



Terms of Reference

United Nations Population Fund (UNFPA) Kosovo¹ 2nd Country Programme (2021-2025)

Country Programme Evaluation

August 2024

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

Contents

| | |
|---|----|
| 1. Introduction | 1 |
| 2. Country Context | 3 |
| 3. UNFPA Country Programme | 5 |
| 4. Evaluation Purpose, Objectives, and Scope | 10 |
| 4.1. Purpose | 10 |
| 4.2. Objectives | 10 |
| 4.3. Scope | 11 |
| 5. Evaluation Criteria and Preliminary Evaluation Questions | 11 |
| 5.1. Evaluation Criteria | 12 |
| 5.2. Preliminary Evaluation Questions | 13 |
| 6. Approach and Methodology | 16 |
| 6.1. Evaluation Approach | 16 |
| 6.2. Methodology | 17 |
| 7. Evaluation Process | 21 |
| 8. Expected Deliverables | 24 |
| 9. Quality Assurance and Assessment | 25 |
| 10. Indicative Timeframe and Work Plan | 27 |
| 11. Management of the Evaluation | 30 |
| 12. Composition of the Evaluation Team | 32 |
| 12.1. Roles and Responsibilities of the Evaluation Team | 33 |
| 12.2. Qualifications and Experience of the Evaluation Team | 35 |
| 13. Budget and Payment Modalities | 40 |
| 14. Bibliography and Resources | 42 |
| 15. Annexes | 43 |

Acronyms

| | |
|--------|--|
| AIDS | Acquired Immunodeficiency Syndrome |
| CKA | Common Kosovo Analysis |
| CO | Country office |
| CP | Country programme |
| CPD | Country programme document |
| CPE | Country programme evaluation |
| CSE | Comprehensive Sexuality Education |
| DSA | Daily subsistence allowance |
| EECARO | Eastern Europe and Central Asia Regional Office |
| EQA | Evaluation quality assessment |
| EQAA | Evaluation quality assurance and assessment |
| ERG | Evaluation reference group |
| EU | European Union |
| GBV | Gender-based violence |
| HIV | Human Immunodeficiency Virus |
| ICPD | International Conference on Population and Development |
| ICT | Information and communication technologies |
| M&E | Monitoring and evaluation |
| MICS | Multiple Indicator Cluster Survey |
| MESTI | Ministry of Education, Science, Technology and Innovation |
| OIK | Ombudsperson Institution in Kosovo |
| OSCE | Organization for Security and Co-operation in Europe |
| SDGs | Sustainable Development Goals |
| SRHR | Sexual and reproductive health and reproductive rights |
| ToR | Terms of reference |
| UNKT | United Nations Kosovo Team |
| UNDAF | United Nations Development Assistance Framework |
| UNEG | United Nations Evaluation Group |
| UNFPA | United Nations Population Fund |
| UNSDCF | United Nations Sustainable Development Cooperation Framework |
| YEE | Young and emerging evaluator |

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”.²

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); (d) take urgent action to combat climate change and its impacts (Goal 13); (e) promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and (f) strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

UNFPA has been operating in Kosovo since 1999. The support that the UNFPA Kosovo Country Office (CO) provides to the Kosovo government under the framework of the 2nd Country Programme (CP) (2021-2025) builds on national development needs and priorities articulated in: [National Development Strategy 2016-2021](#) and [National Development Strategy - 2030](#), [National Health Sector Strategy 2017-2021](#), [Strategy for Youth 2019 - 2023](#), [United Nations Common Kosovo Analysis \(CKA\) 2020](#) and regularly updated in [2022](#) and [2023](#), [United Nations Sustainable Development Cooperation Framework \(UNSDCF\) 2021-2025](#), [National Strategy on Protection against Domestic Violence 2016-2020](#), [National Strategy on Protection Against Domestic Violence and Violence Against Women 2022 – 2026](#), [Strategy for the Advancement of the Rights of the Roma and Ashkali Communities in the Republic of Kosovo 2022-2026](#) and the [Action Plan 2022-2024](#), [Strategy for the Protection and the Promotion of the Rights of the Communities and their participants 2023-2027](#), [National Strategy on the Rights of Persons with Disabilities in the Republic of Kosovo 2021-2023](#).

The National Development Strategy 2016-2021 served as a roadmap for Kosovo's short to medium-term development, focusing on key areas such as economic growth, social progress, and infrastructure

² [UNFPA Strategic Plan 2022-2025](#)

enhancement. It aimed to create a sustainable and competitive economy by promoting the development of competitive industries, improving infrastructure, attracting investment, and addressing key obstacles to development.

The National Development Strategy - 2030 is a more comprehensive and forward-looking plan that outlines Kosovo's long-term development goals. It likely focuses on achieving sustainable economic growth, improving living standards for all citizens, enhancing education and healthcare systems, and strengthening Kosovo's position in the regional and global community. The 2030 strategy builds upon the achievements and lessons learned from previous development plans, aiming to create a more prosperous, equitable, and sustainable Kosovo for future generations.

The Common Kosovo Analysis (CKA) 2022 reflects the fragile situation in Kosovo, highlighting internal political instability, progress towards a market economy, and the tense relations between Pristina and Belgrade. The analysis covers Kosovo's vision for sustainable development, its progress towards the 2030 Agenda, and the challenges in achieving these goals, particularly for marginalized groups. It also details commitments under international norms and standards, regional perspectives, and the financing landscape. CKA concludes by addressing the risks and gaps in achieving the 2030 Agenda, emphasizing the need for urgent socioeconomic responses to mitigate the impacts of the COVID-19 pandemic. In Kosovo, the health system faces challenges such as low GDP expenditure per capita, reliance on private out-of-pocket payments, and limited capacity to respond to surges in demand. The COVID-19 pandemic has further strained the system, leading to the suspension of essential health services. Health care indicators, including the number of physicians and nurses per patient, are among the lowest in Europe. Key areas needing attention include maternal, neonatal and child health, sexual and reproductive health, HIV prevention, and cancer screening. The LNOB principle highlights the need to prioritize vulnerable groups who face discrimination and unequal access to services, including certain categories of women, children, non-majority communities, people on the move, and people with disabilities. Ensuring the right to health, particularly sexual and reproductive health and rights, requires addressing issues of confidentiality, privacy, respect, and quality of health services, especially for marginalized groups.

The 2024 UNFPA Evaluation Policy encourages COs to carry out CPEs every programme cycle, and as a minimum every two cycles.³ The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 2nd country programme (2021-2025) in Kosovo, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the [UNFPA Evaluation Handbook](#). The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good

³ UNFPA Evaluation Policy 2024, p. 22. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024>

practice for evaluation.⁴ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources, and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Kosovo CO; (ii) the Kosovo government; (iii) implementing partners of the UNFPA Kosovo CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA Eastern Europe and Central Asia Regional Office (EECARO); and (vii) development partners/donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Kosovo CO in close consultation with the Kosovo government institutions, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the EECARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Country Context

Kosovo is situated in the Western Balkans, and it covers around 11 thousand square kilometers. According to the 2011 Census⁵ Kosovo population is 1.78 million with 60.8 % living in rural areas. Around 50% of the population is under 30 years of age and 9% over 65. The population in Kosovo is decreasing and the annual rate of population change is -1%. The Total Fertility Rate is 1.5 (2021) and it has been on decline since 2013.⁶ Life expectancy at birth is 76.8 years. Population projections imply stagnant population growth due to decline in fertility rates and continued out-migration. It is estimated that about 800,000 Kosovars live abroad, but continue to maintain ties with Kosovo.

⁴ UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

⁵ The preliminary results of 2024 Census indicate that there are nearly 1.59 million people currently living in Kosovo, and the average population age is 34.82.

⁶ World Bank Group. Fertility rate, total (births per woman) - Kosovo, available at <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=XK>

Kosovo is an upper-middle-income country, with solid economic growth over the last decade.⁷ It still lags behind countries of the Western Balkans and remains one of the poorest in Europe, with per-capita gross domestic product of \$5,926.7 in 2023.⁸ In 2022, it is estimated that 25.2% of the population lived under the upper middle-income poverty rate (\$6.85)⁹ while the Gini index is 29.¹⁰ Despite recent gains in employment, only 39% of the working-age population was active in the labor market (22% for women) during 2022. Although the growth model has traditionally relied on consumption financed by remittances and diaspora spending, there has been a recent shift towards a more export-driven growth model.¹¹ In 2023, the total unemployment rate measured 10.9% (18.2% among women and 7.7% among men).¹² The unemployment was higher among youth, standing at 17.3% (22.8% among women, and 14.4% among men).¹³ Overall inactivity rate was 59.3% (75.8% for women and 42.2% for men).¹⁴ Third (33.3%) of those aged 15 to 24 years in Kosovo were not in education, employment or training.¹⁵

Official statistics on sexual reproductive health are scarce and often unreliable, due to critical deficiencies in monitoring and reporting, data collection, and limitations of the Information Health System. Maternal mortality remains underreported in Kosovo, with official figures ranging at 3.7 per 100,000 births in the period 2011-2015 to no maternal mortalities from 2013 and onwards, however the MoH advises that this data should be treated with cautions due to deficiencies in reporting.¹⁶ Based on the administrative records in the last few years all births have taken place in health care centers.¹⁷ Skilled attendant at delivery for general population is 99.5%, while for Roma, Egyptian and ashkali communities is 99%.¹⁸ According to MICS, 1 in 25 women and 1 in 50 men aged 20–24 years were married before age 18 in Kosovo. The proportion is much higher among women and men this age living in Roma, Ashkali and Egyptian communities in Kosovo: 1 in 3 women and 1 in 10 men aged 20–24 years were married before age 18.¹⁹ Marriage before age 18 is more common among women age 20–49 years with no education (41

⁷ World Bank Group (2024). Kosovo Overview. Available at <https://www.worldbank.org/en/country/kosovo/overview>

⁸ World Bank Group. GDP per capita (current US\$) - Kosovo. Available at <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=XK>

⁹ World Bank Group (2023). Poverty and Equity Brief: Europe and Central Asia: Kosovo. The document is available at https://datacatalogfiles.worldbank.org/ddh-published/0064942/DR0092487/Global_POVEQ_XKX.pdf?versionId=2023-10-16T15:56:57.4275018Z

¹⁰ Ibid.

¹¹ World Bank Group (2024). Europe and Central Asia Macro Poverty Outlook. The document is available at <https://thedocs.worldbank.org/en/doc/d5f32ef28464d01f195827b7e020a3e8-0500022021/related/mpo-eca.pdf>

¹² Kosovo Agency of Statistics (2024). Anketa e Fuqisë Punëtore 2023 (Labour Force Survey 2023). The document is available (in Albanian language) at <https://askapi.rks-gov.net/Custom/d8b6019c-eccf-419f-a5b0-9fb7df247ce3.pdf>

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Republic of Kosovo - Ministry of Health (2022). Strategic Plan for Maternal, Child, and Reproductive Health in Kosovo 2023-2030.

¹⁷ Kosovo Agency of Statistics and UNICEF (2020). 2019–2020 Republic of Kosovo Multiple Indicator Cluster Survey and 2019–2020 Roma, Ashkali and Egyptian Communities Multiple Indicator Cluster Survey, Survey Findings Report. Prishtina, Republic of Kosovo: Kosovo Agency of Statistics and UNICEF (pg. 136). The document is available at <https://askapi.rks-gov.net/Custom/f8108194-952c-466a-8e99-633fe0e58cd1.pdf>

¹⁸ Ibid.

¹⁹ Ibid.

percent of women in the general population and 47 percent of women living in Roma, Ashkali and Egyptian communities were married by age 18), compared to those with higher levels of education (1 percent and 10 percent, respectively).²⁰ A similar trend is observed by household wealth, with women living in poorer households more likely to be married before age 18 than those living in the richest households. Adolescent birth rate for Roma, Egyptian and Ashkali communities is 78% compared to general population which is 13%.²¹ Kosovo is considered a low-prevalence country for HIV/AIDS. Estimated HIV prevalence is <0.005% among the general population and <1% among key populations, but men who have sex with men are disproportionately affected by HIV (estimated prevalence 2.8% in 2018).²² The cumulative number of registered HIV cases in Kosovo since 1986 has been relatively low, with some sources reporting 169 cases as of 2023. According to Global Fund, HIV prevalence rates among gay men and other men who have sex with men increased with each quadrennial HIV data survey between 2011 and 2018.^{23,24} Although small, the increases highlight the need for ongoing interventions aimed at reducing the transmission and impact of HIV among key populations.

The existing data on cervical and breast cancer is not reliable and accurate even though cervical cancer is the fourth most common cancer in women.²⁵ Primary prevention and screening programs for breast and cervical cancer are at the initial stage and require new approaches and better funding. Kosovo has addressed the potential rise in cervical cancer cases due to an aging population by piloting a cervical cancer screening program in 2016. This pilot program, initially implemented in Prishtina, demonstrated the feasibility of comprehensive care programs through collaboration and resource optimization. The program is now integrated into primary care in Prishtina, Prizren, Peja, Mitrovica, Gjilan, and Obiliq. Through the dedication of primary care providers, the Institute of Pathology, the Ministry of Health, and other stakeholders, over 15,000 women have undergone PAP tests nationwide.²⁶ Those with abnormal results have been directed to further testing and treatment as needed.²⁷ In 2023, 94 out of 2,246 women tested positive for abnormal epithelial cells, highlighting the importance of this screening program in early detection and intervention.²⁸ Timely treatment for these cases significantly contributes to preventing

²⁰ Ibid.

²¹ Ibid.

²² Burnet institute (2023). Allocation of HIV Resources towards Maximizing the Impact of Funding in Selected Eastern European and Central Asian Countries: Kosovo. the document is available at https://www.burnet.edu.au/media/3rlpk5ei/kos_hiv_2023.pdf

²³ Ilir Tolaj (2023). Determinants of late presentation of HIV positive individuals: a study in Kosovo. The document is available at <https://www.tandfonline.com/doi/full/10.1080/25787489.2023.2298093>

²⁴ Republic of Kosovo - Ministry of Health (2022). Plani i veprimt për HIV/AIDS 2022-2024 (HIV/AIDS Action Plan 2022-2024). The document is available (in Albanian language) at <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Plani31786632.0881.pdf>

²⁵ World Health Organization. World Health Organization website accessed on 29 July 2024 https://www.who.int/health-topics/cervical-cancer#tab=tab_1

²⁶ Action for Mother and Child (throughout the years). Annual Reports.

²⁷ Ibid.

²⁸ Action for Mother and Child (2023). Annual Report.

cervical cancer and promoting women's health and well-being. In 2023, HPV immunization is included in the national Immunization programme, for girls of age 12.²⁹

According to a survey conducted in 2018/2019,³⁰ 46% of young people in Kosovo confirmed that they have not had sexual intercourse yet, and 19% of them did not answer this question or did not feel comfortable answering it. In addition, the study found that contraceptives are used by 40% of young people who have had sexual experiences. Only 10% of young people of Kosovo, and 5.6% of Roma, Ashkali and Egyptian communities (RAE), have correct knowledge of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission.

The Multiple Indicator Cluster Survey (MICS) 2019-2020³¹ showed that the total contraceptive prevalence rate among married and in-union women aged 15-49 is 9% for modern contraceptives, while for Roma, Ashkali and Egyptian women is 13% (decrease from 14%, respectively from 19% in 2013-2014). The unmet need for all methods of family planning is 8.4% for women in the general population and 11.9% for Roma, Ashkali and Egyptian women. The adolescent birth rate (per 1,000 females aged 15-19 years) is 13 for the overall population and 78 for marginalised Roma, Ashkali and Egyptian communities (an increase from 69 recorded in 2013-2014). Under-five mortality rate is 16 for Kosovo population, and 27 for Roma, Ashkali and Egyptian population.

Based on the Organization for Security and Co-operation in Europe (OSCE) survey on violence against women in Kosovo³² more than half (54%) of all women say they have experienced psychological, physical or sexual violence at the hands of an intimate partner since the age of 15, and nearly three in ten (29%) say they have experienced sexual harassment. One in seven women (14%) indicates that they have experienced physical or sexual violence at the hands of a partner or non-partner (this excludes psychological violence). Almost one in five women (18%) who have had a previous partner say they have experienced physical and/or sexual violence at the hands of a previous partner, compared with 9% of those who have a current partner who say they have experienced current partner physical and/or sexual violence. Non-partner physical and/or sexual violence is indicated by 8% of women surveyed. According to the same survey, 35% of women agree that violence against women is often provoked by the victim, and 32% of women agree that women who say they were abused often make up or exaggerate claims of abuse or rape. In 2023, there were 2,120 reported cases of domestic violence against women. Moreover, 698 cases were reported to the police authorities from January to March 2024, involving 573 female

²⁹ Republic of Kosovo - Ministry of Health (2022). Plani i veprimet për vaksinim 2023-2025 (Vaccination Action Plan 2022-2025). The document is available (in Albanian language) at <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Plani%20i%20Vaksinimit50283477.1541.docx>

³⁰ Friedrich-Ebert-Stiftung (2019). Youth Study Kosovo 2018/2019. The document is available at <https://library.fes.de/pdf-files/id-moe/15264.pdf>

³¹ Kosovo Agency of Statistics and UNICEF (2020). 2019–2020 Republic of Kosovo Multiple Indicator Cluster Survey and 2019–2020 Roma, Ashkali and Egyptian Communities Multiple Indicator Cluster Survey, Survey Findings Report. Prishtina, Republic of Kosovo: Kosovo Agency of Statistics and UNICEF. The document is available at <https://askapi.rks-gov.net/Custom/f8108194-952c-466a-8e99-633fe0e58cd1.pdf>

³² OSCE (2019). Survey on Wellbeing and Safety of Women in Kosovo. The document is available at <https://www.osce.org/files/f/documents/d/c/439781.pdf>

victims and 645 identified male perpetrators.³³ Progress has been made in evidence collection through the Database for the Identification of Domestic Violence, managed by the Ministry of Justice since March 2020, which integrates information from key institutions handling such cases. However, the reported cases do not show the full extent of gender-based violence, as many individuals are discouraged from reporting for various reasons. This issue is compounded by challenges in enforcing protective measures including lack of evidence, rare imprisonment of perpetrators, delays in issuing protection orders, poor follow-up on these orders, and lenient punishments for breaking protection orders.³⁴ Consequently, From 2017 to 2020, at least 74 women have been killed.³⁵ According to official police statistics, there were four femicides resulting from domestic violence in Kosovo in 2023. Female Genital Mutilation is banned in Kosovo, and there is no indication of its practice.

According to MICS 2019-2020, 1.1% of women and 0.3 % of men in the general population and 10.2% of women and 1.6% of men in Roma, Ashkali and Egyptian communities were married before age 15.³⁶ This underscores the prevalence of child marriages within the RAE community in Kosovo, intensifying the challenges experienced by women in these groups. Their limited participation in education, social, economic, and political spheres subjects them to double discrimination, both within their communities and in wider society. Another concern related to the topic is the continued practice of "baba hak" payment, which still exists among Roma, Ashkali, and Egyptian communities. In this custom, a man compensates the parents of a girl to "secure her as his bride".³⁷ This practice often leads to forced marriages.

The legislation related to sexual and reproductive health in Kosovo includes the Constitution, laws, and other legal acts, with the Law on Reproductive Health specifically regulating SRH concepts. The rights related to SRH in Kosovo include the right to information and education, bodily integrity, decision-making about sexual activity and relationships, marriage with consent, reproductive decision-making, safe termination of pregnancy, prevention and treatment of infertility and sexually transmitted infections, and prevention and treatment of reproductive system cancers and breast cancer. However, there are gaps and challenges, including lack of awareness and education, stigma and discrimination, limited access to healthcare services, lack of complaint mechanisms, and insufficient budget and infrastructure. Some of the identified gaps include lack of regulation for assisted reproduction, inconsistent references and

³³ Ministry of Justice. Databaza për evidentimin e rasteve të dhunës në familje (Database for the identification of cases of domestic violence) available (only in Albanian) at <https://md.rks-gov.net/page.aspx?id=1%2C184>

³⁴ Kosovo Women's Network (2015). No More Excuses. The document is available at <https://womensnetwork.org/wp-content/uploads/2018/10/20151124105025622.pdf>

³⁵ Kosovo Women's Network (2012). From Laws to Action: Monitoring the Institutional Response to Gender-based Violence in Kosovo. The document is available at <https://womensnetwork.org/wp-content/uploads/2021/05/KWN-GBV-Report-ENG-Final-2.pdf>

³⁶ Kosovo Agency of Statistics and UNICEF (2020). 2019–2020 Republic of Kosovo Multiple Indicator Cluster Survey and 2019–2020 Roma, Ashkali and Egyptian Communities Multiple Indicator Cluster Survey, Survey Findings Report. Prishtina, Republic of Kosovo: Kosovo Agency of Statistics and UNICEF. The document is available at <https://askapi.rks-gov.net/Custom/f8108194-952c-466a-8e99-633fe0e58cd1.pdf>

³⁷ Luxemburg Development Cooperation Agency (2021). Gender Equality in Kosovo. The document is available at [https://luxdev.lu/files/documents/Genre_KSV_vF_\(1\).pdf](https://luxdev.lu/files/documents/Genre_KSV_vF_(1).pdf)

outdated language, lack of clear definitions and time limits, incomplete publication of by-laws, and lack of a separate law for Pharmaceutical Inspectorate.³⁸

Within the **National Development Plan 2030**³⁹ the pillars on Equitable Human Development and Good Governance are particularly relevant to the UNFPA's mandate area. The Equitable Human Development pillar focuses on enhancing opportunities and well-being for all citizens, particularly those most in need. By expanding access to early childhood education and equipping schools with modern technology, Kosovo aims to improve educational outcomes and future employment prospects. Special attention will be given to empowering women and young people through targeted skills and knowledge training, enabling them to secure decent employment. Investments in health services and universal public health insurance will improve the quality of life for all, while enhanced social protection programs will tackle poverty and inequality. Protecting and promoting Kosovo's cultural heritage is also a priority, with increased investments aimed at supporting artists and enriching the cultural landscape. Additionally, investments in sports infrastructure will encourage greater participation and promote a healthier lifestyle. The Good Governance pillar prioritizes a citizen-centric state that effectively addresses the needs of its people, including healthcare, education, and social care. It emphasizes accountability mechanisms for politicians and public servants, ensuring responsible management of public resources. Key initiatives include enhancing administrative services for citizens and businesses, with a focus on user-friendly and accessible e-services. Kosovo pledges to strengthen the transparency in public spending through internal and external controls. The pillar also aims to foster regional cooperation and international relations, working towards increased recognition of Kosovo and membership in international organizations. Furthermore, it seeks to engage the Kosovo diaspora, encouraging investments in the homeland to contribute to both economic development and cultural preservation. Kosovo does not have a standalone population strategy.

The **Kosovo National Health Sector Strategy 2017-2021**⁴⁰ aimed to protect and advance the health of its population by focusing on promoting healthy lifestyles, preventing diseases, and providing comprehensive healthcare services for all age groups, with particular emphasis on early detection and treatment of diseases, mental health support, and improving maternal and child health. Additionally, it aimed to ensure adequate and sustainable funding for healthcare services through improved efficiency in spending, new financing mechanisms, and increased financial transparency. Finally, the strategy sought to improve the governance and management of the healthcare system by restructuring health institutions, strengthening primary healthcare, enhancing the capacity of healthcare professionals, and improving the quality, safety, and accountability of healthcare services.

³⁸ Ombudsperson Institution (2021). Ombudsperson's Report Ex officio no. 577/2021 related to The rights on Sexual and Reproductive Health Access to contraceptive information and services, abortion, post-abortion care, and maternal health care. The document is available at <https://oik-rks.org/en/2023/01/10/ombudspersons-report-ex-officio-no-5772021-related-to-the-rights-on-sexual-and-reproductive-health-access-to-contraceptive-information-and-services-abortion-post-abortion-care-and-matern/>

³⁹ Republic of Kosovo (2023). National Development Strategy and Plan 2030. <https://kryeministri.rks-gov.net/en/national-development-strategy-2030/>

⁴⁰ Republic of Kosovo - Ministry of Health (2016). Health Sector Strategy. The document is available at https://kryeministri.rks-gov.net/wp-content/uploads/2022/07/Strategjia_sektoriale_e_shendetesise_final-mentor_2016_ENG.pdf

The **Strategic Plan for Maternal, Child, and Reproductive Health in Kosovo 2023-2030**⁴¹ aims to reduce morbidity and mortality rates for mothers and children. It focuses on improving the quality and safety of healthcare services, increasing access to skilled professionals and necessary equipment, and ensuring effective coordination across healthcare institutions. The plan aligns with national and global health goals, including the Sustainable Development Goals (SDGs) and the Convention on the Rights of the Child. It identifies strategic objectives and specific actions to address challenges in maternal, child, and reproductive health, with a particular emphasis on improving healthcare services, raising awareness, and developing tailored programs for adolescents. The plan also highlights the importance of multi-sectoral interventions, including health promotion and education, capacity building for healthcare professionals, and infrastructure improvements.

The **Kosovo Strategy for Youth 2024-2032**⁴² is a commitment by the Kosovo government to the young Kosovar population, aiming to enable them, without exception, to realize their needs, rights, aspirations, and full potential. Through planned political measures and actions, this Strategy aims to provide Kosovar youth with opportunities and experiences that support their integration into society and enhance their role as agents of development in an inclusive and sustainable society. The Kosovo Strategy for Youth 2024-2032 is a strategic document that outlines the vision, medium-term objectives, priority policy measures, and specific actions to improve the well-being and position of youth in society. It reflects the perspectives and priorities of Kosovar youth for the present and future, presenting a key mechanism for developing and coordinating youth policies at the state level. The KSY covers a nine-year period (2023-2032) and is accompanied by three detailed action plans, starting with the first action plan covering the period 2024-2026, followed by two additional action plans covering the periods 2027-2029 and 2030-2032. The term 'youth' in this Strategy refers to all individuals aged 15 to 29, which constitutes the targeted age group. This definition is also aligned with the draft Law on Youth and conforms to the definition used in the European Youth Strategy 2019-2027.

The **National Strategy on Protection against Domestic Violence and Violence against Women 2022-2026**⁴³ demonstrates Kosovo's proactive approach to aligning with the principles outlined in the Istanbul Convention, to which it has committed through signing and ratification. The strategy is organized around four key pillars: Prevention and identification of violence, Advancing and harmonizing public policies with international standards, Strengthening institutions to prevent and address domestic violence, and Provision of comprehensive support services to victims. This framework aims to create a society where all individuals live free from the fear of domestic violence and violence against women. It emphasizes preventing violence, protecting victims, reintegrating and empowering them, and holding perpetrators accountable. During this period, Kosovo aims to prioritize cases of domestic violence and violence against

⁴¹ Republic of Kosovo - Ministry of Health (2022). Strategic Plan for Maternal, Child, and Reproductive Health in Kosovo 2023-2030.

⁴² Republic of Kosovo - Ministry of Culture, Youth and Sports (2023). State Strategy for Youth 2024-2032. The document is available at https://www.mkrs-ks.org/repository/docs/STRATEGJIA_SHTETERORE_PER_RINI_2024-2032_EN.pdf

⁴³ Republic of Kosovo (2022). National Strategy on Protection Against Domestic Violence and Violence Against Women. The document is available at <https://kryeministri.rks-gov.net/wp-content/uploads/2022/08/ENG-Strategjia-Kombetare-per-Mbrojtje-nga-Dhuna-ne-Familje-dhe-Dhuna-ndaj-Grave-2022-2026.pdf>

women, allocate necessary resources, ensure access to quality integrated services, guarantee justice for victims, and actively promote awareness across society to combat these forms of violence effectively.

According to the Kosovo* 2023 Report⁴⁴, Kosovo has made some headway in statistics, particularly in data collection methods, sharing data with Eurostat, and implementing Eurostat's peer-review suggestions. While communication between statistical institutions has gotten better, there is still room for improvement in technical coordination and using existing administrative data. The demographic statistics mostly meet EU standards, and census data collection was recently completed. Statistics on income and living conditions are produced annually, while those on social protection and labor market are incomplete. Although labor force surveys are conducted and published promptly, there is still a lack of data on labor cost, earnings structure, and job vacancies. Education statistics are aligned with international standards, but public health and crime statistics don't yet meet EU requirements.

Kosovo has faced a series of man-made and natural disasters that have significantly impacted its development and population. The Kosovo War (1998-1999) stands out as a major man-made disaster, resulting in widespread destruction, displacement, and loss of life. Post-war challenges have included rebuilding infrastructure and addressing the legacy of unexploded ordnance. Natural disasters in Kosovo include periodic earthquakes, floods, and landslides, which have caused property damage and affected livelihoods. The Western Balkans is emerging as a “warming hot spot” due to climate change. Reliant on rain-fed agriculture, Kosovo risks more heatwaves, reduced rainfall and resultant climate shocks.⁴⁵ Anticipated temperature increases (depending on greenhouse gas reduction) impact water resources, food production and human health.⁴⁶ These anticipated changes, compounded by existing water scarcity—only 1,600 m³ of renewable water resources per person annually, just 16% of the regional average and below the 1,700 m³ threshold indicating water stress—pose significant threats to the health, well-being, safety, and security of women, adolescents, and youth.⁴⁷

3. UNFPA Country Programme

UNFPA has been working initially with the Provisional Institutions of Self-Government in Kosovo since 2000, and afterward with the Kosovo government since 2008 towards enhancing sexual and reproductive

⁴⁴ European Commission (2023). Commission Staff Working Document Kosovo* 2023 Report Accompanying the document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2023 Communication on EU Enlargement policy. The document is available at https://neighbourhood-enlargement.ec.europa.eu/document/download/760aacca-4e88-4667-8792-3ed08cdd65c3_en?filename=SWD_2023_692%20Kosovo%20report_0.pdf

⁴⁵ UN-Habitat Kosovo (2021). Municipal capacity gaps and needs on integrating climate change aspects into spatial planning in Kosovo. The document is available at <https://unhabitat-kosovo.org/wp-content/uploads/2021/11/Spatial-Planning-Climate-Change-Survey.pdf>

⁴⁶ Regional Cooperation Council (2018). SEE2020 Series: Study on Climate Change in the Western Balkans Region. The document is available at <https://unhabitat-kosovo.org/wp-content/uploads/2021/11/Spatial-Planning-Climate-Change-Survey.pdf>

⁴⁷ World Bank Group (2018). Kosovo Water Security Outlook. The document is available at <https://documents1.worldbank.org/curated/en/496071548849630510/Water-Security-Outlook-for-Kosovo.pdf>

health and reproductive rights (SRHR), advancing gender equality - reducing gender-based violence, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 2nd country programme in Kosovo.

The 2nd country programme(2021-2025) is aligned with National Development Strategy (2016-2021), National Health Sector Strategy (2017-2021), UNSDCF (2021-2025) and UNFPA strategic plan(s) (2018-2021) and (2022-2025). Although UNFPA Kosovo CO did not undertake a formal process to align the CPD 2021-2025 with the UNFPA Strategic Plan 2022-2025, the alignment is in place. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, and academia.

The UNFPA Kosovo CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, and (iv) partnerships and coordination. The **overall goal** of the UNFPA Kosovo 2nd country programme (2021-2025) is that **by 2030, all people of Kosovo, especially youth and those left behind, are enabled to make their own informed choice, fulfil their potential, and contribute to development. UNFPA will invest in creating opportunities for the provision of high-quality education and health services, as well as evidence-based policies to enable individuals to fulfil their potential and exercise their reproductive rights.** The country programme contributes to the following **outcomes** of the:

UNFPA Strategic Plan 2018-2021:

- **Outcome 1:** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.
- **Outcome 2:** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts
- **Outcome 4:** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

UNFPA Strategic Plan 2022-2025:

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

The UNFPA Kosovo 2nd country programme (2021-2025) has three thematic areas of programming with four interconnected **outputs**: (i) Achieve universal health coverage, improve access to quality essential health-care services especially for mother and child, sexual reproductive health and non-communicable diseases and access to safe, effective, quality and affordable essential medicines and vaccines for all including in emergencies in public health; (ii) More inclusive and quality preschool, primary and secondary education; (iii) Increase confidence towards institutions and more trust among rights holders particularly among the youth; and (iv) Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy. All outputs contribute to the

achievement of the Strategic Plan 2022-2025 outcomes; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1 (Sexual and reproductive health and rights): Achieve universal health coverage, improve access to quality essential health-care services especially for mother and child, sexual reproductive health and non-communicable diseases and improve access to safe, quality and affordable essential medicines and vaccines for all including in emergencies in public health.

This output directly contributes to the UNSDCF outcome: By 2025 all girls and boys, women and men, particularly the most marginalized have better/improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education.

This has been delivered through: (a) supporting development and revision of evidence-based health policy framework, such as a new reproductive health law, health strategy, national programmes on cancer control; (b) supporting quality assurance officers to monitor implementation of effective perinatal care approach; (c) supporting the quality improvement of sexual and reproductive health services through sexual reproductive health (SRH) clinical guidelines development, implementation and monitoring; (d) providing technical assistance with institutionalization of the Obstetric Surveillance and Response System; (e) support training of midwives as a part of their continual professional development programme to deliver quality maternal and new-born services; (f) strengthen home visiting programme to provide maternal care; (g) support training for the Ombudsman Institution of Kosovo to monitor delivery of sexual and reproductive health and rights; (h) support training of health personnel to deliver quality family planning, syndromic management of sexually transmitted infections and HIV and AIDS, adolescent friendly sexual and reproductive health services, and services to survivors of gender based violence, including referral; (i) promote multi-sectoral services and functioning referral systems in place, women and girls lack safety and security, opportunities for rehabilitation, and access to health services (j) support civic society organizations and other health institutions working with vulnerable population with procurement of contraceptives through UNFPA platform; (k) conduct community information and education sessions on sexual and reproductive health issues with the special focus on marginalised groups; (l) strengthen capacities of national, regional and local institutions, including primary health care, to implement minimum initial service package for SRH in emergency situations; (m) increase capacities of respective health care providers on cervical cancer screening procedures and techniques and PAP smear reading; (n) strengthen capacities of the National Institute of Public Health on data collection and functionalizing the cancer registry; (o) advocate for and support inclusion of Human Papillomavirus vaccine in the national immunization plan, for girls and boys; (p) increase public awareness of cervical cancer screening and early detection of breast cancer; (q) develop standard operating procedures and referral pathways on cervical cancer screening and early breast cancer detection. To respond to the upcoming needs, UNFPA implemented additional activities: (r) procurement of PPE related to COVID-19 prevention; (s) I-SHARE survey; (t) procurement of dignity kits during the flooding in 2023; (u) media campaign on COVID-19 prevention and other activities related to COVID-19; (v) procurement of hygienic pads for women and girls receiving services at the Gynecology/obstetrics Clinic at the tertiary level.

UNFPA has strategically supported Kosovo's Ministry of Health to elevate the healthcare system's capacity in delivering high-quality sexual and reproductive health and rights (SRHR), maternal health services, and early cancer detection programs, aligning with Sustainable Development Goals 3 and 5. Through

collaborative partnerships with governmental bodies, healthcare institutions, NGOs, and media, UNFPA has provided technical expertise and capacity building, leading to the development of a National Action Plan on Maternal, Child, and Reproductive Health, a feasibility study for primary healthcare maternity services, clinical guidelines and protocols, and the expansion of cervical cancer screening.

Output 2.1 (Adolescents and Youth): More inclusive and quality preschool, primary and secondary education

This output directly contributes to the UNSDCF outcome: By 2025 all girls and boys, women and men, particularly the most marginalized have better/improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education. This has been delivered through: (a) training of teachers and other education practitioners to design and implement community and school based comprehensive sexuality education (CSE) programmes that promote and protect human rights and gender equality; (b) supporting the development of innovative teaching and learning materials, including for students with disabilities, aligned with international standards; (c) advocating and promoting CSE through student-teacher-parents' associations; (d) strengthening youth peer education programming (e) utilizing new ways and tools to promote sexual and reproductive health and rights, including a gender transformative approach; (f) strengthening social marketing of male condoms.

UNFPA has supported the Ministry of Education, Science, Technology and Innovation (MESTI) through the working group of CSE in developing the monitoring framework for implementing the CSE in primary and secondary schools. Supported by UNFPA, the CSE working group undertook on-spot monitoring of the progress/administration of CSE in primary and secondary schools in Prishtina, Prizren, Klina, Suhareka, Mitrovica South, Gjilan and Drenas, which informed the development of recommendations on CSE advancement in Kosovo. In addition to supporting educators, UNFPA played a crucial role in strengthening the monitoring capacities for CSE. This was achieved through training sessions conducted for the education inspectors within the MESTI. By providing targeted training, UNFPA contributed to the development of a more robust framework for overseeing CSE. This initiative ensures that educational programs align with comprehensive and accurate information on sexuality, creating a supportive and informed learning environment for students. UNFPA has also significantly broadened the cadre of certified peer educators in CSE. The initiatives involved the training of peer educators across Kosovo, empowering them to assume a pivotal role in disseminating accurate information on SRHR, while concurrently fostering the promotion of healthy practices among their peers.

Output 2.2 (Adolescents and Youth): Increase confidence towards institutions and more trust among rights-holders particularly among the youth

This output directly contributes to the UNSDCF outcome: By 2025, all communities in Kosovo, equitably benefit from greater social cohesion and integration support. This has been delivered through: strengthening civil society initiatives in addressing gender based violence, conflict related sexual violence, gender-biased sex selection and peace building initiatives.

UNFPA has undertaken several impactful actions to foster a more inclusive and respectful community by organizing educational workshops to help young people understand the difference between freedom of expression and the restriction of hate speech, equipping them with practical tools to address harmful rhetoric. Community dialogues and open forums are hosted to dismantle divisive narratives, encouraging the sharing of diverse experiences and perspectives. UNFPA's targeted social media campaigns amplify

voices that promote unity and inclusion, counteracting hate speech and bridging societal divides. Through UNFPA's Youth Ambassadors Program, young leaders are trained to become active bystanders who can intervene in instances of hate speech and discrimination. Strong collaboration is fostered with local organizations on projects that celebrate diversity and human rights, including cultural festivals, art exhibitions, and public service announcements. Support networks are established to provide counseling, legal advice, and a platform for those affected by hate speech. Additionally, UNFPA engages in policy advocacy to influence local policies that address hate speech and promote human rights. Together, these actions create a community where diversity is celebrated, human rights are upheld, and everyone is empowered to stand against hate.

Output 3 (Population dynamics): Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy

This output directly contributes to the UNSDCF Cross Cutting Theme: Improved data availability, alignment of strategies and financing of SDGs. This has been delivered through: (a) increasing capacities of Kosovo institutions and institutional coordination mechanisms for population data collection, analysis, dissemination and use; (b) technical support in completion of surveys and studies on population dynamics, including census and population projections; (c) Strengthening Civil Registration and Vital Statistics System; (d) engaging with private sector companies and government to promote gender-responsive family policies; (e) providing trainings on Family Friendly concept, including tools; (f) educating policy makers on interlinkages between population and development, including National Transfer Accounts. In addition to the planned interventions, UNFPA implemented the following activities: (g) supply of PPE related to COVID-19 prevention for long-term facilities for the care of elderly, people with disabilities and shelters for women and children; (h) research on Loneliness and Social Isolation in Older Persons in Kosovo; (i) introduction of Demographic Resilience Programme, launched by EECARO in 2020, to empower countries in the region by enhancing their capacity to understand and anticipate population dynamics while equipping them with the necessary skills, tools, political will, and public support to effectively manage these changes; (j) inclusion of PSEA in census operations in line with relevant Kosovo legislation.

The UNFPA Kosovo CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review

of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Kosovo 2nd country programme (2021-2025) is based on the following results framework presented below:

Kosovo/UNFPA 2nd Country Programme (2021-2025) Results Framework

| | | | |
|---|--|---|---|
| <p>CPD Goal/vision: By 2030, all people of Kosovo especially youth and those left behind are enabled to make their own informed choice, fulfil their potential and contribute to development. UNFPA will invest in creating opportunities for provision of high-quality education, health services and evidence-based policies to enable individuals to fulfil their potential and exercise their reproductive rights.</p> | | | |
| <p>National Priority (s): Human capital</p> | <p>National Priority (s): Human capital</p> | <p>National Priority (s): Human capital</p> | <p>National Priority (s): Good governance and the rule of law</p> |
| <p>UNSDCF Outcome (s):</p> <p>2: By 2025, all girls and boys,, women and men, particularly the most marginalized have improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education.</p> | <p>UNSDCF Outcome (s):</p> <p>2: By 2025, all girls and boys, women and men, particularly the most marginalised, have improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education.</p> <p>4: By 2025, all communities in Kosovo benefit equitably from inclusive engagement and greater social cohesion.</p> <p>5: By 2025, all women and men in Kosovo, particularly young people, vulnerable groups, and displaced persons increasingly achieve gender equality and claim their rights and fulfil civic responsibilities.</p> | <p>UNSDCF Outcome (s):</p> <p>2: By 2025 all girls and boys, women and men, particularly the most marginalized have improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education.</p> <p>4: By 2025, all communities in Kosovo, benefit equitably from inclusive engagement and greater social cohesion.</p> <p>5: By 2025, all women and men in Kosovo, particularly young people, vulnerable groups, and displaced persons increasingly achieve gender equality and claim their rights and fulfil civic responsibilities.</p> | <p>UNSDCF Outcome (s):</p> <p>1: By 2025, all women and men in Kosovo enjoy more accountable, effective, transparent, and gender-responsive institutions at all levels ensuring access to justice, equality and participation for all.</p> <p>5: By 2025, all women and men in Kosovo, particularly young people, vulnerable groups, and displaced persons increasingly achieve gender equality and claim their rights and fulfill civic responsibilities.</p> <p>Formerly UNSDCF Cross Cutting Theme: Improved data availability, alignment of strategies and financing of SDGs.</p> |
| <p>Related UNFPA Strategic Plan 2022-2025 Outcome(s):</p> <p>1: By 2025, the reduction in the unmet need for family planning has accelerated;</p> <p>2: By 2025, the reduction of preventable maternal deaths has accelerated;</p> <p>3: By 2025, the reduction in gender-based violence and harmful practices has accelerated</p> | | | |

| | | | |
|--|--|---|---|
| <p>Related UNFPA Strategic Plan 2018-2021 Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</p> | <p>Related UNFPA Strategic Plan 2018-2021 Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</p> | <p>Related UNFPA Strategic Plan 2018-2021 Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</p> | <p>Related UNFPA Strategic Plan 2018-2021 Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</p> |
| <p>UNFPA Kosovo 2nd Country Programme Output 1: Achieve universal health coverage; Improve access to quality essential health-care services especially for maternal and child health, sexual and reproductive health, non-communicable diseases; Improve access to safe, quality and affordable essential medicines and vaccines for all including in emergencies in public health.</p> | <p>UNFPA Kosovo 2nd Country Programme Output 2.1: More inclusive and quality primary and secondary education</p> | <p>UNFPA Kosovo 2nd Country Programme Output 2.2: Increase confidence towards institutions and more trust among rights holders, particularly among the youth.</p> | <p>UNFPA Kosovo 2nd Country Programme Output 3: Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy</p> |
| <p>UNFPA Kosovo 2nd Country Programme Intervention Areas:</p> <p>(a) supporting development and revision of evidence-based health policy framework, such as a new reproductive health law, health strategy, national programmes on cancer control; (b) <i>supporting quality assurance officers to monitor implementation of effective perinatal care approach</i>; (c) supporting the quality improvement of sexual and reproductive health services through sexual reproductive health (SRH) clinical guidelines development, implementation and monitoring; (d) <i>providing technical assistance with institutionalization of the Obstetric Surveillance and Response System</i>; (e) supporting training of midwives as a part of their continual professional development programme to deliver quality maternal and</p> | <p>UNFPA Kosovo 2nd Country Programme Intervention Areas:</p> <p>(a) training of teachers and other education practitioners to design and implement community and school based comprehensive sexuality education (CSE) programmes that promote and protect human rights and gender equality; (b) supporting the development of innovative teaching and learning materials, including for students with disabilities, aligned with international standards; (c) advocating and promote CSE through student-teacher-parents’ associations; (d) strengthening youth peer education programming (e) utilizing new ways and tools to promote sexual and reproductive health and rights, including a gender transformative approach; (f) strengthening social marketing of male condoms</p> | <p>UNFPA Kosovo 2nd Country Programme Intervention Areas:</p> <p>(a) strengthening civil society initiatives in addressing gender based violence, conflict related sexual violence, gender-biased sex selection and peace building initiatives; (b) support development of non-formal education programmes and social actors to promote constructive inter-group narratives and discuss the impact of gender equality on social cohesion in the public domain, in collaboration with youth, women, teachers, cultural actors, regional public actors, and minorities NGOs, and in partnership with academic institutions and in consultation with public institutions; (c) Support thematic dialogues to tackle divisive narratives and raise awareness of “Bystander Intervention” in the region, building on existing conceptual</p> | <p>UNFPA Kosovo 2nd Country Programme Intervention Areas:</p> <p>(a) increasing capacities of Kosovo institutions and institutional coordination mechanisms for population data collection, analysis, dissemination and use; (b) technical support in completion of surveys and studies on population dynamics, including census and population projections; (c) strengthening Civil Registration and Vital Statistics System; (d) engaging with private sector companies and government to promote gender-responsive family policies; (e) providing trainings on Family Friendly concept, including tools; (f) educating policy makers on interlinkages between population and development, including National Transfer Accounts; (g) supply of PPE related to COVID-19 prevention for long-term facilities for the care of elderly,</p> |

| | | | |
|---|--|--|--|
| <p>new-born services; (f) strengthening home visiting programme to provide maternal care; (g) supporting training for the Ombudsman Institution of Kosovo to monitor delivery of sexual and reproductive health and rights, (h) supporting training of health personnel to deliver quality family planning, syndromic management of sexually transmitted infections and HIV and AIDS, adolescent friendly sexual and reproductive health services, and services to survivors of gender based violence, including referral; (i) promoting multi-sectoral services and functioning referral systems in place, women and girls lack safety and security, opportunities for rehabilitation, and access to health services (j) supporting civic society organizations and other health institutions working with vulnerable population with procurement of contraceptives through UNFPA platform; (k) conducting community information and education sessions on sexual and reproductive health issues with the special focus on marginalised groups; (l) strengthening capacities of national, regional and local institutions, including primary health care, to implement minimum initial service package for SRH in emergency situations; (m) increasing capacities of respective health care providers on cervical cancer screening procedures and techniques and PAP smear reading; (n) strengthening capacities of the National Institute of Public Health on data collection and functionalizing the cancer registry; (o) advocating for and support inclusion of Human Papillomavirus vaccine in the national immunization plan, for girls and boys; (p) increasing public awareness of cervical cancer screening and early detection of breast cancer; (q) development of standard operating procedures and referral pathways on cervical cancer screening and early breast cancer detection; (r) procurement of PPE related to COVID-19 prevention; (s) I-SHARE survey; (t) procurement of dignity kits during the</p> | | <p>structure of intercultural dialogue platforms, and engaging youth and women's organizations; (d) Through Municipal Youth Councils and youth groups of political parties, build a network of young ambassadors of peace from different ethnicities, and introduce youth dialogue platforms enabling dialogue with policymakers to reduce hate speech and advocate for the establishment of no hate speech pledges and their inclusion in youth policies; (e) Enhance cooperation between regional, public media and local youth media networks and engage with young social media influencers on developing and promoting youth content to address divisive narratives, hate speech, masculinities and gender norms and equality, including through internship opportunities for young journalists placed in media outlets and partnerships with social media influencers and public actors; (f) Enhance the skills and capacities of young people on media literacy and critical thinking, reporting on toxic masculinities and online hate speech, mediation, dialogue and violence prevention, in collaboration with educational stakeholders (formal and non-formal), youth organizations, youth community leaders, journalists and influencers and social media platforms to elaborate community guidelines on negative narratives and advocate for positive social change; (g) Conduct educational and cultural exchanges across communities and/or in the region with youth from different identity groups; (h) Support the organization of divided community, cross-border/boundary or multi-ethnic participant sporting events and positive narrative messaging for girls/women and men/boys; (i) Enhance peacebuilding capacities of youth in public advocacy campaigning (via social media) to promote inclusion, cultural diversity and value of shared cultural heritage.</p> | <p>people with disabilities and shelters for women and children; (h) research on Loneliness and Social Isolation in Older Persons in Kosovo; (i) introduction of Demographic Resilience Programme, launched by EECARO in 2020, to empower countries in the region by enhancing their capacity to understand and anticipate population dynamics while equipping them with the necessary skills, tools, political will, and public support to effectively manage these changes; (j) inclusion of PSEA in census operations in line with relevant Kosovo legislation.</p> |
|---|--|--|--|

| | | | |
|---|--|--|--|
| <p>flooding in 2023; (u) media campaign on COVID-19 prevention and other activities related to COVID-19; (v) procurement of hygienic pads for women and girls receiving services at the Gynecology/obstetrics Clinic at the tertiary level.</p> | | | |
|---|--|--|--|

Nota Bene: "Country Programme Intervention Areas" boxes: In bold: Activities that were not initially planned, yet were implemented; in italics: Activities that were initially planned but were not implemented.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

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

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Kosovo CO, national stakeholders and rights-holders, the UNFPA EECARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Kosovo 2nd country programme (2021-2025).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA Kosovo CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover national level and selected municipalities where UNFPA implemented interventions. The selected municipalities will be determined jointly with the evaluation team during the design phase of the evaluation.

Thematic Scope

The evaluation will cover the following thematic areas of the 2nd CP: (i) policy and accountability; (ii) quality of care and services; (iii) gender and social norms; (iv) population change and data; (v) adolescents and youth; and (vi) emergency preparedness. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion, etc., and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2021-2025, namely starting from January 2021 up to the period of the evaluation data collection.

The UNFPA will share its draft evaluation report with the UNSDCF evaluation consultant for consideration and integration into the UNSDCF evaluation report. It is expected that the agency-specific programme evaluations collaborate closely for comprehensive coordination and complementarity, where possible, as it is assumed that the agency-specific programme evaluation, with its achieved results, contributes to attaining the overall UNSDCF results.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the [UNFPA Evaluation Handbook](#), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.⁴⁸

| Criterion | Definition |
|-----------------------|--|
| Relevance | The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change. |
| Coherence | The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country. |
| Effectiveness | The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups. |
| Efficiency | The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance? |
| Sustainability | The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends). |

⁴⁸ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see [Handbook](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Kosovo CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

1. To what extent do the design of the UNFPA Kosovo 2021-2025 programme and its interventions align with and respond to the current needs of target beneficiaries, especially vulnerable women and youth?
2. To what extent has the UNFPA support strengthened policy framework and institutional mechanisms, particularly those relating toward the improvement of maternal health, the reduction in the unmet need for family planning and the reduction of the gender-based violence, youth empowerment and changes in population dynamics?

Coherence

3. To what extent has CP leveraged strategic partnerships with national, local and grassroots organizations (e.g. women’s rights activists, youth-led groups, advocacy groups of people with disabilities, FBOs) to improve access and quality of the sexual and reproductive health services and address gender inequalities of vulnerable and marginalized populations?

Effectiveness

4. To what extent the country programme contributed and improved access of the most vulnerable and marginalized population groups, including survivors of GBV to quality essential maternal and sexual and reproductive health services?
5. To what extent the country programme contributed and increased access of young people, including vulnerable groups to SRHR information, education and services in all settings.
6. To what extent the country programme contributed and mainstreamed demographic intelligence in the national policies and programmes development or revision to improve responsiveness to population dynamics and changes?

Efficiency

7. How efficiently has the programme utilized its financial and human resources to achieve its results and were there any contributing or hindering factors for it?

Sustainability

8. What measures have been implemented to ensure the sustainability of the programme's outcomes beyond the UNFPA Kosovo 2021-2025 cycle, and to what extent have the programme's initiatives empowered national and local institutions, communities, and rights-holders, particularly in rural and underserved areas, to sustain and continue interventions independently?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Kosovo CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Kosovo 2nd country programme (2021-2025) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Kosovo CO been during the period of the 2nd country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Kosovo 2nd country programme (2021-2025) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Kosovo CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include: government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Kosovo CO has established an ERG comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA EECARO and programme staff in UNFPA CO Kosovo. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites, and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the [UNFPA Evaluation Handbook](#). This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Kosovo CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes the [Evaluation Handbook](#) and the [evaluation quality assurance and assessment principles and their application](#).

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*,⁴⁹ *Ethical Guidelines for Evaluation*,⁵⁰ *Code of Conduct for Evaluation in the UN System*⁵¹, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.⁵² When contracted by the UNFPA Kosovo CO, the evaluators will be requested to sign the *UNEG Code of Conduct*⁵³ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Kosovo. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation

⁴⁹ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁵⁰ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁵¹ Document available at: <http://www.unevaluation.org/document/detail/100>.

⁵² Document available at: <http://www.unevaluation.org/document/detail/980>.

⁵³ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Kosovo CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Kosovo CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Kosovo CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 4 weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the consultant must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the [Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System](#), [Principles for the Ethical Use of Artificial Intelligence in the United Nations System](#), and [UNFPA Information Security Policy](#). The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Kosovo CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE)
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase *(Handbook, Chapter 2)*

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA EECARO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase *(Handbook, Chapter 3)*

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 4 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level

- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (*Handbook, Chapter 4*)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to

clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Kosovo CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase (*Handbook, Chapter 5*)

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA Evaluation Office](#) to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase.

Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.

- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Kosovo CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA KosovoCO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality

assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid⁵⁴ before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluand (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.

⁵⁴ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Kosovo CO, (iii) the regional M&E adviser in UNFPA Kosovo, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE⁵⁵

| Main tasks | Responsible entity | Deliverables | Estimated Duration |
|--|---|--|--------------------|
| Design phase | | | |
| Induction meeting with the evaluation team | CPE Manager and evaluation team | | 4 to 5 weeks |
| Orientation meeting with CO staff | CO Representative, CPE Manager, CO staff and RO M&E Adviser | | |
| Desk review and preliminary interviews, mainly with CO staff | Evaluation team | | |
| Developing the evaluation approach | Evaluation team | | |
| Stakeholder sampling and site selection | Evaluation team, CPE Manager | Stakeholder map | |
| Developing the field work agenda | Evaluation team, CPE Manager | Field work agenda | |
| Developing the initial communications plan | CPE Manager and CO communications officer | <i>Communication plan (see Evaluation Handbook, Chapter 5)</i> | |
| Drafting the design report version 1 | Evaluation team | Design report- version 1 | |

⁵⁵ For full information on all tasks and responsible entities, see the relevant chapters of the Handbook, which is available at: <https://www.unfpa.org/admin-resource/evaluation-handbook-2024>

| | | | |
|---|---|--|------------------------|
| Quality assurance of design report version 1 | CPE Manager and RO M&E Adviser | | |
| ERG meeting to present the design report | Evaluation team, CPE manager | PowerPoint presentation on design report version 1 | |
| Drafting the design report version 2 | Evaluation team | Design report - version 2 | |
| Quality assurance of design report version 2 | CPE Manager and RO M&E Adviser | | |
| Final design report | Evaluation Team | Final design report (see Evaluation Handbook, section 2.4.4) | |
| Field phase | | | |
| Preparing all logistical and practical arrangements for data collection | CPE Manager | | 4 to 5 weeks |
| Collecting primary data at national and sub-national level | Evaluation team | | |
| Supplementing with secondary data | Evaluation team | | |
| Collecting photographic material | Evaluation team | Photos (see <i>Evaluation Handbook, Section 3.2.5</i>) | |
| Filling in the evaluation matrix | Evaluation team | Evaluation matrix | |
| Conducting a data analysis workshop | Evaluation team | | |
| Debriefing meeting with CO and ERG | Evaluation team and CPE manager | PowerPoint presentation | |
| Reporting phase | | | |
| Consolidating the evaluation matrix | Evaluation team | Evaluation matrix | Approximately 10 weeks |
| Drafting CPE report version 1 | Evaluation team | Evaluation report - version 1 | |
| Quality assurance of CPE report version 1 | CPE Manager and RO M&E Adviser | | |
| ERG meeting on CPE report version 1 | Evaluation team and CPE Manager | PowerPoint presentation | |
| Recommendations workshop | Evaluation team, CPE manager, ERG members | Recommendations worksheet | |
| Drafting CPE version 2 | Evaluation team | Evaluation report - version 2 | |
| Quality assurance of CPE report version 2 | CPE Manager and RO M&E Adviser | | |
| Final CPE report | Evaluation team | Final CPE report (see <i>Evaluation Handbook, section 4.5</i>) with powerpoint presentation and audit trail | |

Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold: The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Kosovo CO, in close consultation with the Kosovo government institutions relevant for the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Kosovo CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Kosovo CO, UNFPA EECARO, representatives of the Kosovo government, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA EECARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality assurance and assessment (EQAA). This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) two team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator. Young and emerging evaluator was hired during the preparation phase and will provide support to the evaluation team throughout the evaluation process. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 2nd UNFPA country programme in Kosovo.

The evaluation team leader and evaluation team members will be recruited locally to ensure adequate knowledge of the country context, including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Kosovo CO staff and the ERG. S/he will undertake

a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Kosovo CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Kosovo CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Kosovo CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (eg. SRHR, gender equality and/or women's empowerment, adolescents and youth and population dynamics).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Kosovo.
- Fluent in written and spoken English.

SRHR expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning.

- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Kosovo
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Albanian. Knowledge of Serbian will be considered an advantage.

Adolescents and youth expert

The competencies, skills and experience of the adolescents and youth expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality will be an advantage.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).

- Work experience in/good knowledge of the national development context of Kosovo.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Albanian. Knowledge of Serbian will be considered an advantage.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Kosovo.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Albanian. Knowledge of Serbian will be considered an advantage.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.

- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Kosovo.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Albanian. Knowledge of Serbian will be considered an advantage.

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

| | |
|--|-----|
| Upon approval of the design report | 20% |
| Upon submission of a draft final evaluation report of satisfactory quality | 40% |
| Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results | 40% |

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

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

| | Team leader | Thematic experts (each) | Young and emerging evaluator |
|---|-------------|-------------------------|------------------------------|
| Design phase | 15 | 6 | 5 |
| Field phase | 23 | 15 | 14 |
| Reporting phase | 25 | 12 | 14 |
| Dissemination and facilitation of use phase | 2 | 1 | 2 |
| TOTAL (days) | 65 | 34 | 35 |

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. UNFPA Evaluation Policy (2024)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024>
4. UNFPA Evaluation Handbook
<https://www.unfpa.org/admin-resource/evaluation-handbook-2024>
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:
 - [*Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022*](#)
 - [*Formative evaluation of UNFPA support to adolescents and youth \(2015-2022\)*](#)
 - [*Evaluation of UNFPA support to population dynamics and data \(2014-2022\)*](#)
 - [*Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response \(2020-2022\)*](#)
 - [*Evaluation of UNFPA support to gender equality and women's empowerment \(2012-2020\)*](#)

The evaluation reports are available at: <https://www.unfpa.org/evaluation>

Kosovo national strategies, policies and action plans

6. National Development Strategy 2016-2021, available at <https://faolex.fao.org/docs/pdf/kos184213.pdf>
7. National Development Strategy - 2030, available at <https://kryeministri.rks-gov.net/en/national-development-strategy-2030/>
8. United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025, available at <https://kosovoteam.un.org/en/109024-united-nations-sustainable-development-cooperation-framework-2021-2025>
9. National Health Sector Strategy 2017-2021, available at https://kryeministri.rks-gov.net/wp-content/uploads/2022/07/Strategjia_sektoriale_e_shendetesise_final-mentor_2016_ENG.pdf
10. Strategy for Youth 2019-2023, available at https://www.mkrs-ks.org/repository/docs/Strategy_for_Youth_2019-2023.pdf
11. National Strategy on Protection against Domestic Violence 2016-2020, available at <https://md.rks-gov.net/desk/inc/media/52BA49FC-80C2-4172-A2F7-9E83D078F3E7.pdf>
12. National Strategy on Protection Against Domestic Violence and Violence Against Women 2022 – 2026, available at <https://kryeministri.rks-gov.net/wp-content/uploads/2022/08/ENG-Strategjia-Kombetare-per-Mbrojtje-nga-Dhuna-ne-Familje-dhe-Dhuna-ndaj-Grave-2022-2026.pdf>
13. Strategy for the Advancement of the Rights of the Roma and Ashkali Communities in the Republic of Kosovo 2022-2026 and the Action Plan 2022-2024, available at <https://zqm.rks-gov.net/assets/cms/uploads/files/2022/Strategy%20for%20Advancing%20the%20Rights%20of%20the%20Roma%20and%20Ashkali%20communities%20in%20the%20Republic%20of%20Kosovo%20for%20the%20period%202022-2026%20and%20its%20Action%20Plan%20for%20the%20period%20of%202022-2024.pdf>
14. Strategy for the Protection and the Promotion of the Rights of the Communities and their participants 2023-2027, available (in Albanian) in https://mkk.rks-gov.net/docs/strategy-home/al/STRATEGJIA%20P%C3%8BR%20MBROJTJEN%20DHE%20PROMOVIMIN%20E%20T%C3%8B%20DREJTAVE%20T%C3%8B%20KOMUNITETEVE%20DHE%20PJES%C3%8BTAR%C3%8BVE%20T%C3%8B%20TYRE%202023-2027_compressed.pdf
15. National Strategy on the Rights of Persons with Disabilities in the Republic of Kosovo 2013-2023, available at https://childhub.org/sites/default/files/library/attachments/national_strategy_on_the_rights_of_persons_with_disabilities_in_the_republic_of_kosovo_2013-2023_2.pdf

UNFPA Kosovo CO programming documents

16. Kosovo government/UNFPA 2nd Country Programme Document (2021-2025)
17. United Nations Common Kosovo Analysis/Assessment (CKA) 2020, available at <https://kosovoteam.un.org/sites/default/files/2021-03/CommonKosovoAnalysis.pdf> and regularly updated in [2022](#) and 2023
18. Situation analysis for the Kosovo government/UNFPA 2nd Country Programme (2021-2025)
19. CO annual work plans
20. Joint programme documents
21. Mid-term reviews of interventions/programmes in different thematic areas of the CP

- 22. Reports on core and non-core resources
- 23. CO resource mobilization strategy

UNFPA Kosovo CO M&E documents

- 24. Kosovo government/UNFPA 2nd Country Programme M&E Plan (2021-2025)
- 25. CO annual results plans and reports (SIS/MyResults)
- 26. CO quarterly monitoring reports (SIS/MyResults)
- 27. Previous evaluation of the Kosovo government/UNFPA 2nd Country Programme (2021-2025), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

- 28. Implementing partner annual work plans and quarterly progress reports
- 29. Implementing partner assessments
- 30. Audit reports and spot check reports
- 31. Meeting agendas and minutes of joint United Nations working groups
- 32. Donor reports of projects of the UNFPA Kosovo CO
- 33. Evaluations conducted by other UN agencies
- 34. IAHE- Inter-Agency Humanitarian evaluations <https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations>

15. Annexes

| | |
|---|--|
| A | Theory of change |
| B | Stakeholder map (will be provided to the contracted consultants) |
| C | Excel sheet on analysis of UNFPA interventions (will be provided to the contracted consultants) |
| D | Tentative evaluation work plan |

Annex A : Theory of change

Theory of Change

I. Overview

UNFPA Kosovo⁵⁶ developed this theory of change following the guidance of the new United Nations Sustainable Development Framework (Cooperation Framework) development. UNFPA and implementing partners decided to go for option B of the country programme development proposed in the Cooperation Framework document.

“Option B: UN development system entities develop an entity-specific country development programme document with Cooperation Framework outcomes copied verbatim.”

The new UNFPA CO Kosovo Country programme will directly contribute to four out of five Cooperation Framework outcomes:

- 1) UNSDCF Outcome 1: By 2025, all women and men in Kosovo enjoy more accountable, effective, transparent, and gender-responsive institutions at all levels ensuring access to justice, equality and participation for all.
- 2) UNSDCF Outcome 2: By 2025 all girls and boys, women and men, particularly the most marginalised have improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education.
- 3) UNSDCF Outcome 4: By 2025, all communities in Kosovo equitably benefit from inclusive engagement and greater social cohesion.
- 4) UNSDCF Outcome 5: By 2025, all women and men in Kosovo, particularly young people, vulnerable groups, and displaced persons increasingly achieve gender equality and claim their rights and fulfil civic responsibilities.

CPD follows the UNFPA strategic goal to “achieve universal access to sexual and reproductive health, realise reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development (ICPD) agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality”.

The country programme contributes to the achievement of following UNFPA Strategic plan 2018-2021 outcomes.

- 1) SP (2018-2021) Outcome 1: Every woman, adolescent and youth everywhere, especially those left further behind, has utilised integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.
- 2) SP (2018-2021) Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.
- 3) SP (2018-2021) Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

⁵⁶ All references to Kosovo shall be understood to be in the context of UNSCR 1244 (1999)

In its efforts to achieve the outcomes mentioned above, UNFPA Kosovo will apply four principles.

1. Promoting and protecting human rights
2. Prioritising leaving no one behind
3. Improving accountability, transparency and efficiency
4. Gender mainstreaming

This Country Programme is a stepping stone towards the transformational results “3 zeros” and supporting the achievement of the SDGs by 2030 with a main focus on the rights and needs of those left behind – women and girls in rural areas, adolescent girls and boys aged 10 to 19 years old, women and girls subjected to gender-based violence, women and young people with disabilities, communities living in poverty and Roma, Ashkali and Egyptian communities. The Country Programme is built on the successes and lessons learned from the first country programme (2016-2020).

The proposed programme envisions that by 2030 Kosovo society benefits from inclusion, equal opportunities for all with focus on youth and those furthest left behind to make informed healthy choices, fulfil their potential, participate in decision making and contribute to development. The CPD is directly linked with the three UNSDCF outcomes mentioned above.

UNFPA will invest its resources in the enabling conditions necessary to achieve the outcomes. These enabling conditions constitute the country programme outputs, which reflect the interventions that UNFPA intends to implement.

To support these interventions, UNFPA Kosovo will apply the following modes of engagement:

- (a) advocacy and policy dialogue;
- (b) capacity development for enabling environment;
- (c) partnership and coordination;
- (d) knowledge management.

I. Overall change model

The UNFPA 2nd country programme will support a transformational change in the lives of youth, women and girls to ensure that by 2030, Kosovo society benefits from inclusion, equal opportunities for all, with focus on youth and those furthest left behind, to make informed healthy choices, fulfil their potential, participate in decision making and contribute to development. UNFPA will invest in capacity development to create opportunities for provision of quality education, health services and evidence-based policies to enable individuals to fulfil their potential and exercise their reproductive rights.

This country programme commits to increase contraceptive prevalence rate for modern contraceptives by 5% among vulnerable women and youth, by strengthening evidence-based policies targeting most at risk women and youth, improving response of the health system to the reproductive needs of vulnerable women and youth, empowering women and girls to exercise their rights and make informed decisions about their bodies and their lives.

Figure 1. Summary of change model

| | | | |
|---|---|---|---------------------------------|
| <p>Improve women and maternal health linked to SDG 3 Realized reproductive rights of all with focus on young people and those most left behind linked to SDG 4, SDG 5 and SDG 16 Lower number of unwanted pregnancies, abortions, STI cases, HIV, GBV cases, early marriages linked to SDG 3 and SDG 5</p> | | | Impact |
| <p>UNSDCF Outcome 1: By 2025, all women and men in Kosovo enjoy more accountable, effective, transparent, and gender-responsive institutions at all levels ensuring access to justice, equality and participation for all. UNSDCF Outcome 2: By 2025 all girls and boys, women and men, particularly the most marginalised have improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education. UNSDCF Outcome 4: By 2025, all communities in Kosovo equitably benefit from inclusive engagement and greater social cohesion. UNSDCF Outcome 5: by 2025, all women and men in Kosovo, particularly young people, vulnerable groups, and displaced persons increasingly achieve gender equality, claim their rights, and fulfil civic responsibilities. UNFPA SP Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence UNFPA SP Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts UNFPA SP Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</p> | | | Long-term outcomes |
| <p>By 2025, UNFPA Kosovo programme commits to increase contraceptive prevalence rate for modern contraceptives by 5 percent among vulnerable women and youth, by strengthening evidence-based policies targeting most at risk women and youth, improving response of the health system to the reproductive needs of vulnerable women and youth, empowering women and girls to exercise their rights and make informed decisions about their bodies and their lives.</p> | | | Mission statement |
| <p>Sexual Reproductive Health and Rights</p> <ul style="list-style-type: none"> - Achieve universal health coverage; Improve access to quality essential health-care services especially for maternal and child health, sexual and reproductive health, non-communicable diseases; Improve access to safe, quality and affordable essential medicines and vaccines for all including in emergencies in public health. | <p>Adolescents and Youth</p> <ul style="list-style-type: none"> - More inclusive and quality primary and secondary education - Increase confidence towards institutions and more trust among rightsholder particularly among the youth | <p>Population Dynamics</p> <ul style="list-style-type: none"> - Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy | Outputs |
| <p>Gender equality and data disaggregation and evidence-based programming LNOB and reaching the furthest first UNSDCF: Improved data availability, alignment of strategies and financing of SDGs</p> | | | Cross-cutting |
| <p>Sexual reproductive health clinical guidelines and protocols available and implemented</p> | <p>Skills and capabilities to make informed choices about sexual and reproductive rights and wellbeing improved, including through comprehensive sexuality education in and out of school</p> | <p>Bridging the gap between data producers and users Increased capacity and investment in demographic intelligence</p> | Critical enablers |
| <p>Low quality of sexual and reproductive health services Lack of accountability mechanisms for access to sexual and reproductive health services and rights Limited capacities of health professionals Services not reaching those furthest behind</p> | <p>Not reaching those furthest behind Discriminatory gender and socio-cultural norms Limited knowledge and skills of primary and secondary school teachers to deliver comprehensive sexuality education throughout Kosovo</p> | <p>Lack of integrated multisectoral approach Administrative bottlenecks for data collection Limited capacities of Kosovo institutions for quantitative and qualitative data collection, analysis and overall management</p> | Barriers and root causes |
| <p>Not all adolescents and youth, in particular adolescent girls, people with disabilities and other marginalized groups, have access to sexual reproductive health and rights, thus have limited opportunities to reach their full potentials</p> | | | Core problem |
| <p>Kosovo constitutional framework remains intact, government buy-in and commitment towards systemic solutions Donor community remains committed to the development of Kosovo EU accession path remains available for Kosovo</p> | | | Assumptions |
| <p>Undefined political status of Kosovo which may impact security and stability Demographic trends may cause economic decline and put heavy strains onto the welfare state and prevent the government at central and local level from investing in development</p> | | | Risks |

II. CPD Output 1 change model

To address the identified challenges in the area of sexual and reproductive health, UNFPA country programme will contribute to the following:

UNSDCF Priority Area 2: Inclusive and non-discriminatory social policies and services

UNSDCF Outcome 2: By 2025, all girls and boys, women and men, particularly the most marginalised, have improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education.

CPD Output 1: *Achieve universal health coverage; Improve access to quality essential health-care services especially for maternal and child health, sexual and reproductive health, non-communicable diseases; Improve access to safe, quality and affordable essential medicines and vaccines for all, including in emergencies in public health.*

To achieve this output the following causal determinants should be addressed:

1. Increased capacities of health system to deliver high quality SRHR, maternal health services, Cervical Cancer Screening and early detection of breast cancer;
2. Laws and policies developed and implemented widely;
3. Increased capacities of Ministry of Health (MoH) to implement Obstetric Surveillance and Response System (OSRS);
4. Increased capacities quality assurance officers to monitor the implementation of effective perinatal care (EPC) and provide follow up support;
5. Increased capacities of primary health care (PHC) to deliver maternal care through Home Visiting Programme (HVP);
6. Standard operating procedures (SOP), guidelines and referral pathways developed on cervical cancer screening (CCS) and early breast detection;
7. Increased capacities of family medicines (FM) to provide quality integrated information and services on SRHR (FP, STI, HIV, YFHS and GBV) including in emergencies;
8. Functional cancer registry managed by National Institute of Public Health in Kosovo (NIPHK)
9. Ombudsman Institution in Kosovo (OIK) capacitated to monitor delivery of SRHR
10. Civil society organisations (CSO) capacitated to work towards SRHR awareness raising, advocacy and monitoring of service delivery.

The following UNFPA programme interventions will contribute to addressing the causal determinants and achieving the output:

1. Advocate and support inclusion of Human Papillomavirus (HPV) vaccine in the national immunization plan;
2. Support Ministry of Health (MoH) in development and revision of evidence-based health policy framework;
3. Support quality assurance officers to monitor implementation of effective perinatal care (EPI) approach;

4. Provide technical assistance (TA) to Ministry of Health (MoH) for institutionalization of Obstetric Surveillance and Response System (OSRS);
5. Support training of midwives as a part of their continual professional development programme;
6. Develop standard operating procedures (SOP) and referral pathways on cervical cancer screening (CCS) and early breast detection;
7. Design mechanism for development, implementation and monitoring of clinical guidelines and protocols on sexual reproductive health (SRH);
8. Strengthen Home Visiting Programme (HVP) to provide maternal care;
9. Promote multi-sectoral services and functioning referral systems in place, women and girls lack safety and security, opportunities for rehabilitation, and access to health services
10. Support capacity building of PHC personnel on family planning (FP), sexually transmitted infections (STI), human immunodeficiency virus (HIV), youth-friendly health services (YFHS), minimum initial service package (MISP) and gender-based violence (GBV), including referral
11. Increase capacities of respective health care providers (primary health care and pathologist) on cervical cancer screening procedures and techniques and PAP smear reading
12. Strengthen capacities of national, regional and local institutions, including primary health care, to implement minimum initial service (MISP) package for sexual reproductive health (SRH) in emergency situations;
13. Strengthen the capacities of the National Institute for Public Health in Kosovo (NIPHK) in functionalizing of cancer registry;
14. Strengthen the Ombudsman Institution of Kosovo (OIK) to monitor delivery of sexual and reproductive health and rights;
15. Support civil society organizations (CSO) to advocate for reproductive health commodities and to raise public awareness on sexual and reproductive health issues with focus on marginalized groups.

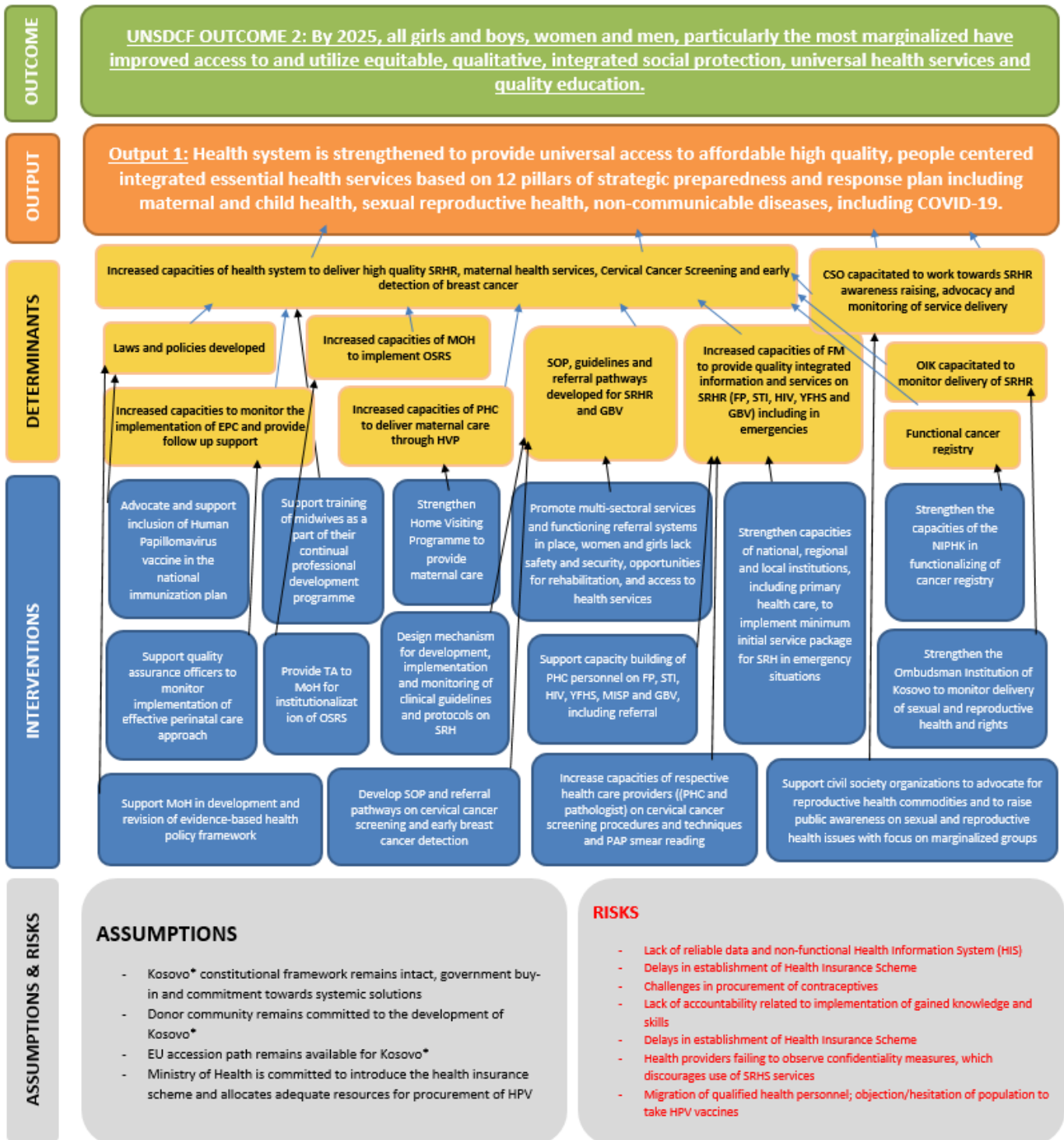
Partnership: UNFPA will implement the programme interventions in a multisectoral manner, including government, UN and other partners on both national and sub-national levels. Government partners will include the Agency for Gender Equality, Ministry of Health, Chamber of Doctors, Chamber of Nurses, Association of Obstetricians and Gynaecologists, Association of Pathologists, National Institute of Public Health of Kosovo, Ombudsman Institution of Kosovo, Parliament, Municipal Health Directorates, Medical Faculty, academia, Coalition K10, Kosovo Red Cross, various UN organisations: World Health Organization, United Nations Children’s Fund, UN Women, UNDP, CSOs, media and private sector.

Assumptions:

- Kosovo constitutional framework remains intact, government buy-in and commitment towards systemic solutions
- Donor community remains committed to the development of Kosovo
- EU accession path remains available for Kosovo
- Kosovo institutions remain committed to strengthening their capacities in related to population data and dynamics.

Risks and Mitigation measures: Undefined political status of Kosovo which may impact security and stability; Demographic trends may cause economic decline and put heavy strains onto the welfare state and prevent the government at central and local level from investing in development; Frequent changes of the government leading to disruption of policy development and implementation; External factors such as public health emergencies leading to disruption in operationalisation of the Country programme; lack of reliable data and non-functional Health Information System (HIS); Delays in establishment of Health Insurance Scheme; Challenges in procurement of contraceptives; Lack of accountability related to implementation of gained knowledge and skills; Delays in establishment of Health Insurance Scheme; Health providers failing to observe confidentiality measures, which discourages use of SRHS services; Migration of qualified health personnel; objection/hesitation of population to take HPV vaccines. To mitigate this risk UNFPA will build on the previously established relationship with technical teams in the ministries and chambers of medical professionals. It will engage in capacity building, awareness raising campaigns and will strengthen its work in communities through its implementing partners. This will create an opportunity for employing a two-fold advocacy strategy of providing and engaging the relevant government authorities with evidence-based advocacy and at the same time raising demand and support at a local level through engagement of local public authorities, community influencers, and civil society.

Figure 2: Output 1 change model in brief



III. CPD Output 2 change model

To address the identified challenges faced by young people, the UNFPA country programme will contribute to the following:

UNSDCF Priority Area 2: Inclusive and non-discriminatory social policies and services

UNSDCF Outcome 2: By 2025, all girls and boys, women and men, particularly the most marginalised, have improved access to and utilize equitable, qualitative, integrated social protection, universal health services and quality education.

UNSDCF Priority Area 4: Social Cohesion

UNSDCF Outcome 4: By 2025, all communities in Kosovo, benefit equitably from inclusive engagement and greater social cohesion.

UNSDCF Cross-cutting Theme 5: Increased gender equality and rights-holders' participation, empowerment, and civic engagement

UNSDCF Outcome 5: By 2025, all women and men in Kosovo, particularly young people, vulnerable groups, and displaced persons increasingly achieve gender equality and claim their rights and fulfil civic responsibilities.

CPD Output 2.1: *More inclusive and quality primary and secondary education.*

CPD Output 2.2: *Increase confidence towards institutions and more trust among rights holders, particularly among the youth.*

To achieve these outputs the following causal determinants should be addressed:

1. Increased capacity of teachers and education practitioners to deliver and monitor comprehensive sexuality education (CSE);
2. Increased availability and distribution of teaching and learning materials on CSE;
3. Accurate and appropriate information, education and communication tools and platform available;
4. Age-appropriate comprehensive sexuality education both in school and out-of-school available;
5. Increased partnerships through multi-sectoral collaboration;
6. Capacitated civil society organisations (CSO) and faith-based organizations (FBO) to deliver community sessions and peer education;
7. Increased Reproductive Health Commodity Security.

UNFPA will contribute to all these determinants to achieve the output by implementing the following programme interventions:

1. Organize training for teachers and other education practitioners to design and implement community and school based comprehensive sexuality education programmes that promote and protect human rights and gender;

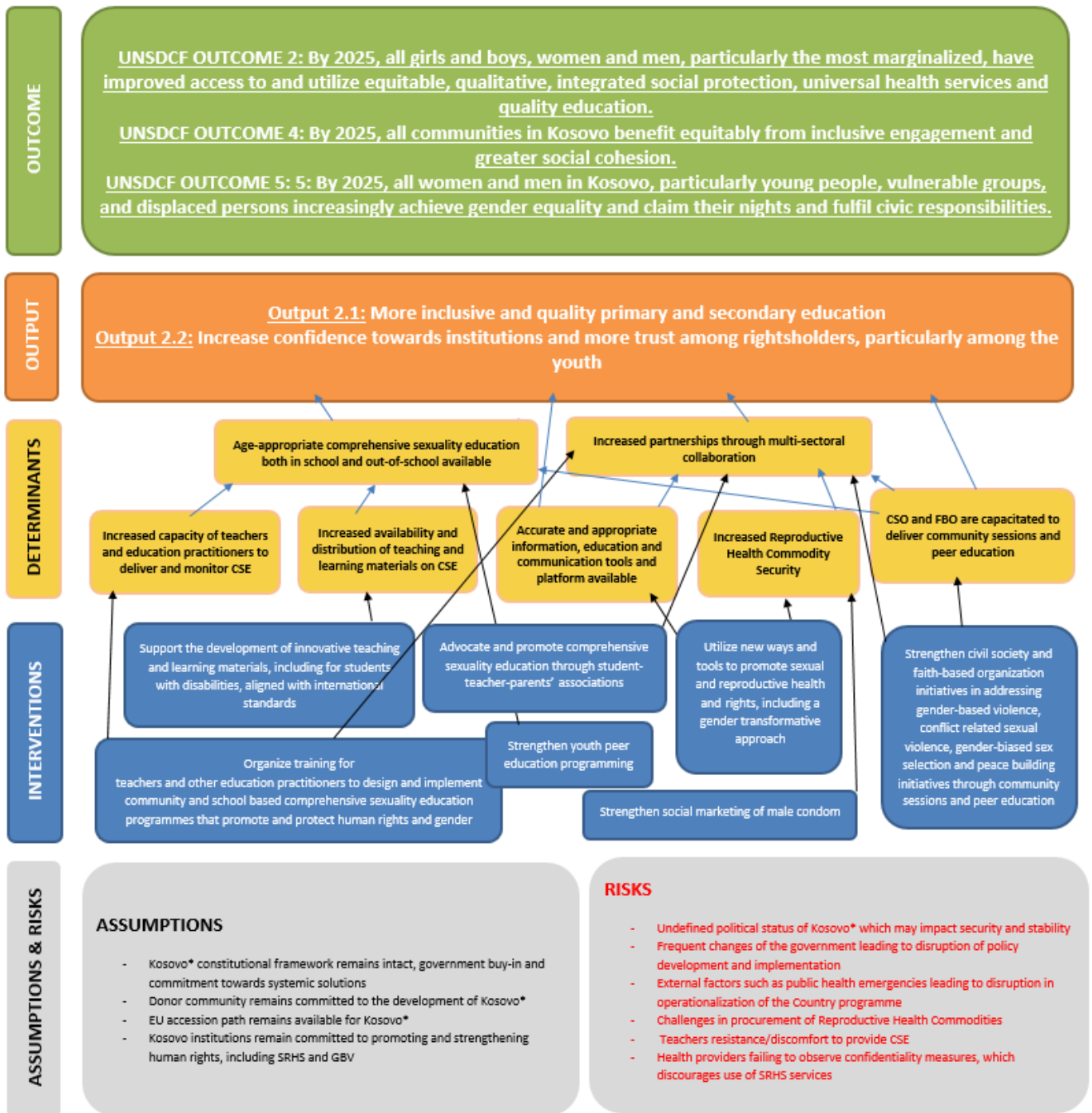
2. Support the development of innovative teaching and learning materials, including for students with disabilities, aligned with international standards;
3. Advocate and promote comprehensive sexuality education through student-teacher-parents' associations;
4. Strengthen youth peer education programming;
5. Utilize new ways and tools to promote sexual and reproductive health and rights, including a gender transformative approach;
6. Strengthen civil society and faith-based organization initiatives in addressing gender-based violence, conflict related sexual violence, gender-biased sex selection and peace building initiatives through community sessions and peer education;
7. Strengthen social marketing of male condom.

Partnership: UNFPA will implement the programme interventions in a multisectoral manner together with national partners, CSOs, FBOs and local governments. Government partners include the Ministry of Education, KNIPH, Ministry of Health, Municipal Education Directorates, Ministry of Culture, Youth and Sports, Agency for Gender Equality and Ombudsperson Institution in Kosovo. KOPF, Coalition K10 and FBO will be very important partners particularly in reaching out to the community, while mass media will be utilized as well.

In addressing causal determinants, UNFPA will cooperate with other UN agencies who are investing in adolescent and youth development, UNICEF related to education, life skills, gender transformative programmes, UN Women and UNDP related to youth participation, volunteerism, and gender equality promotion and GBV prevention, and WHO related to CSE and health behaviour.

Risks and Mitigation measures: Undefined political status of Kosovo which may impact security and stability; Demographic trends may cause economic decline and put heavy strains onto the welfare state and prevent the government at central and local level from investing in development; Frequent changes of the government leading to disruption of policy development and implementation; External factors such as public health emergencies leading to disruption in operationalisation of the Country programme; Challenges in procurement of contraceptives; Teachers resistance/discomfort to provide CSE; Health providers failing to observe confidentiality measures, which discourages use of SRHS services. To address this risk UNFPA will partner with diverse stakeholders at different levels, technical teams in the ministries and local government, CSOs, academia and agencies, while maintaining intensive information exchange with the governmental actors and other partners. It will work closely with education administrators to support them in developing necessary tools to support schools and teachers to deliver CSE with confidence. In addition, it will work closely with national social marketing CSO KOPF to develop an advocacy strategy in support of this output.

Figure 3. Output 2 change model in brief



IV. CPD Output 3 change model

UNSDCF Priority Area 1: Accountable Governance

UNSDCF Outcome 1: By 2025, all women and men in Kosovo enjoy more accountable, effective, transparent, and gender-responsive institutions at all levels ensuring access to justice, equality and participation for all.

UNSDCF Cross-cutting Theme 5: Increased gender equality and rights-holders' participation, empowerment and civic engagement.

UNSDCF Outcome 5: By 2025, all women and men in Kosovo, particularly young people, vulnerable groups, and displaced persons increasingly achieve gender equality and claim their rights and fulfil civic responsibilities

CPD Output 3: *Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.*

To achieve this output the following causal determinants should be addressed:

1. Increased capacities of Kosovo institutions for data management;
2. Increased availability of reliable population data;
3. Bridging the gap between data producers and data users;
4. Increased capacity and investment in demographic intelligence;
5. Increased awareness among policy makers on the importance of population challenges, ageing and migration through evidence-based advocacy;
6. Strengthened human-rights based approach in policy developed;
7. Coordination and integrated use across national data sources improved.

UNFPA will implement the following interventions to address the causal determinants:

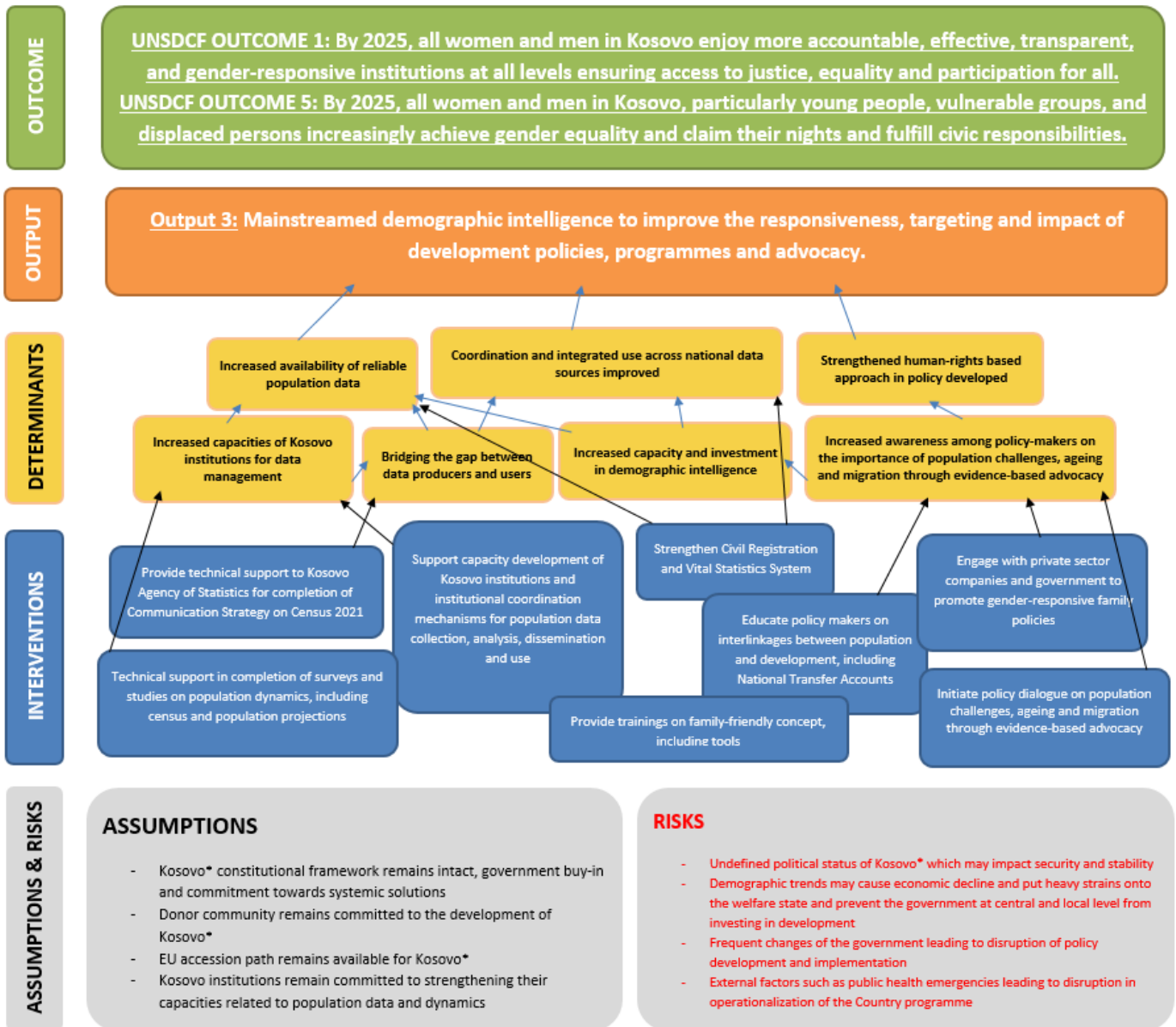
1. Supporting capacity development of Kosovo institutions and institutional coordination mechanisms for population data collection, analysis, dissemination and use;
2. Technical support in completion of surveys and studies on population dynamics, including census and population projections;
3. Provide technical support to Kosovo Agency of Statistics for completion of Communication Strategy on Census 2021;
4. Strengthen Civil Registration and Vital Statistics System;
5. Educate policy makers on interlinkages between population and development, including National Transfer Accounts;
6. Provide trainings on family-friendly concept, including tools;
7. Engage with private sector companies and government to promote gender-responsive family policies;
8. Initiate policy dialogue on population challenges, ageing and migration through evidence-based advocacy.

Partnership: UNFPA will implement the programme interventions in a multisectoral manner, cooperating with various institutions, including but not limited to: Kosovo Agency of Statistics, Ministry of Internal Affairs, Agency for Civil Registration, Ministry of Health, Ministry of Economy, Labour, Trade, Industry, Entrepreneurship and Strategic Investments, National Institute of Public Health in Kosovo, Agency for Gender Equality, Parliament, research institutions, academia, UN Agencies, chambers of commerce, private sector and mass media.

UNFPA will leverage the scheduled interest around Census 2021 to mobilize interest in population dynamics, by bringing together representatives from government, CSO, academia and statisticians to discuss the importance of data and its analysis to inform responsive rights-based policy-making. UNFPA will work in synergy with UNICEF, UN Women, UN Habitat, WHO, UNHCR, ILO, World Bank and other agencies, to collect reliable data on population issues, and to build capacities of stakeholders at all levels to understand population dynamics.

Risks and Mitigation measures: Undefined political status of Kosovo which may impact security and stability; Demographic trends may cause economic decline and put heavy strains onto the welfare state and prevent the government at central and local level from investing in development; Frequent changes of the government leading to disruption of policy development and implementation; External factors such as public health emergencies leading to disruption in operationalisation of the Country programme. To mitigate this risk UNFPA will play a proactive role in joint UN advocacy strategy and advocate to promote data transparency and evidence about population trends and their effects at high government level. UNFPA will engage in partnership with stakeholders at different levels, technical teams in the ministries and local government, CSOs, academia and agencies, while maintaining intensive information exchange with the governmental actors and other partners.

Figure 4. Output 3 change model in brief



Annex D: Tentative time frame and workplan

| Evaluation Phases and Tasks | September 2024 | | | | October 2024 | | | | November 2024 | | | | December 2024 | | | | January 2025 | | | | February 2025 | | | | [Indicate Month]: ... | | | | [Indicate Month]: ... | | | | [Indicate Month]: ... | | | | [Indicate Month]: ... | | | | | | | | | | | | | | | | | |
|--|----------------|---|---|---|--------------|---|---|---|---------------|---|---|---|---------------|---|---|---|--------------|---|---|---|---------------|---|---|---|-----------------------|---|---|---|-----------------------|---|---|---|-----------------------|---|---|---|-----------------------|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | | | |
| Design phase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Induction meeting with the evaluation team | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orientation meeting with CO staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desk review and preliminary interviews, mainly with CO staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developing the initial communications plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drafting the design report version 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quality assurance of design report version 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ERG meeting to present the design report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drafting the design report version 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quality assurance of design report version 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

