA (such as training of teachers on CSE) and the production of the results will continue to be achieved beyond UNFPA support (for example by incorporating trainings of teachers on CSE through in-service training)? (dynamic sustainability);

Summary finding: Dynamic sustainability across UNFPA-supported interventions remains limited, with most functions performed by UNFPA not yet fully institutionalised. In SRH and cancer screening, protocols and tools exist but lack systemic uptake, funding, and integration into institutional planning. EPR shows stronger sustainability, with MISP training and drills increasingly embedded in municipal systems. In A&Y, teacher training, peer education, and social marketing remain externally driven, with weak links to MESTI to continue to provide the role currently performed by UNFPA. GEWE and GRFP interventions, such as perpetrator counselling and policy reforms, require further integration into public budgets and mandates. In Population Dynamics, SA, CRVS, and NTA systems still depend on UNFPA technical and financial support. In the absence of formal ownership, sustainable financing, and institutional anchoring, many results particularly those requiring systemic change or the transfer of functions from UNFPA to central or local stakeholders are at risk of discontinuation once support ends.

Dynamic sustainability, on the other hand, looks for system changes, i.e. whether functions and services supported by UNFPA will continue to function by other central and local stakeholders and continue to deliver results beyond UNFPA support. Dynamic sustainability remains limited for SRH and reproductive cancer services. While protocols and technical guidance exist, their continued review and upgrade is not guaranteed by the healthcare sector. Such products are often underused due to low institutional buy-in and insufficient community engagement. While financial and institutional backing is evident for HPV vaccine which will lead to dynamic sustainability, such conditions are absent for cervical cancer-related interventions since they rely heavily on integrating screening services into routine healthcare and ensuring continuous capacity-building for healthcare providers. Conversely, dynamic sustainability in EPR is stronger. MISP training, capacity-building for local actors, and multi-stakeholder drills have increasingly been incorporated into municipal systems. Red Cross of Kosovo and municipal health offices have begun independently delivering aspects of the response package. This integration reflects not only improved systems readiness but also community trust and ownership, which enhance the long-term viability of EPR functions.

Within A&Y, currently functions supported by UNFPA has not been taken over by institutions like MESTI or the Institute of Public Health. CSE Manuals lack update mechanisms, and training programs are not yet integrated into MESTI's systems, limiting dynamic sustainability. Peer education, condom social marketing, and PBF initiatives also face challenges as they are not embedded institutionally. For example, removing UNFPA's support for Love Plus condoms risks collapse of the supply chain. Free condom distribution needs integration into the public health strategies to remain viable. Future PBF initiatives require stronger policy support and alignment with youth strategies for institutionalization and financing.

In terms of GEWE, while promising steps have been taken, especially in perpetrator rehabilitation and GRFP piloting, most supported services and functions are not yet fully institutionalized. For example, the perpetrator reintegration programme developed with SIT has not been adopted or scaled by institutions of Kosovo. Instead, the ministry of justice has piloted a parallel model developed with other partners, and SIT's contributions have not been integrated, despite their proven effectiveness. In terms of policy reform, UNFPA has supported the development of key frameworks such as the Law on Protection Against GBV and the Gender Programme for Kosovo. However, institutional authorities have yet to internalize the technical capacity required to independently implement and expand these reforms. Similarly, the policy momentum around GRFP, particularly in aligning with the EU Work-Life Balance Directive, relies on external facilitation. Without continued technical support through the second phase of Expanding Choices, the reform process risks stalling. The long-term continuation of services such as awareness-raising, GRFP policy rollout, and perpetrator counselling depends on embedding these into public budgets, job descriptions, and training systems, progress that has begun but is not yet complete.

The dynamic sustainability of interventions related to PD also remain questionable. SA is likely to face recurring challenges with budget allocation and procurement processes, necessitating continued and similar assistance from UNFPA. Additionally, as SA plans to transition from a fully field-based to a register-based registration system for the next census cycle, their capacity-building needs may shift significantly. While SA has achieved a degree of sustainability in producing and disseminating population estimates, it still requires further support from UNFPA to develop and share municipal-level population projections after the announcement of detailed PHHC results.

Similarly, long-term sustainability for NTA efforts remains uncertain. These initiatives are currently heavily dependent on UNFPA funding. While UNFPA aims to transfer the knowledge and expertise created within Riinvest Institute to other potential counterparts during the preparation of the next NTA report, questions remain about who will cover potential future expenses related to NTA calculations, which is another critical factor for dynamic sustainability. The selection of institutions for knowledge and skills transfer of NTA is critical to meeting these objectives. In this context, the Macro Unit within the Ministry of Finance could be a valuable option to consider. Well-staffed and equipped, this unit has the capacity and potential motivation to produce NTA and analyse their policy implications, particularly in the realm of fiscal policy. For CRVS, even though partners may possess the technical capacity, it is unclear whether they will independently adopt and apply unified forms once HIS is operational without UNFPA's facilitation. The lack of dedicated champions to drive this reform and ensure its full implementation across public agencies may hinder the final steps needed to establish reliable and comprehensive vital statistics systems.

Key assumption 5.3: The UNFPA has succeeded in developing partnerships that promote the Kosovo ownership and sustainability of supported interventions

Summary finding: UNFPA has successfully established strategic partnerships that promote Kosovo ownership and enhance the sustainability of interventions. In EPR, collaboration with the Kosovo Red Cross enabled the institutionalisation of MISP in emergency plans. In SRH, cancer screening, and immunisation, joint work with WHO, UNICEF, and local NGOs advanced implementation, though municipal ownership remains uneven. In A&Y, partnerships with KOPF, UNDP, and CSOs strengthened delivery and built local capacities. In GEWE and GRFP, partnerships with ArtPolis, SIT, KWN, and private sector actors supported pilot initiatives, though the lack of institutional mechanisms for CSO engagement poses risks. In Population Dynamics, collaboration with SO, Riinvest, and others delivered tangible results and capacity gains. Scaling and formalising these partnerships is key to sustaining long-term impact.

Partnerships have been instrumental in promoting sustainability, particularly in EPR. The collaboration with the Red Cross of Kosovo exemplifies effective co-delivery and shared responsibility. Their joint trainings and planning with UNFPA have led to MISIP's integration into both central and municipal emergency strategies. In SRH and cancer screening, partnerships with central and local stakeholders have advanced protocols and immunization efforts. However, local institutional ownership remains uneven. While NGOs like AMC support outreach and advocacy, municipal health actors have yet to fully internalize cervical cancer screening programming. Furthermore, the absence of routine feedback loops between community stakeholders and service providers limits local accountability mechanisms. Strengthening partnerships in data sharing, joint supervision, and financing, particularly with the ministry of health and municipal authorities, is necessary to increase Kosovo ownership and ensure longer-term sustainability of services. In the A&Y portfolio, UNFPA, as the sole supporter of CSE, peer education, and condom social marketing in Kosovo, has effectively leveraged partnerships with local NGOs (such as KOPF) and local experts to develop manuals and trainings aligned with Kosovo's education needs. Collaborations with municipalities on initiatives like Young Ambassadors of Peace have built local capacities on peace-building processes. Most project components were delivered with local NGOs, building their capacity to continue activities if sustainable funding is secured.

In terms of GEWE, UNFPA's partnerships with ArtPolis, SIT, the Kosovo Women's Network, and the Kosovo Chamber of Commerce have been instrumental in piloting and delivering high-impact GEWE and GRFP interventions. Moreover, the seven champion companies participating in GRFP pilots have demonstrated strong engagement and ownership during the first phase. These partnerships provide a basis for longer-term sustainability if appropriately supported and scaled. However, sustainability is uneven across partners. The absence of a dedicated Kosovo mechanism for CSO engagement limits civil society's ability to independently sustain advocacy and service delivery efforts. The lack of formal mechanisms to institutionalize the role of networks like K10 into public coordination structures also reduces ownership. Moreover, the shift in project partners under the second phase of GRFP work introduces uncertainty, requiring clear strategies for knowledge transfer and continuity. To improve long-term sustainability, efforts must focus on enhancing the institutional anchoring of partnerships, such as formalizing CSO and institutional collaboration platforms, ensuring regular financing, and mandating GRFP implementation within employer regulations.

Finally, in PD, UNFPA also strategically leveraged partnerships to advance its population development agenda. Collaborations included working with SA on the PHHC and Civil Registration and Vital Statistics (CRVS), with Riinvest on NTA, and with the CRA and ministry of health on CRVS. Notably, the partnership with Riinvest, which benefited from UNFPA's investment, led to the development of Kosovo's first-ever NTA. Riinvest demonstrated its capability to achieve the objectives outlined in the Programme regarding NTA. Partner feedback on UNFPA's role was highly positive, with interviewees commending the professionalism, expertise, and responsiveness of UNFPA staff involved in Population and Development initiatives.

4.6. Findings on Cross-cutting Issues

Evaluation Question 6: To what extent the UNFPA performed coordination and strategic partnerships role during delivery of the programme (including with UN Agencies) and introduced or used innovative tools/digitalization to accelerate outreach?

Key assumption 6.1: The UNFPA contributed to the functioning of the coordination mechanisms within the UN Agencies

UNFPA's partnerships in Sexual and Reproductive Health (SRH) have been instrumental in addressing critical issues and producing impactful results. Collaborative efforts with UNDP and UNICEF on a situation analysis for persons with disabilities led to a high-quality output, demonstrating smooth and productive teamwork under the guidance of a disability expert.

The SRH programme reflects UNFPA's commitment to fostering collaboration and leveraging expertise to improve health outcomes. Partnerships in cervical and breast cancer screening have bolstered immunization and healthcare delivery. By working closely with partners such as WHO and UNICEF, the programme has contributed to introducing new vaccines, including the HPV vaccine, to strengthen immunization efforts ensuring coordinated efforts across stakeholders. Responsibilities were strategically allocated based on expertise and resources, enhancing the programme's effectiveness and fostering a shared commitment to achieving public health goals.

According to the Development Cooperation Office, UNFPA is among the most active UN agencies in coordinating efforts within the UN system. It co-chairs two results groups: Result Group 5 on Gender and Data, jointly with UN Women, and the M&E Learning Group, a cross-cutting result group co-chaired with UNICEF. UNFPA plays a key role in organizing regular planning, exchange, and reporting meetings. These result group meetings enable close coordination with other UN agencies in data collection, fostering synergies, ensuring programme complementarity, and avoiding overlaps. Additionally, UNFPA actively participates in the Communication Thematic Group and contributes to implementing the UNKT Communication Strategy.

UNFPA has also benefited significantly from joint programming efforts facilitated through coordination UNKT. For example, UNFPA, alongside UNDP, UN Women, and UNESCO, is part of the joint Peacebuilding Project funded by the PBF. Furthermore, UNFPA collaborates with other UN agencies on comprehensive disability analyses.

In the area of Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH), UNFPA plays a critical role, leveraging its mandate, expertise, and partnerships to uphold the highest standards of conduct. UNFPA's key contributions include: strengthening policies and guidelines on PSEAH within the UN system, advocating for robust mechanisms that ensure accountability and zero tolerance for misconduct and capacity building and training, supporting training for UN staff, implementing partners, and stakeholders to raise awareness about PSEAH obligations and reporting mechanisms. Despite these efforts, structural challenges within the UN system hinder effective collaboration which was also highlighted by external evaluation of the Kosovo UNSDCF. The report highlights that mechanisms such as Joint Work Plans (JWPs) and Results Groups (RGs) have improved alignment among UNKT members and their partnerships with local authorities, civil society, and international donors. The report finds that there are some forms of information sharing, but their impact on broader coordination is limited, and technical-level interactions between agencies need to be more frequent and effective.

Overlapping mandates along with fragmented and decreasing funding streams reduce incentives for collaboration. Competition between agencies and segregated operational systems further limit the effectiveness of close collaboration. Coordination tends to be stronger during emergencies than in development contexts. For instance, during the COVID-19 pandemic and flood response, agencies like WHO, UNICEF, UNDP, and UN Women together with UNFPA demonstrated exemplary collaboration, adapting their programmes to align with the CF's resilience and social inclusion goals. Joint efforts led to the delivery of integrated solutions.

In development contexts, a notable example of collaboration is the drafting of the Inter-Ministerial Youth Strategy by UNFPA, UNICEF, IOM, and UNDP. This strategy brought together multiple ministries and public institutions to address cross-cutting issues such as employment, health (including mental and sexual health), security, education and civic participation for young people. This successful model could be replicated for other cross-sectoral challenges like gender equality, GBV, and enhancing the delivery of social services for most vulnerable.

Key assumption 6.2. The UNFPA has introduced innovations and used/developed innovative tools/digitalization to accelerate outreach

To enhance outreach and engagement among adolescents and youth, UNFPA leveraged digital tools, particularly social media (e.g. [Instagram](#)), to disseminate key messages on sexual and reproductive health and rights (SRHR). Recognizing the influence of digital platforms in shaping youth discourse, UNFPA collaborated with well-known influencers in Kosovo to create short, engaging videos addressing critical topics such as [sexual harassment](#), [consent](#), etc. These videos were strategically designed to resonate with young audiences by using relatable language, real-life scenarios, and culturally relevant narratives. By partnering with influencers who already had a strong youth following, UNFPA ensured that these messages reached a wider audience in an authentic and impactful manner.

In addition, UNFPA delivered the Bodyright campaign, which utilized online platforms and engaged over 13 influencers and public figures to promote messages around gender-based violence, consent, and digital safety. This innovative approach generated widespread engagement and fostered critical conversations among youth and adults about online exploitation, reaching more than 500,000 people online. These initiatives offered relatable and youth-friendly content to encourage reflection on bodily autonomy and digital abuse. An analysis of comments and engagement with these digital campaigns highlights a persistent need to shift mindsets and cultural attitudes around gender equality and bodily autonomy, underscoring the importance of continuing and scaling up these efforts.

Given the inconsistent delivery of school-based and peer education programmes, digital approaches for CSE and condom promotion could be highly relevant to young people. For this reason, UNFPA could explore the feasibility and potential of investing in digital media-based delivery of sexuality education. By leveraging digital tools, sexuality education can become more inclusive, engaging, tailored and accessible to young people, regardless of their location or circumstances.

UNFPA supported SA in adopting advanced IT tools like Computer-Assisted Personal Interviewing (CAPI) and Geographic Information Systems (GIS) to enhance operational efficiency, enable real-time data verification, and improve data quality, leading to faster result publication. GIS technology ensured accurate access to enumeration areas using geo-referenced maps, minimizing the risk of missing populated regions. While CAPI allowed 2024 Census questionnaire to have 20% more questions than the 2011 Census, allowing for more comprehensive data collection on demographics, education, employment, and housing conditions.

5. Conclusions

5.1. Effectiveness

1. UNFPA demonstrated strong effectiveness in its capacity-strengthening interventions, which significantly enhanced the thematic expertise and operational functionality of central and local institutions responsible for delivering SRH, CSE and population data. These institutions include primary healthcare providers, schools, and other public institutions such as SA. Notable improvements were achieved in Kosovo capacities across several key areas. These include strengthening primary healthcare systems in Cervical Cancer Screening Services (CCS) and Sexual and Reproductive Health (SRH), building teacher capacity in delivering Comprehensive Sexuality Education (CSE), and enhancing the Statistical Agency of Kosovo (SAK) in collecting and analysing population data. Moreover, UNFPA’s efforts empowered diverse groups of ‘rights holders,’ such as civil society organizations (CSOs), private companies, communities, and individuals, fostering their ability to advocate for and access their rights. Through a wide array of initiatives, UNFPA addressed the specific needs and rights of targeted groups, with a particular focus on young boys and girls and vulnerable populations. These initiatives not only amplified awareness and understanding of their rights but also empowered them to actively participate in shaping services and policies that directly impact their lives.

Origin	Contribution analysis, EQ1
Associated recommendation (s)	5, 6, 7, 8, 9

2. However, it appears that institutions demonstrate a greater uptake of UNFPA outputs when clear individual or institutional accountability mechanisms are in place. A comparison of three institutions—primary healthcare providers, schools (in the case of Comprehensive Sexuality Education, CSE), and the Statistical Agency of Kosovo (SAK)—highlights this disparity. KAS has more robust institutional accountability mechanisms to deliver the Population and Housing Census (PHHC) than primary healthcare providers have for delivering Sexual and Reproductive Health (SRH) services or public schools for implementing CSE. For primary healthcare providers, the absence of a Health Information System to monitor service delivery, the lack of clear performance targets and monitoring mechanism for healthcare personnel, and the absence of client satisfaction surveys all hinder accountability. Similarly, in public schools, the delivery of CSE often relies on the individual willingness of educators and school administrators rather than on formal accountability structures. In contrast, SA benefits from well-defined institutional mandate and accountability systems that guide its operations, ensuring a more systematic and committed approach to delivering PHHC. This explains the greater responsiveness and effectiveness observed in SA compared to primary healthcare providers and public schools. Thus, the absence of clear accountability mechanisms at both individual and institutional levels (such as monitoring systems, performance targets, and feedback loops) appears to limit the effective uptake and implementation of SRH services and CSE across relevant sectors in the respective sectors.

Emergency situations may not follow this rule. Emergency preparedness efforts within public health sector look like markedly improved Kosovo’s resilience to crises by undertaking multipronged approach. On the one hand, UNFPA was able to integrate the Minimum Initial Service Package (MISP) into central and municipal emergency plans, and on the other, provided training to healthcare professionals, youth, and volunteers on emergency response to bolster preparedness. Practical exercises, on the other hand, have enhanced stakeholder coordination. Community awareness initiatives further ensured that emergency maternal needs and reproductive health services were prioritized during crises such as floods and the COVID-19 pandemic.

Nevertheless, disparities in municipal capacity and fragmented coordination within local health systems have contributed to uneven service delivery, especially in the area of emergency preparedness. Although some efforts have been made to address capacity gaps, governance structures and coordination mechanisms remain weak, limiting the consistent implementation and equitable reach of interventions across regions.

Origin	Contribution analysis, EQ1
Associated recommendation (s)	2, 5, 6, 7, 8, 9

3. The current Results and Resources Framework (RRF) of the KPD is insufficient to fully capture capacity and performance improvements, as well as potential impact-level changes across all interventions. It also falls short in tracking behavioural changes among the target population regarding SRHR and gender equality. When agencies operate with a limited number of results statements at the output and outcome levels, this often leads to challenges in adequately capturing the scope of intended achievements. In practice, this gap is frequently addressed by expanding the number of indicators at both levels to better reflect programmatic efforts and results. Additionally, data collection tools for measuring many outcome and impact-level changes are limited. Much of the available data is outdated, with some figures dating back to the 2020 MICS survey and others concerning SRH behaviours among school-aged adolescents originating from 2019. Similar limitations exist for data on gender norms and attitudes. Moreover, there is an absence of systemic data on youth perceptions of safety and security, which are critical to understanding the intended impacts of the PBF project.

Origin	Contribution analysis, EQ1
Associated recommendation (s)	3

4. UNFPA has utilized various Monitoring and Evaluation (M&E) instruments to assess and guide its interventions. For instance, prior to scaling up School-Based Comprehensive Sexuality Education (CSE), UNFPA conducted a survey with teachers and parents across five municipalities to gather insights on the programme’s implementation and reception. This demonstrates UNFPA’s commitment to evidence-based decision-making. However, UNFPA has employed a variety of Monitoring and Evaluation (M&E) instruments to inform and assess its interventions. For example, prior to scaling up school-based Comprehensive Sexuality Education (CSE), a survey was conducted with teachers and parents in five municipalities to gather perspectives on implementation and acceptance, reflecting an overall commitment to evidence-based programming. However, the current M&E approaches remain uneven in their coverage and depth across different outputs to closely monitor their effectiveness, impact, and sustainability. In the case of CSE, M&E tools for systematic monitoring through regular representative surveys not only with teachers, parents, but more importantly with students that will capture multiple dimensions of CSE delivery (such as the extent of its implementation in schools, the teaching methods employed, the level of knowledge and skills students gained and the behavioural changes influenced by CSE exposure) are not applied. Similarly, qualitative methods like focus group discussions and in-depth interviews have not been utilized to gain deeper insights into the contextual factors affecting all programme areas. As a result, gaps persist in tracking the effectiveness, impact, and sustainability of interventions, underscoring a need for more coherent and comprehensive M&E strategies across all programmatic areas.

Origin	Contribution analysis, EQ1
Associated recommendation (s)	10

5. UNFPA has played a pivotal role in supporting the Statistical Agency of Kosovo (SAK) in conducting the Population and Housing Census (PHHC), marking a milestone achievement for population-related data collection and analysis. This effort has been instrumental in providing a robust foundation for evidence-based planning and policymaking in various sectors. However, this significant achievement might come at the expense of investing in building the capacity of SA and other relevant organizations to ensure the timely collection and analysis of data specifically related to Sexual and Reproductive Health and Rights (SRHR) since Census demanded substantial energy and resources from UNFPA, leaving limited time and capacity/resources for collecting other SRHR data. Significant data gaps persist in SRHR, particularly in areas requiring disaggregated, high-quality, and up-to-date data. This lack of data has made it challenging to monitor progress on key Sustainable Development Goal (SDG) indicators, such as access to SRHR services, adolescent birth rates, and gender equity in health outcomes. It has also hindered efforts to assess the potential contributions and impacts of the UNFPA Kosovo Development Programme (KPD). Persistent data gaps have limited the ability to generate robust evidence base necessary for designing effective interventions, measuring outcomes, and ensuring accountability. These limitations not only hinder comprehensive monitoring of progress toward SRHR-related SDGs but also reduce the visibility of UNFPA’s contributions to Kosovo and global development priorities.

Origin	Contribution analysis, EQ1
Associated recommendation (s)	10

5.2. Relevance

6. The UNFPA Kosovo Programme Document (KPD) was found to be highly relevant to Kosovo’s development context and responsive to the needs of its target beneficiaries, particularly vulnerable women and youth, Kosovo’s institutional priorities, and global frameworks such as the Sustainable Development Goals (SDGs). The KPD adopts a needs-based approach and aligns closely with 2030 Development Strategy of Kosovo (DSK), as well as key sectoral strategies, including those related to healthcare, youth development, and gender equality. This alignment ensures that the KPD supports Kosovo priorities, including efforts to combat domestic violence and violence against women. However, the current KP has predominantly emphasized supply-driven interventions aimed at strengthening institutional capacities and service delivery mechanisms. The evaluation found a relative underrepresentation of demand-driven strategies, which are equally crucial as supply drive approaches for ensuring community engagement, ownership, and long-term sustainability of interventions. For instance, evaluation found no efforts that can generate widespread societal support and demand for school-based CSE, peer education, or on demographic change in case of PD. The absence of robust, community-focused efforts that involves targeted advocacy campaigns, engage different stakeholders, and amplify the voices of youth has constrained the potential reach, understanding and resilience of these programmes. This imbalance highlights the need for greater integration of demand-side approaches to complement institutional efforts and ensure a more holistic and adaptive programme design.

Origin	Contribution analysis, EQ2
Associated recommendation (s)	6

7. UNFPA has demonstrated a notable emphasis on disability inclusion, with a more consistent and structured approach compared to its engagement with other left-behind groups, which has often been more sporadic. This focus is particularly evident in areas such as Sexual and Reproductive Health (SRH), Comprehensive Sexuality Education (CSE), and Gender-Based Violence (GBV) services. For example, in the areas of SRH, accredited training modules to primary health care personnel covered not only family

planning, STI syndromic management, adolescent health, but also SRH for people with disabilities. Additional training programmes were organized focused on SRH services for people with disabilities, improving accessibility and equity in healthcare provision. In the area of CSE, UNFPA developed a specialized manual tailored for educators working with students with disabilities and provided corresponding training to teachers in five specialized schools. This targeted effort reflects UNFPA’s commitment to ensuring inclusivity and equity in education and aligns with the specific needs of students with disabilities. In this context, prioritizing persons with disabilities (PwD) is entirely justified, as it addresses a critical gap in accessibility and inclusion. However, the evaluation found that there are no similar levels of attention to other most marginalized and left-behind groups. There is limited evidence of systematic approaches to identify and respond to the specific vulnerabilities faced by diverse marginalized populations. This suggests that while disability inclusion is well integrated in certain domains, a broader and more consistent application of inclusivity principles (grounded in data and contextual analysis) is needed to fully realize UNFPA’s commitment to leaving no one behind across all areas of programming.

Origin	Contribution analysis, EQ2
Associated recommendation (s)	4

5.3. Coherence

8. UNFPA interventions display strong coherence with Kosovo policies, global frameworks, and international best practices. Under SRH, collaborations with UN agencies like WHO and UNICEF have ensured alignment with global health priorities, particularly in HPV vaccine advocacy. The programme’s strategic fit with the Sustainable Development Goals (SDGs) has further reinforced its relevance and coherence. However, the evaluation identified areas where alignment with international frameworks and standards could be strengthened, particularly in cancer screening services, the establishment of a functional cancer registry, and the implementation of CSE. These inconsistencies suggest that while overall coherence is strong, certain thematic areas may benefit from more consistent integration of international benchmarks and coordinated stakeholder engagement to ensure greater uniformity and impact across all domains.

Origin	Contribution analysis, EQ3
Associated recommendation (s)	5, 6, 7, 8, 9

5.4. Efficiency

9. Many of UNFPA’s interventions are cost-effective and efficient, offering substantial value for their relatively low cost. For example, numerous studies have highlighted the cost-effectiveness of HPV vaccination in adolescent girls as a critical measure to prevent cervical cancer. Failing to provide this vaccination to girls aged 9–13 years carries significant consequences, including increased cervical cancer morbidity and mortality among women of reproductive and imposes a heavy economic burden on health systems in Kosovo due to the high costs associated with cancer treatment and care. Additionally, the Love Plus social marketing initiative showcases effective resource use, achieving financial sustainability without direct financial assistance from UNFPA since 2010. However, despite its focus on cost-effective interventions, UNFPA has been found to spread its efforts across too many activities in diverse areas, particularly in Sexual and Reproductive Health (SRH), Gender Equality and Women’s Empowerment (GEWE), and Population and Development (PD). This dispersed approach, coupled with limited financial

and human resources, risks diluting the potential impact of its programmes and hindering efficiency gains that could be achieved through a more focused strategy. As a result, the ability to achieve sustained, systemic change may be compromised, particularly in areas where concentrated focus and strategic alignment could yield more substantial and lasting outcomes.

Origin	Contribution analysis, EQ4
Associated recommendation (s)	1

5.5. Sustainability

10. Most UNFPA interventions demonstrate static sustainability over a defined period, reflecting their potential to maintain results even after UNFPA's support ends. Static sustainability refers to the extent to which intervention results, such as tools and products developed, remain functional and relevant without requiring substantial updates. For instance, teacher training programmes and the development of teacher's manuals on CSE or training programmes of health personnel on SRH show strong static sustainability, with these resources likely to remain effective for 5 to 10 years. During this time, for example teachers can continue to use the manuals without significant revisions, ensuring sustained benefits in the short to medium term.

Origin	Contribution analysis, EQ5
Associated recommendation (s)	2

11. However, many UNFPA interventions lack dynamic sustainability, which evaluates whether supported functions and services can be independently maintained, updated, and provided by public institutions or other organizations—such as the Institute of Public Health—after UNFPA's involvement ends. For example, the continued sale of Love Plus condoms heavily relies on UNFPA's global procurement system, and without this support, KOPF's sales and distribution network risks collapsing, underscoring a critical gap in dynamic sustainability. Additionally, while manuals and certain training programmes offer valuable resources, they do not currently exhibit dynamic sustainability for example observed in the case of CSE). Manuals lack mechanisms for regular updates, meaning they risk becoming outdated as educational needs and evidence evolve. Similarly, certain training programmes do not yet have a sustainable framework for integration into internal training systems. To achieve dynamic sustainability, training programmes would need to be incorporated into ongoing professional development framework of teachers and health care personnel, with dedicated ministry funding and provision to ensure that both new and existing teachers/health care personnel receive updated knowledge and tools in alignment with emerging evidence. Fostering dynamic sustainability would require deliberate efforts to embed interventions within Kosovo systems, ensuring that their benefits are institutionalized and maintained over the long term.

Emergency settings appear to have more distinct dynamics. Emergency preparedness and response interventions seem to have among the programme's most sustainable components. They demonstrate robust financial, institutional, and community support. Integrating MISP into municipal emergency plans and establishing regional coordination mechanisms demonstrate strong local ownership and commitment. These efforts have built resilience to crises and laid a foundation for sustainable emergency response frameworks.

Origin	Contribution analysis, EQ5
Associated recommendation (s)	2

2. Partnerships have been central to the success of UNFPA’s interventions, enabling the programme to leverage diverse expertise and resources. Collaborations with the ministry of health, the ministry of education, ministry of culture, youth and sports, SA, local municipalities, UN agencies, and NGOs such as Action for Mothers and Children (AMC), Red Cross of Kosovo, Artpolis, KOPF, SIT - Center for Counseling Social Services and Research and others have enhanced advocacy, service delivery, and public awareness efforts across all outputs. These collaborations have also ensured that interventions reach marginalized and underserved populations by fostering trust and inclusivity. Moreover, through these partnerships, UNFPA has also indirectly contributed to building the capacities of local NGOs, strengthening their ability to implement programmes, advocate for SRH, GEWE, Peacebuilding and engage with communities effectively. Fostering local ownership through partnerships appears to be critical to sustain programme results and scale up successful interventions in the future.

Origin	Contribution analysis, EQ5
Associated recommendation (s)	5, 6, 7, 8, 9

6. Recommendations

Strategic Recommendations

Recommendation 1	Streamline programming by prioritizing high-impact interventions.
Type of Recommendation	Strategic
Priority	High
Based on conclusions	1, 2, 9
Directed to	UNFPA Office in Kosovo (Head of Office and Programme Staff)
The operational Implications	To enhance effectiveness, it is important to review the findings of the evaluation report and conduct a strategic review to identify interventions with the greatest impact and sustainability. Priority should be given to programmes that align with institutional incentives and robust institutional accountability mechanisms for strong potential for lasting outcomes. At the same time, low-impact activities or those lacking beneficiary commitment should be consolidated or phased out to ensure optimal use of financial and human resources.
Recommendation 2	Enhance the dynamic sustainability of UNFPA interventions.
Type of Recommendation	Strategic
Priority	High
Based on conclusions	2, 11
Directed to	UNFPA Office in Kosovo (Head of Office and Programme Staff)
The operational Implications	To promote sustainability, UNFPA is recommended to work with Kosovo institutions to integrate services and/or functions into Kosovo systems and develop long-term sustainability plans. This includes securing funding, forming partnerships, and building local capacity of local stakeholders to take over functions provided by UNFPA. Strengthening stakeholder engagement throughout the programme cycle can also enhance local ownership and ensure continuity beyond UNFPA's support.
Recommendation 3	Regularly refine the RRF and ToC to align with changing contexts and expand output and outcome indicators to better capture capacity and performance improvements.
Type of Recommendation	Strategic
Priority	High
Based on conclusions	3
Directed to	UNFPA Office in Kosovo (Programme Staff and M&E Focal Point)
The operational Implications	The RRF and its indicators should be reviewed annually to stay aligned with evolving priorities. UNFPA can consider increasing the number of indicators in the RRF to better capture achievements, especially given limitations in output and outcome statements within the UNSDCF framework. For internal monitoring, the RRF can also include indicators tracking behavioural and impact-level changes, offering a more comprehensive view of progress.
Recommendation 4	Investing in data collection to identify and address the needs of marginalized populations
Type of Recommendation	Strategic
Priority	Medium
Based on conclusions	4, 7

Directed to	UNFPA Office in Kosovo (Programme Staff and M&E Focal Point)
The operational Implications	To better address the needs of marginalized groups, UNFPA may need to invest in enhanced data collection and targeted consultations to identify these groups and understand their specific vulnerabilities across relevant areas of work. Strengthening the capacity of staff and partners through training is also essential to ensure they can effectively recognize and respond to the challenges these populations face. Insights gathered should be integrated into programme design, allowing for flexible and inclusive interventions tailored to the needs of those experiencing multiple forms of vulnerabilities. Additionally, UNFPA may need to revise its monitoring and evaluation frameworks to track the impact of interventions on the most vulnerable groups, supporting ongoing learning and adaptation.

Programmatic Recommendations

Recommendation 5	Consider further shift from delivery of interventions to a system development approach within the SRH domain, emphasizing systemic change that empowers local stakeholders to implement impactful and scalable solutions. UNFPA should consider further shift from sort of direct implementation and delivery of interventions in sexual and reproductive health (SRH) to leadership in generating system level solutions and models. Cervical cancer programme, Inquiry on SRHR in Kosovo, MISP system building, are perfect example of this approach. This strategic pivot would allow UNFPA to influence systemic change, empower local stakeholders, and ensure sustainability by focusing on systems and frameworks that guide implementation across the SRH domain. By collaborating with key partners and advocating for evidence-based models, UNFPA can ensure its initiatives address systemic challenges while empowering Kosovo institutions to take ownership of SRH priorities.
Type of Recommendation	Strategic and Programmatic
Priority	High
Based on conclusions	2, 11
Directed to	UNFPA (SRHR Programme Analyst), ministry of health, implementing partners
The operational Implications	UNFPA should revise the focus of existing key initiatives to prioritize delivering system change-oriented outputs that align not only with stated Kosovo priorities but also with the real, pressing needs identified by in-Kosovo stakeholders. It should establish processes to develop actionable system change ideas and models tailored to Kosovo's specific healthcare and socio-political context, ensuring both relevance and feasibility. To support this, UNFPA should leverage and further develop existing partnerships—and consider new collaborations—with a diverse range of stakeholders, including institutional entities, academic institutions, and NGOs, to jointly generate and advance innovative system change models. These models should be actively promoted in public discussions and consultations to foster broad stakeholder engagement and buy-in. UNFPA's support should focus exclusively on system change initiatives that align with its strategic objectives and offer a clear pathway toward advancing priority areas such as contraceptive security and maternal health reforms.

Recommendation 6	Strengthen the sustainability and impact of Comprehensive Sexuality Education (CSE) by broadening efforts beyond delivery to actively build societal support and demand for school-based CSE, while simultaneously promoting condom use among youth through stigma-reducing digital campaigns and modernization of branding and packaging.
Type of Recommendation	Programmatic
Priority	High
Based on conclusions	6, 11
Directed to	UNFPA (Youth Programme Analyst), ministry of education, University of Prishtina – Faculty of Education, Institute of Public Health, implementing partners
The operational Implications	<p>Building societal support and demand for school-based CSE can be achieved through a multi-dimensional approach that engages diverse stakeholders. One strategy involves integrating CSE related questions into leaving examinations (in semi matura and matura tests), which encourages both teachers and students to take the subject seriously. Research and evidence-based advocacy should be used to highlight the challenges faced by adolescents and the benefits of CSE on their health, well-being, and behaviour, thereby strengthening support for its implementation. Stakeholder forums can facilitate dialogue among policymakers, educators, parents, and youth, allowing concerns to be addressed and support to be built collaboratively. Recognition programmes for schools excelling in CSE delivery can foster accountability and encourage broader adoption. Awareness efforts, such as workshops and community events, should inform stakeholders about youth challenges and the purpose of CSE, while media campaigns can spread accurate, relatable information to a wider audience. Engaging champions and influencers including educators, youth advocates, and community leaders can further promote positive attitudes. Collaboration with youth organizations and advocacy groups will help broaden the campaign’s reach, while strong leadership and commitment from educational authorities, municipalities, school management and teachers are essential to sustaining long-term support for CSE.</p> <p>UNFPA and partners should adopt a dual approach to address the stigma around condom use among youth: expand engaging digital campaigns using influencers and creative content to normalize condom use, and support KOPF in redesigning Love Plus packaging to align with youth values and international standards. Together, these efforts can destigmatize condom use and promote it as part of a healthy, confident, and responsible lifestyle. To implement this recommendation, UNFPA and its partners should collaborate with youth influencers, educators, healthcare professionals, and content creators to design and disseminate engaging, youth-friendly digital campaigns across social media platforms. These campaigns should feature creative formats—such as short videos, memes, interactive posts, and personal storytelling—to challenge stigma, debunk myths, and promote condom use as a normal and responsible practice. At the same time, technical assistance should be provided to KOPF to modernize the design and messaging of the Love Plus condom packaging. This includes reviewing proposed designs to ensure they are culturally sensitive, visually appealing, and reflective of youth values such as empowerment, confidence, and responsibility. The packaging should also integrate inclusive messaging that resonates with diverse groups, including marginalized youth. Finally, these digital and product-based efforts should be complemented by community outreach activities, particularly during awareness days, and small-scale workshops targeting vulnerable youth populations, to reinforce messages and provide safe spaces for open discussion.</p>

Recommendation 7	Strengthen UNFPA’s strategic positioning by integrating its mandate areas under a unified, gender-transformative framework for GEWE and GRFP, institutionalising tested models, and fostering multi-stakeholder partnerships to drive sustained, systemic change. The evaluation found that while UNFPA’s programme made strong progress at output level, through awareness campaigns, innovative partnerships, and piloting promising models such as perpetrator rehabilitation and GRFP. These efforts face challenges in achieving long-term outcomes due to weak institutionalisation, insufficient coordination, and limited monitoring of behavioural change. A strategic shift toward programmatic integration, sustainability, and systems-level engagement is needed to amplify results, ensure policy uptake, and deepen societal impact.
Type of Recommendation	Programmatic
Priority	High
Based on conclusions	1, 2, 6, 9, 11, 12
Directed to	UNFPA (Head of Office/Gender Focal Point, SRHR Programme Analyst, PD Programme Analyst) , ministry of justice, Gender Equality Agency, ministry of finance, labour and transfers, Kosovo Chamber of Commerce, , the seven champion companies, new project partners, i.e. the Women Economic Forum, and the K10 members
The operational Implications	<p>UNFPA should develop and operationalise a unified, intersectional framework that integrates its key mandates, sexual and reproductive health and rights (SRHR), prevention and response to GBV, and the promotion of GRFP. This framework should be grounded in gender-transformative principles and informed by social norm change theories to address the structural inequalities and intersectional vulnerabilities experienced by women, girls, and other marginalised groups in Kosovo.</p> <p>Institutionalisation of proven approaches, such as the GBV perpetrator rehabilitation model piloted with SIT and the Ministry of Justice, should be prioritised. Capacity building for frontline technical personnel (e.g. police, prosecutors, and judiciary) should be systematised and embedded in Kosovo training curricula, aligned with international standards such as the Istanbul Convention, and informed by detailed needs assessments in high-prevalence municipalities. At the policy level, UNFPA should intensify its work to expand the GRFP implementation through the champion companies and in collaboration with the MFLT, Kosovo Chamber of Commerce.</p> <p>To ensure sustainable advocacy, UNFPA should reinforce K10’s operational structure by promoting rotational leadership, strategic planning, dedicated funding, and regular coordination, while including CSOs from northern and underserved municipalities. At the same time, strategic communication efforts such as the Bodyright campaign and theatre based education should be expanded through hybrid (online/offline) models that reach digitally excluded youth and address rising misinformation, digital harm, and self-harm risks.</p> <p>UNFPA should further capitalise on its comparative advantage in data collection and evidence-based programming to inform Kosovo policy dialogue, influence reform processes, and demonstrate the impact of integrated programming. Strong monitoring and evaluation systems should be embedded across all programme components to assess behavioural and institutional changes, inform adaptive programming, and facilitate continuous learning and accountability.</p>

Recommendation 8	Foster political commitment and public support to integrate population trends into policy-making processes. There is lack of commitment from policy makers to use population trends into policy making processes, while recent results on PHHC could provide good opportunity to nurture political commitment to take more proactive actions to incorporate current population trends into policy making processes.
Type of Recommendation	Programmatic
Priority	High
Based on conclusions	1, 2, 5
Directed to	UNFPA (Head of Office, PD Programme Analyst/DemRes Focal Point), Prime Minister's Office, relevant ministries, assembly of Kosovo
The operational Implications	UNFPA can take several steps to promote the integration of population dynamics into policymaking. This involves raising awareness among policymakers through targeted advocacy campaigns that emphasize the importance of understanding population trends in shaping policies related to education, health, labour markets, and economic development, using successful examples from other countries as evidence. Public engagement is also key, with communication campaigns designed to highlight how demographic changes affect everyday life, using accessible messaging across traditional and social media platforms. In addition, UNFPA can promote inclusive stakeholder engagement by involving a wide range of actors in discussions through workshops and roundtables, and—if there is interest—support the establishment of coordination bodies or task forces focused on population and development in Kosovo, ensuring these groups have a clear role in connecting population data to policy processes. Finally, UNFPA should help build institutional capacity by supporting public agencies in developing the technical skills needed to analyse demographic data and turn it into effective policy action.

Recommendation 9	Enhance the capacity of SA and other organizations to ensure the timely collection of relevant data on SRHR
Type of Recommendation	Programmatic
Priority	High
Based on conclusions	5
Directed to	UNFPA (SRHR Programme Analyst, PD Programme Analyst/DemRes Focal Point), SA, Institute of Public Health
The operational Implications	UNFPA is recommended to initiate efforts to improve SRHR data by taking several key steps. This includes organizing workshops for policymakers and stakeholders to emphasize the data gaps and value of SRHR data in guiding informed decision-making. In collaboration with SA, UNFPA can help develop standardized SRHR data collection frameworks and questionnaires that align with international and SDG reporting standards, including piloting SRHR-specific modules for integration into regular data collection tools like surveys and censuses. Additionally, UNFPA can provide technical training to SA staff and other relevant institutions, focusing on modern data collection, management, and analysis techniques. In the absence of comprehensive data systems, UNFPA can also support the implementation of targeted SRHR surveys every four to five years, helping to fill data gaps while strengthening long-term institutional capacity.

Operational Recommendations

Recommendation 10	Strengthen Monitoring and Evaluation (M&E) across all outputs.
Type of Recommendation	Operational
Priority	Medium
Based on conclusions	4
Directed to	UNFPA (Programme Staff and M&E focal Point)
The operational Implications	To implement stronger and more comprehensive monitoring and evaluation (M&E) tools, UNFPA should adopt more targeted approaches to data collection. For example, for Comprehensive Sexuality Education (CSE), this could involve conducting periodic, representative surveys not only with teachers but also with students—potentially complemented by classroom observations—to assess how interventions are delivered, the teaching methods applied, the knowledge and skills gained by students, and the intended behavioural changes. UNFPA should also produce regular reports outlining the progress, challenges, and outcomes of these programmes. Sharing key findings with a broad range of stakeholders for feedback and guidance will help ensure the interventions remain relevant, effective, and responsive to emerging needs. In addition, tailored M&E training should be provided to UNFPA staff and implementing partners to strengthen their ability to effectively measure the outputs and outcomes of all related interventions.



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