



Europe and Central Asia:

**Evaluation of Immunization Programming at
the System Level**

2018-2023

Evaluation Report: Kosovo

Evaluation Team Leader: Mr. Ted Freeman
Evaluation Consultant in Kosovo: Mr. Ilir Hoxha
Evaluation Support: Ms. Paola Vela

The views presented in this report are those of the authors and interviewees and do not necessarily represent the views of UNICEF.

December 2024

Table of contents

Tables and Figures	v
Acronyms	vi
Executive Summary.....	i
1.0 Introduction	1
1.1 Background: Regional Evaluation and the Role of the Kosovo Evaluation.....	1
1.2 Purpose and Objectives	1
1.3 Scope of the Evaluation	2
1.4 Object of the Evaluation and Stakeholders	2
1.5 Structure of the Report	2
2.0 Methodology and Data Collection	3
2.1 Evaluation Criteria and Key Evaluation Questions	3
2.2 Approach and Methodology.....	4
2.3 Data Collection Methods and Results	5
2.4 Limitations	6
3.0 Case-study Context	7
3.1 Organizational Structure for Planning and Management of Immunization.....	7
3.2 From Procurement to Delivery	8
3.3 Immunization Coverage History 2018-2023.....	9
3.4 Challenges and Issues 2018-2023.....	10
4.0 UNICEF Support.....	11
5.0 Evaluation Findings	15
5.1 Relevance of UNICEF Support to Healthcare Systems	15
5.2 Coherence of UNICEF Support within the Healthcare Systems	25
5.2.1 Alignment with Key Partners.....	25
5.2.2 Integration of UNICEF’s Support and Action in Kosovo	27
5.3 Effectiveness of UNICEF Support in the Context of the Kosovo Response	29
5.3.1 UNICEF Capacity	29
5.3.2 Strengthened Capacity to Address and Improve Vaccine Uptake in Kosovo.....	33
5.3.3 Understanding and Addressing Factors Limiting Access.....	36

- 5.3.4 Drivers Affecting Uptake 39
- 5.4 Sustainability 42
 - 5.4.1 Sustainable System Strengthening..... 42
- 5.5 Efficiency..... 45
 - 5.5.1 Efficiency of Policies and Programmes 45
- 5.6 Impact..... 47
 - 5.6.1 Impact on Vaccine Coverage and Disease Prevention 47
 - 5.6.2 UNICEF’s Influence on Key Stakeholders 49
- 6.0 Evaluation Conclusions 51
- 7.0 Lessons Learned 54
- 8.0 Recommendations for UNICEF’s Support to the Immunization System in Kosovo 55
- Annex 1: Terms of Reference 58
- Annex 2: Theory of Change 59
- Annex 3: Methodology and Evidence Base/Dataset..... 60
- Annex 4: References 64
- Annex 5: Persons Interviewed 66
- Annex 6: Sites Visited..... 68
- Annex 7: Selected Data 69
- Annex 8: Compliance with Norms and Standards in Evaluation..... 71

Tables and Figures

Figures

Figure 1: Estimated Coverage Rates for Selected Vaccines in Kosovo 10

Tables

Table 1: Summary of Evaluation Recommendations..... vi
Table 2: Key Evaluation Questions 3
Table 3: Key Informant Interviews by Institutional Type..... 5
Table 4. Limitations and Constraints of the Evaluation..... 6
Table 5: UNICEF Kosovo Procurement and Expenditures on Immunization 2018-2023 12
Table 6. Health Policy and Strategy Documents Developed with UNICEF’s Support 21

Acronyms

AQH	Accessible Quality Healthcare
AEFI	Adverse Events Following Immunization
BCG	Bacille Calmette-Guérin Vaccine
BCS	Bethany Christian Services
BI	Behavioural Insight
BSFK	Balkan Sunflowers Kosova
COM-B	Capability, Motivation, and Opportunity for Behavioural Change
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus
CSOs	Civil Society Organizations
DPT	Diphtheria, Tetanus, Pertussis Vaccine
ECA	Europe and Central Asia
GAVI	Global Alliance for Vaccines and Immunization
HPV	Human Papillomavirus Vaccine
ICT	Information and Communication Technology
IPV	Inactivated Polio Vaccine
KEQ	Key Evaluation Question
KII	Key Informant Interview
Luxe	Luxembourg Development Agency
MCV	Measles-containing Vaccine
MFMC	Main Family Medicine Centers
MICS	Multiple Indicator Cluster Survey
MMR	Measles, Mumps, and Rubella
MoH	Ministry of Health
NDVP	National Deployment and Vaccination Plan for COVID-19 Vaccines
NGOs	Non-governmental Organizations
NIPHK	National Institute of Public Health of Kosovo
NITAG	National Immunization Technical Advisory Group

OECD/DAC	Organisation for Economic Cooperation and Development/Development Assistance Committee
PACI	Professional Advisory Committee on Immunization
PCV	Pneumococcal Conjugate Vaccine
PHC	Primary Healthcare
RAM	Results Assessment Module
RCCE	Risk Communication and Community Engagement
RED	Reaching Every District
RO	Regional Office
Rota	Rotavirus Vaccine
RQA	Rapid Qualitative Assessment
SBC	Social and Behavioural Change
SDC	Swiss Agency for Development and Cooperation
ToC	Theory of Change
UN	United Nations
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPHV	Universal Progressive Home Visiting
USAID	United States Agency for International Development
VCCA	Vaccine Cold Chain Assessment
WHO	World Health Organization

Executive Summary

Introduction

1. In September 2023, the United Nations Children’s Fund (UNICEF) Europe and Central Asia launched an evaluation of immunization programming in the region at system level. The decision to undertake this evaluation reflected a recognition of the critical importance and central role of immunization in the attainment of Sustainable Development Goal (SDG) 3 (“to ensure healthy lives and promote well-being at all ages”). Furthermore, equitable access to immunization is highlighted in SDG Target 3.b (“provide access to affordable essential medicines and vaccines”)¹.

2. The regional evaluation includes a set of five case-study evaluations of UNICEF immunization programming, covering Bosnia and Herzegovina, Kyrgyzstan, Kosovo², Moldova, and Tajikistan. This report presents the results of the Kosovo evaluation. The purpose of the evaluation is to provide an independent and rigorous assessment of UNICEF’s results to date in contributing to the immunization systems in Kosovo to maximize immunization coverage. It has pursued the following four evaluation objectives:

- To assess the impact of immunization programming, looking at both supply and demand, and understand what worked and what did not in improving immunization coverage;
- To determine the effectiveness, impact, coherence, relevance, and efficiency of immunization programming through a systemic lens;
- To assess the contribution of UNICEF’s work to Kosovo’s central and municipal progress (outcome and impact) in immunization coverage, especially for hard-to-reach individuals/communities; and
- To draw lessons and provide recommendations to further support health authorities in their efforts to strengthen immunization programming within the healthcare system.

Scope of the Evaluation

3. The evaluation addresses both the effectiveness of the immunization systems in Kosovo and the contribution of UNICEF’s support to reinforcing them to ensure they are well organized and suitably financed to reach every child with life-saving vaccines. It covers the time period of 2018 to 2023, and thus includes UNICEF’s support in the response to the COVID-19 pandemic in Kosovo. Geographically, the evaluation covers the operation of immunization programmes and activities across Kosovo, including at regional and municipal levels, as well as local points of vaccine delivery.

Intended Evaluation Audience and Evaluation Management and Governance

4. The primary stakeholders and users of the evaluation are UNICEF Kosovo and the health authorities of Kosovo, especially those engaged in all aspects of immunization programming including needs forecasting, procurement and storage, primary healthcare service delivery, disease surveillance and response, and health promotion. The evaluation was jointly managed by the Evaluation Unit of the Europe and Central Asia Regional Office (ECARO) of UNICEF and UNICEF Kosovo. It relied throughout the

¹ WHO, 2017, Monitoring the Health-related Sustainable Development Goals (SDGs).

² References to Kosovo in this document shall be understood in the context of Security Council Resolution 1244 (1999).

process on the guidance, support, and advice of an Evaluation Reference Group with joint membership from the UNICEF Kosovo and the Ministry of Health (MoH) of Kosovo.

Evaluation Criteria and Key Evaluation Questions

5. The evaluation assessed immunization programming in Kosovo through the lens of six evaluation criteria developed by the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD/DAC) and adopted and refined by the United Nations Evaluation Group (UNEG). Applying these evaluation criteria, the evaluation addressed twelve key evaluation questions (KEQs), as described in full in Section 1.0 of the report.

6. Under **Relevance**, the evaluation examined the adaptability and responsiveness of UNICEF support to the immunization systems in Kosovo as well as the suitability and effectiveness of its institutional role in supporting immunization. Addressing **Coherence** involved assessing the alignment of UNICEF's support with health strategies, policies, and programmes concerning immunization as well as the extent to which UNICEF-supported initiatives have been integrated into Kosovo's healthcare system. Applying the **Effectiveness** criteria meant focusing on UNICEF Kosovo's capacity to support the immunization systems and the effectiveness of that support in strengthening the healthcare system and reaching under-served populations to improve equity.

7. To apply the **Sustainability** criteria, the evaluation assessed both the institutional and financial sustainability of the immunization system and the role of UNICEF's support in strengthening both. Under the **Efficiency** criteria, the evaluation assessed the effect of UNICEF's support on the system's capacity to identify and address bottlenecks and inefficiencies that may have limited immunization coverage. Finally, the evaluation applied the **Impact** criteria by exploring trends in immunization over time, their likely impact on reducing vaccine-preventable disease prevalence, and the contribution made to those results courtesy of UNICEF's support.

Approach and Methodology

8. This evaluation applied a theory-based approach utilizing a theory of change (ToC) for UNICEF's support to immunization developed as a regional model but used (in consultation with UNICEF's offices) to identify KEQs applicable to the context. Contribution analysis was the main analytical model applied during the evaluation. Meanwhile, data collection and analysis followed a mixed-method approach at the Kosovo level, combining document and quantitative data reviews with key informant interviews (KIIs) with key stakeholders and observational site visits to a sample of offices, warehouses, distribution centres, and immunization service delivery sites. Data were collected from April to June 2024, followed by an internal evaluation team data consolidation workshop in Istanbul (involving all five case-study teams) and further analysis during July and August in the same year.

Conclusions

9. The evaluation resulted in 22 detailed findings. These are directly reflected in, and support, the evaluation conclusions presented here. The numbered findings that form the basis for each evaluation conclusion are presented in brackets at the end of each conclusion.

10. **Conclusion One: Adaptability and responsiveness to contextual changes.** UNICEF's ability to adapt to changing trends and needs in Kosovo's immunization landscape was an essential feature of the period under evaluation. UNICEF's support of rapid qualitative assessments (RQAs) conducted to gain an

understanding of community perceptions and barriers to vaccination, particularly among marginalized groups, was an essential component of adaptability [Findings: 1, 2, 6, 10, 14, 15, 22].

11. **Conclusion Two: Alignment with Kosovo and international partners.** UNICEF's immunization support in Kosovo has been characterized by visible alignment and coherence with local and international stakeholders and partners. The collaboration with the MoH, the National Institute of Public Health of Kosovo (NIPHK), and Main Family Medical Centers (MFMCs)³, as well as international organizations like the WHO and GAVI⁴, has been integral to the progress and development seen in the immunization system in Kosovo [Findings: 3, 5, 6, 9, 21].

12. **Conclusion Three: Strengthening the immunization systems.** UNICEF's support has contributed significantly to strengthening Kosovo's immunization systems. Key engagements here included the provision of technical support to the MoH for development of strategies and plans, renewing the cold chain system, digitalizing immunization records, technical and assistance in introducing new vaccines and training healthcare workers. The renewal of the cold chain system ensured the optimal storage and distribution of vaccines across Kosovo. In addition, the digitalization of immunization records significantly improved data management [Findings: 6, 9, 11, 14, 15, 18].

13. **Conclusion Four: Effective community engagement.** UNICEF has demonstrated exceptional effectiveness in supporting initiatives aimed at engaging communities in Kosovo. This is especially true for the Roma, Ashkali, and Egyptian communities. Largely done via targeted outreach campaigns, UNICEF-supported efforts addressed causes of vaccine hesitancy and contributed to improved immunization rates [Findings: 7, 10, 12, 13].

14. **Conclusion Five: Integration into healthcare systems.** UNICEF-supported interventions were designed with sustainability in mind. A core part of UNICEF's strategic approach was to ensure that interventions were integrated into the healthcare system process and the structure of the immunization system. Such integration ensured that these interventions would be likely to continue beyond the duration of specific support measures. However, targeted efforts to reach hard-to-serve populations remain highly dependent on funding and technical support from UNICEF [Findings: 4, 6, 9, 11, 15, 16, 17].

15. **Conclusion Six: Efficient resource utilization.** UNICEF's strategic investments in Kosovo's immunization infrastructure have been characterized by the efficient use of resources. The cold chain system upgrade helped to ensure vaccines were stored and distributed effectively. This in turn led to minimizing wastage and ensuring vaccine efficacy. Digital tools and systems implemented for immunization record-keeping and cold chain monitoring also started to streamline operations, reducing the potential for manual errors and enhancing data accuracy [Findings: 6, 9, 14, 15, 18].

16. **Conclusion Seven: Improved vaccination coverage.** UNICEF's efforts have contributed to substantially improved vaccination coverage in Kosovo, particularly among marginalized populations. Despite the disruptions caused by the COVID-19 pandemic, UNICEF's targeted interventions, such as door-to-door vaccination campaigns and community engagement initiatives, effectively contributed to

³ Ministry of Health (MoH), NIPHK of Kosovo (NIPH), and Main Family Medical Centers (MFMCs).

⁴ Global Alliance for Vaccines and Immunization.

increased immunization rates. However, reliance on external funding for outreach activities represents a risk to the sustainability of these efforts [Findings: 8, 11, 12, 13, 17, 19, 20, 21].

17. **Conclusion Eight: Enhanced public confidence.** Through its engagement, UNICEF has contributed effectively to actions that enhance public confidence in Kosovo's immunization systems. Pertinently, efforts to provide accurate information and enhance learning to combat vaccine hesitancy in marginalized communities have been a major element of UNICEF's engagement [Findings: 8, 10, 12, 13, 21].

Recommendations

18. The evaluation findings and conclusions were used to develop the following evaluation recommendations. Each recommendation includes a supporting rationale and an assigned level of priority. The recommendations are as follows:

19. **Recommendation One: Advocacy and technical support to strengthen community engagement initiatives.** UNICEF Kosovo should extend its collaboration with health institutions (the MoH, NIHPK, and MFMCs) to ensure the integration of proven community outreach models for vaccination within existing operations and the immunization systems. UNICEF should also provide technical assistance at both central and local levels to implement targeted outreach programmes aimed at **increasing vaccine coverage** among marginalized communities so that these approaches can be sustained, expanded, and effectively embedded within the healthcare system to achieve a long-term impact.

20. *Rationale:* Community engagement has proved to be a critical factor in increasing vaccine uptake, particularly among marginalized groups such as the Roma, Ashkali, and Egyptian communities. The relative lack of outbreaks in the evaluation period is the best indicator thereof. Expanding these initiatives could reduce vaccine hesitancy, build trust, and ensure that accurate vaccine information is disseminated effectively. Securing public funding and integrating these activities within institutional operations will be key for them to become sustainable [*Based on Conclusions: 1, 4, 5. Priority: High*].

21. **Recommendation Two: Enhance digital data management systems.** UNICEF Kosovo should intensify its advocacy efforts with the MoH to secure increased investment in enhancing and maintaining digital data management systems, especially for immunization records.

22. *Rationale:* Integrating digital tools in data management has significantly improved the efficiency and effectiveness of immunization programmes in Kosovo. However, this initiative has not yet realized its full potential. Ongoing advocacy, technical support, and capacity building are thus necessary to maintain and optimize these systems. The data on vaccination coverage should be a key focus given the importance of these data in monitoring the performance of the system [*Based on Conclusions: 3, 6. Priority: High*].

23. **Recommendation Three: Focus on sustainable capacity building.** UNICEF Kosovo should continue to support efforts aimed at the sustainable capacity building of immunization system institutions by issuing technical assistance to the MoH and the NIPHK to develop and implement standardized training modules on immunization practices targeting staff involved in immunization.

Furthermore, UNICEF should advocate for and support the MoH and the NIPHK in incorporating and expanding continual medical educational opportunities for healthcare workers within health plans, budgets, and pre-service curricula for primary healthcare professionals.

24. *Rationale:* Sustainable capacity building is essential to the long-term success of immunization programmes. Regular training and support for healthcare workers will ensure that they remain skilled and knowledgeable about best practices in vaccine administration, cold chain management, and community engagement. For the long-term sustainability of capacity-building efforts, UNICEF could encourage the MoH and the NIPHK to engage more fully in this domain [*Based on Conclusions: 3, 5. Priority: High*].

25. **Recommendation Four: Foster multi-sectoral collaboration.** UNICEF Kosovo should continue to support local and international partners to foster multi-sectoral collaboration by strengthening partnerships with health authority entities, international organizations, and local NGOs.

26. *Rationale:* Multi-sectoral collaboration is vital to address systemic challenges in immunization. By strengthening partnerships, Kosovo institutions and UNICEF can leverage various stakeholders' resources, expertise, and strategic planning to achieve more comprehensive and effective public health interventions [*Based on Conclusions: 2, 4, 7, 8. Priority: Medium*].

27. **Recommendation Five: Address behavioural and social drivers affecting vaccine uptake.** UNICEF Kosovo should continue to support the MoH and the NIPHK to develop and implement targeted strategies to address the behavioural and social drivers affecting vaccine uptake, including tailored communication campaigns and the use of behavioural insights (BIs) to make operational adjustments to immunization services. This should include UNICEF supporting the strengthening of the social and behavioural change (SBC) capacity of the NIPHK in this area by institutionalizing the SBC function and allocating budgeted resources.

28. *Rationale:* Understanding and addressing the behavioural and social drivers affecting vaccine uptake are critical steps toward increasing immunization coverage. From the initial work, many promising examples and visible impacts have emerged, contributing to preventing outbreaks. Tailored communication campaigns that resonate with the values and beliefs of different communities could also effectively combat vaccine hesitancy and misinformation [*Based on Conclusions: 4, 5, 7, 8. Priority: High*].

29. **Recommendation Six: Strengthen research, monitoring, and evaluation systems.** UNICEF Kosovo should intensify its support of immunization institutions in order to strengthen research activities and monitoring and evaluation systems to ensure continuous assessment and improvement of immunization programmes.

30. *Rationale:* The evaluation has demonstrated that robust research, monitoring, and evaluation systems are crucial when it comes to assessing the effectiveness of immunization programmes and identifying areas needing improvement. By investing in strengthening these functions, UNICEF and Kosovo health authorities can ensure that interventions are evidence-based and responsive to the actual needs of the population [*Based on Conclusions: 5, 8. Priority: High*].

Table 1: Summary of Evaluation Recommendations

Recommendation	Based on Conclusions	Responsible Agency	Lead Collaborative Role	Priority
1. Support strengthened community engagement	1, 4, 5	UNICEF	MoH, NIPHK	High
2. Enhance digital management and reporting systems	3, 6	UNICEF	MoH, NIPHK	High
3. Focus on sustainable capacity development	3, 5	UNICEF	MoH, NIPHK	High
4. Foster multi-sectoral collaboration	2, 4, 7, 8	UNICEF	MoH, NIPHK	Medium
5. Address behavioural and social drivers affecting vaccine uptake	4,5,7,8	UNICEF	MoH, NIPHK, MFMCs	High
6. Strengthen research, monitoring, and evaluation systems	5,8	UNICEF	MoH, NIPHK, MFMC	High

Source: Evaluation Dataset, UNICEF (2024).

1.0 Introduction

1.1 Background: Regional Evaluation and the Role of the Kosovo Evaluation

31. UNICEF ECA planned the evaluation of immunization programming as a critical part of its Regional Office Management Plan in 2022. The decision to undertake the evaluation in 2023 and 2024 was driven by a recognition of the vital importance of immunization in achieving SDG 3 (“to ensure healthy lives and promote well-being for all at all ages”)⁵. Furthermore, equitable access to immunization is highlighted in SDG Target 3.b, which includes the requirement to “provide access to affordable essential medicines and vaccines.”⁶

32. The evaluation’s core methodology comprises a set of five case-study evaluations undertaken from March to August 2024. The five case-study evaluations (Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova, and Tajikistan) were designed to provide an illustrative sample of both system contexts and UNICEF’s support.

33. The role of the case-study evaluation is twofold:

- To provide a consistent and well-structured analysis of UNICEF’s support of immunization, which can serve as one of the main pillars of the regional synthesis report of the evaluation; and
- To provide an independent evaluation of UNICEF’s support of immunization in Kosovo, with conclusions and recommendations serving the needs of stakeholders, including UNICEF Kosovo, health authorities, and key partners in Kosovo.

34. The evaluation was co-managed by UNICEF ECARO (Geneva and Istanbul) and UNICEF Kosovo with participation and consultation from the MoH.

1.2 Purpose and Objectives

35. *Purpose:* The evaluation was intended to provide a rigorous assessment of the health authorities of Kosovo and the results of UNICEF’s contribution to immunization coverage. It provides an objective assessment of the strengths and weaknesses in approaches taken, and provides insights into addressing possible system- and programme-level bottlenecks⁷.

36. *Objectives:* The objectives of the evaluation include:

- To assess the impact of immunization programming in the healthcare system, looking at both supply and demand and understand what worked and what did not in improving immunization coverage, especially for the hard-to-reach individuals/communities, as well as how and why;
- To determine the effectiveness, impact, coherence, relevance, and efficiency of immunization programming through a systemic lens;
- To assess the actual and potential contribution of UNICEF’s work to central and municipal progress (outcome and impact) in immunization coverage, especially for hard-to-reach individuals/communities; and

⁵ Accessed at: <https://www.un.org/sustainabledevelopment/health/>

⁶ WHO, 2017, Monitoring the Health-related Sustainable Development Goals (SDGs).

⁷ UNICEF, 2023, Evaluation of UNICEF Support to Immunization in Europe and Central Asia: Terms of Reference.

- To draw lessons and provide recommendations for the refinement and potential scaling-up of good practices to further support central health authorities in strengthening immunization programming within the healthcare system.

1.3 Scope of the Evaluation

37. *Thematic:* With its system-level focus, this evaluation addresses the effectiveness of immunization systems and the contribution of UNICEF’s support to reinforce those systems to ensure they are well organized and suitably financed to reach every child with life-saving vaccines.

38. *Temporal:* The evaluation focuses on the period of 2018 to 2023. Covering this timeframe required some consideration of the effects of the COVID-19 pandemic on immunization services from 2020 to 2023.

39. *Geographic:* The evaluation covers the operation of immunization programmes and activities across Kosovo, including at regional and municipal levels, as well as local vaccine delivery points.

1.4 Object of the Evaluation and Stakeholders

40. The object of the evaluation is UNICEF’s support given to Kosovo to “reinforce immunization programmes as part of health system strengthening, to ensure they are well organized and financed to reach out to every child with life-saving vaccines.”⁸ This includes all UNICEF Kosovo programme expenditures coded under immunization activities from 2018 to 2023, as presented in Table 5 in Section 4.1.

41. The primary stakeholders and users of the evaluation are UNICEF Kosovo and the Kosovo health authorities, especially those engaged in immunization programming, primary healthcare service delivery, disease surveillance and response, and health promotion. Secondary stakeholders include development partners supporting immunization programming and implementing partners directly endorsed by UNICEF. Where appropriate, the evaluation recommendations are directed to UNICEF Kosovo and health authorities as well.

1.5 Structure of the Report

42. The report is structured as follows:

- Section 1.0 consists of this introduction;
- Section 2.0 presents an overview of the evaluation approach and methodology and the actions taken to collect and analyse data, along with a discussion of the limitations of the evaluation and remedial action implemented;
- Section 3.0 addresses the Kosovo context with regard to immunization programming in during the evaluation period;
- Section 4.0 profiles UNICEF’s support for immunization programming;
- Section 5.0 presents the evaluation findings organized under the evaluation criteria and KEQs;
- Section 6.0 provides the overall evaluation conclusions derived from the evaluation findings;
- Section 7.0 builds on the conclusions to present a brief overview of the lessons learned; and
- Section 8.0 presents the evaluation recommendations.

⁸ UNICEF ECARO, 2023, Evaluation Terms of Reference: Immunization programming at the system level, 2018 to 2023. p. 3.

2.0 Methodology and Data Collection

2.1 Evaluation Criteria and Key Evaluation Questions

43. The evaluation applied the evaluation criteria developed by the OECD/DAC adopted by the UNEG. These criteria include relevance, coherence, effectiveness, sustainability, efficiency, and impact. The KEQs are presented in Table 2. Taken as a whole, the KEQs encompass all of the evaluation criteria set out by the OECD/DAC, endorsed by the UNEG.⁹

Table 2: Key Evaluation Questions

Evaluation Criteria and Key Evaluation Questions
Relevance
KEQ 1. To what extent and in what ways has UNICEF responded to address immunization rates at Kosovo level? To what extent has it adapted to respond to changes and trends, including by addressing behavioral and social drivers of vaccine uptake at the system, community, and individual levels?
KEQ 2. To what extent has UNICEF assumed an institutional role in supporting immunization which is commensurate with its mandate, capacities and comparative advantages, especially in relation to key partners? To what extent does the UNICEF operational and strategic role at Kosovo level reflect its institutional strengths and comparative advantage in immunization support in relation to key partners?
Coherence
KEQ 3. Where key partners have significant influence on the strengthening of immunization systems, has UNICEF support been aligned and/or complementary with actions by stakeholders to improve vaccination coverage in the ECA region?
KEQ 4. Where UNICEF has supported efforts to identify and address barriers and to increase demand for immunization (including adjustments to policies, programs, services, workforce capacity and accountability) has this resulted in programs and actions embedded into health systems and integrated into immunization programs, budgets and policies in Kosovo?
Effectiveness
KEQ 5. To what extent do UNICEF RO and Kosovo office staff have the capacity, tools and incentives to effectively support actions to address social and behavioral drivers of vaccine uptake as an integral element of support to system strengthening for immunization within PHC?
KEQ 6. To what extent has UNICEF contributed to strengthening health systems capacity to improve vaccine uptake?
KEQ 7. To what extent have health care systems been able to identify, understand and address factors affecting their ability to reach the most vulnerable and address issues of inequity in immunization programming?
KEQ 8. What drivers or groups of drivers influence the change in immunization coverage, positively or negatively at policy, system, services, community and individual level?

⁹ Accessed at: <https://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>

Evaluation Criteria and Key Evaluation Questions
Sustainability
KEQ 9. To what extent has UNICEF support to immunization at Kosovo level contributed to sustainable system strengthening including capacity to address factors affecting vaccine uptake/demand?
Efficiency
KEQ 10. How efficient are health system’s immunization policies and programmes to identify and address current and potential bottlenecks or inefficiencies?
Impact
KEQ 11. To what extent have health system’s policies and programs (including for demand generation) aiming to improve vaccination rates over the past five years had an impact on overall vaccination coverage (including in under-vaccinated populations), vaccine-preventable disease incidence, perceptions, and immunization-related behaviours of key stakeholders, such as healthcare providers and caregivers?
KEQ 12. To what extent has UNICEF been able to influence key stakeholders to take actions that could reasonably be expected to result in changes to vaccination rates and what have been the most impactful UNICEF-supported investments aimed at increasing immunization coverage – including those fully or mostly financed by health authorities?

Source: Evaluation Inception Report, UNICEF (2024).

2.2 Approach and Methodology

44. The evaluation applied a data collection, analysis, and reporting framework that is common across all five case-study evaluations (Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova, and Tajikistan) but allows for flexible and specific inquiry to enhance utility for key stakeholders.
45. The evaluation took a theory-based approach, beginning with developing an overall (regional) ToC, as laid out in Annex 2. The regional ToC was then used to identify evaluation assumptions and articulate the KEQs presented in Table 1.
46. The predominant analytical model for the evaluation was contribution analysis (CA), which required gathering documentary and quantitative evidence on the results of UNICEF’s support of the immunization system and supplementing that data with primary and secondary evidence, as needed. The evaluation inception report provides a more complete description of how the analytical model for the case-study evaluations was devised.¹⁰
47. The methodology applied specifically to the Kosovo evaluation is described in detail in Annex 3. The same source also provides a link to the evaluation inception report, which includes a detailed evaluation matrix and all data collection instruments. In addition, Annex 3 also contains a link to the evaluation’s evidence base summarizing evidence gathered from all sources organized by KEQ.

¹⁰ UNICEF, 2024. Inception Report: Europe and Central Asia: Evaluation of UNICEF Immunization Programming at the System Level (2018 to 2023).

2.3 Data Collection Methods and Results

2.3.1 Data Collection Methods

48. The evaluation deployed a mixed-method approach to data collection, relying on triangulated evaluation evidence gathered from different sources using various methods to address each KEQs. As was the case for all five case-studies, the following data collection methods were used:

- (i) A review of relevant documents on immunization and UNICEF’s support (and that of other development partners) of immunization in Kosovo;
- (ii) Interviews with key informants identified through stakeholder mapping and consultations with UNICEF Kosovo;
- (iii) Site visits to offices, warehouses, cold rooms, distribution centers, and urban and rural service delivery points; and
- (iv) A review of available quantitative data on results in immunization at the system level.

2.3.2 Results of Data Collection Efforts

Document Review

49. All relevant documents concerning immunization and UNICEF’s support (and that of other development partners) for immunization in Kosovo were reviewed. This included, among other documents, UNICEF Kosovo annual reports, annual bulletins on vaccination of the NIPHKNIPHK, different research reports by UNICEF and other agencies, Kosovo vaccination plans, and UNICEF Kosovo programme documents. For a complete list of documents reviewed, see Annex 4.

Key Informant Interviews

50. A total of 29 KIIs were completed (18 female and 11 male). Four interviews were cancelled because targeted participants were unresponsive or refused to partake. UNICEF Kosovo, in close coordination and communication with the local consultant, identified key informants through stakeholder mapping. The final list of key informants included UNICEF Kosovo staff, representatives of health authorities responsible for the immunization programme, primary healthcare immunization services staff, other UN agencies supporting immunization, implementation partners, and other relevant stakeholders. The complete list of persons interviewed is provided in Annex 5.

Table 3: Key Informant Interviews by Institutional Type

Institutions	Number
Ministry of Health	1
NIPHK	2
Supply Chain Distribution and Service Delivery Points	11
Civil Society Organizations	5
UNICEF Kosovo Office	6
International Agencies/Donors	2
Research/Academic Institutions	2
Total	29

Source: Evaluation Dataset, UNICEF (2024).

Site Visits

51. The evaluation used a purposive sampling method to identify sites to visit. The criteria for selecting sites were designed to ensure that sites both large and small and encompassing different levels of the immunization supply, storage, distribution and service delivery system would be visited. In addition, the choice of sites was supposed to illustrate system operation at central, regional, and municipal levels in both urban and rural settings. Site selection was finalized in consultation with the evaluation team and UNICEF Kosovo.

52. Eight site visits were conducted at offices of the NIPHK as well as warehouses, cold rooms, and service delivery points. Two of the sites were central institutions, five were local service delivery points, and two were local community centres. During these visits, the evaluation team observed operations and interviewed service managers and providers. The list of sites visited is presented in Annex 6.

Quantitative Data Review

53. Available quantitative data on immunization results at system level were reviewed. These included UNICEF expenditures on immunization, NIPHK data on immunization coverage across Kosovo, and survey results, including the multiple indicator cluster survey (MICS) as well as immunization-related indicators reported in UNICEF Results Assessment Modules (RAMs) 2 and 3 covering the period under evaluation. Tables of selected quantitative data are provided in Annex 7.

2.4 Limitations

54. The evaluation team encountered certain constraints during data collection and undertook mitigation strategies to overcome them. In addressing these, the local evaluator was able to call on the assistance of UNICEF Kosovo as required.

55. The main limitation encountered was the lack of detailed data on immunization coverage. Nevertheless, the evaluation team was able to access immunization data from the NIPHK derived from the number of vaccines used. These were supplemented with data on immunization coverage from the 2019-2020 MICS and, from 2020 onward, from data reported by Kosovo to the WHO/UNICEF platform where WUENIC data are generated and made available online.¹¹

56. In response, the evaluation triangulated available quantitative data on immunization coverage with qualitative data supplemented by documentary evidence. While there was a lack of quantitative data to confirm some aspects of immunization system performance, where possible (as was the case with the MICS results), data were segregated into different groups of interest (e.g. vulnerable groups).

Table 4. Limitations and Constraints of the Evaluation

Limitations and Constraints	Mitigation Strategies Deployed
Lack of detailed data on immunization coverage	<ul style="list-style-type: none">• Used available data from the NIPHK, which quantified immunization coverage based on the number of vaccines spent.• Used other data on immunization coverage from the MICS.

¹¹ Kosovo Agency of Statistics (2020), Multiple Indicator Cluster Survey 2019-2020, and WHO Immunization Data Portal – Administrative Data for Kosovo: <https://immunizationdata.who.int/>

Limitations and Constraints	Mitigation Strategies Deployed
	<ul style="list-style-type: none"> • Cross-checked available quantitative data with key informants.
Some key informants were unavailable for interview	<ul style="list-style-type: none"> • Several contact attempts were made or an online format was offered. • Consulted with UNICEF Kosovo and other key informants to ensure coverage of multiple perspectives.
Requirement for careful use of qualitative evaluation evidence	<ul style="list-style-type: none"> • Triangulated findings from multiple sources. • Used available data by cross-checking with key informants.

Source: Evaluation Dataset, UNICEF (2024).

3.0 Case-study Context

3.1 Organizational Structure for Planning and Management of Immunization

57. The management and structure of immunization services in Kosovo involves different organizations, each assigned distinct roles and responsibilities.¹² At the centre of the structure is the MoH, which is responsible for developing immunization policies and schedules, ensuring vaccine procurement and distribution, and overseeing the implementation of the immunization programme. In addition, the MoH monitors and evaluates immunization programmes and provides training to healthcare workers to ensure best practices are followed nationwide.

58. The NIPHK is the leading institution that implements immunization programmes and monitors diseases that immunization prevents. One of the key tasks of the NIPHK is monitoring vaccine-preventable diseases. For this purpose, it continuously collects and analyses data. Another important aspect of the work of the NIPHK is data collection for immunization services.

59. The NIPHK also participates in research activities that assess the barriers to immunization which pose a risk to achieving coverage goals. Another significant area of its institutional engagement is conducting public awareness campaigns to educate the population on the importance of vaccines. The NIPHK has a substantial and central role in planning immunization services and developing all policy instruments in Kosovo. Moreover, the NIPHK also provides technical support to regional and local health authorities, ensuring that immunization guidelines are adhered to and that healthcare providers are well supported in their roles.

60. At the regional and local levels, health authorities coordinate vaccine delivery to healthcare facilities, supervise primary healthcare providers, and ensure adherence to guidelines in close coordination with the NIPHK.

61. Primary healthcare facilities, including family health centres, are the frontline providers of immunization services. They administer vaccines, maintain immunization records, and educate the public about the benefits of immunization. This network is organized around 38 MFMCs, which constitute the

¹² This profile of immunization services in Kosovo is derived from interviews with the UNICEF Kosovo staff and key stakeholders in the institutions concerned as well as from documents reporting on immunization services (see Annexes).

primary healthcare system in Kosovo. In each of these main family centres, at least a few vaccination points provide services daily to the communities they serve Kosovo-wide.

62. Furthermore, multilateral organizations such as UNICEF and the WHO offer technical assistance, funding, and support to immunization. UNICEF has a central role among these organizations and others in procuring all necessary vaccines.

3.2 From Procurement to Delivery

63. Kosovo's immunization system operates as a network designed to ensure vaccines are procured, stored, distributed, and administered efficiently nationwide. The system is seen by stakeholders as a well-structured chain of supplies and services that involves the coordinated efforts of the MoH, the NIPHK, regional and local health authorities, primary healthcare facilities, and technical partners, all working together to achieve high immunization coverage and protect public health.

64. The vaccine supply process begins with the MoH, with the procurement of vaccines. The MoH works closely with international organizations such as UNICEF and the WHO to secure high-quality vaccines. UNICEF, via the UNICEF Supplies Division in Copenhagen (Denmark), procures vaccines on behalf of the MoH. This process has been in place since 2000 in Kosovo. The system requires careful planning and adherence to international procurement standards to ensure vaccines are obtained in a timely and cost-effective manner. The MoH allocates resources and manages contracts to guarantee a steady supply of vaccines to meet immunization needs in Kosovo.

65. Once procured, vaccines are delivered to the NIPHK. The NIPHK then oversees their storage and distribution. The NIPHK mandate requires that vaccines be stored optimally in central warehouses equipped with the necessary cold chain infrastructure to maintain vaccine efficacy. These central storage facilities distribute the vaccines to municipal health authorities. This is done using a logistics management system organized and maintained by the NIPHK. The distribution network extends to all parts of Kosovo, including rural and remote areas, while maintaining the cold chain.

66. Primary care centres play a vital role in the next stage of the supply chain, coordinating the delivery of vaccines to primary healthcare facilities and ensuring that each facility receives the appropriate quantities based on population need. This includes ensuring adherence at service delivery points to immunization guidelines and maintaining the integrity of the cold chain during transportation and storage. Regional hubs of the NIPHK monitor the performance of the immunization system.

67. The supply chain's final stage involves administering vaccines at primary healthcare facilities. These are the vaccination centres within the MFMC network. Healthcare providers at these facilities are responsible for administering vaccines to children and adults according to the immunization schedule. They are also responsible for outreach activities of different forms on an ad hoc or periodic basis. Furthermore, they maintain detailed immunization records and educate the public about the importance of vaccines. Primary healthcare workers are trained by the MoH and supported by the NIPHK to ensure they follow best practices in immunization.

68. Throughout this process, UNICEF and the WHO provide funding and technical assistance to the immunization system. They also assist in monitoring and evaluation activities to ensure the immunization programme is effective and reaches the entire population. Community-based organizations like Balkan Sunflowers Kosova (BSKF) and Bethany Christian Services (BCS) provide support in reaching vulnerable populations. Meanwhile, the MoH and the NIPHK continuously monitor immunization coverage and vaccine-preventable diseases, collecting data to improve future immunization strategies and address any gaps in the system.

3.3 Immunization Coverage History 2018-2023

69. The pattern of reported immunization coverage from 2018 to 2023 highlights Kosovo's efforts to maintain and improve vaccination rates amid various challenges, mainly due to the COVID-19 pandemic and its aftermath. In 2018, Kosovo achieved high immunization rates, with reported vaccine coverage for BCG/HepB, IPV, DTP, and MMR consistently above 95 percent¹³. In particular, the coverage for BCG/HepB was at 97 percent, the IPV series was at around 96-97 percent, and the DTP and MMR vaccines recorded similarly high coverage rates. This success is attributed to immunization campaigns, strong public health policies, and the implementation capacity of the system.¹⁴

70. In 2019, Kosovo maintained its high immunization rates. The data show that BCG/HepB vaccine coverage remained at 97 percent, with IPV at 96-97 percent, and the DTP/HIB/Hep series at 96 percent. MMR coverage stood at 95 percent, indicating strong public health efforts to ensure children received essential vaccines. However, there were still some reported cases of vaccine-preventable diseases like measles and mumps, highlighting the need for continuous monitoring and improving public health communication.¹⁵

71. In 2020, the COVID-19 pandemic significantly disrupted immunization efforts, leading to a decline in routine vaccination coverage. During the period under evaluation, there were also persistent differences between the overall Kosovo-wide coverage rates and those for the Roma, Ashkali, and Egyptian communities. Based on MICS 2019-2020 data, UNICEF reported that the proportion of all children fully vaccinated in Kosovo stood at 73 percent, while the rate of full coverage for children in those three communities was 38 percent.¹⁶

72. In 2021, Kosovo made efforts to reverse the pandemic's impact on health services, and especially its effects on immunization services. However, coverage rates for some vaccines continued to drop between 2020 and 2021, with DPT1 falling to 92 percent from 94 percent the previous year, and DPT3 declining to 87 percent¹⁷. However, rates began to recover in 2022, and by 2023 the DPT1 coverage stood at 95 percent and DPT3 had risen to 89 percent¹⁸. A similar pattern emerged in MCV1 coverage, with the rate falling from 92 percent in 2020 to 85 percent in 2021, but then recovering to 92 percent in 2023. Key informants indicated that this recovery reflected a successful push towards reestablishing high immunization rates via different immunization outreach efforts.¹⁹

73. Similarly, key informants attributed these improvements to continuous efforts on the part of the MoH, with international support from organizations like UNICEF and the WHO. In 2023, introducing new vaccines such as the human papillomavirus vaccine (HPV), rotavirus vaccine (Rota), and pneumococcal conjugate vaccine (PCV) marked a significant step towards comprehensive immunization.

74. Figure 1 provides an overview of trends in estimated Kosovo-wide coverage for selected vaccines from 2020 to 2023, as reported by the WHO. The data confirm a COVID-19-related drop in estimated coverage for most of the vaccines covered, followed by a trend toward recovery in 2022 and 2023. The first measles-containing vaccine (MCV1) showed both a notable decline and significant recovery.

¹³ Bacille Calmette-Guérin/Hepatitis B vaccine (BCG/HepB) vaccine; Inactivated Polio vaccine (IPV); Diphtheria, Tetanus, Pertussis vaccine (DTP); Measles, Mumps, and Rubella vaccine (MMR).

¹⁴ NIPHK, 2018. Annual Bulletin of Infectious Diseases 2018, 2019, 2020, 2021, and 2022.

¹⁵ Ibid.

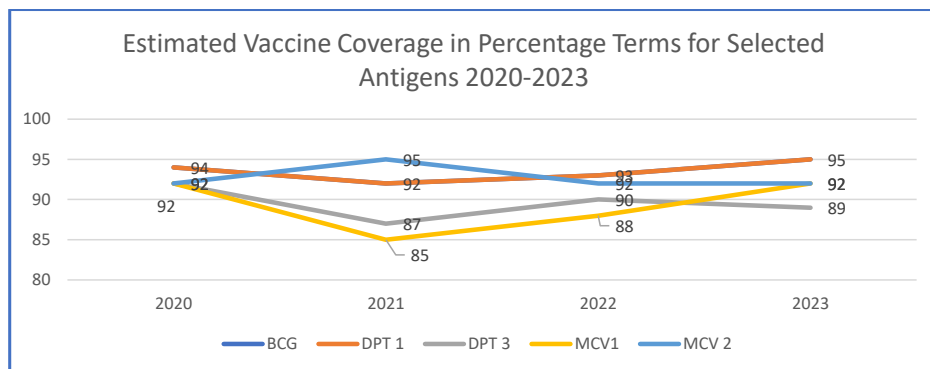
¹⁶ UNICEF Kosovo and the Kosovo Agency of Statistics, Launching of the Key Findings of the 2020 Multiple Indicator Cluster Survey, December 2020. "Fully vaccinated" is defined as: Percentage of children aged 24–35 months who at any time before the survey had received all vaccines scheduled in the first two years of life, according to the immunization schedule.

¹⁷ WHO Immunization Data Portal – Administrative Data for Kosovo: <https://immunizationdata.who.int>

¹⁸ Ibid.

¹⁹ NIPHK, 2018. Annual Bulletin of Infectious Diseases 2018, 2019, 2020, 2021 and 2022, and KIIs with the NIPHK.

Figure 1: Estimated Coverage Rates for Selected Vaccines in Kosovo



Source: WHO Immunization Data Portal – Administrative Data for Kosovo: <https://immunizationdata.who.int/>

3.4 Challenges and Issues 2018-2023

75. Upon the completion of the period under evaluation, Kosovo’s immunization system faced several key challenges and issues hindering its effectiveness. One significant challenge in particular arose from the logistical and infrastructural constraints affecting vaccine distribution, especially in rural and remote areas. At the time of writing, the network was still often experiencing difficulties maintaining the cold chain necessary for vaccine efficacy due to inadequate storage facilities and unreliable power supply. Despite efforts to improve these conditions, these infrastructural weaknesses are seen as a continuing threat to the consistent and safe delivery of vaccines nationwide.²⁰

76. As already noted, the impact of the COVID-19 pandemic also presented a significant challenge to the immunization system.²¹ It significantly disrupted routine immunization services, mainly because healthcare resources were diverted to manage the pandemic. As a result, there was a decline in vaccination coverage for diseases other than COVID-19. Furthermore, lockdowns and movement restrictions exacerbated this disruption as these measures hindered access to healthcare facilities. Key informants in the MoH and the NIPHK as well as service providers interviewed during site visits also pointed out that the pandemic fueled vaccine hesitancy due to misinformation and skepticism about vaccine safety. This relatively new phenomenon (which was reportedly less of a factor prior to the pandemic) further complicated immunization efforts, particularly in relation to the introduction of new vaccines²².

77. As reported in 2021, and confirmed in KIIs, vaccine hesitancy remains a pervasive challenge in Kosovo.²³ Misinformation, cultural beliefs, and historical mistrust in the healthcare system foster hesitancy. This is particularly pronounced in marginalized communities such as the Roma, Ashkali, and Egyptian populations. In these communities, access to accurate health information is limited. To counter this, efforts to combat vaccine hesitancy include public awareness campaigns and community engagement.

²⁰ NIPHK, 2023. Assessment of Technical Needs for Immunization Services - Final Report.

²¹ UNICEF, 2021. Balancing supply and demand for COVID-19 vaccination and routine immunization in Kosovo.

²² KIIs with NIPHK and MFMC staff.

²³ NIPHK, WHO, and KANTAR, 2023. HPV Vaccine Introduction Insights Research Findings, 2023.

78. The pandemic and its lingering effects highlight the challenge of responding to the social and behavioural drivers affecting vaccine uptake in an era of decreased trust. Among the most frequently mentioned effects of the COVID-19 pandemic and the public health response in Kosovo (as found in other cases in the region) have been a rise in mistrust toward the healthcare system in general and vaccination in particular, fears of significant side effects, uncertainty around vaccine quality, a general increase in misinformation, and a lack of access to accurate and timely healthcare information. This challenge is particularly acute among Roma, Ashkali, and Egyptian communities²⁴.

79. Another critical challenge is the limited availability and reliability of immunization data.²⁵ Kosovo relies heavily on data from vaccine utilization reports and periodic surveys like the MICS. The NIPHK has historically relied on coverage data based on the use rate of vaccine supplies. The lack of robust and real-time data reportedly hampers managers' ability to monitor vaccination coverage accurately. It also prevents the system from identifying gaps and responding promptly to outbreaks. The data gap could also affect the planning and implementation of targeted immunization campaigns and interventions.

80. While immunization programming in Kosovo is largely well coordinated, some key informants cited discrepancies between health strategies and plans and local implementation efforts.²⁶ This reported disconnect between central-level plans and local actions may be further complicated by fielding and supervising adequate human resources challenges. It also suggests that there are gaps in structures and processes ensuring local compliance with such strategies and plans²⁷.

4.0 UNICEF Support

UNICEF Expenditures on Immunization

81. Between 2018 and 2023, expenditures on immunization that were processed through UNICEF Kosovo recorded a substantial increase. The largest portion of such funding was allocated to purchasing vaccines and related devices, albeit it is important to recognize that these vaccines were procured by the UNICEF Supply Division using budgeted funds from the MoH. By 2023, this spending had peaked at \$2,454,754, up from \$539,004 in 2018. Seasonal influenza vaccines were another key focus, with investments therein starting at \$516,936 in 2019 and peaking at \$797,451 in 2020. A significant investment was made in the immunization supply chain in 2020. A total of \$1,245,732 was allocated to strengthen cold chain infrastructure although this category of expenditure dropped sharply to \$9,000 in 2021.

²⁴ KIIs with NIPHK, MFMCs, and vaccination services delivery staff.

²⁵ NIPHK, 2022. Analysis of the Health Status of the Population and the Health System for the Year 2021; Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

²⁶ UNICEF, 2021. Balancing supply and demand for COVID-19 vaccination and routine immunization in Kosovo; UNICEF, 2019. Analysis of the Situation of Women and Children in Kosovo.

²⁷ KIIs with UNICEF Kosovo, NIPHK, and MFMC staff.

Table 5: UNICEF Kosovo Procurement and Expenditures on Immunization 2018-2023

Expenditure Intervention Code	2018	2019	2020	2021	2022	2023
Procurement of Vaccines (MoH Budget) and Purchase of Devices	539,004	358,484	654,467	598,913	987,025	2,454,754
Seasonal Influenza Vaccines		516,936	797,451	650,560	508,862	572,603
Immunization Supply Chain ^a					1,245,732	9,000
SBC and Community Engagement				28,000		112,850
Immunization Programmes ^b			49,600	47,500	87,000	90,000
Technical Assistance for Immunization ^c			14,435	12,150	21,432	10,000
Digitalization of Data Recording						31,000
Totals	539,004	875,420	1,515,953	1,337,123	2,850,051	3,280,207

Source: UNICEF Kosovo 2024; ^a Including cold chain; ^b To reach zero-dose communities; ^c Excluding polio tech assistance. Where no data are reported, expenditures were not coded to a given expenditure code in that year.

Note: During the period of 2021 to 2023, the total SBC budget for USAID-sourced funds was \$995,922 (Source: UNICEF Kosovo).

82. In addition, UNICEF Kosovo’s expenditures on efforts to engage communities and promote SBC increased from \$28,000 in 2021 to \$112,850 in 2023. Such assistance aimed to address vaccine hesitancy and improve immunization coverage. Immunization programmes targeting zero-dose communities also saw steady growth with expenditures thereon reaching \$90,000 in 2023. Meanwhile, technical assistance for immunization fluctuated but remained crucial, amounting to \$10,000 in 2023. Finally, \$31,000 was allocated in 2023 to digitalizing immunization data recording, marking a move towards modern record-keeping. Overall, annual expenditures rose sharply from \$539,004 in 2018 to \$3,280,207 in 2023.

Evolution of UNICEF Support (2018-2023)

83. As indicated by the expenditure data (Table 4), between 2018 and 2023, UNICEF’s support for immunization in Kosovo evolved and gained greater significance.²⁸ This support over the covered period was marked by strategic interventions and substantial investments aimed at addressing supply and

²⁸ Information in this section is based on interviews with UNICEF Kosovo staff and key local partners as well as outcome and output narrative reports and indicators reported by UNICEF Kosovo in the UNICEF RAM accessed at: UNICEF Insight: Outcome/Output Data Explorer 2024.

demand challenges in Kosovo's immunization system. During this period, UNICEF played an important role in strengthening Kosovo's immunization infrastructure.

84. UNICEF Kosovo began the period under evaluation by helping to address the foundational aspects of the immunization programme. In 2018, UNICEF focused primarily on capacity building and infrastructure enhancement, followed by a major step forward in 2020 with the undertaking of the Comprehensive Vaccine Cold Chain Assessment²⁹. Responding to the findings of the latter study, which unveiled a significantly outdated system and issues with cold chain equipment, UNICEF facilitated the procurement and installation of new cold chain equipment across various levels of the immunization system.

85. This included central storage facilities around the NIPHK and the primary healthcare centre network. The upgrade ensured that vaccines remained effective from storage to administration. In total, UNICEF, with funds from USAID, invested over EUR 1.2 million in these efforts³⁰. The expenses covered the purchase of cold and freezer rooms, refrigerators, freezers, temperature monitoring devices, and other equipment for the cold chain system catering to central and municipal health authorities.

86. The onset of the COVID-19 pandemic in 2020 led to a further deepening of UNICEF's engagement in its support of the immunization system. The pandemic posed significant challenges, including disruptions to routine immunization services and increased vaccine hesitancy among caregivers in response to a rise in misinformation.

87. UNICEF Kosovo played an important role in ensuring the continuous supply of vaccines during the COVID-19 pandemic, countering global disruptions. Through the COVID-19 Vaccines Global Access (COVAX) facility and partnerships with other organizations like GAVI, UNICEF facilitated the delivery of millions of vaccine doses in this time.

88. Through the UNICEF Supply Division in Copenhagen, UNICEF supported the procurement of both COVID-19 vaccines and those for routine immunization as well as new vaccines like HPV, Rota, and PCV. UNICEF also supported the implementation of a digital system for vaccine data collection and cold chain monitoring. Such measures were undertaken to support the improved management and distribution of vaccines across Kosovo. UNICEF Kosovo also supported the training of healthcare workers at all levels to ensure proper data entry and maintenance of digital infrastructure.

89. On the demand side, UNICEF Kosovo's efforts included the provision of support to targeted community outreach and public awareness campaigns. Notably, UNICEF supported door-to-door immunization campaigns and community engagement plans, which were particularly effective during and after the COVID-19 pandemic. The focus here was especially on marginalized communities such as the Roma, Ashkali, and Egyptian populations.³¹ The campaigns and outreach work were seen by all key informants as crucial in addressing barriers impeding vaccine uptake and improving vaccination rates in hard-to-reach areas. Moreover, these initiatives were instrumental in recovering immunization rates that had dropped during the pandemic.

90. With UNICEF Kosovo's support, refresher training on interpersonal communication for healthcare professionals was held. In addition, for the introduction of three vaccines (PCV, Rota, and HPV), training of healthcare professionals was implemented during 2023. Training programmes were also implemented to enhance healthcare providers' communication skills and ability to address vaccine

²⁹ Kosovo Cold Chain System Assessment, UNICEF (2020).

³⁰ In addition, the MoH invested EUR 800,000 in the construction of a central vaccine storage facility. Source: UNICEF Kosovo.

³¹ Kosovo Results Assessment Module, UNICEF (2022).

hesitancy effectively³². The training on interpersonal communication (IPC) supported by UNICEF reached approximately 1,000 healthcare professionals from primary healthcare (28 percent of whom were doctors and 15 percent were nurses) based on the standard training package on IPC provided by the UNICEF Regional Office. The programme also included developing and distributing communication packages for the healthcare workforce.

91. By 2023, UNICEF Kosovo had contributed to establishing a robust framework for future immunization efforts. Its strategic and operational interventions were integrated into health policies which incorporated comprehensive strategies for vaccine distribution, community engagement, and introducing new vaccines³³.

92. Another significant aspect of UNICEF Kosovo's support later in the evaluation period (in 2022 and 2023) was its support for researching and supporting an SBC approach to identify and address barriers hindering vaccine uptake^{34 35 36}. UNICEF, jointly with the WHO, also supported the development of a BI study to understand the barriers hindering vaccination and to tailor interventions accordingly. During the pandemic, additional funding enabled UNICEF to allocate more resources to addressing SBC issues. This included enhancing the understanding of public perceptions of vaccines through RQAs and social listening tools. The latter were particularly useful for monitoring trends related to COVID-19 vaccination. These insights helped UNICEF to design communication strategies and interventions to improve vaccine uptake in Kosovo.

Partnerships and Engagement with Other Support Providers (WHO/GAVI/CSOs)

93. Between 2018 and 2023, UNICEF Kosovo strengthened its partnerships and engagement with other support providers. Among others, UNICEF cooperated with USAID, the WHO, GAVI, and various CSOs to enhance immunization efforts in Kosovo. These collaborations were important in addressing the immediate challenges posed by the COVID-19 pandemic. They were also deemed imperative to meeting the ongoing needs for routine immunizations and longer-term planning and strategizing³⁷.

94. UNICEF Kosovo's staff emphasized that collaboration with USAID supported the scaling-up of COVID-19 vaccination efforts. The joint collaboration here included support for communication and outreach efforts in relation to COVID-19 prevention and vaccination, and investment in the vaccine cold chain system – including the procurement of ultra-low-temperature refrigerators required for storing COVID-19 vaccines. In addition, the collaboration reportedly contributed to the recovery and further strengthening of other maternal and child health services, such as the Home Visiting programme for pregnant women and children aged 0-3 years. UNICEF also facilitated the procurement of over 1 million doses of COVID-19 vaccines, donated by the U.S. government through the COVAX mechanism.

95. UNICEF's collaboration with the WHO during the pandemic was reported to have been crucial by key stakeholders³⁸. Both organizations worked closely with the MoH to support the COVID-19 vaccination efforts in Kosovo. This included the development of the National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines. It also involved cooperation on implementation support, which was

³² MoH, Advocacy, Communications and Social Mobilization Plans for New Vaccines in the Vaccination Calendar (2023).

³³ Kils with the MoH, the NIPHK, MFMCs, and UNICEF Kosovo staff.

³⁴ UNICEF Kosovo, FINDINGS REPORT Rapid Qualitative Assessments (RQAs) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities, July 2023.

³⁵ UNICEF ECARO, Short-term institutional consultancy to conceptualize and support the implementation of BI research on drivers influencing immunization-related behaviours in Kosovo (2023).

³⁶ UNICEF Kosovo: Rapid Qualitative Assessment (RQA) on Routine Immunization Perceptions among Parents and Health and Education Sector Workers (2023).

³⁷ Kils with the MoH, the NIPHK, MFMCs, and UNICEF Kosovo staff.

³⁸ Kils with the MoH, the NIPHK, the WHO, and UNICEF Kosovo staff.

crucial in organizing the efficient rollout of vaccines against COVID-19 nationwide. The WHO and UNICEF regularly coordinated activities and strategies to ensure consistent messaging and technical support in these regards.

96. In partnership with GAVI, UNICEF facilitated the procurement and distribution of millions of vaccine doses for COVID-19 and routine immunization. This was one element of COVAX support for Kosovo that began in 2020 but extended beyond the pandemic³⁹. Furthermore, GAVI's support was instrumental in securing emergency grants. These grants helped to cover the costs of expanding the COVID-19 vaccination centres to the municipal level, digitalizing the immunization system, and training healthcare workers. In addition, GAVI and UNICEF worked together on the introduction of new vaccines such as HPV, Rota, and Pneumovax 13.

97. UNICEF also established partnerships with local CSOs to enhance community outreach and address vaccine hesitancy. Collaborations with organizations such as BSKF and the BCS were vital in terms of reaching marginalized communities (i.e., the Roma, Ashkali, and Egyptian populations). Of note, these partnerships facilitated door-to-door campaigns and community engagement plans⁴⁰.

5.0 Evaluation Findings

General Overview

98. Key informants at all levels and across institutions agreed that Kosovo's immunization system is an important public health priority and a critical component of the healthcare system. They recognized it as one of Kosovo's most effective and robust care provision systems while also reporting that immunization had been playing an important role in helping to reduce the incidence of vaccine-preventable diseases. As already noted, coverage rates for all vaccines during the evaluation period were generally high. The evidence presented in this section suggests that outreach to vulnerable communities is one of the most important domains when it comes to ensuring the continuation of good outcomes for the immunization programme in Kosovo. At the same time, key informants at all levels noted concerns related to vaccine hesitancy, stemming from misinformation and fear surrounding vaccines, especially following the COVID-19 pandemic, and suggested that this was another domain requiring attention. Overall, the challenges identified in the documents, research reports, and KIIs indicate a pressing need for targeted interventions to create mechanisms for a sustainable immunization outreach system and increase knowledge and trust with regard to vaccination among the population.

5.1 Relevance of UNICEF Support to Healthcare Systems

5.1.1. *UNICEF Response to Changes and Trends (including Behavioural and Social Drivers Affecting Uptake)*

KEQ 1. To what extent and in what ways has UNICEF responded to address immunization rates across Kosovo? To what extent has it adapted to respond to changes and trends, including by addressing behavioural and social drivers affecting vaccine uptake at system, community, and individual levels?

Finding 1: UNICEF Kosovo demonstrated an ability to adapt appropriately to changes and trends in immunization in Kosovo during the evaluation period. This adaptability has been reflected in the relationship between UNICEF-supported assessments and the evolution of health programmes and

³⁹ UNICEF COAR (2021 and 2022).

⁴⁰ KIIS with UNICEF Kosovo Office, MoH, CSOs.

strategies to strengthen immunization services and vaccine uptake. UNICEF efforts in Kosovo have been aimed at increasing vaccine coverage and acceptance through technical support, community engagement, and innovative digital solutions, addressing immediate and long-term immunization challenges in the process.

Finding 2: During the evaluation period, UNICEF supported a wide range of studies and reviews intended to inform programming in immunization. These ranged from MICS to more focused studies of vaccine availability, infrastructure capacity, cold chain assessments, and RQAs of attitudes toward immunization services. There is evidence that these UNICEF-supported evidence-generation efforts have influenced the content of immunization programming.

Identifying and Assessing Gaps in Immunization Programming

99. UNICEF has supported various assessments examining supply and demand factors in relation to vaccine uptake⁴¹. The Kosovo MICS of 2020 and subsequent reports have been used to inform Kosovo's development agendas and strategies, particularly focusing on the Roma, Ashkali, and Egyptian communities to ensure equity and inclusion in health initiatives, including immunization.⁴²

100. In 2020, UNICEF supported the Vaccine Cold Chain Assessment (VCCA), which revealed that much of the cold chain equipment was outdated and depreciated. This prompted a renewal of the cold chain system in 2021.⁴³ In addition, UNICEF's efforts have supported assessments of immunization rates, including vaccine availability, healthcare infrastructure, community awareness, and the population's acceptance of vaccines.⁴⁴

101. In 2022, UNICEF conducted RQAs to better understand the perceptions and attitudes held toward vaccines among the Roma, Ashkali, and Egyptian communities. These assessments identified drivers, such as disease prevention awareness, as well as barriers like skepticism about side effects and challenges in tracking vaccination dates.⁴⁵

102. In 2023, UNICEF supported a technical needs assessment of immunization programming in Kosovo, examining infrastructure, human resources, and capacity building needs⁴⁶.

103. All of these assessments informed UNICEF's technical support, including the development of the National Immunization Action Plan 2022-2025, enhancing

"Currently, the Multiple Indicator Cluster Surveys are the only internationally comparable survey source on immunization coverage. Administrative data lack critical disaggregation such as information on ethnic groups. UNICEF has been actively involved in policy work contributing to the action plan for child marriage and participating in the child mortality group, both essential for child health and development decision-making."

Source: UNICEF Kosovo

⁴¹ UNICEF Kosovo: Rapid Qualitative Assessment (RQAs) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities (July 2023).

UNICEF Kosovo: Rapid Qualitative Assessment (RQA) on Routine Immunization Perceptions among Parents.

⁴² Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

⁴³ Ministry of Health, 2021. Action Plan for Immunization, 2022-2025.

⁴⁴ KIIs with the MoH and the NIPHK.

⁴⁵ UNICEF, 2023. Findings Report - Rapid Qualitative Assessments (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

⁴⁶ The NIPHK (2023).

the cold chain system, promoting new vaccines (i.e., HPV, Pneumovax 13, and Rota),⁴⁷ and organizing door-to-door campaigns that would identify and vaccinate children.⁴⁸ Furthermore, support for the digitalization of immunization uptake data, though yet to be fully functional and useful,⁴⁹ provides a long-term opportunity for data availability, potentially translating into many opportunities to assess the barriers and drivers affecting vaccine uptake and transforming findings into meaningful strategies and actions.

Tools Used to Assess the Factors Affecting Demand and Uptake

104. UNICEF has utilized various tools to identify and understand the factors affecting vaccine demand and uptake in Kosovo. These tools include formative research, BIs, and systematic monitoring.⁵⁰ Furthermore, UNICEF has supported the use of RQAs and social listening to gauge public perceptions and attitudes toward vaccines, particularly in response to COVID-19. These assessments have targeted caregivers, medical workers, and educators to gather a comprehensive understanding of vaccination behaviours.⁵¹ In addition, they have supported surveys on BIs to guide Kosovo's immunization plans.⁵²

105. Regarding social listening, UNICEF implemented a project financed by USAID to track online conversations about COVID-19 vaccination, which informed communication strategies, enabling them to address misinformation and encourage vaccination⁵³. The project was implemented by the UNICEF Kosovo Communications Hub and from November 2022 was expanded to cover routine immunization. To understand vaccine uptake trends, UNICEF utilized social listening as a data collection and analysis tool. This marked the first time it had used such methodology.⁵⁴

106. The COM-B framework, according to which capability, motivation, and opportunity impact behaviour, was used to analyze behavioural change factors.⁵⁵ In particular, UNICEF utilized the COM-B framework to enhance immunization efforts by focusing on capability, opportunity, and motivation in relation to behavioural change in the domain of capacity building of healthcare workers designing and finetuning door-to-door campaigns targeting marginalized groups, such as the Roma, Ashkali, and Egyptian communities, and for the establishment of the Communications Hub which provided technical support to the NIPHK to facilitate engagement and demand-generation activities.⁵⁶

107. UNICEF also supported the development and adaptation of a digital cold chain equipment monitoring system⁵⁷ to oversee cold chain temperatures, thereby reducing the workload associated with temperature monitoring and improving data management.⁵⁸ UNICEF initially supported the development of a digital system for data collection on COVID-19 vaccine uptake, which was later adapted for routine

⁴⁷ The MoH (2021). Action Plan for Immunization (2022-2025).

⁴⁸ UNICEF, 2019. Kosovo Office Annual Report 2019 and 2022. Link to COARs for 2018 to 2022: [2018 COAR Report Kosovo Final.pdf](#); [2019 COAR Report Kosovo Final.pdf](#); [Kosovo 2020 End of Year Results Summary Narrative 2020 11-02-2021 17-00-11.doc](#); [ECAR - Kosovo \(UN SC resolution 1244\)-2021-COAR.pdf](#); [Kosovo \(UN SC resolution 1244\)-2022-COAR.pdf](#)

⁴⁹ UNICEF, 2019. Kosovo Office Annual Report 2019 and 2022, and Site Visits.

⁵⁰ KIIs with development partners, the NIPHK, and UNICEF Kosovo.

⁵¹ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

⁵² UNICEF, 2023. Short-term institutional consultancy to conceptualize and support the implementation of behavioural insights (BI) research on drivers influencing immunization-related behaviours in Kosovo.

⁵³ UNICEF Communications Hub, Social Listening Report: Online Monitoring on Routine Immunization (February 2023).

Produced within the "Communication and outreach in support of COVID-19 vaccination" project implemented by UNICEF in Kosovo in partnership with USAID (2023).

⁵⁴ KIIs with UNICEF Kosovo staff.

⁵⁵ The NIPHK and the WHO and KANTAR, 2023. HPV Vaccine Introduction Insights Research Findings (2023).

⁵⁶ KIIs with UNICEF Kosovo staff.

⁵⁷ UNICEF, Kosovo Office Annual Report, 2020.

⁵⁸ Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

vaccinations. This included purchasing equipment to make it functional, and training personnel across different levels of care.⁵⁹ This system enabled the real-time management of vaccine distribution and helped to identify areas with low vaccination rates to steer awareness campaigns accordingly.⁶⁰ A digital system for monitoring cold chain temperatures was also developed to ensure vaccine efficacy across different facilities.⁶¹

108. UNICEF supported online social media activities widely used during the COVID-19 pandemic, the focus of which later shifted to routine vaccination efforts⁶². These activities helped to raise awareness and provided information to the public.⁶³ To tackle vaccine misinformation, especially around the COVID-19 vaccines, UNICEF assisted in the development and use of evidence-based and targeted communication products on both traditional and social media, at events and in public spaces.⁶⁴ UNICEF also focused on working with implementing partners to address behavioural and social drivers affecting vaccine uptake at the system, community, and individual levels. This included conducting social mobilization and communication campaigns to address vaccine hesitancy and misinformation, involving community leaders and influencers to promote vaccination, and using data-driven approaches to identify and target populations with low vaccination coverage.⁶⁵

109. UNICEF developed the Risk Communication and Community Engagement (RCCE) Action Plan to increase demand for COVID-19 vaccination, which was integrated into the National Immunization Action Plan 2022-2025. This included qualitative and quantitative assessments to support evidence generation.⁶⁶

Supporting the Healthcare System's Outbreak Preparedness and Response

110. UNICEF supported Kosovo's healthcare system's outbreak preparedness and response capacity⁶⁷ by developing and implementing various healthcare system and policy instruments.⁶⁸ Notably, during the COVID-19 pandemic, UNICEF provided technical support to the MoH in introducing and rolling out the COVID-19 vaccines.⁶⁹ As mentioned earlier, UNICEF also conducted a cold chain assessment and strengthened the system with new equipment essential to mitigate future outbreaks. UNICEF has been instrumental in establishing temporary immunization centres and refurbishing cold chain infrastructure, including providing modern cold chain equipment, training health workers, and ensuring the functional integrity of the immunization system as a whole.⁷⁰

111. UNICEF has also contributed to strengthening the surveillance systems for the monitoring of adverse events following immunization (AEFI) and supporting the digitalization of the healthcare

⁵⁹ KIIs with the MoH, the NIPHK, MFMCs, UNICEF Kosovo, and development partners.

⁶⁰ The MoH 2021. Action Plan for Immunization (2022-2025).

⁶¹ KIIs with the MoH, the NIPHK, MFMCs, and Site Visit Observations.

⁶² UNICEF supported the "SkaMaLehte" campaign to increase awareness among young people and communities about protective measures against COVID-19. This campaign engaged high-profile individuals to promote protection measures, reaching a total of 163,062 adolescents through online activities and leveraged the U-Report platform to engage youth during the pandemic. UNICEF, COAR (2020). In addition, UNICEF implemented social listening activities. UNICEF, COAR (2021).

⁶³ KIIs with the MoH, the NIPHK, MFMCs, and Site Visit Observations.

⁶⁴ UNICEF, 2022. Kosovo Office Annual Report 2022.

⁶⁵ UNICEF, 2019. Analysis of the Situation of Women and Children in Kosovo.

⁶⁶ UNICEF, 2022. Kosovo Office Annual Report.

⁶⁷ UNICEF, 2021. Balancing supply and demand for COVID-19 vaccination and routine immunization in Kosovo; KIIs with service delivery point representatives and UNICEF Kosovo staff; Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

⁶⁸ KIIs with the MoH, the NIPHK, and UNICEF Kosovo.

⁶⁹ UNICEF, 2021. Kosovo Office Annual Report 2021.

⁷⁰ KIIs with UNICEF Kosovo staff.

information system.⁷¹ During the COVID-19 pandemic, UNICEF supported the development of the digitalized immunization registration system, which was subsequently integrated within Kosovo's Health Information System (HIS). The UNICEF-supported module is used only to report vaccine administration and not for disease surveillance. The latter area has been supported by the WHO in Kosovo⁷².

112. This system was initially designed for COVID-19 vaccinations and later adapted to cover other routine vaccinations, enhancing capability to monitor uptake for all routine vaccinations. While the WHO provided support to disease surveillance, UNICEF's support in improving the availability and timelines of vaccine coverage data was seen by key informants as having contributed to the overall capacity of the system to respond to outbreaks.

113. Supportive measures related to the direct response to outbreaks have largely been in the form of UNICEF technical support provided to the MoH. In response to COVID-19, UNICEF helped the MoH in various ways, including providing technical assistance in introducing and rolling out the COVID-19 vaccines. This included developing the NDVP for COVID-19 Vaccines.⁷³ Furthermore, UNICEF's collaboration with the WHO and other international actors has enhanced the overall response capacity to health emergencies.⁷⁴ This has included support in developing risk communication and community engagement strategies and monitoring systems to ensure effective vaccine deployment.⁷⁵

114. Securing funding for supplemental immunization activities is largely associated with COVID-19 vaccination efforts. UNICEF mobilized funding to support the overall response to the pandemic, which included supporting the healthcare system and vaccination rollout.⁷⁶

Context-specific Support for Health Strategies, Plans, and Programmes

115. UNICEF's support of several health strategies and plans in Kosovo has been context-specific and relevant to addressing identified gaps in the immunization programme.⁷⁷ A key UNICEF contribution has been the provision of information via various assessments, as highlighted above, the provision of key technical support with local and international experts, and, at times, inputs as part of working groups responsible for the development of particular strategic documents. A full list of supported strategies, their status, and UNICEF's role therein is presented in Table 5.

116. As noted above, according to key stakeholders, UNICEF played an integral role in COVID-19 vaccination efforts by supporting the development and implementation of the NDVP for COVID-19 Vaccines in 2021.⁷⁸ The NDVP outlined the strategic approach to distributing and administering COVID-19 vaccines as well as the plan for the acquisition of vaccines via

"UNICEF has made substantial contributions to strengthening health systems' capacity to improve vaccine uptake. This includes providing evidence-based guidance on social and behavioral drivers of vaccine uptake, enhancing outbreak preparedness and response, and implementing strategies and programs to measure and address determinants of immunization demand. Their efforts have significantly improved vaccine coverage and acceptance among marginalized groups."

Source: UNICEF Kosovo

⁷¹ UNICEF, 2022. Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan 2023–2025.

⁷² UNICEF, COAR (2020 and 2022).

⁷³ KIs with the NIPHK.

⁷⁴ The MOH, 2022. National Action Plan for Health Promotion and Education (2023–2025).

⁷⁵ UNICEF, 2021. Kosovo Office Annual Report (2021).

⁷⁶ KIs with UNICEF Kosovo staff and the NIPHK.

⁷⁷ The NIPHK. Annual Bulletin of Infectious Diseases (2018, 2019, and 2020).

⁷⁸ UNICEF, 2021. Balancing supply and demand for COVID-19 vaccination and routine immunization in Kosovo.

various channels. It also prioritized high-risk groups and strategies to ensure equitable access. The plan covered the regulatory procedures for vaccine approval, the logistics for maintaining the cold chain, and the training of healthcare workers to manage the vaccination process. It also elaborated on the implementation of the vaccination campaign across different phases as well as demand promotion strategies.⁷⁹

117. It is important to note an interesting phenomenon here: the support measures provided by UNICEF Kosovo, which initially were just initiatives and activities, have gradually taken on the form of plans and strategies, ensuring the sustainability and continuity of efforts.⁸⁰ This trend is best illustrated by the Action Plan for Immunization 2022-2025, developed by the MoH with significant UNICEF support. The plan includes context-specific interventions tailored to address access to vaccination and quality gaps.⁸¹ It aims to enhance immunization coverage in Kosovo, targeting a 95-97 percent vaccination rate for children. This is a response to declines caused by the COVID-19 pandemic. The plan places particular attention on the inclusion of new vaccines, like HPV, Rota, and PCV, into the regular immunization schedule. It also addresses the challenges of low vaccination rates among the Roma, Ashkali, and Egyptian communities, and aims to strengthen cold chain systems for vaccines. Furthermore, it emphasizes the need for digitalization of the vaccination process to improve efficiency and monitoring.⁸²

118. The Advocacy, Communication, and Social Mobilization Plan for New Vaccines in the Vaccination Calendar 2023–2024 provided a roadmap for the introduction of new vaccines in the vaccination schedule, including the PCV, Rota, and HPV. In other plans supported by UNICEF, different aspects of vaccination and protection from communicable diseases were addressed therein.

5.1.2 UNICEF's Institutional Role

KEQ 2. To what extent has UNICEF assumed an institutional role in supporting immunization commensurate with its mandate, capacities, and comparative advantages, especially concerning critical partners? To what extent does UNICEF's operational and strategic role across Kosovo reflect its institutional strengths and comparative advantages in immunization support in relation to critical partners?

Finding 3: Key informants, including partner institutions, indicated that UNICEF Kosovo had assumed an important institutional role in supporting the immunization system in Kosovo. This support, they claimed, aligned well with its mandate, capacities, and ability to add value. Moreover, UNICEF's role is evident through various strategic and operational interventions supporting the immunization system in Kosovo. The level and depth of collaboration with health institutions and other stakeholders confirm UNICEF as one of the key players in Kosovo's immunization landscape.

Finding 4: UNICEF faces ongoing challenges in supporting a strengthened immunization system in Kosovo, including financial constraints in terms of funding available for UNICEF programming, problems in coordinating the response between central and municipal levels, human resource capacity issues within the healthcare system and, perhaps most notably, problems in the quality and

⁷⁹ The MoH, 2020. National Plan for COVID-19 Vaccination (2021–2024).

⁸⁰ Klls with UNICEF Kosovo staff.

⁸¹ The MoH, 2021. Action Plan for Immunization (2022-2025).

⁸² The MoH, 2021. Action Plan for Immunization (2022-2025).

availability of immunization data given ongoing challenges hampering the digitalization of immunization records.

119. Overall, key informants from outside UNICEF Kosovo strongly indicated that UNICEF Kosovo had fulfilled strategic and operational roles reflecting its institutional strengths and comparative advantages. UNICEF has demonstrated the capacity to mobilize resources, provide technical assistance, and engage in policy advocacy to support Kosovo’s immunization efforts. The collaboration with health authorities and other stakeholders has reinforced UNICEF’s position as a critical player in the immunization sector, demonstrating the impact of coordinated and comprehensive public health strategies.⁸³

120. UNICEF has actively participated in coordinating activities related to demand-side interventions for immunization. This has involved collaboration with key stakeholders like the MoH, the NIPHK, and the WHO to develop plans for community engagement and immunization Kosovo-wide. Moreover, UNICEF has been involved in several coordinating bodies and structures related to immunization in Kosovo, including groups responsible for developing different action plans outlined in Table 6.

"UNICEF has assumed a significant institutional role in supporting immunization that aligns well with its mandate, capacities, and comparative advantages. The collaboration with key partners such as NIPHK, the WHO, and the Ministry of Health demonstrates UNICEF’s strong commitment and strategic positioning. UNICEF provided crucial technical assistance and resources such as laptops to support immunization efforts. The frequent and regular meetings held in 2020 underscore the proactive and central role UNICEF played in coordinating efforts to maintain high immunization coverage."

Source: Development Partner

Table 6. Health Policy and Strategy Documents Developed with UNICEF’s Support

Policy document/strategy	Ownership	Status	UNICEF role
Health Sector Strategy 2017–2021	MoH	Approved	Provide inputs
National Deployment and Vaccination Plan for COVID-19 Vaccines	MoH	Approved	Technical support
Action Plan for Immunization 2022-2025	MoH	Approved	Technical support
Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan 2023–2025, UNICEF	MoH	Approved	Technical support
Advocacy, Communication, and Social Mobilization Plan for New Vaccines in the Vaccination Calendar 2023–2024	MoH	Approved	Technical support

Source: Evaluation Dataset, UNICEF (2024).

⁸³ NIPHK, 2020. Annual Bulletin of Infectious Diseases (2020).

121. There have been some other important points at which UNICEF played an important role in coordinating efforts in the immunization domain across Kosovo. Of note, UNICEF Kosovo was part of the working group responsible for coordinating and rolling out COVID-19 vaccines. In this role, UNICEF served as the focal point for COVAX and worked to strengthen the capacities of the MoH in rolling out the COVID-19 vaccines, ensuring effective coordination between health institutions and international partners, including the WHO, GAVI, and the World Bank.⁸⁴ In addition, UNICEF Kosovo supported the implementation of the Working Group on Communication and Demand Promotion for the COVID-19 vaccine. This group was led by the MoH, with representatives of the NIPHK, UNICEF, the WHO, and the Accessible Quality Healthcare (AQH) project playing a key role in coordinating communication efforts and demand promotion interventions regarding COVID-19 vaccination and prevention⁸⁵.

122. In the context of BI research on immunization, a reference group was established under the leadership of the NIPHK, comprising key stakeholders, including UNICEF and the WHO. UNICEF facilitated the establishment of the reference group under the NIPHK's leadership and the group worked on overseeing the implementation of the BI survey on vaccine uptake drivers and barriers⁸⁶. This group was established to provide technical support in survey planning, implementation, and dissemination of results, promoting the use of findings to improve immunization practices.⁸⁷ UNICEF also played a role in supporting the establishment of the Interagency Working Group by the MoH to oversee communication and demand promotion with regard to the introduction of new vaccines, including the HPV. UNICEF is part of this working group, collaborating with other key stakeholders such as the WHO and health institutions to support the process and ensure new vaccines' successful implementation.⁸⁸ For all three vaccines, UNICEF's support here has been critical to the development of the Advocacy, Communication and Social Mobilization Plan.

123. UNICEF Kosovo staff pointed out that for over 20 years, UNICEF, through its Supply Division, had procured routine vaccines for the MoH, purchased with MoH funds. During the COVID-19 pandemic, UNICEF facilitated the procurement of vaccines donated through the COVAX mechanism, including over one million doses for Kosovo. In addition, UNICEF has supported the development and implementation of immunization policies, such as the National Immunization Action Plan 2022-2025, which addresses vaccine misinformation and incorporates a dedicated annex on risk communication and community engagement for COVID-19 aiming to increase overall vaccine uptake.⁸⁹

124. In addition, as illustrated by the continued growth in immunization expenditures from 2018 to 2023, UNICEF Kosovo has shown its ability to respond to the challenges of the COVID-19 pandemic. Not only has UNICEF Kosovo increased the depth of its financial engagement, but it has also shifted investments into critical areas such as BI research, jointly with the WHO, and outreach efforts to address the vaccine needs of marginalized communities.

UNICEF's Immunization Support within the Kosovo Context

125. The evaluation assessed the extent to which UNICEF's support has aligned with Kosovo's priorities for immunization by examining specific instances of a positive UNICEF response to an identified

⁸⁴ UNICEF, 2021. Balancing supply and demand for COVID-19 vaccination and routine immunization in Kosovo; multiple KIs with different stakeholders.

⁸⁵ The Accessible Quality Healthcare (AQH) project is funded by the Swiss Agency for Development and Cooperation (SDC).

⁸⁶ UNICEF, COAR (2022).

⁸⁷ UNICEF, 2023. Short-term institutional consultancy to conceptualize and support implementation of behavioural insights research on drivers influencing immunization-related behaviours in Kosovo.

⁸⁸ UNICEF, 2022. Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan (2023–2025).

⁸⁹ UNICEF, 2022. Kosovo Office Annual Report 2022.

need or gap in the immunization system or the emergence of different challenges during the evaluation period.

126. UNICEF's support here has been context-specific and responsive to the needs identified either through UNICEF-supported research or during the development of health policies and strategies. As an example, UNICEF Kosovo has built on the role of the UNICEF Supply Division in vaccine procurement and shipment (as well as supporting the cold chain in direct response to the extreme demands of the COVID-19 pandemic). UNICEF Kosovo and health authorities agreed that enhanced UNICEF support for vaccine procurement and supply had become ever more critical, helping to mitigate the impact on immunization rates despite the external challenges posed by the pandemic.⁹⁰

127. In another adjustment, responding to the pandemic and its after-effects, UNICEF Kosovo made a substantial effort to support Kosovo in addressing the social drivers affecting vaccine uptake in response to interruptions in routine immunization services. In collaboration with the NIPHK, UNICEF supported a door-to-door catch-up routine immunization campaign focusing on communities and locations with historically low vaccination rates. Here, Roma, Ashkali, Egyptian, and other marginalized groups were identified and vaccinated through catch-up immunization sessions organized by the primary healthcare centre network.⁹¹

128. Key informants also pointed out UNICEF Kosovo's support of the introduction of new vaccines (HPV, Rota, and PCV) as an example of the evolution of its engagement in response to the evolving context in Kosovo. Other examples of responsive and adaptive UNICEF support for immunization in a changing context included:

- Supporting the training of health workers across all municipalities to use the digitalized HIS;
- Assisting efforts to improve communication with parents;
- Providing technical support to the National Immunization Action Plan 2022-2025, which was approved in 2022; and
- Conducting large-scale renewal of the entire vaccine cold chain system at all levels of vaccine delivery to 186 primary healthcare centres across all 38 municipalities.⁹²

129. The renewal of the cold chain system represents a major effort and investment in Kosovo's immunization system. It includes providing cold chain equipment, crucial to maintaining vaccine efficacy. This investment has significantly strengthened the immunization system's infrastructure and capacity, as seen in all site visits performed in Kosovo.⁹³

130. Key informants indicated that all of the above support had been provided in collaboration with key institutional partners, including the MoH and the NIPHK, as well as international partners, such as the WHO and USAID. The close partnerships with these institutions have enabled coordinated efforts in all technical assistance in policy formulation, data analysis, and performance monitoring, as well as all investments in the system and outreach efforts.⁹⁴

Barriers Impeding UNICEF's role

131. UNICEF Kosovo respondents highlighted some of the barriers preventing it from fully leveraging its mandate, capacities, and comparative advantages. Among these, financial constraints are among the

⁹⁰ KIs with service delivery point representatives.

⁹¹ UNICEF, 2021. Kosovo Office Annual Report 2021.

⁹² UNICEF, 2022. Kosovo Office Annual Report 2022.

⁹³ UNICEF, 2021. Kosovo Office Annual Report 2021.

⁹⁴ UNICEF, 2019. Kosovo Office Annual Report 2019.

most important. Specifically, interview respondents pointed to gaps in grant cycles causing uncertainty and impacting continuity.⁹⁵

132. While these barriers do not directly affect the institutional role that UNICEF Kosovo plays in supporting the immunization system, several systemic factors apparently present challenges to achieving the desired results of UNICEF across the system. These include institutional partners' challenges, such as policy differences and a lack of alignment between health strategies and local implementation plans.⁹⁶ A 2023 assessment of routine immunization services among Roma, Ashkali, and Egyptian communities in Kosovo also noted that weak governance structures and insufficient human resource capacity within health institutions could impede the implementation of health programmes and limit the success of interventions.⁹⁷ Lack of coordination among central institutions and within the NIPHK was also reported.⁹⁸

133. In 2017, the Health Sector Strategy 2017-2021 described the health financing mechanisms in Kosovo as inadequate and fragmented. Key informants indicated that continuing health financing challenges affected the overall health system's performance and efforts to ensure long-lasting impacts of interventions.⁹⁹ Some persistent challenges here include limited public expenditure on health and a large portion of out-of-pocket payments within the system. As noted in a 2020 review of the MICS results, such challenges contribute to inequities in access to healthcare services, especially for vulnerable groups.¹⁰⁰

134. Finally, a lack of up-to-date and reliable data represents a significant challenge impeding UNICEF's efforts to support system strengthening. Technical issues related to digital systems for data entry and tracking vaccine uptake, which were also reported, further complicate data management.¹⁰¹ This hinders evidence-based policymaking and monitoring.¹⁰² Furthermore, institutional capacities for research and data collection are limited, impacting the ability to generate reliable data for planning and monitoring.¹⁰³

"Despite many shortcomings that can be visible in the implementation of the vaccination programme, like at times lack of coordination, difficulties in implementing programme components (digital systems), or imperfect coordination, the immunization system in Kosovo is robust and functional."

Source: NIPHK

"UNICEF's support has aligned well with been and complementary to the actions of key partners to improve vaccination coverage in the ECA region. UNICEF worked closely with influential partners such as the NIPHK, the WHO, and the Ministry of Health to strengthen immunization systems... UNICEF's efforts were particularly evident during the COVID-19 pandemic, where they aligned their support with the WHO's focus on pandemic management and vaccination strategies."

Development Partner

⁹⁵ KIIs with UNICEF Kosovo staff.

⁹⁶ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

⁹⁷ Ibid.

⁹⁸ KII with a development partner representative.

⁹⁹ The MoH, 2016. Health Sector Strategy 2017-2021.

¹⁰⁰ UNICEF, 2020. Better Start in Life for All Children in Kosovo - A Policy Brief Based on MICS 2019/2020 Findings.

¹⁰¹ KIIs with NIPHK representatives.

¹⁰² Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

¹⁰³ Kosovo Agency of Statistics, 2014. Monitoring the situation of children and women - Multiple Indicator Cluster Survey 2013-2014.

Addressing the Cross-sectoral Implications of Immunization

135. Key informants indicated that UNICEF had supported the immunization system, which integrates actions across other sectors such as education and (less visibly) social protection. This had mainly been achieved by supporting integration across health, education, and social service sectors.¹⁰⁴ However, some respondents have noted that this had not been one of the most vital aspects of UNICEF's operations in the immunization domain in Kosovo. For example, there had been little interaction between programmes situated at different pillars within UNICEF. Furthermore, many key informants referred to the example of positive interaction between health and education domains, visible in coordinating outreach activities in public schools and facilities during the response to COVID-19.¹⁰⁵

5.2 Coherence of UNICEF Support within the Healthcare Systems

5.2.1 Alignment with Key Partners

KEQ 3. Where key partners significantly influence the strengthening of immunization systems, has UNICEF's support been aligned with and/or complementary to actions taken by stakeholders to improve vaccination coverage in the ECA region?

Finding 5: UNICEF has contributed to and benefited from solid cooperation with vital partners in Kosovo such as the MoH and the NIPHK, and international stakeholders. In some instances, UNICEF has taken a lead role in supporting immunization activities, such as in refurbishing the cold chain system and outreach activities. In other cases, such as supporting immunization action plans, training, and introducing new vaccines, UNICEF has collaboratively worked with stakeholders.

136. UNICEF's support has aligned well with and been complementary to the actions taken by key partners to improve vaccination coverage. It has collaborated closely with influential stakeholders such as the MoH, the NIPHK, the WHO, and CSOs. Such partnerships have involved regular meetings, technical assistance, and resource provision.¹⁰⁶ In particular, the NIPHK and UNICEF have collaborated extensively to enhance Kosovo's public health and immunization services. In some instances, UNICEF has played a significant and leading role here. In others, UNICEF has played a supporting role, along with other actors.

137. During the COVID-19 pandemic, in coordination with health institutions and with the support of international partners such as USAID, GAVI, and the WHO, UNICEF's contributions were reportedly vital in maintaining routine immunizations and rolling out COVID-19 vaccines. Indeed, UNICEF provided continuous support in the forms of equipment, vaccines, training, and logistical support, addressing the impact of the pandemic on immunization rates.¹⁰⁷

138. Interviews with health authorities and technical partners emphasized UNICEF's collaborative approach to addressing immunization challenges among marginalized communities. This was noted on several occasions, as elaborated upon below.

139. Overall, according to all sources and respondents, the partnerships between UNICEF and critical stakeholders seem to have been pivotal in strengthening Kosovo's immunization system. These efforts

¹⁰⁴ UNICEF, 2023. Findings Report - Rapid Qualitative Assessments (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁰⁵ KIIs with NIPHK representatives and UNICEF Kosovo staff.

¹⁰⁶ KII with a development partner representative.

¹⁰⁷ KIIs with UNICEF Kosovo staff.

have been crucial in ensuring high vaccination coverage and addressing challenges posed by the pandemic. Finally, key informants pointed out that UNICEF's efforts during the COVID-19 pandemic aligned well with the WHO's focus on pandemic management and vaccination strategies.¹⁰⁸ This was confirmed in the "Balancing Supply and Demand for COVID-19 Vaccination and Routine Immunization in Kosovo" report published by UNICEF.¹⁰⁹

Extent of Context-specific Support

140. Many examples from evaluated evidence show that support by UNICEF has been context-specific and was developed and implemented in collaboration with different actors. As noted, key stakeholders recognize the critical role of UNICEF in reaching marginalized communities in coordination with a competent implementing partner, BSFK.

141. Furthermore, UNICEF's support responded to the identified need for improved data collection and monitoring systems to better understand and address these disparities.¹¹⁰ In particular, UNICEF has contributed to developing a data collection system in partnership with the MoH and the NIPHK. Cold chain system refurbishment with funds from multiple donors, most notably USAID, was also visible at all site visits. During the evaluation period, UNICEF's support for the capacity building of the immunization network (including the cold chain), involvement in interinstitutional coordination in immunization operations, and support for the digitalization of the supply system was evident in the provision of flexible, context-specific support.¹¹¹

"UNICEF's support has been context-specific and appropriate to the capacities, roles, and evolving priorities of partners, including authorities and other members of the UNCT. The organization has built and maintained close relationships with the MoH and NIPHK, ensuring its support is well-integrated into Kosovo strategies"

Source: KIIs, NIPHK

142. UNICEF's collaboration with health institutions like the MoH and the NIPHK was uniformly characterized as constructive in the KIIs. There was continuous agreement as to the best way forward and cooperation related to new initiatives, such as supporting the supply of newly introduced vaccines (i.e., HPV, PCV, and Rota) through the UNICEF Supply Division.¹¹² Investments in community outreach and the refurbishment of vaccination facilities are further demonstrations of UNICEF's tailored support, ensuring a sustainable and effective immunization programme.¹¹³ During the COVID-19 pandemic, UNICEF's role became critical. It helped to mitigate the pandemic's impact on immunization rates through consistent supply and support mechanisms, addressing misinformation and vaccine hesitancy through educational efforts and community outreach for marginalized and vulnerable communities.¹¹⁴

Extent of Alignment with Other Stakeholders and Partners

143. UNICEF's support in Kosovo has demonstrated a high degree of alignment and complementarity with other stakeholders and partners. Key informants noted that the UNICEF's partnership model had facilitated significant programme advances. For example, as indicated in the UNICEF Kosovo Office Annual Report 2019, UNICEF's support for strategic planning and targeted interventions, including door-

¹⁰⁸ KIIs with UNICEF Kosovo staff.

¹⁰⁹ UNICEF, 2021. Balancing supply and demand for COVID-19 vaccination and routine immunization in Kosovo.

¹¹⁰ NIPHK, 2023. Assessment of Technical Needs for Immunization Services - Final Report.

¹¹¹ KIIs with UNICEF Kosovo staff.

¹¹² KIIs with NIPHK representatives.

¹¹³ Site visit at vaccination service delivery point.

¹¹⁴ KII with a health authority representative.

to-door campaigns, had improved vaccination rates among under-vaccinated groups due to effective external coherence with its external partners.¹¹⁵ This has been seen in other efforts, including cold chain renewal, which was conducted in cooperation with and through support from USAID.¹¹⁶ This has also been seen largely in the backing of multiple strategies supporting Kosovo's immunization system where coherence with the actions of other agencies (i.e. the WHO and the UNFPA) has enabled successful outcomes in the design and approval of strategic documents.¹¹⁷ Similarly, health service staff have benefited from coordinated support provided by UNICEF and development partners in the training on IPC for vaccination.¹¹⁸

144. Key stakeholders also reported excellent cooperation among the NIPHK, UNICEF, and the WHO. The cooperation was described as robust, with regular meetings held almost daily. The joint work with the WHO was especially effective in managing COVID-19 and reassessing the cold chain.¹¹⁹ UNICEF has also consistently supported interinstitutional coordination in immunization operations, the development and implementation of initiatives aimed at digitalizing vaccine supply information systems, and the refurbishment of the vaccine cold chain. By working collaboratively with the MoH, the NIPHK, and the WHO, UNICEF has taken steps to ensure its efforts are supportive and integrated within the broader immunization strategy. The example of the National Immunization Technical Advisory Group (NITAG) is pertinent here. In this case, the WHO led the support of the NITAG, but UNICEF supported immunization processes in ways that were consistent with its guidance¹²⁰.

“Collaboration was very strategic and each of us took an important strategic position and supported the health authorities. For example, the WHO supported the NITAG and UNICEF supported the refurbishment of all cold chains. Both of these were crucial to the development of the immunization system in Kosovo.”

Source: KII, WHO

145. The strong partnerships with the MoH, the NIPHK, and other stakeholders have allowed UNICEF to engage in coordinated efforts to address vaccination needs. Moreover, UNICEF's involvement during the COVID-19 pandemic proved to be a gateway to expanding the immunization programme, and the continued intensity of post-pandemic efforts reflects a cohesive strategy. Investments in community outreach through NGOs such as BSFK and the BCS have facilitated effective partnerships that address community problems collaboratively. This alignment has been crucial in reaching under-vaccinated groups and enhancing vaccination coverage.¹²¹

5.2.2 Integration of UNICEF's Support and Action in Kosovo

KEQ 4. Where UNICEF has supported efforts to identify and address barriers and to increase demand for immunization (including adjustments to policies, programmes, services, workforce capacity, and accountability) has this resulted in programmes and actions being embedded into health systems and integrated into immunization programmes, budgets, and policies?

¹¹⁵ KIIs with UNICEF Kosovo staff.

¹¹⁶ KIIs with the MoH, the NIPHK, MFMCs, UNICEF Kosovo, and development partners.

¹¹⁷ KIIs with UNICEF Kosovo staff.

¹¹⁸ Site visit at a vaccination service delivery point.

¹¹⁹ KII with a development partner representative.

¹²⁰ KIIs with UNICEF Kosovo staff.

¹²¹ KIIs with UNICEF Kosovo staff.

Finding 6: Generally, for Kosovo, there is a trend of adopting UNICEF system support into the healthcare system. There are multiple cases where this has occurred, however the extent to which project and programme outcomes have been integrated tends to vary. For example, in the case of health plans, UNICEF's input and support have influenced their development, with the results fully integrated. Cold chain system investments have also been well integrated into the immunization system in Kosovo. However, in the case of health information systems and digital monitoring systems for temperature, while the changes have been incorporated, the systems were not yet fully functional across Kosovo at the time of this evaluation. In some instances, such as outreach to vulnerable communities, efforts have appeared to be primarily UNICEF-led, where institutions participate but the activities have not been integrated into the health system.

Finding 7: UNICEF's support to develop strategies, policies, plans, and programmes in immunization has been evidence-based, relying on UNICEF-supported assessments, studies, and evaluations. This evidence has influenced the content of the responses to challenges hindering immunization in Kosovo.

146. UNICEF-supported initiatives have generally been integrated into immunization programmes, budgets, and policies. The UNICEF evidence-based approach, focusing on addressing barriers and increasing demand for immunization, supports the development of comprehensive action plans and administrative instructions.

Extent to Which Support for Programmes has Been Based on Evidence

147. Key informants and documentary evidence indicate that UNICEF's support has been grounded in evidence, and supported by strategic assessment. This evidence-based approach has been demonstrated through various initiatives and collaborations outlined in multiple reports and evaluations. Meanwhile, evidence-generation work has included comprehensive assessments, commissioned research, strategic planning documents, and the design and development of targeted SBC interventions.¹²² UNICEF has also emphasized evidence generation by supporting ongoing assessments of public perception of vaccines, which has been crucial for market analysis and intervention adjustment.¹²³

"Overall, UNICEF's multifaceted support, grounded in evidence and strategic assessment, has been essential to enhancing immunization programme effectiveness and efficiency."

Source: UNICEF Kosovo

148. Particular examples of the use of evidence to drive UNICEF's support of immunization noted by the NIPHK have addressed the need for improved equipment, infrastructure, and capacity development for the cold chain. All interviewed stakeholders aware of this support confirmed that it had been devised based on cold chain assessment.

149. UNICEF's support in addressing disruptions to routine immunization services during and after the COVID-19 pandemic was also linked to efforts to assess barriers impeding vaccine uptake through social listening efforts and BI research supported by UNICEF and related stakeholders. This has been instrumental in devising door-to-door and catch-up routine immunization campaigns, focusing on communities and locations with historically low vaccination rates.

¹²² KII with development partner representative.

¹²³ KII with UNICEF Kosovo Office staff.

150. In summary, UNICEF’s support of immunization programmes in Kosovo has been comprehensive, evidence-based, and highly effective in improving immunization coverage and addressing public health challenges. This has been evident from the sustained high vaccination rates and the successful implementation of strategic immunization initiatives despite significant obstacles such as the COVID-19 pandemic.

The Extent of the Incorporation of Policy and Strategy Changes into Health Strategies and Programmes (including Budgets)

151. UNICEF has supported the agreed introduction of new vaccines like HPV, Rota, and PCV.¹²⁴ Another example of how health strategies and plans integrate UNICEF-advocated themes and policy changes can be seen in the MoH’s endorsement of the Strategic Action Plan on Immunization 2022-2025, which focuses on increasing vaccination coverage among the most vulnerable children.¹²⁵ The National Immunization Action Plan 2022-2025, developed with UNICEF’s technical assistance and approved in 2022, also addresses UNICEF-supported priorities.¹²⁶ It is also important to note that strategies and action plans include institutional commitments and budget allocations for immunization.¹²⁷ Especially vital here is the fact that this plan includes integrated budgets for outreach work.¹²⁸ The evaluation witnessed similar trends in other strategies discussed in the section above (context-specific support for health strategies, plans, and programmes – paragraphs 135 to 137).

152. In another example of integration, UNICEF’s support, technical assistance, and procurement support through the UNICEF Supply Division were incorporated into the planning and operations of the MoH and the NIPHK throughout the evaluation period. While the MoH handles funding, the Supply Division deals with procurement services that ensure necessary vaccines for the population.¹²⁹

153. Similarly, during and after the response to COVID-19, UNICEF leveraged USAID funding and UNICEF-supported assessments to enhance the cold chain infrastructure. This support resulted in improved facilities, upgraded equipment, and updated digital monitoring systems, reinforcing the health system at central and local levels. UNICEF’s equipment support also included alternative power systems to ensure vaccine storage reliability, reinforcing UNICEF’s role in sustaining immunization efforts.^{130 131} All of this support is well integrated within the system.

154. The estimated vaccination coverage rates remain high, with a reported 95 percent coverage for DPT1 and 89 percent for DPT3 in 2023, reportedly due in part to the continuous supplementary routine vaccination campaigns conducted throughout the year¹³². This success has boosted the health system and immunization programmes, ensuring consistent coverage across all municipalities with no significant variations.¹³³

5.3 Effectiveness of UNICEF Support in the Context of the Kosovo Response

5.3.1 UNICEF Capacity

KEQ 5. To what extent do UNICEF ECARO and UNICEF Kosovo staff have the capacity, tools, and incentives to effectively support Kosovo’s actions to address social and behavioural drivers of vaccine

¹²⁴ KII with UNICEF Kosovo Office staff.

¹²⁵ Kosovo Office Annual Report 2018

¹²⁶ Kosovo Office Annual Report 2022

¹²⁷ KIIs with NIPHK representative and UNICEF Kosovo Office staff.

¹²⁸ KII with NIPHK representative.

¹²⁹ UNICEF, 2018. Kosovo Office Annual Report 2018.

¹³⁰ Site visits to central institutions.

¹³¹ Site visit to a service delivery point.

¹³² WHO Immunization Data Portal - Administrative Data for Kosovo.

¹³³ NIPHK, 2021. Annual Bulletin of Infectious Diseases (2021).

uptake as an integral element of support for system strengthening for immunization within primary healthcare?

Finding 8: UNICEF Kosovo has demonstrated that it possesses the necessary skills, tools, and incentives to support Kosovo's actions in effectively addressing social and behavioural drivers affecting vaccine uptake. UNICEF staff's capacity is appropriate for this purpose, and so too are the tools and guidelines employed with support from the UNICEF ECARO. Finally, UNICEF has used these capacities to collaboratively address barriers and drivers affecting vaccine uptake with health authorities.

Finding 9: UNICEF Kosovo's multifaceted approach, including strategic policy advice, showcases its robust capability to assist Kosovo efforts to boost vaccine uptake and effectively address related social and behavioural drivers. UNICEF's engagement in Kosovo has significantly enhanced the healthcare staff's capability to manage immunization efforts.

UNICEF Staff's Capacity to Support Kosovo's Efforts to Address Social and Behavioural Drivers Affecting Vaccine Uptake

155. The evaluation assessed the capacity of UNICEF Kosovo in the immunization space from a range of different perspectives, including assessments of the quality of UNICEF's technical inputs provided by non-UNICEF stakeholders, evidence in UNICEF-supported policy, strategy, and operational documents, the variety and breadth of advocacy, programme, and project development and programme implementation support provided by UNICEF Kosovo, and the availability and use of tools relevant to immunization in the region and supported by the UNICEF ECARO.

156. Based on these dimensions and the sources reviewed, it is clear that UNICEF Kosovo staff have the capacity to support Kosovo's efforts to enhance its vaccine uptake. This includes providing support to address social and behavioural factors affecting vaccine uptake.

157. Consistently, from 2018 to 2023, UNICEF Kosovo provided support in the form of technical assistance to the MoH and the NIPHK. Moreover, UNICEF has supported investments in research and the adaptation to the Kosovo context of the IPC skills for immunization training package provided by UNICEF ECARO in the training of healthcare workers. It has also supported health authorities in significantly improving engagement with communities, especially marginalized ones like the Roma, Ashkali, and Egyptian communities.¹³⁴ These trainings covered the development and distribution of informational materials and the tools and approaches to address vaccine hesitancy effectively. Reportedly, 100 percent of staff in the primary healthcare network that handle vaccination delivery

"UNICEF ECARO and UNICEF Kosovo staff possess significant capacity and tools to effectively support health-related actions. This includes training, logistical support, and technological infrastructure to enhance vaccine uptake. The ongoing provision of equipment, training, and digital tools demonstrates UNICEF's commitment to addressing both social and behavioural drivers affecting vaccine uptake. However, the effectiveness of these efforts can be hampered by the political and managerial dynamics within the local health systems."

Source: UNICEF Kosovo

¹³⁴ Kosovo Case Study: Balancing Supply and Demand for COVID-19 Vaccination and Routine Immunization in Kosovo. UNICEF Kosovo.

points as well as NIPHK staff delivery points were trained and received communication packages, covering about 25 percent of the total primary healthcare workforce.¹³⁵ The training and other sessions for healthcare staff were developed and provided in collaboration with various local and international stakeholders.¹³⁶

158. In addition to technical support provided to capacity development efforts (including capacity development for line managers in the immunization supply function and the cold chain), UNICEF has issued technical input support to the revitalization of the cold chain, including research and assessment support and technical support to the specification, procurement, installation, and commissioning of equipment such as electronic tagging and temperature reporting in the cold chain. The role played by UNICEF Kosovo in supporting these efforts was noted by virtually all key informants and observed and discussed during the site visits too.

159. Other domains in which UNICEF has proved able to provide technical support to partners in developing and implementing initiatives in support of increasing immunization coverage include:

- Supporting the development of the National Immunization Plan 2022-2025 and other strategic documents and their incorporation of specific goals to reach vulnerable communities, including the integration of the RCCE component on COVID-19 within the National Immunization Action Plan 2022-2025;¹³⁷
- Conducting and supporting assessments of different elements of the immunization system;¹³⁸
- Completing and assisting research on social and behavioural drivers affecting vaccine uptake to help drive more effective public advocacy and community engagement;¹³⁹
- Supporting the updating and digitalizing of monitoring systems to boost operations, including incorporating a digitalized immunization registration system within the HIS;¹⁴⁰ and
- In recent years, providing technical support to introduce new vaccines, including the HPV, and supporting development of the National Plan on Advocacy, Communication and Social Mobilization for three new vaccines.¹⁴¹

160. In all of these areas, key informants were positive in their assessment of the quality and consistency of technical support provided by UNICEF.

Adequacy of UNICEF Guidelines, Tools, and Support in Immunization Programming

161. UNICEF Kosovo has demonstrated an ability to combine qualified personnel, targeted technical assistance, and a multisectoral approach to support Kosovo's immunization system.¹⁴² However, this capacity also relies on the use of tools and guidelines for, as an example, BI research, cold chain assessments, effective vaccine management assessments, and other analytical and design processes originating within the UNICEF ECARO and benefiting from ECARO programme staff support.

¹³⁵ KIIs with UNICEF Kosovo staff.

¹³⁶ KIIs with UNICEF Kosovo staff.

¹³⁷ KIIs with the NIPHK, UNICEF Kosovo staff.

¹³⁸ KIIs with the NIPHK, UNICEF Kosovo staff.

¹³⁹ KIIs with the NIPHK, UNICEF Kosovo staff.

¹⁴⁰ UNICEF, 2022. Kosovo Office Annual Report 2022.

¹⁴¹ KIIs with UNICEF Kosovo staff.

¹⁴² KIIs with UNICEF Kosovo staff.

162. An example of the successful application of these tools has been the work of UNICEF Kosovo in the development of an evidence-based understanding of social and behavioural drivers affecting vaccine uptake, particularly among marginalized groups.¹⁴³

163. Overall, with ongoing support from the ECARO, UNICEF Kosovo staff have come to possess the technical and managerial capacity and tools to effectively support immunization actions. This includes training, logistical support, and technological infrastructure to enhance vaccine uptake.^{144 145}

164. However, some interviewees noted that the limited funding and the high cost of studies had sometimes prevented UNICEF Kosovo from providing full technical support to institutions and implementing partners. Similar constraints have limited investments in data-gathering efforts or monitoring and evaluation reports containing critical studies or data on the effectiveness of UNICEF support in improving Kosovo-wide immunization coverage. Consequently, the impact of UNICEF programmes has not been adequately measured yet.¹⁴⁶

"UNICEF's efforts have significantly integrated its support into health systems. Programmes and actions supported by UNICEF are well-embedded into the immunization programs as seen in the adoption of new vaccination calendars and the integration of UNICEF's logistical and technological support into routine health services."

Source: NIPHK

The Extent to Which UNICEF's Support has Enabled Kosovo Authorities to Identify and Address Drivers Affecting Vaccine Uptake

- Throughout the period under evaluation, UNICEF Kosovo has worked with health authorities and other partners to research and diagnose the positive and negative drivers affecting vaccine uptake. As noted by UNICEF Kosovo staff, UNICEF has supported the development of a series of RQAs on COVID-19 and routine immunization which have been used to inform communication and demand promotion interventions during and after the pandemic. They were also involved in UNICEF's support of working with vulnerable populations. A UNICEF-supported BI study was carried out, jointly with the WHO, in 2023/2024 with the results reported in 2024. These results are expected to inform future actions and interventions in relation to immunization.¹⁴⁷

165. The results of these studies and information-gathering efforts have helped to tailor immunization campaigns and improve messaging content, such as informational posters and materials in healthcare facilities. These help to educate the community on updated vaccination schedules and available vaccines, as well as to improve the awareness and participation of all communities, especially marginalized groups.¹⁴⁸

¹⁴³ KIIs with UNICEF Kosovo staff.

¹⁴⁴ KIIs with the NIPHK, MFMCs, and service delivery point representatives.

¹⁴⁵ KIIs with the MoH.

¹⁴⁶ KIIs with UNICEF Kosovo staff.

¹⁴⁷ UNICEF, 2023. Short-term institutional consultancy to conceptualize and support implementation of behavioural insights research on drivers influencing immunization-related behaviours in Kosovo.

¹⁴⁸ UNICEF, 2021. Balancing supply of and demand for COVID-19 vaccination and routine immunization in Kosovo.

5.3.2 Strengthened Capacity to Address and Improve Vaccine Uptake in Kosovo

KEQ 6. To what extent has UNICEF contributed to strengthening health system capacity to improve vaccine uptake?

Finding 10: Through comprehensive and targeted efforts, UNICEF has developed an evidence-based understanding of Kosovo's social and behavioural drivers affecting vaccine uptake. This has been done using a proactive approach to understanding and addressing barriers to vaccination and improving acceptance and confidence among marginalized groups in close and collaborative partnerships with health institutions.

Finding 11: During the period under evaluation, UNICEF provided ongoing support focused on enhancing the capacity of Kosovo's immunization system. This support aimed, in part, to ensure the resilience of the system and its outbreak preparedness and response to address current and future public health challenges.

166. Through various initiatives, UNICEF has contributed to strengthening health system capacity to improve vaccine uptake in Kosovo. This was confirmed through a documentation review, site visits, and the KIIs. Through continuous support, including in the shape of equipment, vaccines, training, and logistical assistance, UNICEF has responded to the immunization needs in Kosovo over time. It has supported institutions with procurement services for vaccines through the UNICEF Supply Division, funded by the MoH, and ensured smooth continuation of the immunization programme, protecting over 130,000 children from vaccine-preventable diseases.¹⁴⁹ Moreover, UNICEF has facilitated renewal of the cold chain system by delivering various types of equipment.¹⁵⁰ To address the low vaccination rates in specific communities, UNICEF, through its implementing partner (BSFK) and in collaboration with the NIPHK, conducted door-to-door immunization campaigns targeting Roma, Ashkali, and Egyptian children, vaccinating thousands of children and reaching thousands of families.¹⁵¹ Collaborating closely with the MoH, UNICEF has advanced policies and advocated for vaccination, particularly emphasizing its support for Roma, Ashkali, and Egyptian communities.¹⁵²

"UNICEF has substantially strengthened health system capacity to improve vaccine uptake. This includes providing evidence-based guidance on social and behavioural drivers affecting vaccine uptake, enhancing outbreak preparedness and response, and implementing strategies and programmes to measure and address determinants of immunization demand. Their efforts have significantly improved vaccine coverage and acceptance among marginalized groups."

Source: NIPHK

167. UNICEF's response to the COVID-19 pandemic involved several key measures, including logistical support for vaccine distribution, maintenance of the cold chain system, and training programmes for healthcare providers as well as communication and outreach actions to increase vaccine uptake.¹⁵³ In particular, the UNICEF systems approach targeted the improvement of planning, financing, and

¹⁴⁹ UNICEF, 2018. Kosovo Office Annual Report 2018.

¹⁵⁰ UNICEF, 2021. Kosovo Office Annual Report 2021.

¹⁵¹ UNICEF, 2021. Kosovo Office Annual Report 2021.

¹⁵² KIIs with UNICEF Kosovo staff.

¹⁵³ National Plan for COVID-19 Vaccination 2021–2024, the MoH, 2020.

programming.¹⁵⁴ Through comprehensive and assertive campaigns, UNICEF promoted childhood vaccination and addressed vaccine misinformation, which grew substantially during and after the COVID-19 pandemic.¹⁵⁵ UNICEF's efforts here also included establishing temporary COVID-19 vaccination centres.¹⁵⁶ These extensive efforts highlight UNICEF's role in enhancing Kosovo's immunization system and improving vaccine uptake.¹⁵⁷

168. Across multiple site visits, the evaluation observed the systematic organization of vaccination services at primary healthcare centres. At the observed sites, these services were delivered within well-maintained facilities with adequate operational space by polite and friendly staff ¹⁵⁸.

Processes Developing an Evidence-based Understanding of Social and Behavioural Drivers Affecting Vaccine Uptake and Barriers Impeding Vaccination in Kosovo

169. Some important processes have supported the evidence-based understanding of social and behavioural drivers affecting vaccine uptake and barriers impeding vaccination. These were highlighted in multiple interviews and reviewed documents. With WHO support, the NITAG was formed during the period under evaluation and continues to play a crucial role in advising health authority stakeholders with regard to introducing new vaccines, including the HPV. The NITAG recommended the vaccination schedule and strategies for implementing these vaccines, including understanding the context of vaccine uptake and addressing potential barriers, which were worked out in the rollout plan.¹⁵⁹ UNICEF is an active participant in the reference group established by the MoH in July 2023 to support the BI study on immunization, with the involvement of the NIPHK, UNICEF, and the WHO. It aims to identify key behavioural drivers influencing childhood immunization, and is focused on parents/caregivers of children aged 0-6 and healthcare workers. The insights gleaned from this study will help to formulate targeted, evidence-based recommendations to improve immunization rates in Kosovo by addressing behavioural barriers and enhancing demand for vaccines.¹⁶⁰

170. Given the evidence and information obtained from various respondents, there have been serious efforts across Kosovo, with the support of UNICEF, to develop an evidence-based understanding of social and behavioural drivers affecting vaccine uptake and barriers impeding vaccination. This process served the function of developing solutions to enhance vaccine acceptance, particularly among marginalized groups. In this regard, UNICEF has contracted research institutions to conduct qualitative assessments with different population groups to understand people's perceptions, attitudes, and beliefs in relation to vaccine uptake.¹⁶¹ UNICEF has also supported quantitative assessments to better understand perceptions and attitudes, as well as sources of information about routine vaccines. These

¹⁵⁴ UNICEF, 2020. Better Start in Life for All Children in Kosovo - A Policy Brief Based on MICS 2019/2020 Findings.

¹⁵⁵ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁵⁶ UNICEF, 2020. Kosovo Office Annual Report 2020.

¹⁵⁷ UNICEF, 2019. Analysis of the Situation of Women and Children in Kosovo.

¹⁵⁸ Observations and KIs with service delivery staff during site visits.

¹⁵⁹ UNICEF, 2022. Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan 2023 – 2025; Ministry of Health, 2022. Advocacy, Communication, And Social Mobilization Plan for New Vaccines in The Vaccination Calendar 2023 – 2024; KII with development partner representative and UNICEF Kosovo Office staff.

¹⁶⁰ UNICEF, 2023. Short Term Institutional consultancy to conceptualize and support implementation of behaviour insights research on drivers influencing immunization-related behaviours in Kosovo.

¹⁶¹ UNICEF, 2023. Findings Report - Rapid Qualitative Assessments (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian communities.

have been used to develop communication and demand-generation plans that accommodate the needs of target groups.¹⁶²

Support of Healthcare Systems in Outbreak Preparedness and Response

171. UNICEF has played a considerable role in strengthening the healthcare system with regard to outbreak preparedness and response. This was largely confirmed during the KIIs and desk review. For years, the WHO led such efforts as part of its mandate in collaboration with the MoH and other relevant institutions. However, UNICEF's support, triggered by the COVID-19 pandemic, has been multifaceted, covering preparedness and response, and encompassing technical assistance, capacity building, and data management support.¹⁶³ The digitalization of immunization records, which facilitated real-time data monitoring, digitalization of cold chain system monitoring, and the provision of cold chain equipment are examples of this support.¹⁶⁴

"UNICEF played a pivotal role in the COVID-19 response, supporting Kosovo's institutions in developing and implementing comprehensive vaccination plans. This included cold chain refurbishment, digital systems for data collection, and procurement of vaccines, which have significantly strengthened the health system's capacity in terms of outbreak preparedness and response."

Source: NIPHK

Strategies to Measure and Address Determinants of Demand for Immunization Services

172. Evidence widely shows that Kosovo has implemented various strategies and programmes at the healthcare system level to measure and address the determinants of dem

173. and for immunization services. UNICEF has provided key technical support to health institutions that are leading such efforts. One of the main such initiatives has been developing and implementing comprehensive action plans such as the National Immunization Action Plan 2022-2025.¹⁶⁵ This plan was formulated with UNICEF's technical assistance and included a risk communication and community engagement strategy on COVID-19. The latter is vital in addressing vaccine hesitancy and misinformation.¹⁶⁶ Moreover, the Advocacy, Communication, and Social Mobilization Plan for New Vaccines in the Vaccination Calendar 2023-2024 is another such plan for which UNICEF provided technical support. UNICEF has also played an important role in the Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan 2023-2025, led by the WHO. These collaborative efforts have highlighted the support of different strategies by UNICEF to measure and address determinants of demand for immunization services. Measures to digitalize immunization registration systems represent another important strategy here that could be beneficial in terms of gauging demand for immunization services.¹⁶⁷

¹⁶² Ministry of Health, 2022. Advocacy, Communication, And Social Mobilization Plan For New Vaccines In The Vaccination Calendar 2023 – 2024.

¹⁶³ UNICEF, 2018. Kosovo Office Annual Report 2018.

¹⁶⁴ UNICEF, 2021. Kosovo Office Annual Report 2021; UNICEF, 2022. Kosovo Office Annual Report 2022; NIPHK, 2023. Assessment of Technical Needs for Immunization Services - Final Report.

¹⁶⁵ UNICEF, 2022. Kosovo Office Annual Report 2022.

¹⁶⁶ UNICEF, 2022. Kosovo Office Annual Report 2022.

¹⁶⁷ UNICEF, 2023. Short-term institutional consultancy to conceptualize and support implementation of behavioural insights research on drivers influencing immunization-related behaviours in Kosovo.

5.3.3 Understanding and Addressing Factors Limiting Access

KEQ 7. To what extent have healthcare systems been able to identify, understand, and address factors affecting their ability to reach the most vulnerable and address issues of inequity in immunization programming?

Finding 12: Healthcare systems in Kosovo have faced significant challenges in identifying, understanding, and addressing factors affecting their ability to reach the most marginalized groups. According to key stakeholders, the NIPHK and UNICEF have played crucial roles in an effort to respond to these challenges. Indeed, the two have implemented various strategies and activities to address these identified gaps. Some methods and activities have included door-to-door vaccination campaigns, collaboration with community leaders, and targeted communication efforts. Furthermore, key stakeholders indicated that support for marginalized communities is a vital strength of Kosovo's UNICEF program.

Finding 13: The findings from various reports and surveys underscore a notable improvement in the confidence among marginalized communities of caregivers in Kosovo. This results from enhanced access to health services and targeted interventions supported by UNICEF.

174. The healthcare systems in Kosovo have faced significant challenges in identifying, understanding, and addressing factors affecting their ability to reach the most vulnerable. Interviewed stakeholders reported that the NIPHK and UNICEF had played crucial roles in these efforts. This was particularly true in the response to the COVID-19 pandemic, which exacerbated existing disparities.¹⁶⁸ Critical barriers identified here included insufficient data on risk groups, high levels of stigma and discrimination, lack of identification papers, poverty, and geographic isolation.¹⁶⁹

175. UNICEF and the NIPHK have implemented various strategies and activities to address these identified gaps. Some of their methods have included door-to-door vaccination campaigns, collaboration with community leaders, and targeted communication efforts.¹⁷⁰ RQAs have also been conducted to understand these communities' behaviours and attitudes toward immunization.¹⁷¹ Meanwhile, social listening was employed for the first time and was valuable in addressing COVID-19 vaccination, albeit less so for routine vaccination, while information traffic was low.¹⁷² Despite these efforts, challenges persist, including a declining healthcare workforce, insufficient health infrastructure, and low public spending on healthcare.

¹⁶⁸ NIPHK, 2021. Annual Bulletin of Infectious Diseases 2021; UNICEF, 2021. Kosovo Office Annual Report 2021.

¹⁶⁹ NIPHK, 2021. Annual Bulletin of Infectious Diseases 2021; UNICEF, 2020. Kosovo Office Annual Report 2020.

¹⁷⁰ UNICEF, 2020. Kosovo Office Annual Report 2020.

¹⁷¹ UNICEF Kosovo (2023). Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁷² UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

Support of the Interventions Purposefully Targeting Vulnerable and Under-vaccinated Groups in Kosovo

176. UNICEF has played a major role in supporting the interventions targeting vulnerable and under-vaccinated groups. They have supported the immunization system, service delivery, and outreach programmes in particular. Ongoing and robust efforts have been made to improve service quality and acceptability for vulnerable populations such as the Roma, Ashkali, and Egyptian communities.¹⁷³ This was reported in all KIIs and stands out as one of the key strengths of UNICEF's work in Kosovo. About 27,000 people received COVID-19 vaccination information through door-to-door campaigns, resulting in the vaccination of thousands of adults.¹⁷⁴

"UNICEF supported door-to-door campaigns to reach various needy communities, primarily Roma, Ashkali, and Egyptian communities, and older people. UNICEF played a significant role in the promotion of COVID-19 vaccination efforts."

Source: CSO

177. To address pandemic-related interruptions in routine immunization services, UNICEF, through its implementing partner (BSFK) and in collaboration with the NIPHK, supported a door-to-door catch-up routine immunization campaign focusing on communities and locations with historically low vaccination rates. Through the catch-up immunization sessions organized by the primary healthcare centres, 5,877 children from Roma, Ashkali, Egyptian, and other vulnerable groups were identified and vaccinated.¹⁷⁵ Similar outreach efforts have also been supported for the Serbian community.

178. In April 2023, the Minister of Health approved the Professional Advisory Committee on Immunization (PACI) recommendations to include three new vaccines. Again, particular attention was paid here to marginalized groups.

Success of and Adjustments to Outreach Efforts Targeting Vulnerable Populations

179. UNICEF has supported outreach efforts targeting vulnerable populations such as the Roma, Ashkali, and Egyptian communities in Kosovo. These multifaceted efforts have aimed to improve these groups' immunization rates and their overall health outcomes, and have been largely successful. Multiple sources report that vaccination rates are returning to the high rates recorded before the COVID-19 pandemic. In particular, these campaigns have addressed the significant immunization gaps exacerbated by the pandemic as well as areas with low vaccination rates. The outreach efforts have included community engagement involving local CSOs. Meanwhile, misinformation about vaccine safety and transportation costs were identified as significant obstacles in RQA reports and reiterated by key stakeholders at all levels and across all institutions, but most notably by staff at the visited vaccine delivery sites. To mitigate these issues, UNICEF has implemented targeted communication strategies and provided logistical support, such as arranging transport for families to vaccination centres or coordinating with mobile vaccination teams from primary healthcare centres to conduct vaccination sessions in the community.¹⁷⁶

180. Despite these efforts, challenges remain and vaccine hesitancy persists among marginalized communities. This is partly due to mistrust of vaccines as well as the influences of older generations. Volunteers from UNICEF's implementing partner (BSFK) have noted that involving medical personnel in

¹⁷³ Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

¹⁷⁴ UNICEF, 2021. Kosovo Office Annual Report 2021.

¹⁷⁵ UNICEF, 2019. Kosovo Office Annual Report 2019.

¹⁷⁶ UNICEF, 2021. Balancing supply of and demand for COVID-19 vaccination and routine immunization in Kosovo.

the campaigns has enhanced credibility and trust.¹⁷⁷ Strategies were employed to improve effectiveness, including door-to-door outreach, the involvement of religious and community leaders to advocate for vaccination and the enhancement of digitalization efforts to track and remind parents about vaccination schedules.¹⁷⁸

Healthcare System Response to Ensure Higher Quality and Acceptability of (and Confidence in) Vaccination

181. The healthcare system in Kosovo has made concerted efforts to alter vaccine services to ensure their higher quality and acceptability, as well as to increase confidence therein among marginalized populations. This was verified in multiple sources. Key initiatives in this regard have focused on increasing access, improving infrastructure, and engaging communities, particularly the Roma, Ashkali, and Egyptian communities. One significant effort has been the door-to-door vaccination campaigns supported by UNICEF, which have been instrumental in reaching under-vaccinated communities.¹⁷⁹ This method has been effective in overcoming barriers related to accessibility and trust, as volunteers and medical personnel can directly address parents' concerns and provide credible information.¹⁸⁰

182. Promotional campaigns targeting vaccine hesitancy, particularly for vaccines like MMR, have been intensified. These campaigns involve comprehensive and assertive communication strategies, often incorporating door-to-door volunteers trusted within the community.¹⁸¹

183. Despite some successes, challenges remain such as overcoming vaccine hesitancy and ensuring the sustainability of outreach efforts. The continued focus on community engagement, including trusted community figures, and addressing logistical barriers will be crucial to further improving vaccination rates among vulnerable populations.¹⁸²

Evidence of Increased Confidence among Vulnerable Communities of Caregivers

184. The findings obtained from various reports and surveys underscore some improvement in caregiver confidence within vulnerable communities in Kosovo. This stems in part from enhanced access to health services and targeted interventions supported by UNICEF. A policy brief supported by UNICEF Kosovo on the results of the 2019/2020 MICS noted that the data outlined the progress made with regard to access to maternal, neonatal, and childcare health services¹⁸³. However, the same document also highlighted continuing inequities in immunization coverage and the need to support families to make them more capable of responsive caregiving¹⁸⁴.

185. As early as 2018, UNICEF facilitated workshops to empower caregivers, mainly targeting vulnerable groups

"Assessing the public perceptions of vaccines has been an ongoing activity supported by UNICEF that has played a significant role in determining the market and fine-tuning interventions. Behavioural insights regarding immunization were also developed with UNICEF's support."

Source: CSO

¹⁷⁷ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁷⁸ Site visits to service delivery points.

¹⁷⁹ UNICEF, 2022. Kosovo Office Annual Report 2022.

¹⁸⁰ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁸¹ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁸² UNICEF, 2021. Balancing supply of and demand for COVID-19 vaccination and routine immunization in Kosovo.

¹⁸³ UNICEF Kosovo, A Better Start in Life for All Children in Kosovo: A Policy Brief Based on MICS 2019/2020 Findings. 2020. P.18.

¹⁸⁴ Ibid. p. 22.

such as the Roma, Ashkali, and Egyptian communities.¹⁸⁵ The community-based programmes launched by UNICEF resulted in many reported positive outcomes.¹⁸⁶ Through support networks and training programmes, caregivers from marginalized groups reported a significant increase in their ability to provide adequate care.¹⁸⁷ Moreover, the efforts to empower caregivers have resulted in noticeable improvements in their confidence levels.¹⁸⁸

186. UNICEF's door-to-door campaigns and community engagement strategies have significantly increased confidence in health services among vulnerable populations. A 2021 UNICEF report on balancing vaccine supply and demand for immunization noted that these outreach efforts had resulted in over 14,572 individuals registering for vaccination. This showcases the extent of reach and trust built through these efforts.¹⁸⁹ The provision of technical support and funding for these campaigns has been a successful strategy in covering the underserved areas.¹⁹⁰ Key informants indicated that the involvement of religious communities through BSFK had played a significant role¹⁹¹. Indeed, this was important in raising awareness and promoting vaccination among local populations, and was done by leveraging these communities' trust in their religious leaders.¹⁹²

5.3.4 Drivers Affecting Uptake

KEQ 8. What drivers or groups of drivers have influenced (positively or negatively) change in immunization coverage at policy, system, service, community, and individual levels?

Finding 14: UNICEF's support extends to data-driven initiatives. Along with its partners in Kosovo, UNICEF has made investments in data collection and the generation of evidence to identify drivers and barriers related to immunization coverage. On numerous occasions, UNICEF has commissioned, alone or in cooperation with different institutions, studies and other research work examining drivers and barriers affecting immunization coverage.

Finding 15: Data availability is not one of the core strengths of the immunization domain in Kosovo. Indeed, data-gathering initiatives, like digital systems for vaccine administration and cold chain monitoring, are not yet fully functional. The data for vaccination are still reported through calculating the volume of supplies spent rather than the actual intake of vaccines. At the same time, investment in research on issues regarding drivers and barriers affecting vaccine uptake by health authorities, UNICEF, and other international partners is limited. However, there is evidence that the available body of data has been used for decision-making purposes to some extent.

187. Immunization coverage in Kosovo is influenced by drivers at various levels, including policy, system, service, community, and individual. There are several policy-level drivers, namely, different action plans that address immunization issues. Meanwhile, system-level drivers include digitalizing the

¹⁸⁵ UNICEF, 2018. Kosovo Office Annual Report 2018.

¹⁸⁶ UNICEF, 2019. Kosovo Office Annual Report 2019.

¹⁸⁷ UNICEF, 2021. Kosovo Office Annual Report 2021.

¹⁸⁸ UNICEF, 2022. Kosovo Office Annual Report 2022.

¹⁸⁹ UNICEF, 2021. Balancing supply of and demand for COVID-19 vaccination and routine immunization in Kosovo.

¹⁹⁰ The MoH, 2022. Advocacy, Communication, and Social Mobilization Plan for New Vaccines In the Vaccination Calendar 2023–2024.

¹⁹¹ KIIs with the MoH, the NIPHK, UNICEF Kosovo staff, and MFMCs.

¹⁹² KIIs with the NIPHK.

immunization information system to enable real-time data tracking, allowing for evidence-based decision making.¹⁹³ Service-level drivers involve outreach activities like door-to-door campaigns and home-visiting programs to increase immunization in underserved areas.¹⁹⁴ Community-level drivers involve community-based approaches like home visits, enhancing service reach to vulnerable communities, and cooperation with community leaders and educational institutions to foster vaccine acceptance.¹⁹⁵ Individual-level drivers include primary healthcare centres intensified campaigns promoting childhood vaccination, particularly among skeptical parents,¹⁹⁶ and understanding vaccine uptake perceptions and beliefs through qualitative assessments to design effective interventions.¹⁹⁷ Barriers impeding immunization include the COVID-19 pandemic, which caused drops in routine immunization rates as the rise of anti-vaccine misinformation led to increased skepticism, especially about the MMR vaccine.¹⁹⁸

UNICEF and its Partners' Investments in Data and Evidence

188. UNICEF's support extends to data-driven initiatives. Indeed, UNICEF and its partners in Kosovo have invested in data collection and evidence generation to identify drivers and barriers related to immunization coverage. For example, in collaboration with the NIPHK, UNICEF has developed a digitalized vaccine registration system, which improves the ability to monitor immunization uptake and address disparities in vaccination coverage.¹⁹⁹ They have supported the development of a digital system for monitoring cold chain temperatures.²⁰⁰

"UNICEF's investment in data and evidence collection has helped to identify these drivers leading to actionable recommendations to improve vaccine uptake."

Source: UNICEF Kosovo

189. On numerous occasions, UNICEF has commissioned studies and other research examining drivers and barriers affecting immunization coverage alone or in cooperation with other institutions. This includes a 2021 costing exercise, for example, commissioned to support policy decisions and budget planning to expand the immunization programme.²⁰¹ Another example is an RQA providing insights into vaccination drivers and barriers among the general population and specific communities.²⁰² Another example here is social listening, which was employed to examine the population's perceptions of immunization on social media.²⁰³

190. By leveraging data and evidence, UNICEF has developed evidence-based policies and strategies to overcome barriers and increase immunization rates. This ensures equitable access to vaccines for all children in Kosovo.²⁰⁴ However, data availability is not one of the core strengths of the immunization

¹⁹³ UNICEF, 2021. Balancing supply of and demand for COVID-19 vaccination and routine immunization in Kosovo.

¹⁹⁴ UNICEF, 2019. Kosovo Office Annual Report 2019; UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁹⁵ UNICEF, 2022. Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan 2023–2025; UNICEF, 2018. Kosovo Office Annual Report 2018.

¹⁹⁶ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁹⁷ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁹⁸ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

¹⁹⁹ KIIs with the NIPHK and UNICEF Kosovo staff.

²⁰⁰ KIIs with the NIPHK and UNICEF Kosovo staff.

²⁰¹ UNICEF, 2021. Kosovo Office Annual Report 2021.

²⁰² UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

²⁰³ KIIs with the MoH, the NIPHK, UNICEF Kosovo staff, development partners, and CSO representatives.

²⁰⁴ Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

domain in Kosovo.²⁰⁵ There are a few important elements to note. First, data-gathering initiatives, like digital systems for recording vaccine coverage data are not yet fully operational and cannot yet be generated from DHIS data. While the cold chain monitoring systems is fully functional, some users interviewed during site visits reported difficulty accessing the systems.²⁰⁶

191. On the other hand, investment in research issues contributing to drivers and barriers affecting vaccine uptake by health authorities, UNICEF, and other international partners is very limited. Thus, while we see significant progress in certain outcomes, like vaccination rate and fewer outbreaks, which can be attributed to the excellent work done via the immunization system, there remains a lack of robust data and evidence.²⁰⁷ Multiple interviews and a review of available data verified this conclusion, which has also been confirmed by UNICEF Kosovo staff.²⁰⁸

Evidence that Contributed to Actionable Recommendations

192. Most UNICEF interventions can be traced to evidence that led to specific actions being taken by stakeholders, particularly the health authorities and associated institutions (e.g. the NIPHK). Examples thereof include implementing a digitalized immunization registration system and developing the National Immunization Action Plan 2022-2025 to strengthen Kosovo's immunization infrastructure. Another pertinent example is provided by UNICEF's technical support of the Advocacy, Communication, And Social Mobilization Plan for New Vaccines in the Vaccination Calendar 2023-2024. Efforts to renew the vaccine cold chain system and provide training for health workers across municipalities have been based on immunization system assessments.²⁰⁹ Meanwhile, outreach activities such as door-to-door catch-up vaccination campaigns, which have reached thousands of families, particularly within the Roma, Ashkali, and Egyptian communities, were based on gaps determined in routine immunizations.

"All analyses have been shared with Kosovo's institutions and have been used to design plans and strategies to address vaccine uptake."

Source: The MoH

193. The MICS and RQAs have been instrumental in identifying vaccination barriers and informing targeted interventions, as reflected in the actions of UNICEF, the MoH, and other relevant stakeholders. These assessments have provided critical data on immunization disparities and have led to tailored strategies to improve vaccine uptake among underserved communities.²¹⁰ Findings from these surveys have been integrated into health policies, enhancing community outreach and improving health worker training in the process.²¹¹

²⁰⁵ KIIs with UNICEF Kosovo staff.

²⁰⁶ KIIs with the NIPHK, UNICEF Kosovo Office.

²⁰⁷ KIIs with UNICEF Kosovo staff, development partners, and multilateral organizations.

²⁰⁸ KIIs with UNICEF Kosovo staff.

²⁰⁹ UNICEF, 2022. Regional Office Annual Report 2021; KIIs with the MoH, the NIPHK, and UNICEF Kosovo staff.

²¹⁰ Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

²¹¹ Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

5.4 Sustainability

5.4.1 Sustainable System Strengthening

KEQ 9. To what extent has UNICEF's support of immunization across Kosovo contributed to sustainable system strengthening, including the capacity to address factors affecting vaccine uptake/demand?

Finding 16: UNICEF's support has aimed to significantly strengthen Kosovo's immunization system, contributing to improvements in sustainability and enhancing its capacity to address factors affecting vaccine uptake and demand. Importantly, from a sustainability perspective, almost all UNICEF-supported actions have been integrated into the immunization system.

Finding 17: There are some challenges to the sustainability efforts made to reach hard-to-serve populations. Measures to sustain various outreach activities such as door-to-door campaigns and community engagement plans, particularly targeting hard-to-reach communities such as the Roma, Ashkali, and Egyptian populations, while done with complete actor engagement, still largely depend on funding from UNICEF.

194. UNICEF's multifaceted support has improved Kosovo's immunization infrastructure and enhanced the system's capacity to address vaccine uptake and demand-related challenges, contributing to a sustainable and robust immunization programme.

Integration of Immunization Strategies, Plans, and Programmes within Primary Healthcare Centres

195. Through strategic cooperation and evidence-based policies, Kosovo has successfully integrated immunization strategies, plans, and programmes within its primary healthcare system. Key partnerships between the NIPHK and primary healthcare institutions have ensured a regular immunization calendar with new vaccines like HPV, Pneumovax 13, and Rota added in 2023.²¹²

196. Primary healthcare centres have collaborated with NGOs and health directors in four municipalities to create health promotion action plans. These plans reflect a hands-on approach to enhancing immunization strategies and a partnership approach, which is key to sustainability.²¹³

197. UNICEF Kosovo has supported the NIPHK and municipal health authorities in developing micro-plans for immunization to implement activities tailored to each of the 30 municipalities²¹⁴. The micro-plans were developed using the UNICEF and WHO guidelines on Microplanning for Immunization Service Delivery, applying the Reaching Every District (RED) Strategy. The micro-plans enable municipal health authorities to identify coverage gaps using local data, and to plan activities to address these gaps, such as targeted outreach and promotion activities. The plans are updated annually by the municipal vaccination teams.

²¹² NIPHK, 2023. Annual Bulletin of Infectious Diseases (2023).

²¹³ KIIs with UNICEF Kosovo staff.

²¹⁴ Supplementary information supplied by UNICEF Kosovo staff.

198. Another example of an embedded and sustainable approach is the development of the National Immunization Action Plan 2022-2025, which provides for demand generation and includes SBC components.²¹⁵ It also covers technical assistance, including refurbishing the cold chain crucial for vaccine storage and distribution, which the MoH now fully maintains.²¹⁶

199. Municipalities have been actively drafting annual immunization plans supported by evidence-based policies and data from UNICEF, which have informed decision making and policy development.²¹⁷ This localized planning, combined with health strategies, ensures that immunization programmes are responsive to all communities' needs and sustainable in the long run. UNICEF's role in policy support has been significant, contributing to strategies that integrate new vaccines and enhance maternal and child health services.²¹⁸

"UNICEF has supported the establishment of the Communications Hub to provide technical support to the Ministry of Health and capacity-building activities for demand-side generation such as training healthcare providers who deal with immunization. All staff who deal with immunization have been trained and have received a communications package."

Source: The MoH

200. The partnership between BSFK and UNICEF regarding outreach to marginalized communities was described as a natural and successful collaboration, and is one of the aspects that came across strongly in almost every encounter with key informants from all domains.²¹⁹ One crucial component here has been home visits to identify children needing vaccinations, in addition to collaborations with CSOs like the Red Cross to engage with Roma, Ashkali, and Egyptian communities.²²⁰ Social support incentives conditioned on immunization have further motivated these communities to engage in immunization activities and ensure their children receive necessary vaccines.²²¹ The use of religious leaders and close contact with the communities have been other effective features here.

The Ability of UNICEF to Leverage Funds

201. UNICEF has leveraged funds from various organizations to advance the immunization agenda and improve coverage in Kosovo. For example, joint advocacy with the MoH led to a first-time budget allocation of \$3.4 million to the Home Visiting (HV) program for 2023, significantly contributing to local service consolidation and sustainability.²²² The latter programme aims to "offer a major contribution to the health and wellbeing of families and children, especially the most vulnerable, through reduction of preventable maternal, perinatal, infant, and child deaths and complications; increase in the

"UNICEF operations have been supported by USAID, GAVI (three emergency grants), UNICEF emergency funds received, and Lux Development emergency funds."

Source: UNICEF Kosovo

²¹⁵ KIIs with UNICEF Kosovo staff.

²¹⁶ KII with a development partner.

²¹⁷ KIIs with UNICEF Kosovo staff.

²¹⁸ KIIs with UNICEF Kosovo staff.

²¹⁹ KIIs with UNICEF Kosovo staff.

²²⁰ KIIs with UNICEF Kosovo staff.

²²¹ KII with a CSO representative.

²²² UNICEF, 2022. Kosovo Office Annual Report 2022.

immunization rates of the population; improvement in neonatal and childcare; and support to early child development.²²³

202. Another example of UNICEF leveraging external support has been the procurement and installation of cold chain equipment funded by USAID.²²⁴ UNICEF also supported Kosovo's health authorities in securing one million doses from GAVI²²⁵, while it also mobilized funds from private sector partners. For example, UNICEF's partnerships resulted in donations of vehicles to support the Universal Progressive Home Visiting (UPHV) program (UNICEF 2020).

203. Overall, UNICEF has demonstrated an ability to leverage funds from various organizations in support of Kosovo's immunization agenda. However, from discussion with UNICEF Kosovo staff, it became clear there are limitations with regard to funding. Moreover, it appeared from these discussions that the COVID-19 pandemic resulted in a significant boost in funds, which is now gradually drying out.

The Extent to Which Immunization Strategies, Plans, and Programmes Have Been Incorporated into Health Budgets

204. The health plans are costed and supported by Kosovo's budget. UNICEF's support has embedded programmes into the healthcare systems and budgets.²²⁶ The vaccination system and vaccine procurement remain sustainable through existing service delivery as Kosovo's budget covers them.²²⁷ In addition, despite some bureaucratic delays, the MoH's support remains strong.²²⁸

"The efforts have increased the vaccination budget from 1 to 5 million (euros)."

Source: UNICEF Kosovo

205. The support of various outreach activities such as door-to-door campaigns and community engagement plans, mainly targeting hard-to-reach communities such as the Roma, Ashkali, and Egyptian populations, while being done with the complete engagement of actors, still largely depends on funding from UNICEF.²²⁹ These efforts have ensured a comprehensive approach to increasing vaccination coverage and are probably among the most critical components of UNICEF's immunization success, albeit the MoH has not yet taken over financing. Training programmes for healthcare workers on vaccine communication and addressing hesitancy have further strengthened the immunization system.²³⁰ However, according to key stakeholders, these activities continue to rely on UNICEF funding and technical support.

Sustainability of Efforts to Generate and Sustain Demand

206. Efforts to create and maintain vaccine demand in Kosovo are both sustainable over time and sufficient in scale to improve coverage. The vaccination rate for first-grade students reached 95 percent in the 2022/2023 school year, reflecting the effective collaboration between the NIPHK and primary healthcare institutions.²³¹

207. One of the main achievements in this realm has been the UNICEF-supported outreach and door-to-door campaigns targeting low-coverage communities, including Roma, Ashkali, and Egyptian

²²³ UNICEF, Luxembourg Aid and Development, SMALL BEGINNINGS, STEADY FOOTPRINTS The Case Study of the Home Visiting Programme in Kosovo.

²²⁴ UNICEF, 2021. Balancing supply of and demand for COVID-19 vaccination and routine immunization in Kosovo (2023).

²²⁵ KIIs with UNICEF Kosovo staff.

²²⁶ KII with a development partner.

²²⁷ KIIs with the MoH.

²²⁸ KIIs with the NIPHK.

²²⁹ KIIs with UNICEF Kosovo staff.

²³⁰ KIIs with the NIPHK.

²³¹ NIPHK, 2023. Annual Bulletin of Infectious Diseases (2023).

populations. Although everything has been done in cooperation with primary healthcare centres, the NIPHK, and other relevant stakeholders, some key informants indicated that this work would be unlikely to continue without UNICEF funds. However, UNICEF Kosovo reports recent progress being made in this area with the MoH planning to institutionalize this approach by securing a budget and outsourcing the door-to-door outreach service for vulnerable populations directly through partnership with local NGOs.²³² At the same time, evidence-generation efforts that UNICEF and external donors finance are at risk.²³³

Approaches and Strategies that Would Ensure the Sustainability of UNICEF's Outreach Efforts

208. Efforts to generate and sustain vaccine demand in Kosovo are to some extent unsustainable. This was confirmed in talks with grassroots organizations operating on the field, health authority stakeholders, and UNICEF representatives. It is also visible in the analysis of funding sources. UNICEF has significantly contributed to these efforts by supporting many activities, and they still largely depend on UNICEF's support. At the same time, UNICEF's approach to evidence generation may inform interventions and strategies going forward to increase vaccine uptake.

"UNICEF's support of outreach activities for marginalized groups like the Roma, Ashkali, and Egyptian communities has been significant, though sustainability depends on continued funding and coordinated efforts with local institutions."

Source: CSO

209. UNICEF's comprehensive approach to addressing the social and behavioural drivers affecting vaccine uptake, enhancing outbreak preparedness, and implementing strategies to measure and address immunization demand is largely the result of partnerships with grassroots organizations.²³⁴ However, the discussion of measures going forward appeared to be missing among all actors involved. This was confirmed in interviews with UNICEF, grassroots organizations, Kosovo institutions, and all other parties engaged.

5.5 Efficiency

5.5.1 Efficiency of Policies and Programmes

KEQ 10. How efficient are the health system's immunization policies and programmes in identifying and addressing current and potential bottlenecks or inefficiencies?

Finding 18: Kosovo's health system has responded with targeted measures to address the underlying factors contributing to gaps in immunization coverage. With UNICEF's support, health authorities have demonstrated efficiency in immunization policies and programmes through several key strategies and improvements. Health strategies, plans, and programmes have mainly addressed gaps by implementing actions based on improvements in data and analysis. Meanwhile, UNICEF-supported initiatives to enhance equitable, high-quality immunization supply in Kosovo have shown significant reach and are capable of achieving Kosovo wide results in vaccination coverage.

²³² KIIs with UNICEF Kosovo staff, the NIPHK, the MoH, development partners, and CSOs.

²³³ KIIs with UNICEF Kosovo staff, the NIPHK, the MoH, development partners, and CSOs.

²³⁴ KII with a development partner.

The Extent to Which Health Strategies, Plans, and Programmes Address the Critical Gaps in Coverage and the Factors Leading Thereto in Kosovo

210. Health strategies, plans, and programmes have addressed gaps in immunization coverage and the factors contributing thereto through improvements in data and analysis. The findings from the 2019-2020 MICS led to actionable recommendations integrated into the immunization programme, including enhanced community outreach, improved health worker training, and culturally appropriate health education materials.²³⁵ Elsewhere, targeted interventions and policy adjustments have been made to address disparities in immunization coverage highlighted by MICS data, resulting in improved vaccine uptake.²³⁶

"Health strategies and plans are continuously updated based on data and analysis, and initiatives to increase coverage are effectively implemented to achieve immunization goals."

Source: MoH

211. The National Immunization Action Plan 2022-2025 aims to achieve a 95-97 percent immunization rate, address existing gaps by focusing on raising awareness among vulnerable communities, ensure equal access to immunization facilities, and update immunization technology.²³⁷ Including new vaccines such as HPV, PCV, and Rota, supported by digitalized systems, will facilitate more comprehensive coverage and address gaps in immunization.²³⁸

212. Efforts have also been made to improve community engagement and reduce vaccine hesitancy through door-to-door campaigns, mobile vaccination teams, and targeted communication strategies.²³⁹ Despite challenges like limited funding and occasional delays, Kosovo's robust and functional immunization system, supported by UNICEF, ensures that health strategies effectively address the critical gaps identified through data and analysis.

The Reach of Initiatives Aimed at Increasing Coverage

213. UNICEF's initiatives to enhance equitable, high-quality immunization supply in Kosovo have shown significant reach, capable of achieving results in vaccination coverage. This was visible in all discussions with key informants. Collaborating with the NIPHK, UNICEF has implemented comprehensive strategies to strengthen the immunization system, including health worker training, digitalization of immunization records, and supporting the development of the National Immunization Action Plan 2022-2025. To combat COVID-19 vaccine misinformation, UNICEF integrated the RCCE Plan into its health strategy. The UNICEF Kosovo Annual Report 2022 noted that a door-to-door campaign supported by UNICEF reached 10,000 people living in

"UNICEF's efforts in the supply domain, including cold chain renewal and the development of a digital system for data collection, have ensured the infrastructure and systems are robust and capable of supporting high vaccination coverage"

Source: UNICEF Kosovo

²³⁵ Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

²³⁶ Kosovo Agency of Statistics, 2020. Multiple Indicator Cluster Survey 2019-2020.

²³⁷ UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

²³⁸ UNICEF, 2022. Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan 2023-2025.

²³⁹ UNICEF, 2022. Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan 2023-2025.

vulnerable communities with COVID-19 related information.²⁴⁰ During interviews, no evidence emerged of communities having been left beyond outreach activities supported by UNICEF and Kosovo's institutions.

5.6 Impact

5.6.1 Impact on Vaccine Coverage and Disease Prevention

KEQ 11. To what extent have the health system's policies and programmes (including on demand generation) aiming to improve vaccination rates over the past five years had an impact on overall vaccination coverage (including in under-vaccinated populations), vaccine-preventable disease incidence, perceptions, and immunization-related behaviours of key stakeholders, such as healthcare providers and caregivers in Kosovo?

Finding 19: Kosovo has historically been able to sustain higher immunization rates relative to other cases in the region. While the COVID-19 pandemic initially disrupted vaccination coverage in Kosovo, concerted efforts have led to a partial recovery and continuous improvement in vaccination rates post-pandemic. However, achieving pre-pandemic levels of coverage remains an ongoing challenge. Given the current increasing trends, it is likely that coverage may be restored to pre-pandemic rates within a few years though, even if the levels of reluctance and resistance to vaccination are greater than before.

Finding 20: The lack of outbreaks of measles and other vaccine-preventable diseases in Kosovo over the evaluation period, in contrast to developments in neighbouring countries, is a testament to the robust work done by all stakeholders to strengthen the immunization system. Much of this effect is likely attributable to the outreach work done with vulnerable populations and grassroots organizations. The durability of the immunization system in Kosovo and its relatively high levels of achievement can be explained by its long history of commitment to robust immunization programming.

214. Over the past five years, Kosovo's health system policies and programmes have impacted upon vaccination rates, vaccine-preventable diseases, and immunization-related behaviours. High vaccination coverage was achieved during 2018 and 2019, with rates over 95 percent.²⁴¹ Despite the high overall vaccination coverage, disparities among population groups persist, particularly in under-vaccinated populations like the Roma, Ashkali, and Egyptian communities. This situation was confirmed by all sources of information reviewed during the evaluation.

215. The coverage rates for children in Roma, Ashkali, and Egyptian communities are significantly lower than the Kosovo-wide average. As a result, this group received particular attention via targeted outreach campaigns.²⁴² Focused immunization programs following measles outbreaks increased awareness and immunization rates in marginalized communities, though challenges like funding discontinuities and misinformation persisted.²⁴³ The lack of outbreaks of measles and other vaccine-

²⁴⁰ UNICEF, 2022. Kosovo Office Annual Report 2022.

²⁴¹ NIPHK, 2019. Annual Bulletin of Infectious Diseases 2019.

²⁴² UNICEF, 2023. Findings Report - Rapid Qualitative Assessment (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian Communities.

²⁴³ KIs with NIPHK representatives.

preventable diseases in Kosovo over the evaluation period, despite these occurring in neighbouring countries, underscores the robust work done by all stakeholders.²⁴⁴ In the opinion of most key informants, this can largely be attributed to the outreach work targeting marginalized populations and grassroots operations.²⁴⁵

Trends in Coverage for Vaccines

216. Before the COVID-19 pandemic, Kosovo had achieved relatively high immunization rates, with DPT1 coverage estimated at 94 percent and DPT3 at 92 percent in 2020.²⁴⁶ However, the pandemic caused disruptions in routine immunization services including changes in healthcare resource allocation, staff shortages, and public hesitancy influenced by misinformation.²⁴⁷ This resulted in a decline in coverage, with the DTP3 rate dropping from 92 percent in 2020 to 87 percent in 2021, and MCV1 from 92 percent in 2020 to 85 percent in 2021.^{248,249}

"There was a 5 percent drop in coverage although it is beginning to rise again."

Source: NIPHK

217. Despite some challenges, efforts to restore vaccine uptake began instantly. As a result, by 2022, Kosovo had managed to recover its immunization rates. By 2023, the immunization levels for some vaccines reached 92 percent with gradual improvements noted and reported each year.²⁵⁰ Meanwhile, DTP3 coverage increased to 90 percent, and for the first dose of the MMR vaccine, uptake rose to 88 percent.²⁵¹ Although these rates may not be the same as those before the pandemic, the trends are positive. Key informants attributed these improvements to robust public health campaigns, catch-up immunization sessions, and extensive community outreach, particularly in marginalized groups.²⁵² Efforts to mitigate pandemic-related impacts here included strong support from UNICEF, which provided consistent vaccine supplies, addressed misinformation, and conducted community outreach.²⁵³

218. Despite these efforts, restoring pre-pandemic rates remains challenging, mainly due to the need to better address the lack of understanding, and a vulnerability to misinformation and its effects on vaccine hesitancy following COVID-19.²⁵⁴ Some sources revealed that caregivers generally relate MMR to autism in children,²⁵⁵ and healthcare staff hesitation was noted as a critical factor in the uptake of vaccines.²⁵⁶ Furthermore, their perceptions and behaviours and those of caregivers are also associated with vaccine hesitancy.²⁵⁷ Achieving pre-pandemic vaccination levels will require comprehensive ongoing strategies to overcome these barriers to vaccination.²⁵⁸

²⁴⁴ KIIs with UNICEF Kosovo staff, the WHO, the NIPHK, and MFMCs.

²⁴⁵ KIIs with UNICEF Kosovo staff, the WHO, the NIPHK, and MFMCs.

²⁴⁶ WHO Immunization Data Portal – Administrative data for Kosovo.

²⁴⁷ KIIs with the MoH, the NIPHK, MFMCs, UNICEF Kosovo staff, development partners, and CSO representatives.

²⁴⁸ UNICEF Kosovo (2020). Kosovo 2020 End of Year Results Summary Narrative. UNICEF Pristina, Kosovo, 2020 And WHO Immunization Data Portal – Administrative data for Kosovo.

²⁴⁹ KIIs with the NIPHK and UNICEF Kosovo staff.

²⁵⁰ KIIs with the NIPHK.

²⁵¹ UNICEF, 2023. Short-term institutional consultancy to conceptualize and support implementation of behavioural insights research on drivers influencing immunization-related behaviours in Kosovo.

²⁵² KIIs with the MoH, the NIPHK, the WHO, and UNICEF Kosovo staff.

²⁵³ KIIs with the MOH, the NIPHK, and UNICEF Kosovo staff.

²⁵⁴ KIIs with the NIPHK, UNICEF Kosovo staff, the WHO, development partners, and CSOs.

²⁵⁵ KIIs with the NIPHK, UNICEF Kosovo staff, the WHO, development partners, and CSOs.

²⁵⁶ UNICEF, 2019. Analysis of the Situation of Women and Children in Kosovo.

²⁵⁷ The MoH, 2021. National Immunization Action Plan 2022-2025.

²⁵⁸ KII with a development partner representative.

219. The COVID-19 vaccination campaign was a major public health initiative that started in March 2021. By the end of that year, the coverage rate was 51 percent, the highest in the Western Balkans region.²⁵⁹ This was achieved through a phased rollout of vaccination among population groups and wide public and community engagement to ensure broad coverage across different demographics.²⁶⁰

220. The evaluation team validated the introduction of new vaccines like HPV, PCV, and Rota in 2023, but vaccine hesitancy and logistical issues persist, especially in urban areas where misinformation impacts vaccine uptake.²⁶¹ The issue here is not with vulnerable groups but rather with educated and well-off families influenced by online information. Key informants indicated that this is especially true for MMR vaccines, but also applied to the new HPV.²⁶²

Change in the Dynamics of Vaccine Supply, Delivery Quality, and Demand

221. Kosovo's vaccination efforts have demonstrated positive trends in vaccine supply, delivery quality, and demand.²⁶³ This has been especially true among vulnerable groups.²⁶⁴ UNICEF has enhanced the vaccine supply chain here by digitalizing the system, renewing the cold chain, and providing advanced refrigeration units, ensuring vaccine integrity and preventing waste.²⁶⁵ The COVAX mechanism also facilitated a steady supply of COVID-19 vaccines.²⁶⁶ Facility improvements are visible in primary healthcare centres²⁶⁷ while the quality of care is also good,

"The consistent supply of vaccines, effective cold chain management, and community outreach programmes have significantly improved vaccine coverage and acceptance among marginalized groups."

Source: NIPHK

as witnessed in multiple site visits. This is largely due to ongoing commitment and the pre-evaluation period, which is well entrenched in the working culture of the immunization system.²⁶⁸ However, additional improvements can be traced to UNICEF's training of healthcare staff and the development of vaccination plans, which have bolstered vaccine administration capacity and quality of delivery.²⁶⁹ Moreover, the development of the outreach capacity of primary healthcare institutions to effectively reach marginalized populations, like Roma, Ashkali, and Egyptian communities,²⁷⁰ is another significant visible change in delivery capacity witnessed at all site visits and mentioned in all KIIs.

5.6.2 UNICEF's Influence on Key Stakeholders

KEQ 12. To what extent has UNICEF been able to influence key stakeholders to take actions that could reasonably be expected to result in changes to vaccination rates and what have been the most impactful UNICEF-supported investments aimed at increasing immunization coverage – including those fully or mostly financed by health authorities?

²⁵⁹ The MoH, 2021. National Immunization Action Plan 2022-2025.

²⁶⁰ KIIs with the NIPHK, UNICEF Kosovo staff, the WHO, and development partners.

²⁶¹ KIIs with the NIPHK and development partner representatives; site visit at service delivery point.

²⁶² KIIs with the NIPHK, MFMCs, and UNICEF Kosovo staff.

²⁶³ KIIs with the NIPHK, MFMCs, and UNICEF Kosovo staff.

²⁶⁴ NIPHK, 2019. Annual Bulletin of Infectious Diseases 2019.

²⁶⁵ Site visits at service delivery points.

²⁶⁶ KII with a development partner.

²⁶⁷ Site visits at service delivery points.

²⁶⁸ KIIs with the NIPHK and MFMCs, and site visits.

²⁶⁹ KIIs with the NIPHK and development partners.

²⁷⁰ Site visits at service delivery points.

Finding 21: UNICEF Kosovo has influenced stakeholders in Kosovo to take actions that have contributed to improved vaccination rates. This has been done through strategic investments and partnerships with actors in the immunization domain. Of note, UNICEF has proactively engaged in policy advocacy and community outreach to contribute to keeping immunization rates and coverage high among vulnerable groups.

Finding 22: While there are robust indications of the influence of UNICEF on the development of immunization systems in Kosovo, the evaluation validated a continuing lack of solid quantitative data and evidence to vividly demonstrate UNICEF's contribution. Most evidence is qualitative and was reported by key informants.

222. UNICEF's work has influenced stakeholders in the immunization domain to take action to maintain high vaccination rates. Indeed, there are many examples thereof in the data examined. These include the digitalization of the vaccine registration system, which was designed to improve data accuracy and enable real-time monitoring of vaccination.²⁷¹ Another critical intervention has been the upgrading of Kosovo's vaccine cold chain system, partially funded by USAID.²⁷² This was a well-targeted intervention tailored to the circumstances in Kosovo's context and available funding. According to key stakeholders, UNICEF played a major role in triggering this process and ensuring "buy in" from the health authorities.

"UNICEF has influenced critical stakeholders through its advocacy, training, and support initiatives. The most impactful investments include providing cold chain equipment, digital systems for data entry, and targeted community outreach programmes."

Source: NIPHK

223. UNICEF has also played a role in triggering and providing key inputs to Kosovo's National Immunization Action Plan 2022-2025.²⁷³ During the pandemic, UNICEF's collaboration with the MoH and the NIPHK was instrumental in implementing the NDVP for COVID-19 vaccines. This plan facilitated the rollout of vaccines across Kosovo, covering a significant portion of the population and ensuring equitable distribution.²⁷⁴ Moreover, UNICEF's advocacy efforts have influenced health policies, such as embedding an RCCE strategy into the immunization framework. This integration aims to build public trust, combat vaccine misinformation, and enhance vaccine demand across Kosovo.²⁷⁵

²⁷¹ UNICEF, 2022. Kosovo Office Annual Report 2022.

²⁷² UNICEF, 2021. Balancing supply of and demand for COVID-19 vaccination and routine immunization in Kosovo.

²⁷³ UNICEF, 2022. Kosovo Office Annual Report 2022.

²⁷⁴ UNICEF, 2021. Kosovo Office Annual Report 2021.

²⁷⁵ UNICEF, 2022. Kosovo Office Annual Report 2022.

UNICEF's Role in Supporting Changes in Health Strategies, Priorities, and Programmes in Kosovo

224. According to key stakeholders, UNICEF has been pivotal in enhancing Kosovo's immunization strategies and programmes. This has been done collaboratively with key stakeholders engaged in the immunization domain.²⁷⁶ Moreover, this collaboration has led to significant initiatives such as the "Leave No Child Behind" policy and the Strategy on Mother, Child, and Reproductive Health.²⁷⁷ UNICEF's technical support has been instrumental in developing and implementing immunization plans and providing essential training for healthcare workers.²⁷⁸ Stakeholders, including healthcare professionals and health authority officials, acknowledged UNICEF's significant contributions in advocating for and advancing immunization efforts.²⁷⁹ Its continuous engagement in policy development, supply chain management through the UNICEF Supply Division, and capacity building has been crucial in sustaining high vaccination rates and addressing barriers to immunization across Kosovo.²⁸⁰ Findings from all stakeholders and sources support this conclusion.

"UNICEF has shown considerable adaptability in responding to changes and trends in immunization, particularly by addressing behavioural and social drivers affecting vaccine uptake. Their ongoing cooperation with local bodies like the NIPHK ensures a consistent and integrated approach to improving vaccine uptake at all systemic, community, and individual levels."

Source: MoH

Evidence of the Effectiveness of Investments in Immunization

225. While there are robust indications of the influence of UNICEF in developing immunization systems, there is a severe lack of solid data and evidence to showcase that quantitatively. Most evidence was qualitative and reported by key informants. Nevertheless, the effectiveness of investments in immunization supported by UNICEF and its partners in Kosovo are evidenced through comprehensive, collaborative efforts and strategic initiatives, which are evidenced in reports and all discussions with stakeholders.

"UNICEF's investments in the cold chain and quality assurance measures have ensured that the infrastructure and systems are robust and capable of supporting high vaccination coverage."

Source: Site visit to a vaccination centre

6.0 Evaluation Conclusions

226. This section presents the overall conclusions of the evaluation. Each conclusion is numbered and linked directly to both the evaluation criteria and the supporting evaluation findings.

Relevance

227. **Conclusion One: Adaptability and responsiveness to context changes.** UNICEF's ability to adapt to changing trends and needs in Kosovo's immunization landscape was an essential feature of the period

²⁷⁶ UNICEF, 2022. Kosovo Office Annual Report 2022.

²⁷⁷ UNICEF, 2018. Kosovo Office Annual Report 2018.

²⁷⁸ UNICEF, 2022. Kosovo Office Annual Report 2022.

²⁷⁹ KII with a development partner.

²⁸⁰ KIIs with the MoH and the NIPHK.

under evaluation. During this period, UNICEF demonstrated flexibility, particularly around the COVID-19 pandemic response, organizing itself well in addressing immediate and long-term challenges in the system. UNICEF's support of RQAs conducted to understand community perceptions and barriers to vaccination, particularly among marginalized groups, were an essential component of its adaptability. The information generated from these efforts and other research and data collection measures helped to ensure that UNICEF's programmes remained relevant and effective in supporting efforts to address the behavioural and social drivers affecting vaccine uptake and improving overall immunization coverage. This adaptability shows UNICEF's admirable commitment to vaccination efforts in Kosovo despite the dynamic and challenging environment where data quality and availability are problematic.

Supporting findings: [1, 2, 6, 10, 14, 15, 22].

Coherence

228. **Conclusion Two: Alignment with local and international partners.** UNICEF's support of immunization in Kosovo has been characterized by visible alignment and coherence with local and international stakeholders and partners. The collaboration with the MoH and the NIPHK, as well as international organizations like the WHO, USAID, and GAVI, has been important to the progress made and development seen in the immunization system in Kosovo. This alignment has facilitated the implementation of initiatives such as the cold chain refurbishment and the introduction of new vaccines. Regular coordination meetings and work in alignment with strategic priorities has enabled UNICEF and stakeholders to avoid duplication of efforts and maximize resource utilization. This coherence was particularly evident during the COVID-19 pandemic. During that time, coordinated efforts were crucial to maintaining routine immunizations and rolling out COVID-19 vaccines. Such alignment of efforts ensured that interventions of UNICEF and other stakeholders complemented one another and reinforced broader public health goals.

Supporting findings: [3, 5, 6, 9, 21].

Effectiveness

229. **Conclusion Three: Strengthening immunization systems.** UNICEF's support has contributed significantly to strengthening Kosovo's immunization systems. Key engagements here have included the provision of technical support to the MoH in the development of strategies and plans, renewing the cold chain system, digitalizing immunization records, technical assistance in introducing new vaccines, and supporting the training of healthcare workers. For example, the renewal of the cold chain system ensured the optimal storage and distribution of vaccines across Kosovo. In addition, the digitalization of immunization records has significantly improved data management, enabling somewhat more efficient tracking of vaccination coverage too. Training programmes for healthcare workers improved their capacity to deliver care and engage with the population to address vaccine hesitancy. These efforts collectively helped to improve vaccine delivery and monitoring, ultimately contributing to increased vaccine uptake and coverage. UNICEF's systematic and holistic approach to strengthening immunization systems underscores its effectiveness in addressing supply- and demand-side challenges in Kosovo's immunization system.

Supporting findings: [6, 9, 11, 14, 15, 18].

230. **Conclusion Four: Effective community engagement.** UNICEF has demonstrated exceptional effectiveness in supporting initiatives aimed at engaging communities in Kosovo. This has been especially true for the Roma, Ashkali, and Egyptian communities. Largely done via targeted outreach campaigns, UNICEF has supported efforts to address causes of vaccine hesitancy and contributed to improved immunization rates. Some of the key approaches have been door-to-door campaigns, community

engagement plans, and the involvement of local influencers. These efforts ensured the dissemination of accurate information, addressing misconceptions about vaccines and helping to build trust between healthcare providers and the population. UNICEF's collaboration with local NGOs was a central element of the approach, while adjusting strategies to meet needs effectively enhanced UNICEF's public trust and participation in immunization programmes.

Supporting findings: [7, 10, 12, 13].

Sustainability

231. **Conclusion Five: Integration into healthcare systems.** UNICEF-supported interventions have been designed with sustainability in mind. A core part of UNICEF's strategic approach has been to ensure that interventions are integrated into the healthcare system process and the structure of the immunization system. This integration ensured that these interventions were likely to continue beyond the duration of specific support measures. For example, the training provided to healthcare workers has built local capacity, enabling them to continue effective immunization services provision independently. In addition, the digitalization of immunization records and the upgraded cold chain infrastructure are now integral parts of Kosovo's healthcare system. They support vaccine management and distribution, and the same can be said for multiple policy instruments developed with the support of UNICEF. This integration into healthcare systems reflects UNICEF's strategic focus on creating lasting improvements in health infrastructure and capacity, ensuring that the gains made in immunization coverage are sustainable over the long term despite shortcomings in securing all necessary funds. However, targeted efforts to reach hard-to-serve populations remain highly dependent on funding and technical support from UNICEF.

Supporting findings: [4, 6, 9, 11, 15, 16, 17].

Efficiency

232. **Conclusion Six: Efficient resource utilization.** UNICEF's strategic investments in Kosovo's immunization infrastructure have been characterized by the efficient use of resources. The cold chain system upgrade in particular has helped to ensure that vaccines are stored and distributed effectively. This in turn contributes to minimizing wastage and ensuring vaccine efficacy. Meanwhile, digital tools and systems implemented for immunization record-keeping and cold chain monitoring have also started to streamline operations. This reduces the potential for manual error and enhances data accuracy. Elsewhere, comprehensive training programmes for healthcare workers have maximized the impact of these investments by ensuring the staff can use the new systems and equipment effectively.

Supporting findings: [6, 9, 14, 15, 18].

Impact

233. **Conclusion Seven: Improved vaccination coverage.** UNICEF's efforts have contributed to substantially improved vaccination coverage in Kosovo, particularly among marginalized populations. Despite the disruptions caused by the COVID-19 pandemic, UNICEF's targeted interventions, such as door-to-door vaccination campaigns and community engagement initiatives, have effectively increased immunization rates. For instance, introducing new vaccines like HPV, Rota, and PCV, along with comprehensive public awareness campaigns, has significantly boosted vaccine uptake. The focus on hard-to-reach areas and vulnerable communities ensured that the benefits of immunization were equitably distributed. At the same time, these initiatives have improved overall vaccination coverage and enhanced the resilience of Kosovo's immunization system, preparing it to better handle future public

health challenges. However, a reliance on external funding for outreach represents a risk to the sustainability of these efforts.

Supporting findings: [8, 11, 12, 13, 17, 19, 20, 21].

234. **Conclusion Eight: Enhanced public confidence.** Through its engagement, UNICEF has contributed effectively to efforts to enhance public confidence in Kosovo's immunization system. Measures to provide accurate information and enhance learning to combat vaccine hesitancy, particularly in marginalized communities, have been a major element of UNICEF's engagement. Moreover, UNICEF has supported healthcare institutions to effectively address vaccine-related misconceptions by involving community leaders, conducting door-to-door campaigns, and utilizing tailored communication strategies. Training healthcare workers to communicate the benefits and safety of vaccines also played an additional major role in changing public perceptions. The contribution of this work is reflected in the increased vaccination rates and improved acceptance of new vaccines.

Supporting findings: [8, 10, 12, 13, 21].

7.0 Lessons Learned

235. **Lesson 1: Importance of community engagement.** Effective community engagement was crucial to the success of the immunization programme. Targeted outreach campaigns aimed at Roma, Ashkali, and Egyptian communities by UNICEF's implementing partners demonstrated that building trust and addressing specific community concerns can significantly improve vaccine uptake. This has been vital to both improving vaccine uptake and the lack of outbreaks. These campaigns involved door-to-door visits, the involvement of community leaders, and tailored communication strategies addressing misconceptions and misinformation about vaccines. By engaging directly with these communities and involving trusted local influencers, UNICEF and local partners have overcome barriers impeding vaccine uptake. This approach highlights the importance of culturally sensitive and context-specific strategies in public health interventions as well as the potential of such work to improve public health outcomes in Kosovo.

Supporting findings: [8, 10, 12, 13, 21].

236. **Lesson 2: Integration of digital tools for data management.** Integrating digital data management tools can significantly enhance an immunization programme's efficiency and effectiveness. The efforts made in terms of digitalization of immunization records and cold chain monitoring systems are valuable lessons here in the efforts to improve data accuracy and development of tools for real-time monitoring. These tools create means of better tracking coverage, clearer identification of gaps, and more timely interventions. However, technical issues and the need for ongoing training and support of healthcare workers were also visible here. Accordingly, the success of these digital initiatives will depend on infrastructure, ongoing technical support, and capacity building, which have to be considered and not ignored. The possible benefits are multiple, including more efficient vaccine delivery and monitoring, and improved immunization coverage.

Supporting findings: [6, 9, 14, 15].

237. **Lesson 3: Sustainable capacity building.** Building the capacity of healthcare workers and local institutions remains essential to the sustainability of immunization programmes. UNICEF-supported comprehensive training programmes for healthcare workers on cold chain management, IPC, and vaccine administration were key in enhancing the institutional capacities here to manage and sustain immunization efforts. These trainings improved the technical skills of healthcare providers and their ability to engage with communities and address vaccine hesitancy. Sustainable capacity building requires

a commitment to, and investment in, pre-service and in-service professional development and training programmes, mentorship, and the development of local expertise. Doing so ensures that immunization programmes can be maintained independent of international assistance in the long run.

Supporting findings: [6, 9, 11, 16].

238. **Lesson 4: Multi-sectoral collaboration.** Kosovo's example proves that multi-sectoral collaboration is vital to the success of immunization programmes. Moreover, UNICEF's work in Kosovo highlights the importance of partnerships with various stakeholders too including local stakeholders, including the MoH, the NIPHK, primary healthcare institutions, and NGOs, as well as international stakeholders such as the WHO, USAID, and GAVI. These collaborations facilitated coordinated efforts in vaccine delivery, cold chain management, community outreach, and policy development. The joint efforts during the COVID-19 pandemic ensured effective vaccine rollout and maintained routine immunizations, making Kosovo one of the standout cases in the region in dealing with the pandemic. Multi-sectoral collaboration allows for the pooling of resources, expertise, and strategic planning, leading to more comprehensive and effective public health interventions. Building and maintaining these partnerships is crucial to addressing systemic challenges and ensuring the sustainability of immunization efforts.

Supporting findings: [3, 5, 6, 21].

239. **Lesson 5: Addressing behavioural and social drivers affecting vaccine uptake.** Understanding and addressing vaccine uptake's behavioural and social drivers is critical to increasing immunization coverage. While limited, UNICEF's activities, which included qualitative assessments to understand community perceptions, social listening, targeted communication strategies, and the involvement of local influencers to build trust and address misconceptions, were particularly effective in combating vaccine hesitancy and misinformation. Addressing these drivers requires a nuanced understanding of the local context, continuous engagement with communities, and the use of evidence-based strategies to design interventions. UNICEF's advocacy and technical assistance in the generation of evidence on drivers and barriers affecting vaccine uptake has been an important positive factor in addressing gaps in vaccine coverage, especially in reaching marginalized populations.

Supporting findings: [8, 10, 12, 13].

8.0 Recommendations for UNICEF's Support to the Immunization System in Kosovo

240. The evaluation findings, lessons learned, and especially the conclusions have been used to develop the recommendations presented in this section. The draft recommendations were first developed by the local evaluator and the central evaluation team in an iterative process. The recommendations were then further refined based on feedback from the evaluation manager and UNICEF Kosovo. For each recommendation, the section includes the recommendation itself, the stakeholders concerned, a brief supporting rationale, and an assigned priority rating. Each recommendation is also linked to the supporting conclusions from which it is derived.

241. **Recommendation One: Advocacy and technical support to strengthen community engagement initiatives.** UNICEF Kosovo should extend its collaboration with health institutions (the MoH, the NIPHK, and MFMCs) to ensure the integration of proven community outreach models for vaccination within existing operations and immunization systems. UNICEF should also provide technical assistance at both central and local levels to implement targeted outreach programmes aimed at increasing vaccine

coverage among marginalized communities so that these approaches can be sustained, expanded, and effectively embedded within the healthcare system for long-term impact.

242. *Rationale:* Community engagement has proved critical in increasing vaccine uptake, particularly among marginalized groups such as the Roma, Ashkali, and Egyptian communities. The lack of outbreaks in the evaluation period is the best indicator thereof. Expanding these initiatives could address vaccine hesitancy, build trust, and ensure that accurate vaccine information is disseminated effectively. By involving trusted local figures and increasing the frequency and coverage of door-to-door campaigns, UNICEF can enhance public confidence in vaccines and improve immunization rates. Strengthening these initiatives will also help to address and overcome cultural and social barriers to vaccination, ensuring more inclusive and equitable access to immunization services. Securing public funding and integrating these activities within institutional operations is key to them becoming sustainable.

Based on Conclusions: 1, 4, 5. Priority: High.

243. **Recommendation Two: Enhance digital data management systems.** UNICEF Kosovo should intensify its advocacy efforts with the MoH to secure increased investment in enhancing and maintaining digital data management systems, especially for immunization records.

244. *Rationale:* Integrating digital tools for data management has significantly improved the efficiency and effectiveness of immunization programmes in Kosovo. However, this initiative has not yet realized its full potential. Ongoing advocacy, technical support, and capacity building is necessary to maintain and optimize these systems. Moreover, investing in these systems is crucial given their importance in monitoring performance and making informed decisions, ultimately improving vaccine delivery and monitoring processes.

Based on Conclusions: 3, 6. Priority: High

245. **Recommendation Three: Focus on sustainable capacity building.** UNICEF Kosovo should continue supporting efforts aimed at sustainable capacity building of Kosovo-wide immunization system institutions by offering technical assistance to the MoH and the NIPHK to develop and implement standardized training modules on immunization practices targeting staff involved in immunization. Furthermore, UNICEF should advocate for and support the MoH and the NIPHK in incorporating and expanding continual medical educational opportunities for healthcare workers within health plans, budgets, and pre-service curricula for primary healthcare professionals.

246. *Rationale:* Sustainable capacity building is essential to the long-term success of immunization programmes. Regular training and support for healthcare workers would ensure that they remain skilled in and knowledgeable about best practices in vaccine administration, cold chain management, and community engagement. For the long-term sustainability of capacity-building efforts, UNICEF could advocate that the MoH and the NIPHK engage more fully in this domain. In doing so, Kosovo's institutions and UNICEF could ensure that the benefits of its interventions are maintained and that healthcare providers can independently manage and sustain high immunization coverage.

Based on Conclusions: 3, 5. Priority: High.

247. **Recommendation Four: Foster multi-sectoral collaboration.** UNICEF Kosovo should continue to support local and international partners to foster multi-sectoral collaboration by strengthening partnerships with authorities, international organizations, and local NGOs.

248. *Rationale:* Multi-sectoral collaboration is vital in addressing systemic challenges in the immunization system. By strengthening such partnerships, Kosovo's institutions and UNICEF could leverage various stakeholders' resources, expertise, and strategic planning to achieve more

comprehensive and effective public health interventions. Collaborative efforts here would ensure that initiatives are well-coordinated, avoid duplication, and maximize impact. This approach is particularly important with respect to sustaining high vaccination coverage and responding effectively to public health emergencies.

Based on Conclusions: 2, 4, 7, 8. Priority: Medium.

249. **Recommendation Five: Address behavioural and social drivers affecting vaccine uptake.** UNICEF Kosovo should continue to support the MoH and the NIPHK to develop and implement targeted strategies to address the behavioural and social drivers of vaccine uptake, including tailored communication campaigns and the use of BI to make operational adjustments to immunization services. This should include UNICEF providing support to strengthen the SBC capacity of the NIPHK by institutionalizing the SBC function and allocating budgeted resources.

250. *Rationale:* Understanding and addressing the behavioural and social drivers affecting vaccine uptake are critical to increasing immunization coverage. Initial work shows many promising examples and visible impacts that have contributed to preventing outbreaks. Moreover, tailored communication campaigns that resonate with the values and beliefs of different communities can effectively combat vaccine hesitancy and misinformation. Utilizing BI to design these interventions ensures they are evidence-based and targeted to the population's needs. By addressing these drivers, UNICEF can enhance public trust in vaccines, improve acceptance, and ultimately increase vaccination rates, particularly among underserved and hesitant populations. While initial work has been beneficial to date, it has only scratched the surface and much more is needed in the future.

Based on Conclusions: 4, 5, 7, 8. Priority: High

251. **Recommendation Six: Strengthen research, monitoring, and evaluation systems.** UNICEF Kosovo should intensify its support of immunization system institutions in order to strengthen research activities and monitoring and evaluation to ensure continuous assessment and the improvement of immunization programmes.

252. *Rationale:* The evaluation has demonstrated that robust research, monitoring, and evaluation systems are crucial to assessing the effectiveness of immunization programmes and identifying areas needing improvement. By investing in strengthening these functions, UNICEF and Kosovo's health authorities can ensure that interventions are evidence-based and responsive to the actual needs of the population. Continuous assessment allows for timely adjustments to strategies and the implementation of corrective measures, improving the overall impact of immunization efforts. In addition, enhanced monitoring and evaluation also facilitate accountability and transparency, ensuring that resources are used efficiently and effectively.

Based on Conclusions: 5, 8. Priority: High.

Annex 1: Terms of Reference

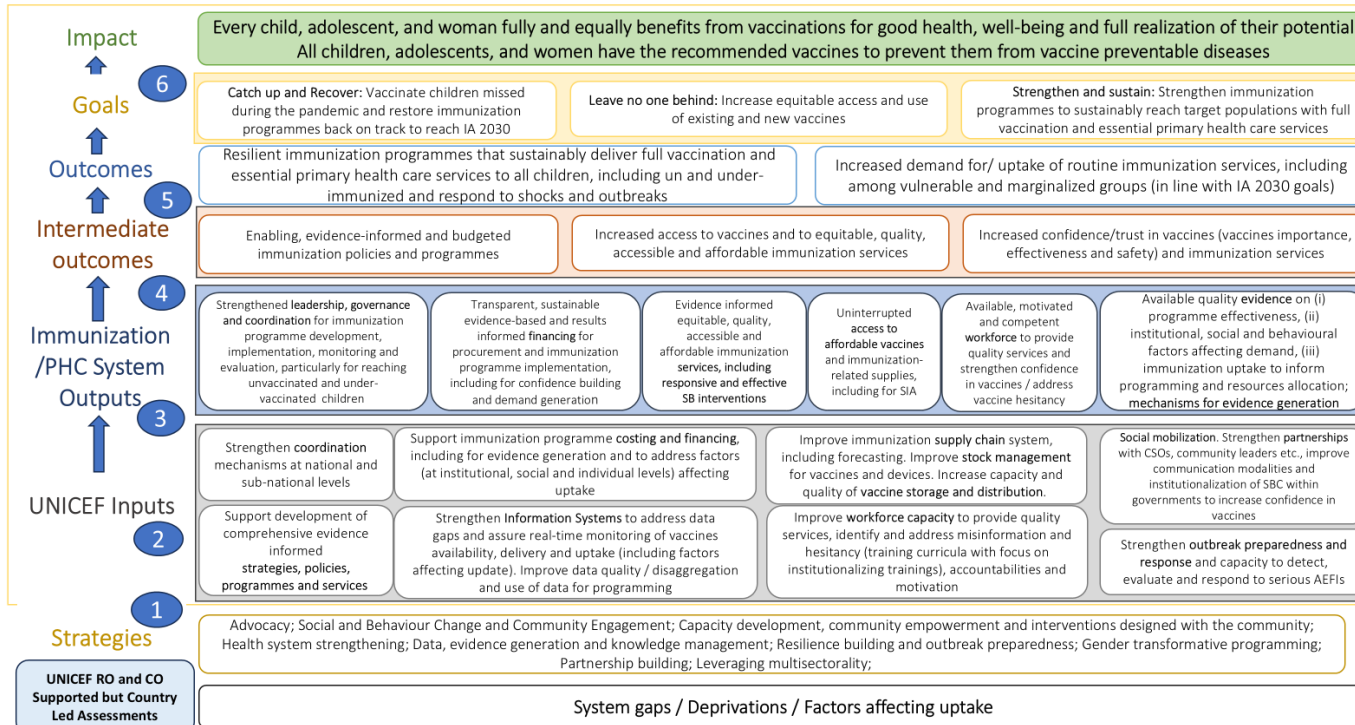
The complete Terms of Reference for the Evaluation are available at this link:

[TOR evaluation Immunization FULL.docx](#)

Annex 2: Theory of Change

The theory of change presented here is comprehensive and meant to apply UNICEF support to each country and territory in the region. However, it recognizes that each UNICEF office will engage in a selection of the supporting activities and programming illustrated here in accordance with the needs of the country and territories and priorities and the changing immunization context at local level. .

Commented [DZ1]: here since it refers to all CO's I consider that we may leave it as it is



Note: As factors affecting vaccine uptake are often persistent at individual, social and system/institutional levels, SBC is an important strategy to address these determinants and achieve immunization results (outcomes, intermediate outcomes and outputs). SBC should/could be considered across (most) inputs, from evidence generation, to designing and delivering services, strengthening the capacities of the workforce, developing policies informed by behavioural insights.

Annex 3: Methodology and Evidence Base/Dataset

Part One: Analytical Methods

The evaluation relied on two main analytical methods to analyze the evaluation evidence gathered: Contribution Analysis and a simplified form of Process Tracing.

Contribution analysis. The essential value of contribution analysis is that it offers an approach designed to reduce uncertainty about the contribution the intervention is making to the observed results through an increased understanding of why the observed results have occurred and the roles played by the intervention and other internal and external factors (UNEG 2020, p.14). The findings of a contribution analysis are not definitive proof but provide evidence and a line of reasoning from which we, the evaluation, can draw a plausible conclusion that, within some level of confidence, the program has made an important contribution to the documented results.

The process of contribution analysis involves six main steps (UNEG, 2020, p.14). The table below sets out the different steps in contribution analysis and how they have been applied to the evaluation in Kosovo. The claimed contribution is supported by evidence of achieved results and underlying assumptions.

Steps in Contribution Analysis as Applied to ECA Immunization Evaluation

Steps in Contribution Analysis	Application to the Evaluation of Immunization Programming in Kosovo
1. Set out the Contribution Problem (questions to be addressed)	Completed during the inception phase: Evaluation questions (particularly question 1) identify expected UNICEF contributions
2. Develop a Theory of Change (results chain with causal links and assumptions)	Regional Theory of Change developed during the Inception phase and vetted by UNICEF Kosovo Office
3. Gather Evidence (pre-existing and available)	Preliminary document and data review carried out by the central evaluation team during the inception phase (Completed March 2024)
4. Assemble and Assess Evidence (layout and assess the credibility of the narrative of UNICEF contributions)	Completed by the local evaluator from Mid-April to end of May 2024 with participation by a member of the central evaluation
5. Seek Out More Evidence (gather more primary and secondary data to augment evidence as needed)	Carried out concurrently with step 4 based on weekly team meetings and consultations and interaction between the central evaluation team and the Kosovo-based evaluation team member
6. Revise the Narrative (identify reasonable causal claims wherever supported by evidence)	All case-study evaluations-based team members met with the central evaluation team in Istanbul for a data consolidation workshop to review evidence for each key evaluation question and assess the credibility of claims regarding UNICEF actions and their contribution to observed results.

Source: Evaluation Dataset, UNICEF (2024)

Process tracing is a methodology in qualitative analysis that examines important positive choices and decisions made (for example, a change in strategy, altered curriculum for training, introduction of new vaccines, etc.) and arrives at an assessment of how different actors may have contributed to the change. In applying process tracing, the evaluator should identify and describe the process of decision-making while paying attention to the question of sequence (for example, the timing between advocacy and decision) (Collier, 2011). As such, process tracing is most often used **within a case-study framework**.

Given the complexity and variety of the important changes to the immunization system in Kosovo over time, the evaluation relied on a simplified approach to process tracing by identifying key changes in the orientation and operation of the immunization system in general and the Kosovo immunization program in particular (such as incorporating social and behavioral change approaches into the operation of the Communications Team of the RCIP). The role of UNICEF in these changes was then examined by cross-triangulation of key stakeholder inputs on the influence of UNICEF Kosovo engagement and support. It is important to note that process tracing was designed from the beginning to supplement the main analytical approach of contribution analysis.

Part two: data collection, analysis and reporting

The evaluation applied a mixed methods approach to data collection, including immunization evaluation for each case-study, document and data review, key informant interviews, and site visits inside and outside the Kosovo-wide capital.

The evaluation team for Kosovo consisted of a locally engaged evaluator supported by a member of the central evaluation team.

- The **local evaluation team member** was responsible for data collection and joint analysis and acted as lead author for preparing draft and final **case-study Evaluation Reports**. The Kosovo Office supported data collection to ensure access and guidance, as appropriate. In addition, the evaluation was guided by its own Evaluation Reference Groups (ERG), which included membership from UNICEF Kosovo and the health authorities of Kosovo.
- The **central evaluation team member** (in this case, the evaluation team leader) provided input, guidance, and oversight to the local evaluator and engaged in joint analysis and preparation of the Draft Case-study Evaluation Reports. The central evaluation team was responsible for the quality assurance of the case-study evaluation reports and took part in all presentations to the ERG. The evaluation team leader also took part in a brief mission to Kosovo in April 2024 to join in selected key informant interviews and provide support and oversight to the local evaluator.
- During the data collection phase, the local evaluator for Kosovo took part in regular weekly remote meetings of the overall evaluation team. He also participated in the three-day data consolidation and analysis workshop in Istanbul in June 2024.

Document review

The evaluation conducted a desk review of key strategic, policy, program, and project documents and a review of secondary sources of information and analysis, including documents published by UNICEF, health authorities of Kosovo, and other donors, and immunization and health systems technical documents.

The desk review also identified key priorities and challenges to be addressed during the evaluation process (KIs and field visits), ensuring that efforts were focused on areas needing further inquiry and analysis. The list of key documents consulted can be found in Annex 3.

Quantitative Data Review

Quantitative profiling included collecting quantitative data from the UNICEF reports, immunization programme data sets related to coverage, and other relevant reports and assessments. Quantitative analysis of secondary data analysis included tracking the trend of immunization coverage from 2018 to 2023 in the case-study using different sources of information including administrative data, and WHO estimates, updated for 2023. Elements from the review of quantitative data are presented in the relevant sections of the report and Annex 6.

Key informant interviews (KIIs)

Building from a stakeholder map developed in consultation with UNICEF Kosovo, the list of stakeholders to be interviewed was agreed upon between the evaluation team and UNICEF staff before the mission to Kosovo by the overall evaluation team leader in April 2024. The evaluation conducted semi-structured interviews based on a set of guides tailored to each category of key stakeholder²⁸¹.

The data collection guides allowed the interviewer the flexibility to deviate from the predetermined order. This approach enabled improvisation while ensuring that all key topics were covered, promoting flexibility, empathy, and mutual understanding to encourage the exchange of information. A script was developed to structure the interview content. The evaluation took advantage of many personal interactions to obtain detailed information related to immunization programme components. The direct interactions provided more profound insights into stakeholders' perspectives, experiences, and challenges, which are critical for a thorough and accurate assessment and evaluation. Interviews were conducted in person, virtually, or by phone. A total of 29 KII were completed.

Site visits and observations

In addition to collecting documents and conducting KIIs in the offices of key stakeholders in the capital, the evaluation visited regional and municipal service delivery points, vaccine storage and distribution centers, and rural health facilities. The primary purpose of these site visits was to gather additional evidence by observing immunization services at grassroots levels. The sites to be visited were chosen in consultation with the UNICEF Kosovo Office.

The site visits aided the evaluation in exploring the extent of the contribution to observed results by UNICEF (and other partners) and in identifying barriers and challenges at an operational level. By allowing the evaluation to engage with service managers and providers across various contexts, site visits also provide an important lever for triangulation and a validity check on results identified through other data sources such as survey data or research reports.

Part Three: Analysis and Reporting

The analysis phase of the Kosovo evaluation relied on a collaborative process involving the local evaluation team members, the central evaluation team, and evaluators who carried out the other four case-studies. It followed the following sequence:

- Evaluation evidence from all sources was entered into an Excel database under each evaluation question, with the evidence coded as negative, positive, or neutral and the relevant evidence data point summarized. This way, all relevant data could be organized under each evaluation question for analysis.
- After initial analysis by the case-study evaluation team member, the evidence for Kosovo was presented and discussed in the data consolidation workshop in Istanbul in early June, with participation from all evaluation team members and the UNICEF Evaluation Office for ECA.
- This process allowed for calibrating the evidence across all five case-studies and identifying themes that can inform the overall regional evaluation report.
- Subsequent to the data consolidation workshop, the local evaluator for Kosovo prepared the first zero draft of the report with preliminary findings. Analysis was then carried out on an interactive basis, with the central evaluation team providing oversight, comments, and quality assurance.

²⁸¹ Evaluation of Immunization Programming at the System Level (2018-2023): Annex 5 data collection instruments

- After review by the Evaluation Manager, the draft report was communicated to the members of the Evaluation Reference Group to be finalized after receipt of comments and feedback.

The challenges and limitations faced by the evaluation and the mitigating strategies used to address those limitations are described in detail in Section 2.0 of the main report.

Part Four Evaluation Instruments, Evaluation Matrix and Evidence Base/Data Set

As noted above, the relevant evaluation evidence was combined in an excel data set organized around the KEQs and in accordance with the indicators presented in the evaluation matrix and gathered using structured data collection instruments. The data collection instruments and evaluation matrix are presented in the Evaluation Inception Report which can be accessed at this link:

[Final ECA Inception Report March 13 TFR.docx](#)

The completed evaluation evidence base/data set for the Kosovo evaluation is available through this link:

https://docs.google.com/spreadsheets/d/1vhJeSHHb4uNvqQScgadUGEKJc-9q8iNj/edit?usp=drive_link&oid=107704483353401912107&rtpof=true&sd=true

Annex 4: References

- Assembly of the Republic of Kosovo, 2008. Law on Public Health. Law No. 02/L-78.
- Assembly of the Republic of Kosovo, 2019. Law on Child Protection. Law No. 06/L-084.
- Kosovo Agency of Statistics, 2022. Estimation - Population of Kosovo in 2021.
- Kosovo Agency of Statistics, 2022. Health Statistics 2021.
- Kosovo Agency of Statistics, 2020. - Multiple Indicator Cluster Survey 2019-2020.
- Kosovo Agency of Statistics, 2014. Monitoring the situation of children and women - Multiple Indicator Cluster Survey 2013-2014.
- Kosovo Agency of Statistics, 2014. Roma, Ashkali and Egyptian Communities in the Republic of Kosovo- Multiple Indicator Cluster Survey 2013-2014.
- Ministry of Health, 2010. Administrative Instruction (Health) No. 5/2010 on Vaccinoprophylaxis, Seroprophylaxis, and Chemoprophylaxis.
- Ministry of Health, 2016. Health Sector Strategy 2017 – 2021.
- Ministry of Health, 2020. National Plan for COVID-19 Vaccination 2021 – 2024.
- Ministry of Health, 2021. Action Plan For Immunization 2022-2025.
- Ministry of Health, 2021. Action Plan on Communicable Diseases 2022 – 2025.
- Ministry of Health, 2022. National Action Plan For Health Promotion And Education 2023 – 2025.
- Ministry of Health, 2022. Advocacy, Communication, And Social Mobilization Plan For New Vaccines In The Vaccination Calendar 2023 – 2024.
- NIPHK of Kosovo, 2018. Annual Bulletin of Infectious Diseases 2018.
- NIPHK of Kosovo, 2019. Annual Bulletin of Infectious Diseases 2019.
- NIPHK of Kosovo, 2020. Annual Bulletin of Infectious Diseases 2020.
- NIPHK of Kosovo, 2021. Annual Bulletin of Infectious Diseases 2021.
- NIPHK of Kosovo, 2022. Annual Bulletin of Infectious Diseases 2022.
- NIPHK of Kosovo, 2022. Analysis of the Health Status of the Population and the Health System for the Year 2021.
- NIPHK of Kosova, 2023. Annual Bulletin of Infectious Diseases 2023.
- NIPHK of Kosova, 2023. Assessment of Technical Needs for Immunization Services - Final Report.
- NIPHK of Kosova and WHO and KANTAR, 2023. HPV Vaccine Introduction Insights Research Findings, 2023.
- UNICEF, 2018. Kosovo Office Annual Report 2018.
- UNICEF, 2019. Regional Office Annual Report 2018.
- UNICEF, 2019. Office Annual Report 2019.
- UNICEF, 2020. Regional Office Annual Report 2019.
- UNICEF, 2019. Analysis of the Situation of Women and Children in Kosovo.

UNICEF, 2020. Kosovo Office Annual Report 2020.

UNICEF, 2021. Regional Office Annual Report 2020.

UNICEF, 2020. Better Start in Life for All Children in Kosovo - A Policy Brief Based on MICS 2019/2020 Findings.

UNICEF, 2021. Kosovo Office Annual Report 2021.

UNICEF, 2022. Regional Office Annual Report 2021.

UNICEF, 2021. Balancing supply and demand for COVID-19 vaccination and routine immunization in Kosovo.

UNICEF, 2022. Kosovo Office Annual Report 2022.

UNICEF, 2023. Regional Office Annual Report 2022.

UNICEF, 2022. Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan 2023 – 2025.

UNICEF, 2023. Findings Report - Rapid Qualitative Assessments (RQA) on Routine Immunization (RI) among Roma, Ashkali, and Egyptian communities.

UNICEF, 2023. Short Term Institutional consultancy to conceptualize and support the implementation of behaviour insights research on drivers influencing immunization-related behaviours in Kosovo.

USAID and UNICEF, 2023. Report - RQAs on RI Perceptions Among Parents and Health & Education Sector Workers.

WHO. Summary of WHO Position Papers – Recommendations for Routine Immunization. 2024.

WHO and UNICEF, 2020. Joint Reporting Form 2020 – Kosovo.

WHO and UNICEF, 2021. Joint Reporting Form 2020 – Kosovo.

Annex 5: Persons Interviewed

ID	Category	Entity	Name	Position
1	Implementer Partner	NIPHK of Kosovo	Fetije Fetaj	EPI Manager
2	Health Authorities	Ministry of Health	Merita Vuthaj	Chief of Maternal and Child Health Division
3	Academia	NIPHKof Kosovo	Merita Berisha	Head of Social Medicine Department
4	Academia	NIPHKof Kosovo	Florie Basholli	Public Health Specialist/ SM Dep.
5	Implementer Partner	NIPHKof Kosovo	Faik Hoti	Public Health Specialist/Epidemiology Department
6	Supply Chain Distribution and Service Delivery Points	Municipality of Prishtina	Izet Sadiku	Director of Health Directorate
7	Supply Chain Distribution and Service Delivery Points	Main Family Medical Center Gjakova	Arben Koshi	Director
8	Supply Chain Distribution and Service Delivery Points	Main Family Medical Center Gjilan	Ismet Uruqi	Chief of Vaccination Unit
9	Supply Chain Distribution and Service Delivery Points	Main Family Medical Center Gjilan	Sebahate Haziri	Vaccination nurse
10	Supply Chain Distribution and Service Delivery Points	Main Family Medical Center Gjilan	Violeta Sadiku	Vaccination nurse
11	Supply Chain Distribution and Service Delivery Points	Main Family Medical Center Peje	Dukagjin Sahatciu	Chief of Vaccination Unit
12	Supply Chain Distribution and Service Delivery Points	Main Family Medical Center Peje	Luljeta Lajqi	Vaccination nurse
13	Supply Chain Distribution and Service Delivery Points	Main Family Medical Center Peje	Fatmire Kastrati	Vaccination nurse
14	Supply Chain Distribution and Service Delivery Points	Main Family Medical Center Peje	Luljeta Berisha	Vaccination nurse
15	Supply Chain Distribution and Service Delivery Points	Main Family Health Centre Obilic	Rejhane Zhushi	Chief of immunization
16	Supply Chain Distribution and Service Delivery Points	Main Family Medicine Center Prishtina	Florije Rashani	Vaccination nurse
17	Other UN Offices	WHO	Oleksandr Martynenko	Head of Pristina Office

18	Other UN Offices	WHO	Edita Haxhiu	Health Officer
19	CSOs	Balkan Sunflowers Kosova	Ferdane Asllani	Director
20	CSOs	Balkan Sunflowers Kosova	Muhamet Arifi	Former Executive Director
21	CSOs	Forum for Development and Multi-ethnic Collaboration	Oliver Vujovic	Director
22	CSOs	Forum for Development and Multi-ethnic Collaboration	Tamara	Project officer
23	UNICEF Kosovo Office	UNICEF KO	Sajeda Atari	Early Childhood Development Specialist
24	UNICEF Kosovo Office	UNICEF KO	Arjeta Gjokolli	Monitoring and Evaluation Officer
25	UNICEF Kosovo Office	UNICEF KO	Beke Veliu	Health Officer
26	UNICEF Kosovo Office	UNICEF KO	Arta Haliti	Social and Behavioral Change Officer
27	UNICEF Kosovo Office	UNICEF KO	Dafina Muqaj	Health Officer
28	UNICEF Kosovo Office	UNICEF KO	Agron Gashi	Health Officer
29	CSOs	Balkan Sunflowers Kosova	Rahman Stollaku	Site manager

Source: Evaluation Dataset, UNICEF (2024)

Annex 6: Sites Visited

ID	Category	Entity	Contact point	Position
1	Supply Chain Distribution and Service Delivery Points	Main Family Medicine Centre Gjakova	Arben Koshi	Director of MFMC Gjakova
2	Supply Chain Distribution and Service Delivery Points	Main Family Medicine Center Gjilan	Sebahate Haziri	Vaccination nurse
3	Supply Chain Distribution and Service Delivery Points	Main Family Medicine Center Peje	Dukagjin Sahatciu	Chief of Vaccination Unit
4	Supply Chain Distribution and Service Delivery Points	Main Family Health Center Obilic	Rejhane Zhushi	Chief of immunization
5	Supply Chain Distribution and Service Delivery Points	Main Family Medicine Center Prishtina	Floriye Rashani	Vaccination nurse
6	Health Authorities	NIPHK Service delivery center	Egzon Gashi	Supervisor
7	Health Authorities	NIPHK Central Storage	Egzon Gashi	Supervisor
8	CSOs	Balkan Sunflowers Kosova Education Site	Fedane Asllani	Director

Source: Evaluation Dataset, UNICEF (2024)

Annex 7: Selected Data

Reported Vaccine Coverage 2020 to 2023 for Kosovo

Vaccine	Kos 2018	Kos 2019	Kos 2020	Kos 2021	Kos 2022	Kos 2023
BCG			94	92	93	95
DPT 1			94	92	93	95
DPT 3			92	87	90	89
MCV1			92	85	88	92
MCV 2			92	95	92	92
HPV						
Polio3						

Source: WHO Immunization Data Portal – Administrative Data for Kosovo: <https://immunizationdata.who.int/>

Selected Immunization Indicators Reported in the UNICEF Results Assessment Module 2 and 3 for Kosovo

Indicator name	Type	Baseline yr	Baseline value	Target yr	Target value	Actually achieved	Rating
Children < 1 year receiving DTP-containing vaccine at Kosovo level (21-02-L2-01)	Std	2020	95	2021	95	90	Partially Achieved
Children < 1 year receiving DTP-containing vaccine at Kosovo level (21-02-L2-01)	Std	2020	95	2022	96	90	Partially Achieved
Children < 1 year receiving DTP-containing vaccine at Kosovo level (21-02-L2-01)	Std	2020	95	2023	96	96	Fully Achieved
Percentage of cold chain equipment having electronic continuous temperature monitoring system (21-02-L3-11)	Std	2020	0	2021	0	0	Fully Achieved
Number of temporary COVID-19 vaccination sites established	Add	2021	0	2022	10	9	Partially Achieved
Percentage of cold chain equipment having electronic continuous temperature monitoring system (21-02-L3-11)	Std	2020	0	2023	100	100	Fully Achieved

Indicator name	Type	Baseline yr	Baseline value	Target yr	Target value	Actually achieved	Rating
Risk communication and community engagement plan developed and implemented	Add	2021	No	2023	100per cent	Yes	Fully Achieved

Estimated Zero-Dose Children for Kosovo: 2018 to 2023

Kosovo	2018	2019	2020	2021	2022	2023
Number	No data	No data	1463	1878	1540	1076
Percentage	No data	No data	6	8	7	5

Source for all numbers on zero-dose children is: <https://immunizationdata.who.int/>

Numbers of zero dose children reported is as per administrative/official data provided by countries. Percentage of zero dose children is as per WEUNIC estimates.

Definition of zero dose is as per Gavi: “those children who have not received any routine vaccine. For operational purposes, Gavi defines zero-dose children as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).”

Accessed at: <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025/equity-goal/zero-dose-children-missed-communities>

Annex 8: Compliance with Norms and Standards in Evaluation

United Nations Evaluation Group Norms and Standards

The evaluation was carried out in accordance with UNEG norms and standards for evaluation. The following table provides an overview of the evaluation design and operational plan as it was carried out in Tajikistan in light of the UNEG general norms for evaluation (UNEG, 2021, pp. 10-12):

UNEG Norms	Evaluation Compliance
1. Internationally Agreed Principles, goals and targets	The evaluation assessed UNICEF performance and contribution to goals in immunization which are integral to the achievement of SDG 3: Ensure well being and promote healthy living for all at all ages in accordance with SDG target 3b which includes insuring access to essential medicines and vaccines.
2. Utility	The evaluation report provides findings, conclusions and recommendations that can inform and guide programming for UNICEF, local authorities and key stakeholders.
3. Credibility (independence, impartiality and rigorous methodology)	The evaluation was independently managed by the UNICEF ECA Office of Evaluation and conducted by an impartial team of international and local team members recruited through a competitive process and vetted to ensure no conflicts of interest. In addition, the evaluation methods were reviewed by key stakeholders at regional and Kosovo-wide level.
4. Independence	In prior evaluations the central and local team members have demonstrated their ability to evaluate without undue influence by any party. The ECA Evaluation Office also provided independent management of the evaluation.
5. Impartiality	None of the evaluation team members have been or will be directly responsible (in the near future) for policy setting, design or management of immunization programming in the region.
6. Ethics	Discussed in detail below
7. Transparency	The evaluation report will be publicly available through the online UNICEF Evaluation Portal
8. Human Rights and Gender Equality	The evaluation directly focused on access to quality evaluation services for marginalized populations in accordance with the principle of “no-one-left-behind”. This is especially relevant in immunization programs. The evaluation addressed in particular the availability of disaggregated data by sex and by marginalized or under-served groups.
9. Local Evaluation Capacities	By engaging the local evaluation team member fully in all aspects of the evaluation the evaluation has contributed to strengthening capacity in Kosovo – capacities that can strengthen health systems for evaluation.
10. Professionalism	All members of the evaluation team were selected based on their experience, knowledge and demonstrated integrity. They followed these norms and applicable ethical standards throughout the evaluation.

Adhering to Ethical Standards

Throughout all phases of the evaluation, the evaluation team has conformed to and upheld the UNICEF Ethical Guidelines for Evaluation as they are organized around the principles of respect, beneficence, integrity, and accountability²⁸².

Respect

Respect encompasses access to the evaluation process by relevant stakeholders: powerless to powerful. This was pursued during the Inception Phase of the evaluation by engaging with UNICEF staff at regional and CO levels and by their engagement with health authorities, including for participation in the Case-study Evaluation Reference Group. It also required fair representation of different voices in the evaluation process through engagement with stakeholders across the spectrum of UNICEF Kosovo staff and RO staff, health authorities at all levels and, development and implementing partners.

Beneficence

This principle required the evaluation and the evaluators to consider the ongoing risks and benefits arising from the evaluation process and products – including longer term consequences. For this evaluation that meant, among other considerations, ensuring that the costs, including the opportunity cost of staff time devoted by UNICEF staff, health authorities, service providers and other stakeholders, was commensurate with the benefit realized through findings, conclusions and recommendations which can inform and improve future programming. In addition, it required the evaluation to “do no harm” and to ensure the evaluation makes an overall positive contribution to human and natural systems and to the mission of the United Nations. This positive contribution was pursued throughout the commissioning and design of the evaluation and remained a priority during the data collection, analysis and reporting phases.

Integrity

This required the evaluation managers and the evaluation team to commit to honesty and truthfulness in their communications and actions and to demonstrate professionalism and competence through the evaluation process. It also demanded that the evaluation team demonstrate independence, impartiality and incorruptibility. These interdependent and mutually reinforcing principles were supported by an evaluation design that required frequent updating and reporting to key stakeholders at regional and municipal levels and oversight by the independent ERG for Kosovo.

Accountability

Accountability was achieved through transparency regarding the evaluations purpose and actions taken as well as genuine responsiveness to any questions arising during the conduct of the evaluation. It also means that the evaluation manager and team members acted with full responsibility for meeting the evaluation purpose, for exercising due care and for ensuring redress whenever action was needed. The team members remained committed to delivering high quality evaluation products and deliverables on-

²⁸² UNICEF Procedure on Ethical Standards In Research, Evaluation, Data Collection And Analysis (2021) Document Number: Procedure/Oor/2021/001

time and within budget to the extent that these dimensions remained within their control. Accountability also required fairly and accurately reporting to stakeholders the decisions, actions and intentions of the evaluation.

UNICEF Ethical Standards in Research

In addition, the evaluation was designed and carried out in accordance with UNICEF ethical standards in research, evaluation, data collection and analysis (UNICEF, 2021). As per these standards (p.2), all team members had completed UNICEF ethics training prior to commencing work and reflections on ethics were embedded in the Quality Assurance process. The evaluation plan was assessed against Instruction 3 of the UNICEF ethical standards (p.12 and 13) and did not require review by an external ethical review board or panel.