



TEN YEARS OF ICPD IMPLEMENTATION IN KOSOVO

Assessment report on Achievements

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AGE	Agency for Gender Equality	MMR	Maternal Mortality Ratio
AI	Administrative Instruction	MoH	Ministry of Health
AIDS	Acquired immunodeficiency Syndrome	NDI	National Democratic Institute
AIHA	American International Health Association	NIPH	National Institute for Public Health
ANC	Antenatal Care	PISG	Provisional Institutions of Self-Governance
CDFM	Centre for Development of Family Medicine in Kosovo	PoA	Program of Action
CEDAW	Convention on All Forms of Discrimination Against Women	PSI	Population Service International
CPD	Continuous Professional Development	RAE	Roma Ashkali and Egyptians
CVM	Condom Vending Machines	RH	Reproductive Health
DMS	Dartmouth Medical School	SIDA	Swedish Development Agency
EC	European Commission	SOK	Statistic Office of Kosovo
FMD	Family Medicine Doctors	SRC	Swiss Red Cross
GEM	Gender Empowerment Measure	S/RH	Sexual/Reproductive Health
GBV	Gender Based Violence	STI	Sexually Transmitted Diseases
HIV	Human Immunodeficiency Virus	SRSG	Special Representative of Secretary General
FM	Family Medicine	UCCK	University Clinical Center of Kosovo
FMC	Family Medicine Center	UNIFEM	United Nations Development Fund for Women
ICPD	International Conference on Population Development	UNMIK	United Nations Mission in Kosovo
KAP	Knowledge Awareness and Practice Survey	UNFPA	United Nations Population Fund
MDG	Millennium Development Goals	UNICEF	United Nations Children's Fund
KHF	Kosovo Health Foundation	UNKT	United National Kosovo Team
KOPF	Kosovo Population Foundation	USAID	United States Development Agency
KYAP	Kosovo Youth Action Plan	UN OGA	UN Office of Gender Affairs
KYDP	Kosovo Youth Development Project	VAAD	Victim Advocacy and Assistance Division
KWN	Kosovo Woman Network	VCT	Voluntary Counseling and Testing
MCYS	Ministry of Culture Youth and Sports	Y-PEER	Youth Peer Education Network
MEST	Ministry of Education Science and Technology	WHO	World Health Organization
MLSW	Ministry of Labor and Social Welfare		

1. Executive summary

The study assesses the support provided by UNFPA in promoting the International Conference on Population and Development (ICPD) Programme of Action within the context of MDG achievements in Kosovo. In addition, the study forms the basis for public debates and discussions with parliamentarians and policymakers, community and youth involvement and media activities to further promote ICPD and mark ICPD+15 in Kosovo.

UNFPA Kosovo was established in July 1999 as part of an emergency response program with an overall goal to restore basic and safe conditions for women and their newborn babies. Ever since, the UNFPA Office in Kosovo has worked actively in several areas, including: Supporting the health sector to address reproductive health; Safe Motherhood; Family Planning; Preventing HIV/AIDS; Supporting Adolescents and Youth; Promoting Gender Equality and Collecting and Improving Population Data.

In regard to gender issues, similarly to the global level, the UNFPA office in Kosovo has responded pro-actively to the issues of supporting equality of women by providing support to women to live freely from violence and the women's right to health. Furthermore, disparities in education for minority communities specifically the Roma, Ashkali and Egyptian Community have been addressed. In order to address few of the gaps identified in the response of the Kosovo government and donors in areas related to gender equality several recommendations have been drawn, including: there is a need for higher commitment by the Kosovo government to respond to challenges and commitments adopted by the enactment of the MDGs in 2008; Further, there is a need for enhancement of the financial, human resources and capacities for the mechanisms and institutions to protect effectively rights of women and girls; as well as, decrease of the disparities among intervention measures toward all communities.

Reproductive rights and care were further developed through the Reproductive Health Law and Reproductive Health Strategy. UNFPA in coordination with WHO, UNICEF and other stakeholders has provided support to Kosovo institutions in drafting the Reproductive Health Law and Reproductive Health Strategy. All woman were given rights for: pre-conception advice, periodical antenatal health care, health care during birth, periodical and health care attendance while in confinement, and baby care.

The Law was followed by the Reproductive Health Strategy (2006-2015) which was also completed in 2006. The Strategy addressed safe motherhood, promotion of reproductive rights and choices, reduction of maternal morbidity and mortality, adolescent reproductive health to reduction of sexual violence and trafficking in human. Even though not approved, it provides strong guide for future work in relation to reproductive health and it also proved a base for future technical assistance of donor agencies in Kosovo. In addition to this UNFPA was leading efforts for public health promotion of reproductive health using the media and advocacy.

UNFPA interventions were also focused around trainings for FM doctors and nurses to monitor RH services in FMC, to provide family planning services and to introduce new skills, such as screening for breast and cervical cancer. Most of the shortcomings in this field are related to ownership, lack of donor coordination and lack of consistency or continuation of interventions, which sometimes leads to fragmentation of services in certain geographical areas.

Since its establishment in Kosovo, the UNFPA in Kosovo has focused its program on STIs/HIV/AIDS in empowering adolescents and youth with the skills to protect their health, increase awareness and take on leadership roles in the future. UNFPA has also provided increased opportunities for access to sexual and reproductive health information, education, commodities and services. Specific engagements have included: Adolescent and Youth Peer education on STIs/HIV/reproductive health; Establishment of Pilot Youth-Friendly Health Services; Establishment and support of Youth Peer Education Network; Support of Law on Youth Empowerment and Participation; Support to Government's Youth Action Plan; Advocacy programs and behavior change campaigns on S/RH, HIV/AIDS, and STI's. UNFPA has worked with many international and local stakeholders, mainly from civil society to move forward in this direction. In the future these successful practices should be developed further.

The major contributions of UNFPA in Kosovo include also: the technical and capacity building support to SOK; reactivation of the Vital Statistics System; the 2001 and 2003 Demographic Health Surveys; analysis of deaths causes based on ICD-10 classification (2006-2007); addressing annually the population issues on World Population Day, as well as Chairing of the UNKTeam on statistics. In the future, special attention should receive the national capacity to conduct census activities, population surveys and researches.

In regard to parliamentary ICPD achievements in Kosovo, a beginning was made when two female parliamentarians (from the health committee) participated in the first sub-regional meeting of parliamentarians in Sarajevo in April 2006. Another two went to the global meeting in Bangkok in November 2006. UNFPA should continue its efforts to see the establishment of a subcommittee on population or even a separate committee within Kosovo parliament. This could be done by assisting in the formulation of a social and population policy agenda for Kosovo that could one day translate into population issues becoming an integral part of planning, development, and public finance in Kosovo.

2. Aims and Objectives

The study assesses the support provided by UNFPA in promoting the International Conference on Population and Development (ICPD) Programme of Action within the context of MDG achievements in Kosovo; identify constraints and lessons learned in Kosovo since 1999 with a particular emphasis on population and development issues, reproductive health and rights, gender equality, poverty and migration and other populations' dynamics and trends. The study forms a basis for public debates and discussions with parliamentarians and policymakers, community, youth and media to further work on and promote ICPD and mark ICPD+15 in Kosovo.

3. Background

The mission of UNFPA is to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. The blueprint for achieving this is the ICPD Program of Action. UNFPA encourages and supports countries around the world to implement this program as part of a wider strategy to meet all of the MDG goals, in particular MDG 5 (improving maternal health) and MDG 3 (promoting gender equality and women's empowerment).

The activities and programs of UNFPA worldwide are based upon the outcomes of the 1994 Cairo International Conference on Population and Development (ICPD). The Conference shifted the emphasis of population planning from reaching demographic targets to promoting human rights and sustainable development, changing the focus from numbers to people. It was agreed in 2004 and 2006 that the ICPD Program of Action is still extremely relevant in order to achieve the MDGs. The ICPD Programme of Action (ICPD PoA) set out a series of priority issues, including among others, population and development, gender equality and equity, reproductive health and rights and adolescents and youth. It described the actions needed in response, with agreed goals and a 20-year timeframe for achieving them, and identified the bodies responsible for action. The promise of the ICPD was to reconcile the imperatives of national development with cultural values and human rights. Implementing it means that countries themselves have taken ownership of population and development, on their own terms. One of the primary recommendations from the ICPD 2006 review is - Universal Access to Reproductive health (MDG 5)¹; the achievement of universal access to a full range of safe and reliable family planning methods and to related reproductive and sexual health services by 2015. UNFPA intends to ensure that comprehensive and factual information and a full range of reproductive health-care services are available to individuals and communities, particularly women and young people, and will also promote and protect their reproductive rights. This includes ensuring that family planning services are accessible, affordable, acceptable and convenient. It also requires the

¹ Goal 5: Improve maternal health includes two targets: Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio (that is measured by Maternal mortality ratio and Proportion of births attended by skilled health personnel) and Target 5.B: Achieve, by 2015, universal access to reproductive health that is measured by Contraceptive prevalence rate, Adolescent birth rate, Antenatal care coverage and Unmet need for family planning).

maintenance of reproductive health through access to essential sexual and reproductive health and HIV prevention care and positive health behavior.

UNFPA also aims to ensure that Reproductive rights and Sexual and Reproductive Health (SRH) demands are promoted and the essential SRH package, including reproductive health commodities and human resources for health, are integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.

UNFPA Kosovo was established in July 1999 as part of an emergency response program with an overall goal to restore basic and safe conditions for women and their newborn babies. In early 2000, the Ministry of Health mandated UNFPA as the lead agency in reproductive health in Kosovo. UNFPA Office in Kosovo works actively with governmental and non-governmental sector in seven areas: Supporting the health sector to address reproductive health; Safe Motherhood; Family Planning; Preventing HIV/AIDS; Supporting Adolescents and Youth; Promoting Gender Equality and Collecting and Improving Population Data.

4. Methodology

The methodology included mainly desk review of national legislations, studies, reports, and other related documents that have been developed by different agencies (local and international). In addition consultations with UNFPA Country Office staff have taken place in order to fill the information gaps regarding different topics of interest.

5. Current Situation Analysis on Achievements and Recommendations

5.1. Gender Equality, Equity and Empowerment of Women in Kosovo

5.1.1. Protecting the Rights of Girls and Women

A number of laws have been enacted to respond to needs and protect the rights of girls and women in Kosovo. The Kosovo Constitution adopted on 15 June 2008 enlisted the UN CEDAW as law directly applicable in Kosovo.² The government of Kosovo from 1999-2009³ enacted policies to protect rights of girls and women in order to promote the protection of principles of equality as foreseen by CEDAW. Accordingly, legal, institutional and administrative procedures including mechanisms to eliminate discrimination against women and girls were established. Similarly the ICPD Plan of Action 1994 has called countries to make efforts to promulgate, implement and enforce national legislation as well as to adopt international human rights standards to protect women including protection from economic discrimination and sexual harassment.⁴ The UNFPA mission in Kosovo has

² Kosovo Constitution available at <http://www.kuvendikosoves.org> (last accessed on 5 May 2009).

³ From 1999 until 17 February 2008 until Kosovo declared independence, Kosovo has had the status of international protectorate under UN Security Council Resolution 1244/99. The resolution set up the interim international administration as government in Kosovo known as the United Nations Mission in Kosovo (UNMIK). Further, UNMIK was vested with legislative, political and executive authority under the head of UNMIK, the Special Representative of the UN Secretary General (SRSG). From 2000 when the first elections were held in Kosovo the Provisional Institutions of Self-Government (PISG) were established. The PISG exercised few governing powers excluding police and justice that were exercised by UNMIK. The remaining powers of government were transferred by UNMIK to PISG by end of 2006. In Kosovo policies and legislation were enacted by the SRSG upon PISG and the international administration. After the declaration of independence on 17 February 2008, Kosovo has won recognition as a sovereign and independent state by 58 countries of the world.

⁴ UNFPA Report 'Investing in People,' National Progress in Implementing the ICPD Programme of Action 1994-2004, pg.24.

pro-actively advocated within the Kosovo government to comply with these provisions especially in the areas of protecting reproductive rights of women⁵ and the right of women to live in secure and free environment from violence.

Some of the legislative and administrative measures undertaken by the government and the international administration were: drafting and adoption by the Kosovo Assembly of the Kosovo Law on Gender Equality and the Kosovo Law on Anti-Discrimination;⁶ the adoption of the National Action Plan for the Achievement of Gender Equality in Kosovo (April 2004); integrating the gender component as a part of the Kosovo Development Strategy and Plan (KDSP) 2007-2015; setting up of an Inter-Ministerial Commission on Gender Equality comprised of Ministerial Gender Focal Points and the appointment of Municipal Gender Officers by end of 2003 in each Kosovo municipality including the creation of Gender Equality Committees in 15 Kosovo municipalities. Further, a Gender Equality Unit within the Kosovo Ombudsperson Institution was formed and in 2005 the government enacted the Office for Gender Equality as a separate governmental institution.⁷ In 2006 this office was transformed into the AGE of the Kosovo Prime Ministers Office. The AGE was mandated to prepare the Kosovo Programme on Gender Equality that got adopted by the government in 2008 as a five years plan for 2008-2013.

One should note that while laws have been adopted and structures have been created, their application and practical enforcement still remain a challenge.⁸ For example justiciability of CEDAW in courts remains a challenge.⁹ The Kosovo Law on Gender Equality and the Law on Anti-Discrimination have had minimum impact when it comes to the number of discrimination and gender inequality cases claimed before the Kosovo Courts.¹⁰ Current mechanisms set at the local and central level on gender equality have shown minimal effect with gender mainstreaming in decision-making bodies due to limited human and financial resources that would enable the creation of effective institutions that are mandated to protect rights of women and girls in Kosovo.

Kosovo has legal and institutional mechanism for mainstreaming gender and protecting rights of women and girls based on the principle of equality between men and women. However, promotion of substantial gender equality and use of gender mainstreaming as a tool for achieving a gendered analysis when policies are adopted are far from being fully implemented.¹¹ Even though there is a Kosovo Development and Strategy Plan this strategy was never adopted by the government including the integrated gendered component of the Kosovo government budget. Currently the Kosovo government interventions on

⁵ UNFPA Kosovo "Exploratory Research on the Prevalence of Gender-Based Violence in Kosova and its impact on the reproductive rights of women," (2008) drafted by Kosovo Women's Network. Also UNFPA Annual Report 2008.

⁶ UNMIK Regulation 2004/31 for the promulgation of the Kosovo Assembly Law on Gender Equality 2004/02 and UNMIK Regulation 2004/32 of the Kosovo Assembly Law on Anti-Discrimination Nr. 2004/03 followed by a Plan of Action for the implementation of the Kosovo Law on Anti-Discrimination 2005-2007.

⁷ Government Regulation 2005/2 for Establishment and Internal Organization of the Kosovo Office on Gender Equality.

⁸ For example Farnsworth, Nicole and Qosaj-Mustafa Ariana for KWN Report on 'Security Begins at Home-Research to Inform the First National Strategy and Action Plan against Domestic Violence in Kosovo,' (2008) published by UNDP for Agency for Gender Equality; KWN 'Exploratory Research on the Extent of Gender-Based Violence in Kosova and its impact on Women's Reproductive Health,' (2008) published by UNFPA; KWN 'Monitoring the implementation of UN Security Council Resolution 1325 in Kosovo,' (2007); OSCE Mission in Kosovo 'Assessment Report on the Establishment of Referral Mechanisms for Victims of Trafficking in Human Beings in Kosovo,' (2007); OSCE Mission in Kosovo 'Report on Cases of Domestic Violence in Kosovo,' (2007); etc.

⁹ For example UNFPA Regional Legislative Mapping Exercise on CEDAW Applicability in Countries available in the UNFPA office Kosovo.

¹⁰ OSCE Mission in Kosovo Report 'Implementing the Anti-Discrimination Law- A challenge for Kosovo,' (June 2007).

¹¹ See OSCE Mission in Kosovo, 'Report on the Role and Functioning of the Municipal Officers for Gender Equality,' (November 2006).

development issues are guided by the adopted Mid-term Expenditure Framework 2008-2011 lacking gender indices with no budgetary calculations in overcoming visible gender disparities observed in Kosovo (see section below). Additionally, the Kosovo Programme on Gender Equality has an estimated budget cost for activities foreseen but the government has not committed a budget for implementing the plan. In this regard the AGE has tried to increase its coordination with gender equality mechanisms at the local and central level however more skill-based interventions and additional financial resources are needed.¹² Legal and institutional mechanisms that have been set up to protect rights of women and girls and offer remedies to women are generally weak in offering substantial changes often lacking skilled human and financial resources affected by the overall poor coordination of the governmental structures when it comes to mainstreaming of policies from a gender perspective.¹³

5.1.2. Women's Empowerment¹⁴

As mentioned a number of mechanisms have been established at both local and central level in past years for promoting equality between men and women, remedy discrimination against women and create an empowering environment for the development of women in Kosovo.¹⁵ Amongst common measures undertaken such as legislative and policy level the government and the United Nations administration in Kosovo undertook a number of initiatives¹⁶ from political, legal and institutional perspective in order to empower women to freely decide upon their destiny whether in employment, marriage, education, pregnancy, etc; in accordance to ICPD Programme of Action 1994-2004.

In order to guarantee equal representation of women with men in 2002 under the lead of the UN Office of Gender Affairs a gender working group was set with the participation of UN agencies including UNIFEM, UNFPA, civil society representatives mandated to review existing legislation and policies from a gender perspective. The group resulted with a number of initiatives related to reform of laws and policies in supporting the government's mandate in gender issues. For example UN OGA supported the Kosovo Assembly Parliamentary Commission on Gender Equality to draft the Kosovo Law on Gender Equality which got promulgated in 2004. Further, Pillar III of UNMIK chaired a legislative review Committee on Women and Children resulting with the drafting of the UNMIK Regulation 2003/12 on Protection Against Domestic Violence and UNMIK Regulation 2003/01 Amending the Kosovo applicable law on Crimes related to Sexual Violence. In 2003 under the lead of the UN gender working group a Conference on Gender Equality Mechanisms in Kosovo was held in order to support the government in addressing central and municipal level initiatives related to gender mainstreaming. With the support of UN administration in

¹² European Commission Liaison Office "Kosovo under UNSCR 1244/99) 2008 Progress Report, pg.16.

¹³ Ibid and 2004 UNDP Human Development Report.

¹⁴ For the purpose of this study women's empowerment is understood as extending to women all civil, cultural, economic, political and social rights in accordance to the definition used by UNFPA in the National Progress Report in Implementing the ICPD Programme of Action 1994-2004 'Investing in People,' (2004).

¹⁵ Promulgated by UNMIK Regulation 2004/18 of the Kosovo Assembly Law No. 2004/2 on Gender Equality in Kosovo.

¹⁶ For further information see <http://officeofgenderaffairs.unmikonline.org>

Kosovo a number of municipal structures were established such as the Municipal Gender Officers and municipal committees on gender issues in 15 municipalities of Kosovo.¹⁷

In increasing chances of women in political arena, employment and labour force the LGE specifically addressed gender discrimination by foreseeing specific legal provisions. For example, under section 3 the LGE foresaw that all institutions and leading bodies in Kosovo need to aim for participation of 40% for the gender commonly underrepresented. Also, the SRSG promulgated in July 2000 the UNMIK Regulation 2000/39 on the Municipal Elections in Kosovo calling for at least thirty percent in the first fifteen candidates on the voting list to be women. Similarly section 5.2 of UNMIK Regulation 2004/12 on Elections for the Assembly of Kosovo amended by UNMIK Regulation 2007/26 and 2007/28 as well as Section 5.2 of the UNMIK Regulation 2007/27 on Municipal Elections in Kosovo foresaw that the 30 % in electoral lists of political parties need to be women.¹⁸ This has lead that Kosovo parliament nowadays out of 120 seats has elected around 30% seats of women parliamentarians.

However, de facto equality of men and women is far from being achieved. Even though Kosovo ranks as 53rd in the world in terms of measures undertaken in achieving gender equality by increasing participation of women in the political sphere when it comes to decision-making gender disparities remain.¹⁹ The GEM²⁰ is failing to translate into real gains for women in the political, and in the economic areas. For example from 13 parliamentary commissions, only two are headed by women. In the municipal assemblies women have been elected with a representation of almost 25 %. However, there are no female mayors running any of the Kosovo municipalities. At the executive level only two ministries are headed by women i.e. Ministry of Justice and Ministry of Mines and Energy whilst three women are deputy ministers in the Ministry of Foreign Affairs, Ministry of Health and Ministry of Culture, Youth and Sports.²¹ Further, even though legislatively there are no gender disparities in equal pay for equal work in Kosovo, women earn four time less than men and only 31% of women compared to 75% of men participate in the labour force. ²² Further, in all Kosovo municipalities men have been found to have a higher income per capita and better education oportunities than women. Women generally have a higher life expectancy. Disparities are most visible in rural areas. For example in Malishevë/Mališevo it has been found that for every eight Euros earned by women, men earn 100 Euros. Women are also disfavored in education with lower literacy rates and lower combined enrollment rates in all levels i.e. primary, secondary and tertiary level. In order to promote substantive equality between men and women gender issues need to be brought to the top of the political agenda.

¹⁷ Ibid.

¹⁸ Official Gazette of UNMIK Regulations are available at <http://www.unmikonline.org>.

¹⁹ United Nations Development Programme in Kosovo in the Human Development Report 2004: *The Rise of the Citizen: Challenges and Choice*, at http://hdr.undp.org/en/reports/nationalreports/europethecis/kosovo/kosovo_2004_en.pdf, (accessed 6 May 2009), p.73.

²⁰ The GEM includes women's political participation in comparison to men i.e. number of seats in the parliament; economic participation including decision-making; and power over economic resources. Even though Kosovo in 2004 ranked as 53rd in the world human development category above Romania apart from the percentage of parliamentary seats in the area of economic achievements Kosovo remains substantially behind. See UNDP Kosovo Human Development Report 2004 on gender indices (Ibid).

²¹ See Agency for Gender Equality Booklet "Gender profile in Kosovo," (2008) at http://www.ks-gov.net/abgj/index.php?option=com_content&task=view&id=37&Itemid=50 (last accessed 9 May 2009).

²² Supra note at 18.

The Ministry of Public Services adopted in 2007 an AI²³ to promote positive action for increasing number of women employed. The AI foresaw that job advertisements of the Kosovo civil service institutions encourage mainly application for jobs by women.²⁴ However, minimal implementation of the AI has been reported by civil society representatives in Kosovo.²⁵

In ending, the gender disparities in the economic and employment sector continue to exist. Unemployment remains pervasive, at around 40-50% of the labor force. Also poverty in Kosovo is widespread with estimated more than half of the population living in poverty and about 13% live in extreme poverty. There is generally low number of women in the labor force constituting less than half of that of men.²⁶

Lack of the provision of economic opportunities for women followed by the lack of provision of education and training for women on skills and vocational training including employment strategies are minimal. For example in the Kosovo Programme for Gender Equality (KPGE) a number of objectives, policies and actors to implement the plan have been identified however there is no committed budget by the government to implement the programme in areas of social issues, health access, economic empowerment, education, employment, political empowerment and decision-making.

5.1.3. Gender-Based Violence

Similarly to the global level the UNFPA office in Kosovo²⁷ has responded pro-actively to the issues of supporting equality of women by providing support to women to live freely from violence and the women's right to health. A recent research on the extent of gender-based violence in Kosovo and its impact on the reproductive rights of women²⁸ commissioned by UNFPA Office in Kosovo drafted by KWN has shown that there is a direct link between violence against women and their reproductive rights. Further, gender-based violence and protection from its consequences is an extra burden for the government to provide shelters and support to victims of gender-based violence.

Accordingly the UNFPA Kosovo Programme Framework 2009-2011 continues to prioritise the support for the government and civil society to offer protection and assistance to victims of gender based-violence. It has done so also by providing financial support to shelters as well as plans to continue supporting the civil society coalitions working on protecting

²³ See Administrative Instruction (AI) No. 2007/03 on the Measures on Achieving of Gender Equality in the Institutions of the Public Administration during the year 2007, at <http://www.ks-gov.net/mshp/Document.aspx>.

²⁴ Ibid. In cases when in the first round of the job advertisements a sufficient number of women candidates have not applied the jobs need to be re-advertised and open only for women.

²⁵ See Kosovo Centre for Gender Studies 'Report on the Implementation of the UN Convention on Elimination of All Forms of Discrimination Against Women,' (December 2008).

²⁶ Kosovo Statistical Office publication 'Women and Men in Kosovo,' (2007) at <http://www.ks-gov.net/esk/esk/english/publication/>, (last accessed on 8 May 2009).

²⁷ See Report of the UN Secretary General 'Monitoring of population programmes, focusing on the contribution of the Programme of Action of the ICPD to the internationally agreed development goals, including the MDG's,' Commission on Population and Development, forty-second session (January 2009).

²⁸ United Nations Population Fund report "Exploratory Research on the Extent of Gender-Based Violence in Kosova and its impact on reproductive health of women," (2008).

victims of gender-based violence. Additionally researches are also foreseen to inform the response of government, civil society and of donors. Lately UNFPA has also launched an innovative approaches to draw attention to aspects of GBV such as theatre plays that have been found successful jointly with the dissemination of information by media and youth education projects be it formal and non-formal. Different workshops have also been supported to support initiatives that draw the attention of women on their rights and advocacy.²⁹

An extensive network for support and protection of victims of gender based violence took place through the MLSW reform and the Ministry being appointed as the primary responsible governmental agency to protect women and children by providing shelter and support through local NGO's. Further, there was a reform of the Kosovo applicable law to incorporate victim advocate function and to institutionalize the victim's assistance in Kosovo by setting up of the VAAD within Ministry of Justice. Additionally, separate police units were created within the Kosovo Police Service to deal with cases of trafficking in human beings as well as domestic violence and gender-based violence. However, issues related to effective access to justice including lack of prosecution of perpetrators of gender-based by the judiciary and delays in issuance of protection orders have been identified as main gaps in the treatment by the judiciary.³⁰ Further, longer-term rehabilitation and social inclusion is being affected by economic dependency of women and girls from husbands, brothers and men in general posing difficulties for successful protection of victims. In Kosovo trafficking of young women and girls for purposes of sexual exploitation has continued. Domestic violence and other forms of gender-based violence continue showing high incidents of reporting.³¹ In order to overcome few of the gaps identified the government should provide more skilled professionals, financial resources for shelters and generally continue to pro-actively support the development of the gender equality principle in Kosovo.

5.1.4. Reducing Gender Disparities in Education

The Kosovo Law on Gender Equality states that 'equal right to education must be provided for females and males in all levels of education to ensure their equal active participation in the society, family and the labor market.'³² In Kosovo percentage of men with no education is half of that of women (3.1% compared to 6.6%). Illiteracy rate is three times higher for women. In the last 10 years, the gender gap in education has remained almost the same; however the illiteracy rate has decreased.³³ Figures show that over the years, the percentage of illiteracy has continuously fallen from 11.9 % in 1991 to 6.5% in 2000.³⁴ The illiteracy rate among women compared to the percentage of illiteracy among men, still remains high. In

²⁹ <http://www.unfpakos.rg>

³⁰ Supra Note at 7.

³¹ Ibid.

³² Article 10 of the Kosovo Law on Gender Equality.

³³ Agricultural Household Survey, Statistical Office of Kosovo, available at <http://www.ks.gov.net/ESK/esk/pdf/english/agriculture/Agricultural%20Household%20Survey.pdf>, (accessed 7 May 2009). See also Kosovo Statistical Office publications "Women and Men in Kosovo," (February 2007).

³⁴ Statistical annual reports for Kosovo and SFRY, various years source UNFPA/IOM, 2000.

2000, the rate was 9% for women and 2% for men with the most significant differences found between women in rural areas and men in urban areas.³⁵

Amongst measures undertaken by the Kosovo government have been the drafting of a module by MEST in Life Skills Programme on Stereotypes and Gender Roles with more than 300 teachers trained to address issues of gendered factors of girl school drop-out in Kosovo. A recent gender auditing of the Kosovo educational system has shown that the content of text books and teaching materials in schools, as well as an audit of women's position in the education system is gender biased. The auditing concluded that women are under-represented in all text-books and teaching material illustrations. When present in text books, women are mainly represented in their common stereotypical roles.³⁶

Further, disparities in education for minority communities specifically the Roma, Ashkali and Egyptian Community are visible. In this regard the inclusion into the education system of the RAE girls and addressing the gender gap with high school drop out of girls has been targeted by UNFPA by supporting the inclusion of RAE community. Measures initiated by the government to close the gender gap in education ranged from advocacy on the drafting of the Kosovo Strategy for Gender Equality into the School Curricula and provision of a number of trainings and awareness raising for teachers on gender equality. However, the disparities remain and the government needs to have more strategic interventions with divided resources in implementing its current commitments. The recent incentive by MEST to provide free school text for all children attending elementary education can prevail as a practice for future interventions.

5.1.5. Enhancing Men's Support to Women's Rights and Empowerment

Generally lack of support during policy planning and the response of the government structures to include men in drafting policies on women's rights and empowerment strategies can be observed. In this regard the civil society has played a more active role by mobilizing support of men in processes when drafting their policies and programmes from a gender perspective. For example in the Statute of KWN participation of men in the Board of Kosovo Women's Network has been observed fully in order to seek support to enhance men's support to women. Similarly the recent UNFPA report drafted by KWN has critiqued the low involvement of peer support groups for men that induce violence in the family as well as other forms of gender-based violence.³⁷ The research has also found that courts continue not to issue mandatory measures for psychosocial treatment and support to perpetrators of domestic violence.

5.1.6. Cultural Considerations³⁸

UNFPA approaches to programming for women's empowerment and gender equality by integrating also gender cultural sensitivity and encouraging transformative cultural change

³⁵ Ibid.

³⁶ Kosova Gender Studies Centre "Gender Auditing of the Education System in Kosova," (2007) at <http://www.kgscenter.org>.
³⁷ Supra note at 7.

³⁸ Cultural consideration is understood to acknowledge context-based analysis for programme interventions with a culturally sensitive approach in accordance to the meanings used by UNFPA in the National Progress Report in Implementing the ICPD Programme of Action 1994-2004 'Investing in People,' (2004) report.

from within. It does so with initiatives not only in supporting the government but also civil society and individuals identified as potential agents for change. The “culture lens” is seen as a tool with which gender inequalities are contested by building and supporting alliances. Recent support of UNFPA for the Kosovo civil society coalitions working against gender-based violence is an example of a contextually build approach that will aim to guarantee future ownership and sustainability of the initiative. Further, culturally sensitive approaches must understand how people negotiate their own contexts; and must learn from local resistance.

In Kosovo the gender division of role of men and women in the family as well as in the society continue to derive from culturally constructed roles that can be reinforced by tradition and religion. In Kosovo the family is regarded as a very important social institution. However, the family continues to remain as a place of un-equal relations between men and women by a division of labor for women for the care of the family including care of children and of elderly and of the household generally. Gender selection has been reported continuously as discrimination from birth in preference of boy children over girl children. Kosovo remains with a 49% ratio for girl children in comparison to 51% for boy children which continues to be opposite from global trends.³⁹ In addition, social perceptions continue to foster the perception of a male as bread winner. While, legally, men and women are both equally entitled to inherit property, it is customary that family property is inherited mainly by men. Recent tendencies however support the view that values are changing and economic pressure is contributing in changing gendered roles. For example the recent increase in the age of marriage for both women and men may be seen as a slight improvement.⁴⁰ Many challenges remain as there are no policy responses in addressing the cultural considerations for gender in Kosovo. Media can also play a crucial role in this regard however it mainly continues to portray women in stereotypical roles when compared to men.

5.1.7. Recommendations

In order to address few of the gaps identified in the response of the Kosovo government and donors in areas related to gender equality, equity and women’s empowerment in compliance with ICPD PoA principles as well as MDG’s it is advisable that below recommendations can be looked at:

- ✓ Generally there should be higher commitment by the Kosovo government in order to respond to challenges and commitments adopted by the enactment of the MDGs in 2008 by the Kosovo Parliament including donors support to respond in filling these gaps and take further the implementation of ICPD principles and MDG’s in Kosovo;
- ✓ Further, the Kosovo government should enhance the financial, human resources and skills capacities for the mechanisms and institutions to protect effectively rights of women and girls;
- ✓ The government should support in increasing the capacities of the AGE with higher skill-based interventions and adequate financial resources;
- ✓ In the area of gender equality and equity, the government by the support of the international community should undertake conceptual work to incorporate gender mainstreaming into the future development policies and programmes enacted by the

³⁹ For example see 2000 and 2003 UNFPA Demographic Health Survey; UNFPA Pregnancy and Family Planning in Kosovo Report (2008). Also see Kosovo Statistical Office Report ‘Women and men in Kosovo’ 2008.

⁴⁰ Supra note at 31.

Kosovo government; this can be followed by trainings for policy makers on what gender mainstreaming is in non-technical terms as a tool for analysis and strategic development;

- ✓ The initiative of UNFPA to support the government in drafting gender sensitive policies on gender-based violence including sexual and reproductive rights is a case for a good example. Further support for researches to inform governmental response should continue by providing necessary budget resources to support such initiatives targeting civil society involvement.
- ✓ In the area of women's empowerment the government should divide a budget to implement the Kosovo Programme for Gender Equality enlisting a number of objectives, policies and actors in the areas of social issues, health access, economic empowerment, education, employment, political empowerment and decision-making.
- ✓ In cases of gender-based violence victims continue to be denied effective access to justice. In this regard the government should be more proactive to encourage effective prosecution of perpetrators of gender-based violence in courts as well as to support the development of the protection mechanisms to assist victims of gender-based violence with financial support to shelters and civil society.
- ✓ Peer support groups for men that exercise violence in the family should be supported and courts should start issuing mandatory measures for psychosocial treatment in order to seek more active response of men towards issues of gender equality in general.
- ✓ The disparities remain and the government needs to have more strategic interventions with divided resources in implementing its current commitments. The recent incentive by MEST to provide free school text for all children attending elementary education should prevail as a practice for future interventions;
- ✓ The government should commit to addressing cultural considerations for gender in Kosovo by trying to portray more equally traditional perceptions of the role of women and men in the family and the society in general. In this regard media can be supported also by international community in portraying women less in stereotypical roles.

5.2. Reproductive Rights and Reproductive Health in Kosovo

The Kosovo government, UN agencies, international aid agencies and local civil society organizations have designed and implemented several national policies, programs and projects since 1999 that have articulated reproductive health (RH) agenda in Kosovo.

The provision of a comprehensive sexual and reproductive health programme requires a functioning health system and effective delivery of an integrated package of services as outlined in the Programme of Action of the 1994 International Conference on Population and Development (ICPD). Because this package involves a wide variety of services for a broad range of people in society and includes services that some regard as sensitive, sexual and reproductive health care requires special consideration in policy formulation, especially as it relates to health financing.

The domestic political system in Kosovo after the conflict, presented a great opportunity to introduce different policies, primarily because of a "green fielding" opportunity to construct a new governance system from scratch. In the aftermath of the conflict in Kosovo, the health

sector was either fully administered or co-administered by UN agencies present in Kosovo. The WHO was chairing in 1999 the Department of Health and Social Welfare in the UNMIK administration and was de facto the highest health authority in Kosovo, and since early 2000 UNFPA has the mandate of the lead agency in reproductive health in Kosovo. Thus, the assumption is that most of the policies and programs targeting RH in Kosovo have followed international standards and good practices.

5.2.1. Establishing Reproductive Rights in Practice

Chronologically, in July 1999, the WHO initiated the development of health strategy for Kosovo, which resulted in the “Interim Health Policy Guidelines” or the Blue Paper, issued by the UN Civil Administration in September 1999. One of the main recommendations of this document was “healthy start of life”, that called for improvements in reproductive health services. With the establishment of the Joint Interim Administrative Structure in Kosovo (JIAS) in 2000, the Department of Health and Social Welfare appointed the Health Policy and Planning Working Group which prepared the “Health Strategy of Kosovo” or The Yellow Paper, which was finally approved on February 2001. This strategy did not differ much from the previous one and both of them, albeit not directly, emphasized the importance of providing quality reproductive health to all women.

Based on the recommendations of the Yellow Paper, the (MOH) that was established in the meantime sponsored the Health Law 2004/31. The Law was approved by the Kosovo Parliament on August 2004. In the article 19.1 this Law describes the rights of all citizens to full access to information that will help the promotion and development of their health. The same article also declares the undisputable right of all citizens to privacy and confidentiality. In article 20.1 the Law describes the rights of all citizens to actively participate in the promotion and utilization of more favourable health services. Article 22.2 of the Law, which defines the Health services that need to be provided and implemented free of charge in the Public Health Institutions, calls for provision of free reproductive health care including health care during pregnancy, birth and maternity as well as family planning excluding forcing prevention of pregnancy.

Reproductive rights and care were further developed through the Reproductive Health Law and Reproductive Health Strategy. UNFPA in coordination with WHO, UNICEF and other stakeholders provided support to Kosovo institutions in drafting the Reproductive Health Law and Reproductive Health Strategy. The Law (No. 02/L-76) adopted in 2006, defines that: “each individual, regardless of gender, ideological, religious or cultural orientation is guaranteed the right to information and education for sexual and reproductive health during his/her entire life cycle. Article 5 of the Law on Reproductive Health states that: “Each individual has the right to a healthy sexual and reproductive life chosen by his/her will. No female can be forced to get pregnant.” Finally, article 8 of the Law on Reproductive Health provides that: “All females, before and during pregnancy, during birth and in the confinement period have the right to benefit without any co-payment in the public health institutions for the following services:

1. Pre-conception advice,
2. Periodical antenatal health care,

3. Health care during birth,
4. Periodical and health care attendance while in confinement,
5. Baby care.

Every female has the right to health care during her pregnancy, the right to assistance during birth and to benefit from the application of methods and practices which minimize the risk of her health or the health of her fetus, newborn and child.

The Law was followed by the Reproductive Health Strategy (2006-2015, which was also completed in 2006. The Strategy has 8 main goals, ranging from safe motherhood, promotion of reproductive rights and choices, reduction of maternal morbidity and mortality, adolescent reproductive health to reduction of sexual violence and trafficking in human. Unfortunately, this strategy was never officially adopted by the MOH and/or Parliament although in most cases MOH refers to it when it comes to RH. The main concerns with this strategy are related to constraints (budgetary and human capital) with its implementation.

In conclusion, while the legal infrastructure regarding reproductive health is almost complete and in line with most international standards, the challenge remains the implementation and then monitoring of this legislation. In addition, lack of adequate infrastructure and trained personnel and budgetary constraints affect the level of coverage with qualitative reproductive health services.

An illustrative list of reproductive rights in practice and efforts to improve these rights is presented in the box below:

- KOPF has continued to social market condoms through pharmacies and condom vending machines, placed in bars and cafeterias across Kosovo to assure easier access to condoms for younger generations.
- Yet, according to a local survey in Fushe Kosove, around 63 percent of RAE respondents answered that they didn't use any contraceptive method during their life.
- Around 41 percent of RAE women gave birth at home according to the same survey, despite awareness raising and efforts to improve accessibility to RH services.
- As many as 51 percent of them had at least one abortion during their life (including unsafe abortions).
- UNFPA through its partner Kosovo Health Foundation is aiming to increase access to maternal and Child health services by RAE community and other vulnerable groups by 30%.

5.2.2. Monitoring and Reporting of Reproductive Rights

Occasionally, the Parliamentary Commission on Health, Labour and Social Welfare undertakes activities to monitor the implementation of health law(s). It prepares reports and organizes hearings with MOH officials and other stakeholders to address problems and shortcomings in the implementation of particular aspects of laws (e.g. the report and the hearing on monitoring the implementation of Health Law, September 2006). This, however, is not a common practice and like many other activities is initiated by the donor community in Kosovo (in this case USAID/NDI). Despite its limitations (weak capacities of the legislative members), such initiatives should be encouraged as they present a great opportunity to raise concerns related to reproductive rights at the highest levels.

In addition, monitoring and reporting of reproductive rights should be a task for pressure groups from civil society (e.g. women's associations, patient's associations etc.). To date, very few mechanisms have been developed by civil society groups to monitor and report reproductive rights in Kosovo. In one occasion the Kosovo Women's Network has investigated domestic violence which is related to reproductive health, but such initiatives are usually fragmented and lack follow up interventions. In another case, Swiss Red Cross and later on KHF observed the quality of the RH service provided by the primary health care professionals, including pre and post natal visits and family planning services through rapid facility surveys.

Currently, UNFPA through its partner KHF is implementing "IMPROVING HEALTH OF WOMEN AND CHILDREN OF KOSOVO" (January 2008 - June 2010) project that among other things aims to:

- Develop client-friendly service guidelines and clinical protocols;
- Develop monitoring tools to assess provision of RH services
- Monitor and evaluate provision of client friendly RH services at Primary Health Care facilities.

RH service monitoring will be achieved through regular visit and KAP surveys.

Another aspect of the reproductive health is its promotion, or rather the increased awareness among population groups most in need. UNFPA was leading efforts for public health promotion of reproductive health using the media and advocacy on reproductive health and reproductive rights. Some of the main interventions include: social marketing of the male condom (*Love PLUS*) and low dose oral contraceptive pill (*Harmonie*) through the local NGO KOPF; public advocacy and health promotion of reproductive health issues in the local media; strengthening professional health associations by supporting training in essential obstetric care; and improving Quality of Care in Reproductive Health Issues.

Other awareness raising interventions are concentrated around school children. Life-Skills-based education for grade 8 of elementary schools (age 13-14) is one of the main interventions in this field. The curriculum - developed by the MEST with technical and financial support from UNICEF - aims to equip young people with the necessary life skills that enable them to make their own, informed choices regarding key aspects of their lives. It has a strong focus on promoting gender equity and related sexual and reproductive health topics. During the year 2006/2007 the Ministry of Education implemented LSBE in 386 schools (36%) from total of 1067 schools (elementary and secondary) in Kosovo/o. It needs to be noted that LSBE as a subject is still in the experimental phase of implementation.

However, despite improvements and increased awareness some of the main challenges with utilization of reproductive health services still remain. Lack of access to accurate and balanced sexual health education for many young people, lack of knowledge about the health system's pathways and a perception that current sexual health services were judgemental, dismissive and lacked a professional approach to confidentiality are among the main challenges faced by those in need for such services.

Another priority for UNFPA is the development of an effective contraceptive management system in public health centres, in cooperation with the Ministry of Health, in order to better address significant unmet demand. UNFPA initiated a Kosovo-wide assessment to examine existing problems with contraceptive supply and distribution, particularly at the primary

health care level, and suggest strategies to overcome these problems. These problems revealed a curious mix of contraceptive overstocking at the central warehouse and stock-outs at health delivery points leading to unmet demand.

An information that contraceptives should be managed as full supply was consequently provided to all health staff Kosovo wide and managers of the supply chain were encouraged to move required quantities, because contraceptives were plentiful. In addition, some supplies, especially oral contraceptives were “pushed” out to fill the supply chain and emphasize that quantities were available to fill demand.

Parallel to working with MoH, UNFPA purchased 190 CVMs for KOPF, which are placed in bars and cafeterias all over Kosovo to provide easier access to condoms for young people. Motels and Hotels are the next target of KOPF for CVMs.

5.2.3. Integration of Reproductive Health in the Primary Health Care System - Reproductive Health and Health-Sector Reform

One of the key recommendations of the Blue and Yellow Papers was to strengthen and reorganize primary care in Kosovo. The CDFM in Kosovo was developed to respond to the health care reforms in Kosovo and is the central institution around which most of the primary care services are designed, taught and monitored. A specialist course for FMD was developed, financed by the European Community Humanitarian Office, and until now more than 500 FMD have graduated from CDFM to date. The specialization in Family Medicine lasts three years and among other topics it includes four months of training on child and adolescent health and four months of women’s health for physicians.

Based on the current legislation, FMD are mandated to provide reproductive health services. CDFM coordinates provision of primary health care services through the network of FMCs throughout Kosovo. CDFM has received support from various donors to develop reproductive health curricula for FMD. It should be mentioned that many of them have worked without proper coordination with each other and in many cases have duplicated activities and services of one another. For example, in 2002, Dartmouth Medical School, with a grant from the United States Agency for International Development (USAID), arrived in Gjilan to develop family medicine without consulting anyone in the Ministry or the European Agency for Reconstruction who was the leading agency for family medicine development (Hedley & Maxhuni 2006).

In addition, some of the donors have continued to provide support for FMD through programs that promote CPD. Since 2004 DMS and the AIHA with the support from USAID have taken intermittently the lead in building the human resources to provide quality ANC in the FMC throughout Kosovo through in-job trainings. Their activities are focused on training trainers, supporting professional development training in ANC at regional training sites, supplying basic clinical resources essential for ANC, and providing technical assistance for systems improvement and ANC service implementation in FMCs. The WHO 4-visit model is at the core of the ANC training program. DMS has complained about the lack of substantive input from the MoH and the lack of organization and leadership from the CDFM. It was intended that CDFM takes be full partners in the dissemination of ANC, and for the Dartmouth team to assume a consultant/facilitator role. Unfortunately, this did not occur. For example, the CDFM staff did not take initiative in collecting or analyzing data from implementation sites, or in pressing for change at the Prishtina sites (DMS final report 2008).

Other aspects of RH were covered by UNFPA through its partners SRC (and afterwards KHF). UNFPA interventions were focused around trainings for FM doctors and nurses to monitor RH services in FMC, to provide family planning services and to introduce new skills, such as screening for breast and cervical cancer. The later intervention is also one of the objectives of USAID funded program, but UNFPA claims that both programs complement each other and do not overlap.

Most of the shortcomings in this field are related to ownership problems, lack of donor coordination and lack of consistency or continuation of interventions, which sometimes leads to fragmentation of services in certain geographical areas. NGO led projects are highly dependent on donor funding and do not have strategies for self-sustainability. In most cases their services are not cost effective. Another constraint related specifically to the integration of antenatal care in PHC is the scepticism from doctor's specialists who do not value family medicine doctors as capable to provide reproductive health services, thus do not cooperate with them. Finally, most of the programs designed to strengthen the role and capacities of primary health care professionals have been focused around doctors and much less around nurses and midwives, which is a big mistake since most of the family medicine centres (punctas or ambulantas) in rural areas are most of the times staffed with nurses only.

5.2.4. Access to High-Quality Reproductive Health Services and Family Planning

The general conclusion of a review of available evidence on the cost effectiveness of family planning programs can be summarized in a short sentence: failing to prevent unintended pregnancy is costly. In general, regardless of the local setting and methodology variations, studies on the cost effectiveness of contraception agree that due to the high costs associated with pregnancy, delivery and neonatal care, all available contraceptive methods save money and are cost effective compared with no contraception.

In principle all citizens of Kosovo have access to health care, and reproductive health services should be free of charge for all patients. However, the concentration of health workers and services in urban areas has resulted in inequality of access, particularly for the poor and for people living in rural areas. For most of the rural areas the only easily accessible health care facilities are community health centres or punctas that are only run between 8 a.m. and 4 p.m. and in most cases have only one nurse in the facility and limited equipment.

For the urban population, although better facilities are the common feature, the suggestion is made that, in many cases, physicians use public sector visits to refer patients to their private practices where they can charge fees. In general the quality of these services regardless if they are offered in public or private sector is limited.

In terms of family planning, the success of services in most countries of the world is evidenced by the increase in contraceptive use. Reports reveal that around 32% of women in Kosovo 15-49 use one method of family planning. The Contraceptive Prevalence Rate rose from 32% in 1999 to 55% in 2003 (DRHS 2003), and reached the ratio as high as 63.3% in 2006

(Swiss Red Cross 2006). In 2003 usage of modern contraceptives was 23%, while in 2006 this number increased to 26.2% (Swiss Red Cross 2006). In 2003 the usage of traditional contraceptive methods was 32% (DRHS 2003) and in 2006 was 29.7% (SRC 2006).

Another measurement of the family planning achievements is monitoring of the birth rate. There were around 38,900 births registered in public health centres in Kosovo in 2000 (it is estimated that 95% of deliveries in Kosovo happen in these institutions), while in 2006 this number dropped to 28,450 in 2006, an almost 25 % decrease in only 6 years, which could be attributed to successful interventions in family planning.

5.2.5. Reducing Maternal Morbidity and Mortality

As stated earlier, Kosovo's health care system is designed to provide antenatal care by family medicine and obstetric specialists throughout Kosovo. Obstetricians deliver all babies, two-thirds in regional hospitals, and one-third at the UCCK - the only hospital currently equipped and prepared to manage and treat very complicated pregnancies.

Despite investments and measurable improvements, the maternal health status in Kosovo is still poor compared to the rest of Europe and neighbouring countries. Although the health information system does not currently determine the MMR it is considered the highest in neighbouring countries. Recent research of facility based data estimates maternal mortality ratio at 21 per 100,000 births, while Kosovo officials report only 7 deaths per 100,000 births in 2006 (KMCHC 2007). Poor and insufficient antenatal care is seen as one of the main contributing factors for high rates of maternal mortality. Information obtained from health institutions also point to haemorrhage, infections, hypertension and unsafe abortions as leading reasons for maternal deaths. According to "Micronutrient Status Survey" 95% of women have access to antenatal care services in Kosovo, but only 25% of pregnant women in Kosovo had more than three ANC visits, which suggests lack of awareness among women, barriers to health care services or both.

While improvements in the health care system in Kosovo are slower than expectations of the local population, anecdotal evidence reveals that an identifiable elite of Kosovars who work with international organizations and have private health insurances chose to seek antenatal care in neighbouring countries, primarily the Former Yugoslav Republic of Macedonia.

5.2.6. Management of Complications of Unsafe Abortion

According to the Kosovo Health Law (Article 107.2.), pregnancy termination after the tenth (10th) week is possible only if there are serious health implications for the mother or/and the baby, or when pregnancy is the result of a rape or incest certified by authorized legal authorities. Medical implications from paragraph 107.2 of this section should be defined from the committee consisting of three medical specialists: two gynaecologists / obstetricians and one psychiatrist. The Law on Reproductive Health states that "All persons and couples have the right, respecting wishes of each of the couples, to decide freely about the time, number and birth intervals and to be informed about necessary means for their realization." The Law on Abortion is passed by the Kosovo Assembly but was not promulgated by the SRSG due to debates over the definition of abortion (10 vs 12 weeks), which continue even today in the Parliamentary Commission for Health.

UNFPA estimates (2000) show that for every 100 live births in Kosovo 4.8 abortions are performed. Indeed, the number of abortions in public institutions in 2006 was 1,651 (SOK 2006) which confirms the 5 % ratio calculated by UNFPA (28,450 live births registered in 2006). Considering that a large number of abortions are performed in private clinics, this number is incomplete.

The concern remains over the suggested large numbers of abortions performed in private clinics which can lead to many complications. Very little has been done so far in terms of preventing abortions in private clinics and more coordinated efforts are needed to put this problem under control.

5.2.7. Prevention and Management of Sexually Transmitted Infections

Sexually transmitted infections can have serious health consequences that mostly affect individuals at an early stage in their productive lives. As such, STIs can represent a substantial economic burden. Therefore, interventions targeted at the prevention of STIs should in principle be expected to be cost-effective. Direct costs of STIs mostly relate to diagnosis and treatment. Indirect costs are incurred due to loss of productive life, infant morbidity, debility and mortality. In general, there are three main strategies to fight the spread of STIs: Promotion of safer sexual behaviour and health care seeking behaviour, detection of STIs (screening and tests, including partner management), treatment and vaccination.

Kosovo has a low rate of reported HIV/AIDS cases. Only 70 cases have been reported since 1986 and agencies do not therefore consider the pandemic to be a significant problem at this time. There is no detailed demographic data (such as gender, geography, or income) on people living with HIV/AIDS, other than that most of the patients are in the 30-39 age group (United Nations Agencies in Kosovo 2004). Fatality is high, however, due to lack of adequate treatment although since March 2005 HAART is available for all eligible patients. Doctors responsible for the treatment of people living with HIV/AIDS have been trained for AIDS treatment with the support from USAID, at Dartmouth Medical Hitchcock Centre, using their treatment regime for PLHIV who have not been in ART before (NNRTI).

In terms of interventions, many programs in the last ten years have targeted STI-s, especially HIV/AIDS. The National AIDS Committee was established to coordinate all HIV/AIDS related activities. Some of the main achievements include National HIV Prevention Strategies, coordination of HIV prevention activities and lately the approval of GFTMA fund for HIV/AIDS prevention.

UNFPA Kosovo has continued strengthening youth capacity to for HIV prevention and to address GBV through extensive use of the YPEER network and by initiating the promotion of theatre as a tool for dissemination of information and address youth concerns. More than 100 peer educators have been trained on theatre based educations which enabled them to perform short theatre performances that were shown over 20 times in local communities, schools and municipal cultural halls.

Another progress was achieved through establishing of VCT centres that were opened with the assistance of PSI and USAID. Three sites were selected to pilot these services: The

Infectious Diseases Clinic, Prishtina; the Institute of Public Health, Prizren; and Bioticus a private clinic in Prishtina. VCT were then opened also in one facility in the city of Ferizaj (which has a high concentration of sex workers) and at the Student Centre in Mitrovica (North) serving mainly minority population living in these settings. All staff at these services was trained to deliver anonymous HIV counselling and testing. The author visited a VCT centre in the Clinic of Infectious Diseases in the University Clinical Centre in Prishtina in 2006 to see in practice the “friendliness” of the centre. The centre was closed during its working hours and nobody from the staff could tell when it will be opened. The centre was heavily relying on one person and in his absence, clients could not benefit from its services. The staff around the clinic was very unfriendly, with tendencies of minimization of concerns.

In order to reduce RTI/STI rate and HIV/AIDS prevalence, UNFPA in collaboration with implementing partners has conducted several interventions at the community level which were focused on: campaigns on safe sex practices, strengthening of peer education approach, as well as the distribution of contraceptives through social marketing.

5.2.8. Main Constraints in the Implementation of the Reproductive Health Approach

The main constraint is the lack of ownership by MOH and its related institutions. The main question that should be asked is “what is the annual health budget for the purchase of medically acceptable contraceptive commodities over the last 10 years in Kosovo”?

Lack of coordination among the donor community should be avoided through better cooperation. Exit strategies should be part of each donor intervention.

Despite improvements in the public perception of reproductive health many girls feel they have no-one to confide in either at home, at school, or in the healthcare system. More education especially for marginalized persons is needed to improve this situation.

5.2.9 Recommendations

- Continue close cooperation with MoH, and provide technical support to the office of Mother, Child and Reproductive Health (MoH), including constant update of RH needs and interventions. Adopt interventions based on concrete needs of the MoH.
- Improve coordination with other donors and stakeholders.
- Continue technical assistance for primary care staff, with a specific focus on nurses and midwives in rural areas.
- Recent analysis of the introduction of publicly provided Progesterone Only Pill in Kosovo estimates that the program would bring substantial health benefits to the population at very moderate costs.
- In addition, the introduction of publicly funded provision of Emergency Contraception Pills (ECP) in Kosovo would bring substantial health benefits to the Kosovo population and would result in direct savings to the health care system estimated between EUR 1245 and EUR 43576 annually, depending on the number of prescribed ECP. Provision of publicly funded ECP is a net saving intervention as it effectively prevents unintended pregnancy and associated expensive medical procedures.

- With no organised screening program in place in Kosova, a screening program based on Pap-smears could be the first building block to develop a systematic screening strategy in Kosova. Further development could for example include breast cancer screening and HPV-testing as a screening process.

5.3. Adolescent Reproductive Health and Youth in Kosovo

5.3.1. Overview of situation of youth in Kosovo

An estimated 70 percent of the Kosovo Albanian population is under 30 years of age and 50 percent are under the age of 25, leaving only a narrow window for rapid action to educate and integrate an underemployed, ever more aggressive, disaffected young generation. Problems of the youth sector arising from the 1999 refer to the poor level of youth participation in public life, unsatisfactory education (both quantitatively and qualitatively), big unemployment, lack of health services, human security situation and the state of culture, sports and leisure time activities.

There is a limited influence of youth on the institutions that affect their lives, whether in the family, at school or in the community. Sometimes councils or students organizations do not exist sometimes students are not informed about them. There is a low level of participation of students in such bodies. Young people are not represented in public institutions and have low trust in them. Capacity of youth has changed over the years and there is positive trend when it comes to development of organization and project. In addition there is relatively well developed sector of services for youth.

Current strategies on formal education (concerning higher education, vocational education, adult learning and education of rural people) are not well co-ordinated. There are problems relating to access to, quality and equipment of education facilities. Another critical challenge of formal education system in Kosovo is the high level of early school leaving, with around half of young people leaving school before they are 18 years old. Counselling services are not commonly available.

There are number of problems when it comes to youth employment. There is low economic development and lack of job vacancies. There is lack of cohesion between crucial actors (trade union, government and businesses). Young people do not have adequate information on vacancies, partly because of non-qualitative services at employment offices. Education system does not fit with the labor market. There are examples of nepotism in the public sector and labour laws need full implementation.

At present in Kosovo there are not enough health services, which may be described as "Youth Friendly". There is inadequate engagement of family health centres, a lack of access to health programs and lack of confidentiality of youth health services. There is lack of health education and a low level of health awareness throughout all sectors of Kosovo society. There is limited youth participation in defining health policies, few youth NGOs implement health programs and there is no effective and sustained cooperation between youth NGOs and the Ministry of Health. Among the few existing NGO activities in the health priority area we can look to a variety of educational programs and information services, which promote health, as well as number of "youth friendly" health and counseling services.

It is not at all irrelevant to the policy makers to assess how young people spend their free time, how they realize their hobbies and passions, to what extent do they consume and participate in cultural activities. The KYAP consultation process gave an overall picture of the needs of the Kosovo youth in that regard. Most young people would like to actively participate in sports activities, generally as amateurs, but there is also a percentage of prospective professional sportsmen. The infrastructure for sport activities is however limited. Young people feel there should be better physical education provided at schools. As far as the culture is concerned in Kosovo there is a number of young artists, both musicians and visual artists who do not enjoy enough support. There exists however Law on Sports and the functioning of sports associations.

5.3.2. Review of Achievements

UNFPA in Kosovo has focused its program on STIs/HIV/AIDS in empowering adolescents and youth with the skills to protect their health, increase awareness and take on leadership roles in the future. UNFPA also provides increased opportunities for access to sexual and reproductive health information, education, commodities and services. Specific engagements have included: Adolescent and Youth Peer education on STIs/HIV/reproductive health; Establishment of Pilot Youth-Friendly Health Services; Establish and support of Y-PEER; Participation in development of Law on Youth Participation and Empowerment; Support to Government's Youth Action Plan; Advocacy programs and behavior change campaigns on S/RH, HIV/AIDS, and STI's.

Since 2004, UNFPA has worked in close cooperation with CARE International in a project designed to increase the access of young out-of-school youth to S/RH services including peer education and information. The first phase of this project focused on utilizing existing structures such as established Youth Centers and Youth NGOs, to support and develop a sustainable peer education program. Special focus was placed on the fostering and strengthening of linkages between the youth NGOs, youth centers and the central and local governments. The overall aim was to strengthen the organizational capacity of civil society and local governments at the project sites to respond to young people's needs for guidance regarding information and education on sexual and reproductive health issues including STIs, HIV/AIDS. In a quest to make the youth centers and NGOs sustainable in the long-term, operational management training was also supplied by CARE.

As of 2004 through collaboration with a local NGO KOSMA (Kosovo Social Marketing Association) UNFPA was involved with the social marketing of the *Love Plus* condom and the low-dose oral contraceptive *Harmonie*. A heavy public awareness raising campaign, combined with sustained medical detailing of service providers has led to *Harmonie* being the most popular oral contraceptives available in the private sector. Sales have shown a 13% increase in 2003.

In 2005 and 2006 UNFPA Kosovo earmarked nearly 50% of its project resources directly to adolescent reproductive health. In addition, a good portion of its resources for family planning went to social marketing, whose products in Kosovo ("LovePlus" condoms and "Harmonie" COC) seems to have captured the attention particularly of sexually active young people. In 2005 UNFPA shifted its focus toward the capacity building of local organizations through such interventions as assisting implementing partners to develop and grow and to become sustainable. Additional concern was to ensure that the concerns of vulnerable

groups are addressed through programming and policy design. There was also shift towards involvement in achievement of the Millennium Development Goals and Agenda. CARE International also conducted a KAP on young people's reproductive health behavior including their general knowledge on HIV/AIDS which was completed in June 2005. By 2005 a sensitive and far-reaching curriculum has been developed and pilot tested, dealing with a wide range of subjects including contraceptive methods, sexuality and gender, pregnancy and relationships. This curriculum was completed in September 2005. Further activities successfully completed included Information Education Communication (IEC) material analysis.

Substantive documentation review for regional and local curricula and training manuals on peer education - as a first step before the development of the Peer Education Curriculum by the curriculum working group done under the auspices of this project. 20 institutions, including UN agencies, NGOs, the Ministries of Health, Youth Culture and Sports; and Education all analyzed and assessed all available material on sexual and reproductive health issues for adolescents. This analysis served to inform the curriculum working group of the gaps that needed to be addressed, as well as best examples of topics that needed to be socially adapted for the Kosovo context. The peer education component began in September 2005 with 9 Master Trainers, 11 Trainers of Trainers trained in 2005 with 55 additional peer education trainers trained in 2006.

In 2005, specific attention UNFPA has given to Youth Policy Development and Support. As part of the project with Care International, a desk review of all available S/RH-related youth policy was conducted, and CARE International and a team of experts derived from the Ministries of Youth, Culture and Sports, Education and Health and UNFPA then conducted roundtables with stakeholders served as a mean to inform the ongoing work on the development of a multi-sectoral Kosovo Youth Action Plan. KYAP was finalized in late November. In the policy-making level, UNFPA has participated in the working groups of Ministry of Youth in revising the Youth Policy and Youth Action Plan in the next four years. In particular, experts of UNFPA have played a significant role in reviewing the youth health component of documents by providing first-hand expertise, such as HIV/AIDS, and youth health peer education experience and most appropriate youth and adolescent friendly practices from the field. UNFPA has also been involved in the development of a number of policies and programs such as the joint UNICEF-WHO-UNFPA program to develop Youth Friendly Services in the health sector. This program has as its focus on the provision of confidential and respectful health services to young people. In 2005 under the guidance of DASECA, UNFPA Kosovo participated in the field testing and adaptation of the WHO Orientation Program on Adolescent Health for Health-care Providers Facilitator Guide. This guide had been developed by WHO as part of the Interagency Group on Youth Friendly Services. During 2008, UNFPA has contributed to the development of 2009-2013 National AIDS Strategy. Channeling funds through NGO Labyrinth, our office has supported working groups that were composed by officials of Ministry of Health, Youth, and Education, public health experts and doctors, and NGO activists, who worked in formulating specific aspects of strategy. Further, UNFPA contribution was manifested through the direct participation in drafting the different aspect of strategy interlinked with UNFPA mission, such as: linkage between reproductive health and HIV/AIDS, HIV prevention, youth peer education and friendly health services, as well as in the aspect of out-of-school adolescents, sex workers, and other vulnerable population. Parallel to this, actively engaged, UNFPA has played a determinant role in putting peer education as a sub-objective of strategy and an overall methodology in HIV prevention in Kosovo.

On the other hand the UNFPA programs have contributed to strengthening of organizational capacity of civil society and local government - A training needs analysis was conducted first to assess the management capacity of local NGOs and local government municipalities. The results of this were used for development of specialized training in the following topics: Project management; Strategic Planning; Structures, Systems and relationships; Project design; Human resources Management; Financial management; Monitoring and Evaluation; Advocacy and lobbying on Sexual and Reproductive Health and Gender Issues. Each of the above modules consisted of a five day workshop.

In 2007 Kosovo has won funding support on its Global Fund application. UNFPA and UNICEF are two major funders in Kosovo who directly support HIV/AIDS prevention among adolescents. UNFPA has supported social marketing of male condoms through national NGO "KOPF" (whose products seem to be popular among young people) and by supporting PEN and YPEER activities on S/RH and prevention of STI, and HIV/AIDS.

During 2008, UNFPA Office in Kosovo has been actively engaged with Ministry of Health and Ministry of Youth, and with several local NGO's in delivering high quality HIV and STI prevention services, especially for women, young people, vulnerable populations, and those with humanitarian concerns.

Among the most vulnerable populations in Kosovo, is RAE minority who lives in extreme poverty with poor nutrition and limited access to health services. UNFPA in Kosovo has invested to these communities aiming to improve the health situation for these vulnerable groups. In partnership with local NGO Health for All, UNFPA has conducted a community survey to understand the situation and assess their needs. Through community education workshops, and outreach activities, a series of important issues related with HIV/AIDS, family planning and health care, and the usage of modern contraceptive methods, as well as hygiene have been promoted to these communities.

In 2008 UNFPA supported peer education programs to promote RH/FP and HIV and GBV prevention. More than 5000 youth have been reached through peer activities organized in schools, public events. UNFPA has supported the training of 23 participants on youth friendly health services. UNFPA in Kosovo has continued strengthening youth capacity to for HIV prevention and to address GBV through extensive use of the YPEER network and by initiating the promotion of theatre as a tool for dissemination of information and addressing the youth concerns. In partnership with NGO ARTPOLIS more than 100 peer educators have been trained on theatre based educations which enabled them to perform short theatre performances that were shown over 20 times in local communities, schools and municipal cultural halls. YPEER network has been strengthened through ensuring technical assistance for the development of strategy; training of youth within regional programs; promoting UNFPA developed training and promotional materials as well as communication tools. UNFPA has invested in Y-PEER Network as umbrella of 600 peer educators in Kosovo. In addition, UNFPA has printed and disseminated thousands of brochures reaching general population and in particular young people.

5.3.3. Recommendations

- ✓ Among the most-at-risk populations from HIV infection in Kosovo continue to be the young people from ethnic RAE community. UNFPA should continue to target even more closely these communities that have been left out of the assistance of Government and international donors in general. The support of these communities should be addressed by empowering their local NGOs, delivering education

programs, as well as creating peer educators groups that will multiply the knowledge to others.

- ✓ Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education should continue to be supported as part of a holistic multi-sectoral approach to young people's development with many other donors involved. In this context special emphasis should be given to strengthening the capacity of formal educational system to provide SRH education as well as strengthening the peer education interventions and expand the coverage (out of school and rural). This should be done in partnership with other stakeholders.
- ✓ The field office has had a right approach in directing partnerships with towards local NGOs. This has been proven to be more cost effective as it better promotes sustainable local capacity building and this practice should be continued.

5.4. Population and Development

5.4.1. Review of achievements

The major contributions of UNFPA in Kosovo to the collection of population data include: the technical and capacity building support to SOK; reactivation of the Vital Statistics System; the 2001 and 2003 Demographic Health Surveys; analysis of deaths causes based on ICD-10 classification (2006-2007); addressing annually the population issues on World Population Day, as well as Chairing of the UNKTeam on statistics.

In 2000 and 2003 UNFPA in collaboration with the Statistical Office of Kosovo conducted a 'Demographic Health Survey'. The results were published (in a preliminary fashion) including key information on repatriation and internal migration, education, literacy and employment, contraceptive prevalence and fertility, mortality and life expectancy.

On other hand the UNFPA has taken the lead on the development of the census. The UNFPA demographic and census expert, and an International UNV demographer have been located at the Statistical Office of Kosovo for several months, with the aim to assist in the capacity building of local demographic and statistics personnel. They have worked on the development and implementation of the Vital Statistics System. Births and deaths are frequently not recorded in Kosovo, particularly the births and deaths of girls, and those in the rural areas. Stripped of much of its capacity during conflict in the 1990s, Kosovo's statistical infrastructure remains weak. A full census has not been conducted since 1981, and the 1991 census was boycotted by Kosovar-Albanians. Therefore, the exact demographics of the population in Kosovo can only be guessed at, a situation that has drastic implications for the development of effective programs. UNFPA is the lead agency on the development of the census proposal together with other agencies including EC and SIDA. However a pilot census was conducted on 31 October 2006. A full census was expected April 2007 but hasn't been conducted.

In 2007 UNFPA has played a moderate role in: promoting the 2010 round census and ICPD-related surveys; Qualitative research on FP and abortion; Building technical capacity of national counterparts to use data, indicators and targets and a major role in promoting and improving data dissemination and usage in policy making. Country Office has contributed availability and the use of to data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS at national and sub-national levels to develop and monitor policies and programs implementation.

In 2008 a research was initiated in collaboration with the Institute for Public Health and the Statistics Office of Kosovo to review and organize reported cases of death in Kosovo in 2006 and 2007 according to the ICD 10 standards. The data will serve for the first analysis ever done in Kosovo on main mortality causes that would allow further health evidence-based programming. Also a needs assessment of the vital statistics system was initiated in collaboration with the Faculty of Economic and Social Sciences of the University of Geneva.

UNFPA has supported other forms of data collection on population throughout the years of its operation in Kosovo. An impact assessment on RH services-at the end of its project was conducted by Swiss Red Cross together with an impact evaluation survey on utilization of RH services in the intervention areas. The data were also disaggregated according to age, gender, rural urban, education ethnic background. UNFPA with help from University of Groningen also conducted the first qualitative study on abortion and FP practices in Kosovo. A local research company, INDEX, was recruited to conduct the interviews. This partnership worked very well. In addition UNFPA has conducted two RHS - in 1999 and 2003. In 2005 a KAP survey was conducted aiming to explore the S/RH behaviors and practices for young people aged between 15-24. In 2006 the extent of gender-based violence in Kosovo was assessed in partnership with Women Wellness Center in Peja. In 2008 Exploratory Research on the extent of gender-based violence in Kosovo and its impact on women's reproductive health was conducted. Recently, during 2009 Mapping of gender and reproductive health legislation in Kosovo has taken place.

In addition, UNFPA has worked in building the capacity of civil society groups to advocate for population issues.

5.4.2. Recommendations

- ✓ The progress of the census has been delayed by several years, as the issue was highly political and sensitive. The efforts in this direction should continue by building upon efforts of other stakeholders and the complexities related to the local developments should be well considered .
- ✓ Special attention should receive the national capacity to conduct census activities, population surveys and researches. This should be strengthened together with functionality of vital statistics system (morbidity and mortality, civil registration). In this context the UNFPA should continue to support the SOK in statistical system and preparations for the census. It should also work on building professional capacity and management actions for preparation and implementation of census. UNFPA could play a special role in population and migration statistics, data transmission, training, workshops, seminars, etc.
- ✓ Specific attention should be given to vital statistics and the future work should focus in building institution capacities within existing institutions (NIPH and SOK). The institution capacity building should be parallel to the shift of working culture within these institutions.

5.5. Parliamentary ICPD achievements in Kosovo

5.5.1. Review of Achievements

A beginning was made when two female parliamentarians (from the health committee) participated in the first sub-regional meeting of parliamentarians in Sarajevo in April 2006.

Another two went to the global meeting in Bangkok in November 2006. Among other good practices is participation in Reproductive Health Law and Law on termination of Pregnancy and KYAP were the major activities in 2006. Youth Policy and Law on Youth Empowerment and Participation was sent to the parliament of Kosovo for voting in 2008 and it was approved in May 2009. Another important achievement is related to UNFPA leading role on the development of the census. The census law was promulgated by the SRSG late 2004 but in any case it has been initiated.

Perhaps a preoccupation of all UN agencies as well as Kosovo Government with a decidedly political agenda was necessary, but the social development price Kosovo paid was high. The health system is in crisis. Education remains very weak. Unemployment is rampant. The real situation of women is not improving as it should. Of already limited resources, only few find their way into the social sectors.

The first development plan in Kosovo - the Medium Term Expenditure Framework (MTEF) was developed in 2008 setting out an analysis of the macroeconomic environment and providing the basis for a statement of the strategic developmental priorities. The population data used in the MTEF were provided by the previous DHS survey supported by UNFPA in 2003.

5.5.2. Recommendations

- ✓ UNFPA should continue on its efforts to see the establishment of a subcommittee on population within Kosovo parliament or even a separate committee. This could be done by assisting in the formulation of a social and population policy agenda for Kosovo that could one day translate into population issues becoming an integral part of planning, development, and public finance. The regular communication and involvement of parliamentarians in the activities of UNFPA as well as very successful activities with parliamentarians around the world in regard to IDPD agenda are additional tools that could be considered.
- ✓ Inadequate implementation of legislation has been present in the past (i.e. the Anti-Discrimination Law and Gender Equality Law). Specific attention should be given the development of legislation that is in line with reality in the ground when aiming to include population issues. Concept paper approach can be used a mean to test the political will of policy makers. On the other hand the effective monitoring of laws should improve and can continue to be the focus of assistance by UNFPA.

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