

Outcome 1 Human Capital Development
Joint Work Plan 2022-2023

1. Cover Page

Country:	Albania
Corresponding outcome:	<i>Outcome 1: Human Capital Development</i> By 2026 there is increased and more equitable investment in people, removing barriers and creating opportunities for those at risk of exclusion ¹
Alignment to NSDI, EU, SDGs:	NSDI II pillar 3. Investing in human capital and social cohesion EU acquis chapters: 19, 26, 28, 23-24 SDGs and targets: 1.1, 1.2, 1.3, 1.4, 1.5, 2.1, 2.2, 3.1, 3.2, 3.4, 3.5, 3.7, 3.8, 3.d, 4.1, 4.2, 4.7, 4.c, 5.1, 5.2, 5.4, 5.5, 5.6, 10.2, 10.3, 10.7, 11.1, 11.10, 16.6
Chairing United Nations entity(s):	UNICEF Representative & WHO Representative
Chairing Government entity(s)	Minister of Health and Social Protection & Minister of Education and Sports
Implementing UN agencies	UNDP, UNICEF, UNFPA, UNWOMEN, UNHCR, UNODC, UNOPS, FAO, IOM, UNESCO, WHO, ILO
Key National Partners:	MoHSP, MoES, Minister of State for Reconstruction and Programme of Reforms
Work plan duration:	2 years (first year is detailed while second year is indicative)
Anticipated start/end dates:	1 January – 31 December 2023

Signatures²

Government of Albania	
Outcome Co - Chair	Signatures
Minister of Health and Social Protection	
United Nations	
Minister of Education and Sports	
UN Resident Coordinator	
Outcome Co - Chair	Signatures
UNICEF Representative	
WHO Representative	
Heads of UN Agencies or Delegated Authorities	Signatures
UNDP	
UNICEF	
UNFPA	
UNWOMEN	
UNHCR	
UNODC	
UNOPS	
FAO	
IOM	
UNESCO	
WHO	
ILO	

¹ UN system contribution to 'investment' is two-fold: 1) strengthen the quality and coverage of essential social services and 2) to offer policy options for more effective and efficient social sector spending. Specific outputs and activities will address education and life skills, health care, social care and social protection, housing and livelihoods.

² When civil society organizations and non-governmental organizations are designated as implementing partners, they do not sign this Joint Work Plan. Each participating United Nations entity will follow its own procedures in signing Work Plans with these partners.

2. Executive Summary

Interventions under this Plan have been contextualized and adapted to the COVID-19 situation. Contributing UN agencies under this Plan will ensure a concerted, collaborative and all-inclusive effort to address the multidimensional impacts of the COVID-19 and to protect the needs and rights of people living under the duress of the pandemic, with focus on the most vulnerable groups, and people who risk being left behind.

Output 1.1 - Social Protection

Context and situation analysis, including lessons learned

COVID-19 and the 2019 earthquake have worsened the socio-economic situation of the country. Following a series of social protection and financial support measures, the situation has been contained and WB projections suggest that Albania's poverty rate, already high when compared to the EU average of 16.9 per cent, will fall below its pre-pandemic level by end-2021.³ While economic development, growth and employment contribute directly to the poverty rate in Albania, unequal distribution of income and an ineffective social protection system are key barriers to men, women, boys and girls coping with poverty, which becomes the main barrier for families and children to access services and opportunities. A needs assessment conducted in 2019 found that more than 90 percent of children in public care service institutions came from underprivileged, poor, or economically disadvantaged family backgrounds. Despite the legal obligations of LGUs to provide a standard basket of social care services, there is still no such functional system available that sufficiently address the needs. More than 30 percent of children living in a residential care home are victims of neglect, abuse, and exploitation and that about 70 percent of children in them display developmental delays, caused by environmental factors

The impact of poverty and social exclusion can be minimized, if not neutralized, with the adequate and proper social protection and social inclusion policies. The government has undertaken three ambitious vertical reforms in disability, cash assistance and social care services, but there is need for measures, tools, and standards for national and subnational authorities to deliver integrated social protection that addresses the needs of men, women, boys and girls. In Albania, national policies on social protection are not driven by periodical nationally approved measurements of household or child poverty; evidence on material and non-material deprivation does not directly feed the design of any social protection measure; national social protection policies do not include national poverty reduction targets in line with the SDGs. A comprehensive social protection system is still being developed; while national policies do outline a vision for an integrated social protection system, it is still fragmented by the other sectors (health, education, nutrition etc.) and the vision is not backed up by adequately financed measures to enable implementation of the vision and address the gender-based and social determinants of poverty and social exclusion. The national information system for social protection still lags behind and is not a unified database collecting information on children who are beneficiaries of social protection programming. Spending is low on social protection – on cash benefits for families and children and particularly on social care services – and all national and local institutions dealing with social protection lack adequate resources. Pressure for fiscal discipline and reducing public debt has become an obstacle to identifying fiscal space for proper social protection budgets or financing a social protection floor. Adoption of the National Action Plan on De-Institutionalization of children from residential care, in September 2020, provides an opportunity to catalyse active collaboration among central and local governments, key development partners and local CSOs. The De-institutionalization reform is prioritized in Albania's Economic Reform Programme 2021–2023 as well

Summary of 2022-2023 Activities

UN in Albania is committed to promote and support a social protection system that works for all, especially those most at risk and hard to reach. UN agencies will continue to support national and local authorities to: (i) ensure that social services are adequately resourced and monitored; (ii) provide technical solutions and policy advice to expand social protection systems to respond to crisis and shocks (enabling); (iii) generate evidence on child multidimensional poverty to feed into the new national social protection strategy 2023-2030; (iv) model solutions and tools for delivery child sensitive integrated social protection at local level and strengthen capacities of social protection workforce for implementation of child sensitive integrated social protection systems; (v) capacitate municipalities and service providers to provide services and to promote social inclusion for R&E, PWDs and other marginalised communities and empower them to access and to contribute themselves to their social inclusion; (vi) reinforce social protection programmes with – health care services, for those vulnerable groups that remain disadvantaged by the effects of poverty and exclusion; (vii) strengthen capacities of change agents, including CSOs grassroot groups, and citizens at large, to engage the design, delivery and monitoring of gender-responsive and evidence based social services; to (viii) work directly with vulnerable and marginalized women and PWD that are on the receiving end of social services to utilize information, skills and opportunities for social protection and inclusion; (ix) enrollment of PoCs in education system, access for the PoCs-Peron of Concerns (refugees and asylum seekers, including persons with disabilities) to documentation, and public services, including health, economic aid/social service, housing, information on social rights, and facilitate capacity building for government officials to further development and implementation of policies relevant for social inclusion and to further operationalize/ develop social inclusion funding mechanisms, including scaling up of the Social Fund; enable better economic inclusion and livelihoods of refugees and asylum seekers as well as furthering collaboration with Municipalities for the creation of the protective environment for social protection and integration of refugees and asylum seekers at the local level; (x) implement that National Action Plan on De-Institutionalization 2020-2022. In addition, UN will assist governments in the Western Balkans to prepare for and implement policies to reintegrate, rehabilitate and resocialise returnees from conflict zones in line with human rights and the responsibilities laid out in the United Nations Security Council

³ <https://www.worldbank.org/en/news/press-release/2021/10/21/as-economy-rebounds-albania-has-opportunity-to-build-a-more-sustainable-growth-model>

Resolution 2396 (2017) and the EU Strategy for Combating Radicalisation and Terrorism. Given the complexities and political sensitivities linked to the return and reintegration of returnees from conflict zones, a flexible and process-oriented approach, tailored to the specific needs, and in close cooperation with the responsible government authorities, is required. The timing, as well as the size of the caseload expected to return to Albania will also affect the intensity and scale of interventions.

Output 1.2 - Education

Context and situation analysis, including lessons learned

Albania cannot afford to squander its most important resource: its children and youth. High quality education is a human right, a powerful driver of development and one of the strongest instruments for reducing poverty. Over the last decade, Albania has embarked on a set of ambitious reforms in education that have brought about several improvements, naming a few, access to all levels of education has steadily increased, learning outcomes consistently improved, school governance strengthened, education responsibilities decentralized, etc, which have brought about a competency-based curriculum across the country's public education system, contributing to significant improvements in key education indicators. In addition, in combination with other socio-economic reforms, the Albanian Government has improved instruction quality, textbooks, school buildings and infrastructure throughout the country.

However, despite consistent improvements in learning outcomes, Albania started from a relatively low base and is still behind European Union average. The Programme for Student Assessment (PISA) shows that still many Albanian students perform below basic proficiency. For student learning outcomes to improve, the capacities of frontline actors – teachers and school leaders – need to be improved. Recently implemented measures to strengthen recruitment practices, entry into the teaching studies and improve teachers' salaries have made the teaching profession more attractive. The encouraging reform to introduce a new competency-based curriculum requires a substantial shift in how teachers impart knowledge and support and assess students' development, yet, opportunities for professional development and training remain limited.

Moreover, the Albania education sector was hit by two major shocks, the earthquake of 2019 and COVID19, both impacting heavily education proceedings and school infrastructure (the earthquake damaged 24% of the educational facilities). While the system has been agile in responding and adapting to the shocks, it is inevitable in Albania as in other countries to have a learning loss especially for the most vulnerable children. Lack of enhanced teacher skills in ICT and blended approaches, lack of computers and devices, adequate internet connectivity and non-adequate financing are some of the challenges the system is coping with.

Summary of 2022-2023 Activities

UN agencies will closely work with the Ministry of Education and Sports (MoES) and other actors to address the above challenges and help to smoothly implement the National Education Strategy 2021-2026, especially with a focus on the most marginalized children and youth. Main focus of work will be on: (i) improvement of education services, through infrastructure and soft interventions - 67 education facilities in 11 municipalities affected by the earthquake will be repaired/reconstructed in line with best national and European standards, equipped with basic furniture and adequate laboratories, sport facilities, psychological and medical services. A need assessment on IT and digital skills for teachers will also be prepared as a base to identify and address the needs of teachers in this sector; (ii) development and implementation of a competency-based curriculum at all grades in pre-university level; (iii) expanding and implementing quality CSE programme at national scale through consolidating the didactic packages for CSE implementation, developing informative materials for students, parents and other key actors in the process, strengthening capacities of teachers, consolidating CSE database and monitoring and evaluating the CSE process, advocating and integrating CSE into teachers' universities, strengthening out-of-school programmes to better reach those furthest behind with SRHR information, and strengthening Y-Peer network on SRHR priority issues / agenda; (iv) improvement of data and evidence in education quality and equity, competency based curricula implementation in schools; (v) upgrade of teachers skills in blended learning and inclusive education; (vi) implementation of an Early Warning system for dropout prevention program; and (vii) 21st century skills building in schools (including career program in schools).

Output 1.3 – Health Care

Context and situation analysis, including lessons learned

Moving towards UHC is a high priority for Albania. More recently, the Government of Albania has been planning additional investments to develop and implement new PHC models of care that consider the needs of rural and urban populations. Progress towards UHC is monitored in two dimensions: the coverage of essential health services and financial hardship. Coverage of essential health services is defined as the average coverage of the 14 SDG 3.8.1 tracer interventions. Of these 14 indicators, positive progress is projected for nine of them in Albania by 2023. The health system faces challenges related to ensuring universal access to high quality health care services; integrating services at primary health care level; generating data for planning and reporting; monitoring quality of care; strengthening skills of health personnel to implement health programmes and clinical guidelines and protocols at every level.

Although Albania has been working to increase public spending on health, OOP payments accounted for approximately 44.58% of current health spending (2018), more than double the EU average of 21.6%. Medicines are the main driver of OOP spending, therefore, improving access to essential medicines and medical supplies is required.

Albania is a World Health Emergencies Priority Country. In 2019, Albania scored 79.5% in the Health Emergency Protection (HEP) Index, which is calculated based on three sub-indicators: 1) preparedness; 2) prevention; and 3) detection and response. During the COVID-19 pandemic, essential services were disrupted, such as screening, care and treatment of chronic conditions. A key lesson learned from the COVID-19 pandemic related to health emergency preparedness is that Albania must prioritize improving its health system's capacity to

provide immediate access to the medical supplies, protective equipment, and digital infrastructure required to maintain essential services and protect health care personnel and patients.

In 2019, 26 600 more people in Albania (0.93% of the population) enjoyed better health and well-being than in 2018. By 2023, that number is projected to reach 133 800 more people (4.7% of the population). The healthier populations (HPOP) index uses 16 outcome indicators related to social, environmental, and behavioural risks to assess the number of people whose lives have become healthier. In Albania, improvements in seven of the 16 indicators are projected between 2018 and 2023. Promoting health and well-being will require Albania to address the consequences of its ageing population and its high burden of NCDs. Significant work remains to fully implement the WHO Framework Convention of Tobacco Control. Reducing Albania's persistently high burden of NCDs will require a sustained increase in investment to strengthen monitoring, treatment, evaluation and prevention at the PHC level. It will also require supporting efforts that can reduce the burden of NCDs, such as initiatives for nutrition, alcohol, tobacco, and obesity.

With regard to the implementation of ICPD, concerns are around (a) demographic change, particularly low fertility, ageing populations and outmigration; (b) the high unmet need for family planning; (c) the uneven access to information, education and services that ensure sexual and reproductive health for all; (d) the COVID-19 pandemic has further pushed back progress and raised new uncertainties for people, especially those left furthest behind.

Children in Albania are less likely to die before their fifth birthday than they were twenty years ago, though inequalities remain. New-borns, children living in certain regions and Roma communities are more disadvantaged. Despite the decreasing trend in the last decade, children in Albania still suffer from the triple burden of malnutrition; 11 per cent of children under five have stunted growth, 16 percent are overweight and 25 per cent suffer from anaemia. Only 37 per cent of children are exclusively breastfed during the first six months of life and 29 per cent of 6-23-month-olds receive a minimum acceptable diet. Adolescents in Albania particularly those with disabilities and from poorer households, rural communities and ethnic minority groups are with challenges to transitioning to adulthood.

While coverage of DPT, hepatitis B, and Hemophilus influenzae type b, and polio vaccine were all 96 per cent or higher, only 79 per cent received the measles-containing vaccine. There is inadequate referral system and secondary/tertiary level care for managing child developmental difficulties. The quality of neonatal care is a particular concern, as there is no standardized system in place to ensure its quality, neonatal screening is absent, and there are shortages of neonatologists in some regions of the country.

The Government of Albania benefitted from two Universal Treatment Curriculum (UTC) "walkthrough" trainings supported by UNODC. The trainings contributed to an increased capacity of the national professionals and academic experts from Albania in reducing the significant health, social and economic problems associated with substance use disorders.

Summary of 2022-2023 Activities

UN will collectively provide support to GoA along 4 tracks: (i) support the country response for COVID-19; (ii) support the continuity of essential health services, including equal access to services; (iii) support the strengthening of the health system, focusing on resilience; and (iv) advocacy and partnerships on the rights to health and reduces inequalities.

UN agencies will support Albania for enabling a Primary health care system that is accessible, affordable, equitable, integrated, ensuring quality and community orientation, integrating mental health and NCD management. Support will be provided to develop policies to retain health workforce with a special focus on the new generation.

Key bottlenecks to facilitate and strengthen a more equity-focused approach to maternal and child health and nutrition services. At the same time focus will be to empower families and strengthen their capacities and skills to address risks that young children are facing, and to leverage crucial opportunities of the age. The strategies and activities leading to outputs such as changes in capacities, attitudes and behaviors are expected to directly address many of the identified bottlenecks. Adolescent girls and boys will be empowered and equipped with knowledge and skills for healthy nutrition to prevent overweight and obesity and address mental health concerns. Enabling environments will contribute to prevention of overweight and obesity and mental health concern among adolescents.

In partnership with government and non – government organizations, efforts will be intensified to transform the lives of women, older persons and young people (10-24), especially of the most vulnerable and young key populations at risk of HIV and AIDS (YKP) by empowering them to live free from violence and make informed reproductive choices and life decisions. More specifically, committing to increase the contraceptive prevalence rate for modern methods among all women aged 15-49 from 4 per cent to 11 per cent, empower women and girls to exercise their rights and make informed decisions about their bodies and their lives, improve health system response to the sexual and reproductive health needs of women and young people, respond to demographic challenges and strengthen related evidence-based policies by focusing on the most vulnerable and marginalized, including in emergency and crisis situations.

Efforts of the Government of Albania related to the national drug demand reduction policies will be supported through conducting a training workshop for policy makers on the nature, prevention and treatment of drug use disorders in 2022 in the framework of the UNODC's Regional Programme for South Eastern Europe. The workshop represents an activity of the UNODC-WHO drug dependence treatment and care programme and is in line with the UNODC-WHO International Standards for the treatment of substance use disorders and the UNODC-WHO International Standards for the Prevention of Drug Use.

Output 1.4 – Shock responsive systems for effective disaster and pandemic preparedness and response

Context and situation analysis, including lessons learned

The COVID-19 pandemic and the 2019 earthquake disaster have exposed systemic weaknesses in Albania's health and social systems, and they have disproportionately affected poor and vulnerable households who are less resilient in the face of social and economic shocks due to having less savings, for example. The movement restrictions followed by measures for limiting gatherings that includes child consulting visits by appointment only have taken a toll on the immunization coverage and the home visiting for antenatal and postnatal care. Maternal and child health service delivery has suffered in selected regions when primary health care/maternal and child health centres, maternity and pediatric wards have been temporary closed because of infected health care providers. Mental wellbeing and health were highlighted as an important and emerging risk faced by adolescents in Albania.

Consequently, these events have prompted policy responses and, in some cases, substantive changes in Albania. The government, supported by United Nation (UN) agencies and other development partners, focused attention towards its emergency response and supported interventions to improve people centred PHC, integrate health and social care at the community level, and sustain investments in the infrastructure of health facilities. To address immediate needs, WHO, in close collaboration and partnership with the MoHSP and other partners, played a substantial role in Albania's COVID-19 coordination, risk communication and community engagement. WHO supported case management, surveillance, laboratory testing, infection prevention and control, vaccination, continuity of essential health services and other important interventions.

Despite the difficulties Albania faced during the outbreak, national authorities were active and demonstrated governance and coordinating ability to collaboratively provide various mitigation measures. For example, protocols were developed for the safe return of children to school in collaboration with WHO, the United Nations Educational, Scientific and Cultural Organization, the United Nations Children's Fund (UNICEF), and the World Bank, and frontline professionals were trained in different disciplines in mental health and psychological support during emergencies with assistance from UNICEF and WHO.

UNOPS in close collaboration with the Ministry of Health and Social Protection in Albania, and funded by the World Bank, is implementing the Albania Emergency COVID-19 Response Project to enhance the operational capacity of the Ministry of Health and Social Protection (MoHSP) through the expansion/renovation of medical facilities, provision of specialized medical equipment and supplies, and operational training of medical staff operating them. With UNFPA support MISP readiness assessment was conducted in 2021 (third national assessment of this kind) exploring important areas / issues on national and sub-national disaster management policies and plans; on coordination mechanisms for SRH disaster management;

Additionally, the Albanian Government also successfully mobilized COVID-19 vaccines through COVAX and other bilateral agreements (14). These successes have demonstrated the importance of further strengthening governance and administration mechanisms across Albanian health and social systems to reduce bureaucratic burden and increase resilience, collaboration, and the adaptability of national systems to shocks and challenges.

Summary of 2022-2023 Activities

UN in Albania will continue to provide policy advice and technical support to the health sector to diminish health risks and respond to emergencies. The health system will be supported in the response to COVID-19 including risk communication and community engagement, infection prevention and control, water and sanitation interventions to support key recommended practices for COVID-19 prevention, support the increase of COVID-19 uptake.

Collaboration with key stakeholders in the country will be strengthened to intensify efforts in the implementation of Minimum Initial Service Package for SRH in crisis and emergency situations. Capacity of national partners will be strengthened in humanitarian preparedness and response and properly address SRH needs of women and young people in national policies and plans with focus on those left behind in emergency situations. Policy advice and technical expertise will be provided to ensure that humanitarian coordination mechanisms in sexual reproductive health and gender – based violence are in place.

Several interventions will aim to enhance the operational capacity of the Ministry of Health and Social Protection (MoHSP) through the expansion/renovation of medical facilities, provision of specialized medical equipment and supplies, and operational training of medical staff operating them. Medical facilities which are critical and strategic to the management of the pandemic in Albania, include the Infectious Disease Clinic (IDC) which has been one of the designated makeshift wards of Covid-19 patients, the Public Health Institute (PHI) Institute of Public Health (IPH) as the national institution carrying out testing, and 14 health facilities (hospitals and polyclinics) throughout the country, providing services to remote and rural areas, which will be provided with imaging equipment. In addition, MoHSP will be supported to develop a road map for strengthening social protection and develop financing options to make it shock responsive.

Output 1.5 – Inclusive community engagement

Context and situation analysis, including lessons learned

An equitable, inclusive community engagement approach to public decisions ensures that the people most affected and most marginalized, especially those who have been left behind (e.g. some groups of women, children from low-income and single parent households, Roma and Egyptians, persons with disabilities including children, isolated rural communities, older persons, LGBTQI persons, and refugees, asylum-seekers, returnees and migrants), have a say in the decisions that affect their lives. The COVID-19

pandemic has further weakened inclusive community engagement processes and the financial stability of the civil society. Despite this challenge, Albanian civil society has provided support and services to the most vulnerable people affected by the COVID-19 pandemic, complementing, or sometimes replacing state interventions. The onset of the pandemic caused new needs to emerge in the communities; some of which were already suffering the socio-economic and psychological consequences of the earthquake of November 2019. Inclusive community engagement mechanisms are to be strengthened, ensuring participation of vulnerable groups to increase demand for social protection coverage, quality and monitoring.

Roma and Egyptians continue to be one of the most marginalized and excluded communities in Albania with limited access to quality services, although some positive results were noticed during the last years in the areas of civil registration, housing, education, and employment. The new National Action Plan for Equality, Inclusion and Participation of Roma and Egyptian in Albania 2021-2025 was designed following consultation with civil society and relevant stakeholders, and in line with the Declaration of Western Balkans Partners on Roma Integration (Poznan Declaration) and with the EU Strategic Framework for Roma 2020 – 2030. UN will continue to support the government's mainstreaming and targeted programmes and actions for the Roma and Egyptian population residing in Albania aiming to reduce the gap in access to quality public services.

In Albania, the majority of farms (up to 95 percent) are small, semi-subsistent and often informally operating smallholders (family farms): many have unresolved land ownership problems, produce on highly fragmented land. The smallholders often lack knowledge to apply good agricultural practices to reach minimum food safety standards, have limited managerial skills and economic literacy. Most smallholders also lack the negotiation power, when they sell their products directly to consolidators/ processors, as favorable market structures are not in place or only partially developed. Finally, and more importantly being small and unorganized reduces smallholders' likelihood voice to be heard at higher levels of policy making. In this context, development of farmers groups and of communities in rural and urban areas to support Albanian Agriculture as a means to development is necessary.

Summary of 2022-2023 Activities

UN will continue its efforts on inclusive local community engagement. Communities and civil society organizations will be supported to increase capacities to engage in policy and decision making, service delivery and programme monitoring. Support will promote meaningful consultation with civil society, local action groups and activists to develop mechanisms to ensure social inclusion and social protection system improvements in the long run leading to resilient and cohesive local communities. The ongoing efforts will enhance the quality of services and improve access for excluded groups, including Roma and Egyptians, persons with disabilities, women, households effected by earthquake, returnees and other groups. Support will continue also to increase social and economic resilience of earthquake affected communities.

Training will be provided to small farmers and rural entrepreneurs, representatives of the public, private and civil sector of the target municipalities on bottom-up community development (taking account its complementary role for the LEADER approach under IPARD) to promote the inclusion of rural people in policy design and decision-making processes with particular focus on the needs of rural women and youth, based on best practices of farmers groups in the selected communities. Policy recommendations aligned with the EU framework for MARD will be designed for the development of national schemes on rural development, specifically on promoting and supporting cooperation of farmers, contract farming, short value chains, income diversification and integrated community development.

3. Joint Work Plan including Common Budgetary Framework (table)

Outputs, including Joint Programme outputs	UN entity	Indicator, baseline, target	Means of verification	Monitoring Frequency	Risks and Assumptions	
					Risks:	Assumptions:
Output 1.1 Social Protection Social protection systems and mechanisms are strengthened to increase the coverage, quality, and monitoring of cash benefits and social care services and affordable housing for vulnerable groups.	UNDP UNICEF UNWOMEN UNHCR UNFPA IOM ILO	No. of vulnerable persons that receive social services by LGJs and other relevant service providers B (2020): 42,553 T (2022): Increased # of persons that receive social services No. of Gender Responsive Social Policies and Services in place. B (2021): 1 T (2022): 5 National government measurement of child poverty using multidimensional measures B (2021): Score 1 (none) T (2022): Score 4 (routinely measured) Proportion of refugees and asylum seekers covered by social protection floors/systems B (2021): 23% T (2022): 15% Proportion of refugees and asylum seekers with legally recognized identity documents or credentials B (2021): 0% T (2022): 30% % of SOM and THB officials who report improved victim centered approach in their unit attributable to activities under this outcome B (2021): 0 T (2022): 75% No. of vulnerable persons / victims who are supported B (2021): 0 T (2022): 40 % of targeted childcare professionals, caregivers, relevant frontline workers in selected municipalities with improved knowledge and skills to provide alternative care B (2021): 0 T (2022): 30% T (2024): 80%	MoHSP Website/Reports UN Reports INSTAT	Annually	<ul style="list-style-type: none"> » Emergence of natural disasters or public health pandemics could significantly disrupt the normal operation of the CO and planned activities; » Possible political instability and crises; » High turnover in public administration as well as possible restructuring of the executive branch due to elections could hinder the sustainability of interventions undertaken by the CO and other partners; » Lack of dedicated human and financial resources, both at central and local levels, limits the ability of the CO to undertake sustainable initiatives and ensure local ownership; » Other. 	<ul style="list-style-type: none"> » Partner Municipalities have capacities in fulfilling their contribution to social services; » Political support for the prioritization of or focus on social inclusion policies. » Improving national structures and capacities, prioritized based on needs, is a pre-requisite to better regional cooperation and coordination » Enhanced protection leads to better systems for countering SOM and THB in general » Complementarity both in terms of timeframe and financial resources for effectiveness of the action's social cohesion initiatives with other reintegration assistance projects.
2022 Budgetary Framework						
Contributing UN Agencies		Core/regular, assessed (USD)	Non-core/other/ extra budgetary (USD)		Total (USD)	
UNDP		121,000	Amount	Source		
UNICEF		517,730	1,179,480	SDC, UN SDG Fund	900,000	2,079,480
UNWOMEN		20,000	248,000	Gov. Sweden, SDC, UN SDG Fund	425,000	794,000
UNHCR			230,758	SDC, UN SDG Fund	50,000	280,758
UNFPA					57,839	575,569
IOM		24,000	77,000	SDC	130,000	227,000
ILO		Total (USD)	141,913	Gov. Denmark, EU	141,913	141,913
		682,730	100,000	UN SDG Fund	50,000	174,000
					1,612,839	4,272,720

2022 Strategic Deliverables Sub-outputs		UN Agencies	Total Budget (USD) Per each UN agency	SDG Targets Full List	GE & HR Marker Rating	QCPR Functions List	Geography Focus	Implementing Partner(s)
		Core Funds	Non-Core Funds (USD) Amount	Funding Gap Source				
1.1.1 Enable municipalities to administer integrated social and health care services and to monitor the scaling up/ extension of social services and share good practice models and tools linked to service delivery between LGUs.	UNDP UNFPA ILO	8,000	170,000 164,480 19,000 30,000	UN SDG Fund SDC SDC UN SDG Fund	400,000 15,000 50,000	1.1, 1.3, 3.8, 5.1, 10.3, 11.10	GE: 2 HR: 1	Puke, Tirane, Kamze, Rrogozhine, Pogradec, Devoll, Diber, Permet, Kruje, Ure Vajgurore, Korce, Maliq, Roskovec, Puke, Shkoder
1.1.2 Inform/raise awareness of marginalized and vulnerable persons and groups of their rights and entitlements to accessing social care and support services and establish institutional arrangements and coordination mechanisms to ensure quality of integrated social care and health care services functional with clear roles and support selected municipalities of Tirane, Durrës, Divjakë and Lushnje to implement integrated social services model to Roma and Egyptians.	UNDP UNFPA	10,000	245,000 24,000	SDC SDC	300,000 60,000	1.1, 1.3, 3.8, 5.1, 10.3	4	Puke, Tirane, Kamze, Rrogozhine, Pogradec, Devoll Durrës, Divjakë and Lushnje
1.1.3 Disseminate innovative models of integrated social care services nationwide, including established local linkages between health and social protection services; and for PwD in selected municipalities.	UNDP UNFPA	10,000	390,000 18,000	SDC SDC	200,000 30,000	1.1, 1.3, 3.8, 5.1, 10.3, 10.2	4	Puke, Tirane, Kamze, Rrogozhine, Pogradec, Devoll
1.1.4 Innovative financing mechanisms and instruments that involve the private sector to catalyse additional funding.	ILO	8,000	30,000	UN SDG Fund			GE: 1 HR: 1	Puke, Tirane, Kamze, Rrogozhine, Pogradec, Devoll
1.1.5 Support Ministries/ Agencies in the further development/ implementation and monitoring of policies, strategies and regulatory frameworks and funding mechanisms, to guide strategic decision-making. Support training/provision and qualifications system, to ensure workforce professionalization.	UNDP UNFPA ILO	8,000	210,000 16,000 40,000	SDC SDC UN SDG Fund	25,000	1.3, 10.2, 16.6, 4.1, 5.5	4	MoHSP; MoFE, INSTAT, ASCAP, Line Ministries
1.1.6 Improve mechanisms for community dialogue and increase participation of vulnerable women and girls in the participatory budgeting practices to better respond to their needs for social services.	UNWOMEN		75,000	SDC	20,000	5.1, 5.4, 5.4	GE: 3 HR: 3	LGUs (TBD)
1.1.7 Pilot and fund innovative inclusive social services targeting vulnerable women and girls and capacitate municipal social service providers to engender social care plans.	UNWOMEN		32,000	SDC	10,000	5.1, 5.4, 5.4	GE: 3 HR: 3	LGUs (TBD)
1.1.8 Validate actual social policy guidelines with gender lenses, support gender data collection at local level and cooperate with academia on social integration of vulnerable women and girls.	UNWOMEN		41,758	SDC	10,000	5.1, 5.4, 5.4	GE: 3 HR: 3	LGUs (TBD)
1.1.9 Provide technical assistance and work with the government to identify and integrate in the national budgetary framework more equitable and adequate gender financing for SDGs	UNWOMEN		82,000	UN SDG Fund	10,000	5.1, 5.4, 5.4	GE: 3 HR: 3	LGUs (TBD)
1.1.10 Develop EU deprivation index and conduct communication campaign to raise awareness about the impact of child poverty and deprivations.	UNICEF	21,000			35,000	1.1, 1.2	GE: 3 HR: 3	Albania
1.1.11 Support MoHSP to monitor and inspect the quality of social protection measures through annual report, MIS strengthening and development of legal frameworks on inspection	UNICEF	3,000	55,000	SDC	50,000	1.3	GE: 2 HR: 3	Albania
1.1.12 Understand the relevance and adequacy of cash transfers in children, and develop feasible solutions for introduction child benefit in Albania	UNICEF	5,000	40,000	UN SDG Fund	60,000	1.2, 1.3	GE: 2 HR: 3	Albania
1.1.13 Support municipalities to understand and implement integrated social protection information and services (cash plus), including the reform on disability sensitive measures such as child benefits.	UNICEF		28,000	SDC	75,000	1.2, 1.3	GE: 2 HR: 3	ALBANIA
1.1.14 Support development of national social protection policies which include child	UNICEF	4,000	10,000 15,000	SDC UN SDG Fund	30,000	1.2, 1.3	GE: 2 HR: 3	MoHSP; WB, SSS; LGUs; CSOs, communities
1.1.15 Support the regulatory frameworks for the functioning of the order of social worker	UNICEF	2,000	15,000 45,000	SDC Gov. Italy	25,000	1.4	GE: 1 HR: 3	MoHSP; Order of Social Worker
1.1.16 Alternative care: Improvement of the regulatory framework, implementing models at municipal level, development of communication around alternative care.	UNICEF	86,000	40,000	Gov. Sweden	150,000	1.4	GE: 1 HR: 3	MoHSP; SARPC; SSS, Adoption Committee,

						Vlore, Korce, Shkoder	Municipalities of Vlora, Korca and Shkodra, NISMA ARSIS, LGUs, Parliament, CSOs
1.1.17 Provide assistance to refugees and asylum seekers and governmental authorities to ensure document acquisition	UNHCR	168,365		6,000	10.7	GE: 1 HR: 3	1
1.1.18 Support government to ensure social inclusion of refugees and asylum seekers	UNHCR	349,365		51,839	10.7	GE: 1 HR: 3	2,4
1.1.19 Strengthened protection efforts to counter SOM and THB. Front line actors in the country have enhanced human and technical capacities for proactive identification, protection and gender sensitive assistance to VOTs and other migrants in vulnerable situations.	IOM	9,584	Gov. Denmark	10.7	GE: 1 HR: 1	WB	Ministries of Interior/Security, Prosecutor's Offices, National Task Forces for countering smuggling of migrants (SOM) and trafficking in human beings (THB) in Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, Kosovo.
1.1.20 Enhanced protection and Empowerment of vulnerable migrant categories following a rights-based and victim-sensitive and gender sensitive approach.	IOM	11,739	Gov. Denmark	10.7	GE: 1 HR: 1	WB	Ministries of Interior/Security, Prosecutor's Offices, National Task Forces for countering smuggling of migrants (SOM) and trafficking in human beings (THB) in Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, Kosovo.
1.1.21 Refugees from conflict zones, including men, women, boys and girls, are accepted by their communities where they have access to humanitarian and reintegration assistance tailored to their needs.	IOM	120,590	EU	16.3	GE: 1 HR: 1	WB	Coordination Center against Violent Extremism placed under the jurisdiction of the Prime Minister's Office
2023 Indicative							
Inform/raise awareness of marginalized and vulnerable persons and groups of their rights and entitlements to accessing social care and support services and empower them to exercise their rights and entitlements and/or support them in their access to social services.	UNDP UNFPA	10,000	120,000 24,000	SDC SDC	60,000	1.3, 10.2 HR: 1	4
Support municipalities of Tirane, Durrës, Divjakë and Lushnjë to implement integrated social services model to Roma and Egyptians; inclusion in education for R&E children, capacities of schoolteachers in intercultural education; facilitation to access VET and employment; support families' economic empowerment; facilitation to access municipal services.	UNDP	190,000	SDC		1.3, 10.2 HR: 1	4	Tirane, Durrës, Divjakë, Lushnjë
Support to selected municipalities for establishment of innovative social services delivery.	UNDP	500,000	SDC		1.3, 10.2 HR: 1	4	LGUs (TBD)
Strengthen the capacities of municipalities, regional and local social service providers (public and non-public) for planning, providing and monitoring the scaling up/extension of social services, and the delivery of integrated social inclusion measures.	UNDP UNFPA	150,000 19,000	SDC SDC	20,000	1.3, 11.10 HR: 1	4	LGUs; CSOs
Support Ministries/ Agencies in the further development/ implementation of policies, strategies, regulatory frameworks, operational tools, funding mechanisms, monitoring and evaluation (reporting) systems to guide evidence-based policy/ strategic decision-making.	UNDP UNFPA	100,000 16,000	SDC SDC	20,000	1.3, 11.10 HR: 1	4	MoHSP; MoFIE, INSTAT, Line Ministries

Support further development of the educational/ continuing education, training-provision and qualifications system, to ensure workforce professionalization.	UNDP	150,000	SDC	1.3, 10.2, 16.6	GE: 2 HR: 1	4	Albania	MoHSP; ASCAP, Line Ministries
Improve mechanisms for community dialogue and increase participation of vulnerable women and girls in the participatory budgeting practices to better respond to their needs for social services.	UNWOMEN	75,000	SDC	20,000	5.1, 5.4, 5.4 GE: 3 HR: 3	4	LGUs (TBD)	LGUs; CSOs, Media
Pilot and fund innovative inclusive social services targeting vulnerable women and girls and capacitate municipal social service providers to engender social care plans.	UNWOMEN	32,000	SDC	10,000	5.1, 5.4, 5.4 GE: 3 HR: 3	4	LGUs (TBD)	LGUs; MoFE; MoHSP
Validate actual social policy guidelines with gender lenses, support gender data collection at local level and cooperate with academia on social integration of vulnerable women and girls.	UNWOMEN	41,758	SDC	10,000	5.1, 5.4, 5.4 GE: 3 HR: 3	3, 4	Albania	MoFE; MoHSP; INSTAT, Academia
Support government to ensure social inclusion of PoCs	UNHCR	500,000		500,000	10.7	GE: 1 HR: 1	4	Albania
Support the development of national Social Protection Strategy 2025-2030	UNICEF	15,000	15,000	SDC	100,000	1.1, 1.2, 1.3, 1.4, 1.5	2, 4	Albania
Support municipalities to implement the tools for social care planning and delivery	UNICEF	8,000	16,000	SDC	60,000	1.4	GE: 2 HR: 3	MoHSP; SSS; LGUs; CSOs, communities
Support municipalities to understand and implement integrated social protection information and services (cash plus), including the reform on disability	UNICEF	70,000		SDC	75,000	1.2, 1.3	GE: 2 HR: 3	MoHSP; SSS; LGUs; CSOs, communities
Support Faculty of Social Work to improve curricular content and develop a community of practice	UNICEF	5,000			75,000	1.2, 1.3	GE: 1 HR: 1	Albania
Alternative care: Improvement of the regulatory framework, implementing models at municipal level, development of communication around alternative care.	UNICEF	TBD				1.2, 1.3	GE: 1 HR: 3	Faculty of Social Work
Strengthened protection efforts to counter SGM and THB. Front line actors in the country have enhanced human and technical capacities for proactive identification, protection and gender sensitive assistance to VOTs and other migrants in vulnerable situations.	IOM			Gov. Denmark				MoHSP, SARPC, SSS, Adoption Committee, LGUs, Parliament, CSOs
Enhanced protection and empowerment of vulnerable migrant categories following a rights-based and victim-sensitive and gender sensitive approach.	IOM			Gov. Denmark				Moi
Returnees from conflict zones, including men, women, boys and girls, are accepted by their communities where they have access to humanitarian and reintegration assistance tailored to their needs.	IOM			EU				Moi

Outputs, including Joint Programme outputs	UN entity	Indicator, baseline, target	Means of verification	Monitoring Frequency	Risks and Assumptions
Output 1.2 - Education Education institutions have improved policy, digital knowledge, infrastructure, tools, and budgets to offer inclusive learning and 21st century skills* to boys and girls and especially vulnerable groups (all education levels and including in emergencies)	UNICEF UNDP UNFPA UNESCO ILO	No. of students and teachers benefiting from the repaired/reconstructed education facilities B (2021): 7,400 T (2022-2023): 18,000 Coverage of schools providing CSE B (2021): 70% T (2022): 80% The scope and degree of digital learning ecosystems at primary and secondary level B (2021): 2 initiating T (2022): 3 established Performance in PISA B (PISA 2018): Reading (405), Mathematics (437), Science (417).	UN reports Community infrastructure community reports Croatian Education Recovery Support reports MoES reports Local authorities report National assessments reports and PISA results	Annually	<p>Risks:</p> <ul style="list-style-type: none"> » Lack of capacities especially at local level to prepare the necessary documentations and to follow up maintenance <p>Assumption:</p> <ul style="list-style-type: none"> » Relevant authorities in central and local level are committed and take concrete actions to provide better education services » Education is one of the government priorities – adequate funding to support the reforms

T (PISA 2022/2023); Reading (410),
Math (455), Science (422)

GER in tertiary education
B (2018): 55%
T (2022/2023): 60%

2022 Budgetary Framework		
Contributing UN Agencies	Core/regular, assessed (USD)	Non-core/other/ extra budgetary (USD)
	Amount	Source
UNICEF	100,000	1,134,814
UNESCO	2,500	Gov. Italy, Romania, SDC, USAID, EU
UNFPA	50,000	SDC, EU
UNDP	35,000,000	EU
ILO	10,000	Gov. Sweden
Total (USD)	162,500	36,194,814

2022 Strategic Deliverables Sub-outputs	UN Agencies	Total Budget (USD) Per each UN agency	SDG Targets	GE & HR Marker Rating	QCPR Functions List	Geography Focus	Implementing Partner(s)
		Core Funds	Non-Core Funds (USD) Amount	Source	Funding Gap		
1.2.1 Improve quality delivery, including for COVID-19, by improving infrastructure of education facilities, improvement of ICT skills for schools' staff, support online learning platforms (Akademia, Aleks) and providing necessary tools/spaces for students (coding skills for students, TechHUBS) and teachers blended teaching skills	UNDP UNICEF	20,000	35,000,000 270,000	EU Gov. Italy	100,000	4.4	GE: 2 HR: 3
1.2.2 Conduct data evidence and system reviews to improve the equity, quality and performance of the system and provide technical support in the implementation of the newly established competency-based curriculum framework	UNESCO	2,500			7,500	4.1, 4.6	GE: 2 HR: 3
1.2.3 Analysis of the costs, barriers, and development of the skills of teachers in delivering quality preschool education, an optimization analysis for multigrade schools; knowledge attitude and behavior study on school dropout	UNICEF	50,000			30,000	4.1, 4.2	GE: 2 HR: 2
1.2.4 Support the improvement and implementation of Child centred and inclusive practices in schools and preschools (improve teachers' capacities in preschool curricula including through online learning, expand the Early Warning system for dropout prevention to secondary education, trace OOSC-out of school children) by working multisectoral, upscale education personnel skills in inclusive education and competency-based curriculum	UNICEF	20,000	80,000 200,000 44,814 20,000	SDC Gov. Italy Gov. Romania EU	150,000	4.1, 4.2	GE: 3 HR: 2
1.2.5 Strengthen the quality of CSE (in and out of school) and provide supports for functioning innovative digital learning platforms, policy, including for students with disabilities and hard-to-reach youth groups	UNFPA	50,000	10,000	SDC EU	100,000	4.7	GE: 2 HR: 2
1.2.6 Strengthen the education system to perform during emergencies; provide non formal learning to children on the move and strengthen DRR mainstreaming in policies and school practice – cross reference to Output 2.5 Outcome 2	UNICEF	400,000	USAID (TBC)	150,000	4.1, 4.7	GE: 2 HR: 2	Albania Lezhe, Durres
1.2.7 Strengthen the education system to address transferable skills and model services of career promotion, work and life skills building in the curriculum and community engagement around schools	UNICEF ILO	10,000 10,000	120,000 40,000	Gov. Italy Gov. Sweden	100,000	4.1, 4.4	GE: 2 HR: 2
2023 Indicative							
Policy advocacy and technical support to the Ministry of Education and Sports for full integration of high-quality comprehensive sexuality education	UNFPA	40,000	20,000 10,000	SDC EU	100,000	4.7	GE: 2 HR: 2
Focus on blended learning, capacity building of teachers in CBC, career promotion and inclusive education and Early Warning system for dropout prevention	UNICEF ILO	10,000	400,000 20,000	Gov. Italy Gov. Sweden	300,000 50,000	4.1	Albania MoES; ASCAP

Outputs, including Joint Programme outputs	UN entity	Indicator, baseline, target	Means of verification	Monitoring Frequency	Risks and Assumptions
Output 1.3 - Health care outputs The health system has increased capacities to achieve SDG 3 and UHC targets, providing quality people-centred services ⁵ at an affordable cost, including during emergencies, and improving the social, economic and environmental determinants of health.	UNICEF UNFPA UNODC WHO	<p>No. of health care institutions that have conducted self-assessment on the compliance to the approved Quality of Care Standards. B (2019): 41 (11 hospitals and 30 Primary Health Care Centres) T (2026): 96 (16 hospitals and 80 PHC centers)</p> <p>No. of NICU (neonatal intensive care units) applying / implementing quality standards for neonatal care B (2019): 0 T (2026): 3</p> <p>Percentage of health providers providing home visiting services with adequate skills to effectively engage with parents and promote related to nurturing care, gender socialization, early detection and intervention for children with developmental risk, delay or disabilities B (2019): 0 T (2026): 70%</p> <p>No. of regions with modelling of a non-obesogenic environment for children in place in schools B (2019): 0 T (2026): 3</p> <p>No. of schools providing direct nutrition interventions B (2019): 0 T (2026): 30</p> <p>Contraceptive prevalence rate for modern methods B (2019): 4% T (2022): 3.2%, T (2026): increased by 30%</p> <p>Unmet need for family planning all women 15-49 years old B (2020): 12% T (2026): 7%</p>	<p>UN project reports MoHSP and other institutions reports</p>	Annually	<p>Risks:</p> <ul style="list-style-type: none"> » Emergence of natural disasters or public health pandemics could significantly disrupt the normal operation of the CO and planned activities; » Possible political instability and crises; » High turnover in public administration as well as possible restructuring of the executive branch due to elections could hinder the sustainability of interventions undertaken by the CO and other partners; » Lack of dedicated human and financial resources, both at central and local levels. <p>Assumption:</p> <ul style="list-style-type: none"> » Relevant authorities in central and local level are committed and take concretes actions to provide better health services » Health is one of the government priorities – adequate funding to support the reforms

⁵ Health services include: Sexual and reproductive health, maternal health, newborn child and adolescent health, non-communicable diseases and mental health, infectious diseases, and nutrition and immunization services. Services also address access for persons with disabilities (e-health and telemedicine) and capacities to treat drug use disorders in line with international standards). Additional support will support enhanced coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders.

	No. of women aged 25-65 covered with cervical cancer screening B (2018): 15000 annually T (2026): 19500 annually		
2022 Budgetary Framework			
Contributing UN Agencies	Core/regular, assessed (USD)	Non-core/other/ extra budgetary (USD)	Total (USD)
	Amount	Source	(funding gap) (USD)
UNICEF	90,000	EU, Nutrition Thematic Fund	250,000
UNODC	20,000	Gov. USA	20,000
UNFPA	50,000	SDC	590,000
WHO	20,000	Global Fund (GFATM)	285,000
Total (USD)	161,000		1,125,000
2022 Strategic Deliverables			
Sub-outputs	UN Agencies	Total Budget (USD) Per each UN agency	Geography Focus
	Core Funds	Non-Core Funds (USD) Amount	QCPR Functions List
1.3.1 Support the integration of programme-specific health services, especially for disease control, within the primary health care approach, and promote integrated service delivery strengthening. Evidence based advocacy and policy frameworks to increase investments in MNCH, improve neonatal health, prevent overweight and obesity, and early detection of developmental difficulties.	UNICEF WHO	10,000 10,000	3.2, 3.7, 3.8 GE: 1 HR: 1
1.3.2 Engage with families and communities to promote social and behavioral change for nurturing care for children including the roll out of a new parenting app for child health and wellbeing	UNICEF	30,000 20,000	DG NEAR 3.7, 3.8 GE: 2 HR: 1
1.3.3 Strengthen capacities of health care providers for improved service quality for newborns and young children, including implementation of Universal Progressive Home Visiting. Technical support in implementing models of integration of health and social services at the community level.	UNICEF WHO	30,000 10,000	60,000 20,000 3.7, 3.8 GE: 2 HR: 1
1.3.4 Support Mental Health policy development and evaluation in Albania. Evidence generation (survey and admin data) on mental health, and advocacy with key stakeholders for policies to promote enabling and nurturing environments for optimal mental health of adolescents. Strengthen MNH service delivery at the community level	UNICEF WHO	10,000 10,000	20,000 30,000 3.7, 3.8 GE: 1 HR: 1
1.3.5 Support the MoHSP and MoES to create an enabling environment for the prevention of overweight and obesity among school age children. Advocacy and support for the implementation of salt-, sugar and fat reduction interventions. Support for conducting COSI survey (Childhood Obesity Survey Initiative)	UNICEF WHO	10,000 10,000	Nutrition thematic funding 50,000 40,000 3.7, 3.8 GE: 1 HR: 1
1.3.6 Develop and implement social behavior change (SBC) interventions to promote and support healthy eating, practice of physical activity, and supportive mental health environments in schools and communities. Support the organization of the Health Youth Forum, in the framework of 'Tirana - European Youth Capital 2022'.	UNODC	20,000	Gov. USA 50,000 150,000 3.7, 3.8 GE: 1 HR: 1
1.3.7 Strengthen policy makers knowledge on the nature, prevention and treatment of drug use disorders.	UNFPA	20,000	Gov. USA 100,000 3.5 GE: 1 HR: 1
1.3.8 Technical support and policy advocacy for strengthening quality SRH services in the country with targeted focus on vulnerable groups of population.	UNFPA	20,000	SDC 100,000 3.7, 3.8 GE: 2 HR: 2
1.3.9 Policy dialogue and technical assistance to generate data for evidence-based policy advice, informing health care reform focused on service delivery at primary health care, reaching out to rural women and girls, Roma and Egyptian, older persons, adolescents and youth. Capacity building and institutional development for surveillance of population health, data collection, classification, analysis and use of information	UNFPA WHO	10,000	SDC 40,000 3.7, 3.8 GE: 2 HR: 2
1.3.10 Technical support in the implementation of effective perinatal care approach and in the institutionalization of Obstetric Surveillance and Response System.	UNFPA	15,000	100,000 3.1, 3.7, 3.8 GE: 2 HR: 2

1.3.11 Capacity building- development of care pathways and protocols and training of PHCPH professionals on NCD screening, early detection and management. Intensifying efforts for strengthening capacities for better diagnoses and treatment of precancerous lesions and access to screening for cervical and breast cancer.	UNFPA WHO	15,000 15,000			50,000	3.7, 3.8	GE: 2 HR: 2 2, 4 Albania
1.3.12 Advocacy for adequate provision of HIV prevention and treatment services with particular focus young key population. Technical Assistance on Operationalizing the HIV Testing and treatment. Integration of testing services and Self Testing, PEPF introduction.	UNFPA WHO	20,000 5,000 20,000	SDC Global Fund (GFATM)	100,000	3.7, 3.8	GE: 2 HR: 2 2, 4 Albania	MoHSP
1.3.13 Behaviour and social norm interventions on knowledge, attitudes and practices related to family planning for building a base to influence the medical community, general population and most vulnerable groups.	UNFPA	20,000		200,000	3.7, 3.8	GE: 2 HR: 2 2, 4 Albania	MoHSP
2023 Indicative							
Population health and healthy equity approach with greater focus on psycho-social determinants of health in PHC. Technical support and policy advocacy for strengthening quality SRH services in the country with targeted focus on vulnerable groups of population. Capacity building and technical assistance for Digital Health: Planning National Systems. Policy dialogue and technical assistance to generate data for evidence based policy advice, informing health care reform focused on service delivery at primary health care, reaching out to rural women and girls, Roma and Egyptian, older persons, adolescents and youth. Technical support in the implementation of effective prenatal care approach and in the institutionalization of Obstetric Surveillance and Response System.	UNFPA WHO	30,000	20,000	SDC	100,000	3.7, 3.8	GE: 2 HR: 2 2, 4 Albania
Intensifying efforts for strengthening capacities for better diagnoses and treatment of precancerous lesions and access to screening for cervical and breast cancer. Increase capacities for the integrated NCDs risk factors surveys based on STEPS methodology	UNFPA WHO	20,000	10,000	SDC	100,000	3.7, 3.8	GE: 2 HR: 2 2, 4 Albania
Technical assistance on HIV NSP 2020-2025 midterm review and targets. Advocacy for adequate provision of HIV prevention and treatment services with particular focus young key population.	UNFPA WHO	15,000			40,000	3.1, 3.7, 3.8	GE: 2 HR: 2 2, 4 Albania
Behaviour and social norm interventions on knowledge, attitudes and practices related to family planning for building a base to influence the medical community, general population and most vulnerable groups.	UNFPA	25,000	25,000	SDC	100,000	3.7, 3.8	GE: 2 HR: 2 2, 4 Albania
					200,000	3.7, 3.8	GE: 2 HR: 2 2, 4 Albania
							MoHSP
Outputs, including Joint Programme outputs	UN entity	Indicator, baseline, target	Means of verification	Monitoring Frequency	Risks and Assumptions	Risks:	
Output 1.4 - Shock responsive systems for effective disaster and pandemic preparedness and response Health and social protection systems have increased capacities to prepare for and respond to emergencies and pandemics and to promote increased community resilience.	UNICEF UNFPA UNOPS WHO	No. of healthcare facility staff and community health workers trained in infection prevention and control B (2021):1900 T (2022): 600 Coordination mechanisms / teams on MISP implementation established at national and sub-national levels. B (2021): 1 T (2022): 3 No. of people reached with critical WASH supplies B (2021): 5,000 adults; 6,000 children T (2022):10000 adults; 15000 children Infrastructure for disease prevention and control upgraded: Infectious Disease Clinic renovated and furnished and master plan for IPH developed B (2021): NO T (2022): ID Hospital renovated; IPH masterplan developed; 14 imaging rooms in health care facilities equipped with testing & imaging equipment	UN agencies and government reports Handover and acceptance certificates of the MoHSP	Annually		» High turnover in public administration as well as possible restructuring of the executive branch could hinder the sustainability of interventions undertaken by the CO and other partners. » Lack of dedicated human and financial resources, both at central and local levels; » Other.	
					Assumptions:		
					» MoHSP and related medical institutions will provide continuous and timely cooperation on processes including preparation and approval of specifications, customs procedures and in-country logistics, speeding up the construction permit process, final delivery and acceptance of goods. The initiative's success also relies on the interest from contractors and suppliers, eagerness to respond and ability to deliver on time and in scope.		
					» Considering the ongoing pandemic, it also requires that targeted facilities, especially IDC, are available on time for works to be implemented and deliver the planned equipment.		

		COVID-19 Vaccination coverage (complete regimen) B (2021); 42% (two doses) T (2022); at least 70% (two doses)								
Contributing UN Agencies	Core/regular, assessed (USD)	Non-core/other/ extra budgetary (USD)		2022 Budgetary Framework		Total (USD)				
		Amount	Source	To be mobilized (funding gap) (USD)						
UNICEF		677,000	UN SDG Fund, USAID, EU, ACT-A	175,000		852,000				
WHO	20,000	1,074,000	Gov. USA and Canada, the EU, WB	210,000		210,000				
UNFPA	20,000	10,630,000	World Bank	385,000		10,530,000				
Total (USD)	20,000	12,281,000		385,000		12,706,000				
2022 Strategic Deliverables Sub-outputs		UN Agencies	Core Funds	Total Budget (USD) Per each UN agency	SDG Targets Full List	GE & HR Marker Rating	QCPR Functions List	Geography Focus	Implementing Partner(s)	
1.4.1 Support country-level coordination, planning, financing and monitoring - dual track health system management, social protection strengthening, emergency preparedness and implementation and inter-action and after-action review of the response.		WHO UNICEF UNFPA	5,000 5,000 5,000	50,000 15,000 USAID UN SDG Fund	25,000 30,000	3.d.1, 3.7, 3.8	GE: 1 HR: 1	2,4	Albania	MoHSP
1.4.2 Risk Communication; community engagement, infodemic management for the control of COVID-19 and other emergencies		WHO UNICEF UNFPA	5,000 5,000 5,000	52,000 300,000 USAID	50,000	3.d.1, 3.7, 3.8	GE: 2 HR: 2	2,4	Albania	MoHSP
1.4.3 Operational support and logistics, and supply chains: Reconstruction/renovation and furnishing of the Infectious Disease Clinic and 14 imaging rooms in health facilities around Albania, COVAX operations for the supply of COVID-19 vaccines, Procurement of cold chain equipment for vaccines and lab kits, reagents, material for the diagnosis of COVID-19		UNOPS WHO UNICEF	10,530,000 550,000 WHO	World Bank TBD	3.d.1	GE: 1 HR: 1	6,7	Albania	MoHSP	
1.4.4 Infection prevention and control, and protection of health workforce: Build capacities of health care professionals, strengthen institutional management and coordination capacities in IFC, support the PPE sufficiency for the protection of HCW in all settings.		WHO UNICEF	62,000 200,000	Gov. Canada USAID	3.d.1	GE: 1 HR: 1	2,4	Albania	MoHSP	
1.4.5 Maintaining essential health services and systems: ensure continuity of maternal, newborn, child health (MNCH) services during emergencies, strengthen capacities of health care professionals overall and on MoHSP implementation and mental health and psychosocial support during emergencies and post-COVID19, development of informative materials on SRH in crisis, continuity of NCD screening programs, TB and HIV control programs during emergencies		UNICEF UNFPA WHO	10,000 20,000	DGNEAR	50,000 130,000	3.d.1; 3.8.1, 3.7, 3.8	GE: 2 HR: 2	2,4	Albania	MoHSP
1.4.6 Vaccination: Update of the COVID-19 vaccine deployment and vaccination plan, development/revision of vaccination micro plans and institutional support to health sector for COVID-19 vaccination, vaccine deployment platforms for hard-to-reach populations and underserved communities, assessment of cold chain system performance and capacities		WHO UNICEF	200,000 160,000 100,000	USAID EU ACT-A	100,000	3.d.1	GE: 1 HR: 1	2,4	Albania	MoHSP
2023 Indicative		WHO UNICEF UNFPA	10,000 5,000 50,000		3.d.1, 3.7, 3.8	GE: 1 HR: 1	2,4	Albania	MoHSP, Civil Emergency Agency (MoJ)	
Risk communication, community engagement and infodemic management		WHO UNICEF UNFPA	5,000 5,000 30,000		30,000	3.d.1, 3.7, 3.8	GE: 2 HR: 2	2,4	Albania	MoHSP
Surveillance and outbreak investigation		WHO	20,000		50,000	3.d.1	GE: 1 HR: 1	2,4	Albania	MoHSP
Points of entry, travel, transport and gatherings		WHO	200,000	Ibc	3.d.1	GE: 1 HR: 1	4, 6, 7	Albania	MoHSP	
Laboratories and diagnostics		WHO UNICEF	50,000	Ibc	3.d.1	GE: 1 HR: 1	2, 4	Albania	MoHSP	
Infection prevention and control										

Case management and therapeutics		WHO	20,000	tbc	tbc			3.d.1; 3.8.1	GE: 2 HR: 2	2, 4	Albania	MoHSP	
Operational support and logistics		WHO UNICEF UNOPS						3.d.1	GE: 1 HR: 1	6, 7	Albania	MoHSP	
Strengthening essential health services and systems		WHO UNICEF UNFPA	20,000					3.d.1; 3.8.1, 3.7, 3.8	GE: 2 HR: 2	2, 4	Albania	MoHSP	
Vaccination		WHO UNICEF	10,000		50,000	tbc		120,000	3.d.1	GE: 1 HR: 1	2, 4	Albania	MoHSP
School food and nutrition programme (including school garden) implemented in a selected school	FAO							300,000	2.1	GE: 2 HR: 2	2, 4	Tirane, Korce	FAO

Outputs, including Joint Programme outputs	UN entity	Indicator, baseline, target	Means of verification	Monitoring Frequency	Risks and Assumptions	
					Risks:	Assumptions:
Output 1.5 - Inclusive Community engagement	UNDP FAO	Socio-economic gaps between Roma and non-Roma, by sex (reflected in employment, registration, and access to services) B (2022); (i) Employment NR: 27%; R: 18%; RF: 11%; (ii) Possession of IDs NR: 97%; R: 90%; RF: 91%; (iii) Youth (18-24) NEET NR: 42%; R: 78%; RF: 90%; (iv) Use of preventive health care NR: 68%; R: 44%; RF: 49% T (2022): Gap decreased by at least 2%	Regional Roma Survey UN and Government Reports Group contract	Annually	<ul style="list-style-type: none"> » Emergence of natural disasters or public health pandemics could significantly disrupt the normal operation of the CO and planned activities; » Possible political instability and crises; » High turnover in public administration as well as possible restructuring of the executive branch due to elections could hinder the sustainability of interventions undertaken by the CO and other partners; » Lack of dedicated human and financial resources, both at central and local levels, limits the ability of the CO to undertake sustainable initiatives and ensure local ownership; » Other. 	<ul style="list-style-type: none"> » The COVID-19 pandemic fades in the first half of 2022 with a gradual normalization of economic and social activity. » Local communities interested to actively participate.
		Enhanced organization of local communities (including vulnerable groups) to articulate their needs and fully benefit from the socio-economic opportunities for reconstruction and recovery. B (2021): NA T (2022): 6 small projects (grants provided) to activists and NGOs on social care services after earthquake				
		No. of farmers groups and or community supported agriculture B (2021): 0 T (2022): 3				
2022 Budgetary Framework						
Contributing UN Agencies		Core/regular, assessed (USD)	Non-core/other/ extra budgetary (USD)	Source	Total (USD)	
UNDP		8,800	Amount	SDG AF, EU		1,029,184
FAO		100,000			100,000	200,000
Total (USD)		108,800	1,020,384		100,000	1,229,184
2022 Strategic Deliverables Sub-outputs			Total Budget (USD) Per each UN agency	SDG Targets	GE & HR Marker	QCPR Functions
			Core Funds	Non-Core Funds (USD)	Funding Gap	Geography Focus
			Amount	Source	Full List	List
					Rating	Implementing Partners(s)

1.5.1 Community Platforms operate to promote transparency on emergency response and gender responsive recovery effort, and participatory decision-making in planning, prioritization and recovery activities.	UNDP		123,000	SDG Acceleration Fund (UK, Finland, Norway)		1.1, 1.4, 1.5, 5.1, 5.5	GE: 2 HR: 2	4, 6	Durres, Kruje, Shijak	MoHSP, municipalities
1.5.2 Improved recovery and resilience of earthquake effected households (HH) -through call for proposals and grants provided to NGOs in partnership with municipalities in urban/semurban/rural areas - reaching at least 50% of the vulnerable HH impacted by the earthquake (50% women and men) while linking social care to: inclusive education services; psychosocial services; rehabilitation services for Persons with Disability in the affected areas; community based social services for the most vulnerable; family based social services).	UNDP	75,796	SDG Acceleration Fund (UK, Finland, Norway)		1.1, 1.4, 1.5, 5.1, 5.5	GE: 2 HR: 2	4, 6	Durres, Kruje, Shijak	MoHSP, municipalities	
1.5.3 Volunteering mechanisms and self-help initiatives to contribute to community resilience and recovery efforts benefitting vulnerable women and men following November earthquake.	UNDP	40,000	SDG Acceleration Fund (UK, Finland, Norway)		1.1, 1.4, 1.5, 5.1, 5.5	GE: 2 HR: 2	4, 6	Durres, Kruje, Shijak	MoHSP, municipalities	
1.5.4 Develop and implement integrated employment/livelihood and social services model for affected vulnerable citizens to recover and start life in new post-earthquake setting.	UNDP	372,000	SDG Acceleration Fund (UK, Finland, Norway)		1.1, 1.4, 1.5, 5.1, 5.5	GE: 2 HR: 2	4, 6	Durres, Kruje, Shijak	MoHSP, municipalities	
1.5.5 Local Roma and Egyptians returnee reintegration strategies are developed with municipalities of Devoll, Fier and Berat.	UNDP	8,800	6,540	EU	1.1, 1.5, 5.1 5.5, 10.2	GE: 2 HR: 2	4, 6	Devoll, Fier, Berat	MoHSP, municipalities	
1.5.6 Elements of local Roma and Egyptians returnee reintegration strategies are implemented in selected municipalities, including innovative activities on livelihoods, skills building etc. (reaching 50% women and men).	UNDP		302,355	EU	1.1, 1.5, 5.1 5.5, 10.2	GE: 2 HR: 2	4, 6	Devoll, Fier, Berat	MoHSP, municipalities	
1.5.7 Significant number of urgent administrative issues faced by Roma and Egyptians returnees (at least 50% women and men) are addressed	UNDP		100,693	EU	1.1, 1.5, 5.1 5.5, 10.2	GE: 2 HR: 2	4, 6	Devoll, Fier, Berat.	MoHSP, municipalities	
1.5.8 Best practices are promoted in terms of rural income diversification with particular focus on short value chain development, rural women empowerment, youth-led economic activities and integrated community development approaches.	FAO	100,000			1.1, 1.2, 2.1; 10.2	GE: 2 HR: 2	4	Malesie e Madhe, Belsh, Korce	FAO	
2023 Indicative										
Best practices are promoted in terms of rural income diversification with particular focus on short value chain development, rural women empowerment, youth-led economic activities and integrated community development approaches.	FAO				200,000 10.2	1.1, 1.2, 2.1; GE: 2 HR: 2	4	Malesie e Madhe, Belsh, Korce	FAO	
Local Roma and Egyptian returnee reintegration strategies are developed with municipalities of Devoll, Fier and Berat.	UNDP	15,000	EU		1.1, 1.5, 5.1, 5.5, 10.2	GE: 2 HR: 2	4, 6	Devoll, Fier, Berat.	MoHSP, municipalities	
Elements of local Roma and Egyptians returnee reintegration strategies are implemented in selected municipalities, including innovative activities on livelihoods, skills building etc. (reaching 50% women and men).	UNDP	423,000	EU		1.1, 1.5, 5.1, 5.5, 10.2	GE: 2 HR: 2	4, 6	Devoll, Fier, Berat.	MoHSP, municipalities	
Significant number of urgent administrative issues faced by Roma and Egyptians returnees (at least 50% women and men) are addressed.	UNDP	92,000	EU		1.1, 1.5, 5.1, 5.5, 10.2	GE: 2 HR: 2	4, 6	Devoll, Fier, Berat.	MoHSP, municipalities	

4. Overview of Outcome Budgetary Framework 2022

2022 Budget					
Contributing UN Agencies	Available Budget			Funding Gap	Total Budget
	Core	Non-Core	Total Available Budget		
UNDP		1,179,480	1,179,480	900,000	2,079,480
UNICEF	121,000	248,000	369,000	425,000	794,000
UNFPA	20,000	77,000	97,000	130,000	227,000
UNWOMEN		230,758	230,758	50,000	280,758
ILO	24,000	100,000	124,000	50,000	174,000
ICM		141,913	141,913		141,913
UNHCR	517,730		517,730	57,839	575,569
Output 1.1 Social Protection	682,730	1,977,151	2,659,881	1,612,839	4,272,720
UNICEF	100,000	1,134,814	1,234,814	530,000	1,764,814
UNESCO	2,500		2,500	7,500	10,000
UNFPA	50,000	20,000	70,000	100,000	170,000
ILO	10,000	40,000	50,000		50,000
UNDP		35,000,000	35,000,000		35,000,000
Output 1.2 Education	162,500	36,194,814	36,357,314	637,500	36,994,814
WHO	100,000	20,000	120,000	285,000	405,000
UNICEF	90,000	71,000	161,000	250,000	411,000
UNFPA	110,000	50,000	160,000	590,000	750,000
UNODC		20,000	20,000		20,000
Output 1.3 Health Care	300,000	161,000	461,000	1,125,000	1,586,000
UNFPA	20,000		20,000	210,000	230,000
UNICEF		677,000	677,000	175,000	852,000
WHO	20,000	1,074,000	1,094,000		1,094,000
UNOPS		10,530,000	10,530,000		10,530,000
Output 1.4 Shock Responsive Systems	40,000	12,281,000	12,321,000	385,000	12,706,000
UNDP		8,800	1,020,384	1,029,184	1,029,184
FAO		100,000		100,000	200,000
Output 1.5 Inclusive Community Engagement	108,800	1,020,384	1,129,184	100,000	1,229,184
Total Outcome 1 - Human Capital Development	1,294,030	51,634,349	52,928,379	3,860,339	56,788,718

5. Outcome Indicators

These indicators are taken from the Results Framework of the signed Government of Albania and United Nations Sustainable Development Cooperation Framework, 2022-2026. The performance will be monitored yearly, with results being published in the UN Annual Progress Report.

Indicators	Baseline:	Target:	Source:
a. Proportion of total government spending on essential services as a proportion of total government spending and GDP: i) Education; ii) Health; iii) Social protection; iv) Adequate housing	Baseline: 2019 i. T: 11.4; GDP: 3.3 ii. T: 10; GDP: 2.99 iii. T: 32.5; GDP: 9.5 iv. T: 1.8; GDP: 0.05	Target: i. T, GDP: greater than baseline value ii. T, GDP: greater than baseline value iii. T, GDP: greater than baseline value iv. T, GDP: greater than baseline value	Source: INSTAT; MoFE; GoA Housing Department
b. Gross early childhood education enrollment ratio in pre-primary education (children 3-6 years), disaggregated by sex ^e (SDG4.2.2)	Baseline: 2019 T: 79.9 M: 81.9 F: 77.9	Target: Increase by 5pp	Source: INSTAT
c. Average PISA score of 15-year old students, in reading, mathematics, and science, disaggregated by sex (proxy-SDG 4.1.17)	Baseline: Reading T: 405; M: 387; F: 425 Mathematics T: 437; M: 435; F: 440 Science T: 417; M: 409; F: 425	Target: (PISA 2021 postponed 2022) Reading: 410 Math: 437 Science: 422	Source: PISA-Albania
d. Coverage of essential health services (UHC; SDG3.8.1 ^f)	Baseline: 64% (2019) 94% (2019)	Target: 65-70% >95%	Source: WHO-GHO UHC report INSTAT; MoHSP
e. Out-of-pocket expenditure as a percentage of total expenditure on health	Baseline: (2018) 44.5%	Target: 35-40%	Source: WHO-GHO INSTAT; MoHSP
f. Percentage of infants under 6 months exclusively fed with breast milk (→ SDG 3.2.1)	Baseline: 37%	Target: >40%	Source: INSTAT; MoHSP (DHS/MICS)
g. Adolescent birth rate per 1,000 women in the age group 15–19 years old	Baseline: (2019) 14.2 births	Target: 11 births	Source: INSTAT
h. Country Preparedness index & Operational readiness index to respond to pandemics ^g (→ SDG 3.8.1; 3.d.1)	Baseline: Level 1: <=30%; Level 2: <=50%; Level 3: <=70%; Level 4: <=90%; Level 5: > 90% i. Number of i. households, ii. persons with disabilities (PWD), and iii. percentage of refugees and persons granted temporary protection covered by social protection system (SDG 13.1)	Target: i. 66,289 ii. 72,711 iii. 2.3%	Source: MoHSP UNHCR
j. Socio-economic gaps between Roma and non-Roma, by sex (reflected in employment, registration, and access to services)	Baseline: i. Employment NR: 27%; R: 18%; RF: 11% ii. Possession of IDs NR: 97%; R: 90%; RF: 91% iii. Youth (18-24) NEET NR: 42%; R: 78%; RF: 90% iv. Use of preventive health care NR: 68%; R: 44%; RF: 49%	Target: Gap decreased by at least 2%	Source: Regional Roma Survey
k. Number of children in residential care at the end of the year, per 100,000 population aged 0-17, by sex	Baseline: (2019) T: 96.6 M: 98.4 F: 94.6	Target: T: 50 M: 51 F: 49	Source: State Social Services / INSTAT
l. Number of visits on Reproductive, Maternal, Newborn, Child and Adolescent Health at Primary Health Care level	Baseline: (2018) 1,000,285 annually (15 % of total visits in PHC)	Target: greater than baseline value	Source: UN programme reports (UNFPA)

^e Data will be available at municipal level following Census 2022

^f SDG 4.1.1. Proportion of children/young people: (a) in Grade 2/3; (b) at the end of primary, and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

^g SDG 3.8.1. Coverage of essential health services is defined as the average coverage of the 14 SDG 3.8.1 tracer interventions

^h This indicator measures the level of preparedness and operational readiness based on the implementation of IHR capacities.

ⁱ WHO The State Party Self-Assessment Annual Reporting tool (SPAS) tool consists of 24 indicators for the 13 IHR capacities needed to detect, assess, notify, report and respond to public health risks and acute events of domestic and international concern.

