



*Agjencia e Kosovës për Akreditim
Agencija Kosova za Akreditaciju
Kosovo Accreditation Agency*



INTEGRITY PLAN

OF THE KOSOVO ACCREDITATION AGENCY

2025-2027





DECLARATION OF INTEGRITY

Integrity is the foundation of every good governance system, as well as one of the fundamental principles of conduct in state institutions, alongside reliability, honesty, transparency, objectivity, and cooperation.

The Integrity Plan is an internal document of the Kosovo Accreditation Agency (KAA) that contains a series of measures designed to prevent and eliminate the possibility of the emergence and development of various forms of corruption, conflicts of interest, and undue communication during the implementation of processes carried out within the KAA.

The purpose of the Integrity Plan is to establish mechanisms that will ensure the efficient and effective functioning of the Kosovo Accreditation Agency (KAA) through:

- Strengthening accountability
- Simplifying procedures,
- Increasing transparency in decision-making,
- Controlling discretionary authorizations,
- Respecting ethical values,
- Eliminating inefficient practices and unenforceable regulations,
- Implementing an effective system for monitoring and controlling the work and conduct of employees.

This Integrity Plan includes integrity risks based on the functional areas of the Kosovo Accreditation Agency and specific activities aimed at addressing them. Its purpose is to improve policies, rules, and practices for the prevention of corruption, as well as to strengthen the institutional resilience against integrity violations.

The document reflects the approach to understanding, developing, and embedding integrity within the structures of the KAA, while also defining effective methods and mechanisms to achieve this.

The KAA has taken important steps toward improving the regulatory and operational framework for integrity. The adoption of this Integrity Plan is precisely an effort to lay the foundation for a broader system that manages the risks threatening institutional integrity.

Our objectives, as expressed in this document, relate to creating an environment that fosters and promotes a culture of integrity through a functional management system within the Kosovo Accreditation Agency.

GENERAL DIRECTOR – KOSOVO ACCREDITATION AGENCY

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INTRODUCTION

Based on Article 25 of Law No. 08/L-017 on the Agency for the Prevention of Corruption (APC), as well as the guidelines for drafting and implementing integrity plans, defined by the Methodology for Integrity Plans, all institutions are obliged to develop and adopt integrity plans. Therefore, based on these legal obligations and the aforementioned documents, the Kosovo Accreditation Agency (KAA) has also prepared the Institutional Integrity Plan for the years 2025-2027. KAA is an independent institution responsible for ensuring both internal and external quality, including accreditation, reaccreditation, monitoring, validation, and all other quality assurance processes in higher education institutions and their study programs in the Republic of Kosovo, according to the best international practices, particularly including the relevant European standards in the field of quality assurance in higher education. The Integrity Plan is a strategic and operational document that is based on evidence, results from the systematic process of assessing integrity risks undertaken within the organization. The Plan relies on the concrete identification of risks, analysis and evaluation of risk levels, priorities for intervention, and specifies measures according to risks to achieve the objectives.

The main objective of the Integrity Plan is to raise individual and institutional awareness as a means to prevent phenomena that may be present. The Integrity Plan also serves as a strategic preventive tool to strengthen the institution's integrity, which includes individual integrity, professionalism, ethics, as well as the implementation of moral values and professional standards.

Considering the sustainability and long-term consequences of actions, we aim to increase integrity within the KAA.

METHODOLOGY

The Kosovo Accreditation Agency, based on the relevant legal obligations derived from Law No. 08/L-017 on the Agency for the Prevention of Corruption, and guided by the Methodology for Integrity Plans, has undertaken concrete actions within the legally prescribed timeframe to initiate the preparation of the Integrity Plan of the Kosovo Accreditation Agency through the following steps:

Decision No. 26/2023 dated 28.08.2023 on the Appointment of the Officer Responsible for managing the preparation and implementation of the Integrity Plan of the Kosovo Accreditation Agency;

Decision No. 1859/24 dated 23.09.2024 on the Establishment of the Working Group for drafting the Integrity Plan of the Kosovo Accreditation Agency;

The first meeting of the Working Group was held on 09.12.2024;

The second meeting of the Working Group was held on 28.05.2025;

In fulfillment of the obligations for preparing the Integrity Plan, the Working Group, on 20.01.2025, prepared a questionnaire, which was distributed to the agency's employees (electronically and anonymously). This questionnaire served to collect direct information from all Agency officials, depending on the fields they cover within the scope of their legal duties and responsibilities;

The Officer Responsible for managing the preparation and implementation of the Integrity Plan participated in the workshop organized by the Kosovo Accreditation Agency, on the topic "Drafting Integrity Plans," which was held on 20.10.2023;

The Chairperson of the Working Group for the preparation of the Integrity Plan submitted the first draft of the Integrity Plan to the General Director of KAA on December 13, 2024.

THE PLAN AND CONTENT OF THE INTEGRITY PLAN

The Integrity Plan of the Kosovo Accreditation Agency, alongside the scope and legally defined mandate, includes the assessment of the integrity risk of the Agency, focusing on specific areas related to the activities and legal mandate of the institution. Specifically, in accordance with the relevant provisions of the Integrity Methodology, it includes the following elements:

- A self-assessment of the institution's exposure to corruption and other forms of integrity violations,
- Information on the scope of the institution and the human resources engaged within the institution,
- Types of risks and other forms of integrity violations;
- Existing control measures,
- Preventive measures to reduce the risk of corruption and other forms of integrity violations, along with deadlines for their implementation,
- Other data, in accordance with the Methodology for drafting the integrity plan.

Through the Integrity Plan, the following is aimed:

- Increasing the opportunities for the institution to achieve its integrity management objectives;
- Identifying and taking measures to minimize the possibilities for exposure to misappropriations and potential conflicts of interest;
- Maintaining a system to ensure compliance with legal and procedural requirements and standards;
- Increasing the trust of staff and external stakeholders in the commitment to integrity demonstrated by the institution.

Based on the scope and legal mandate of the Kosovo Accreditation Agency, the Integrity Plan will specifically contribute to the assessment and identification of risks in the following processes:

- Human Resource Management;
- Finances and Financial Reporting;
- Legal Affairs;
- Evaluation and Accreditation;

- Monitoring and
- Post-accreditation Procedures;

OBJECTIVES OF THE INTEGRITY PLAN

The Kosovo Accreditation Agency, within the framework of the Integrity Plan, has set specific objectives, which are fully aligned with the Agency's legal mandate as prescribed by the relevant laws, as well as with the internal organization of the institution.

The Agency's goal is that through the implementation of these objectives, the full exercise of the Agency's legal mandate is ensured.

Identification of risks and the implementation of measures to reduce risks:

- Advancing processes for preventing risks;
- Strengthening ethics, image, and public integrity of the KAA;
- Advancing transparency and accountability of the KAA;
- Advancing policies to promote integrity and prevent misuse in the accreditation processes;
- Increasing staff and external stakeholders' trust in the Agency's commitment to integrity demonstrated by the institution;
- Continuous professional development for the implementation of projects and contracts in accordance with the applicable legal framework and regulations.

The aims of the Integrity Plan

- To develop an effective and sustainable system for managing the institution's integrity;
- To strengthen accountability and public transparency;
- To increase institutional resilience against integrity violations;
- To plan and implement measures for managing integrity risks within the institution.

Process of Developing the Integrity Plan

The development of the Integrity Plan consists of several phases as follows:

- **Preparatory Phase:** The Director of the institution makes a decision to appoint a Coordinator and a Working Group for drafting the Integrity Plan. This working group consists of a reasonable number of members, depending on the complexity of the institution or the number of employees. The working group collects the necessary information for the development of the integrity plan and informs all staff about the importance of the Integrity Plan.
- **Integrity Risk Assessment Phase:** During this phase, the coordinator, together with the working group, analyzes the collected documentation (legislation and applicable subordinate acts in the work of the Kosovo Accreditation Agency; job descriptions and scope, as well as any decision-making processes and service delivery). Based on the analysis of the current situation, the risk areas are determined, and the risks are identified and assessed.
- **Phase of Setting Priorities and Proposing Measures to Improve Integrity** – This phase involves identifying priorities for intervention, defining measures for the prevention/elimination of risks, and assigning responsibilities for implementation.
- **Phase of Monitoring and Reporting the Integrity Plan** – This phase includes monitoring, observing, and regularly recording the activities carried out within the Integrity Plan, as well as gathering information on all aspects of its implementation. Reporting enables the collected information to be used in decision-making that improves the achievement of the objectives of the Integrity Plan. Finally, the institution publishes the Integrity Plan and approves measures to improve integrity for a three (3) year period.

RISK ASSESSMENT METHOD

The Risk Assessment Method determines the likelihood of the occurrence and the consequences of integrity violations and other forms of illegal or unethical behavior.

Through risk assessment, the likelihood of occurrence and the level of consequence are determined, which can be: low/medium/high. The final risk level is determined according to the risk matrix, in the form of a combination of probability and consequence.

Figure 1. Risk Assessment Matrix

Consequence /Impact	High	10									
		9									
		8									
	Medium	7									
		6									
		5									
		4									
	Low	3									
		2									
		1	2	3	4	5	6	7	8	9	10
Risk Intensity (probability X impact)		Low			Medium			High			
		Probability/Likelihood									

The risk intensity is obtained by multiplying the probability/likelihood by the consequence/impact, using the risk matrix, "impact (1-10) x consequence (1-10)," as shown in the figure above.

The overall assessment of the risk of corruption and other forms of integrity violations is evaluated on a scale from 1 to 100, as shown in the table below:

Low	Medium	High
1 – 15 points	16 - 48	49 - 100

■ Low-intensity risk – the likelihood of corruption or other forms of integrity violations occurring is very low due to existing control measures.

■ Medium-intensity risk – the occurrence of corruption or other forms of integrity violations is possible, but control measures manage this risk.

 High-intensity risk – corruption or other forms of integrity violations are already present in this process or are likely to occur.

Monitoring the Implementation of the Integrity Plan and Reporting

The implementation of the Integrity Plan shall be subject to continuous monitoring by the designated officer within the institution, as well as by the Agency for the Prevention of Corruption.

Continuous monitoring of implementation is crucial to verify the effectiveness of integrity risk controls and mitigation measures in both design and practice, ensure proper understanding of procedures, and confirm adherence to the Integrity Plan.

Furthermore, monitoring should determine whether the measures implemented to address the risk have produced the planned effects, have identified changes in both the external and internal context—including changes in the risk itself—that require a review of risk treatment and priorities, and identified lessons learned to guide future planning.

Regular reporting ensures that the implementation of the Plan is carried out in accordance with the schedule and that the planned results are achieved. Furthermore, upon completion of the report on the implementation of the Integrity Plan by the designated officer within the institution, the report shall be submitted to the Agency for the Prevention of Corruption for evaluation.

RISK AREAS

Examples of general risk areas include:

Based on the findings of the questionnaires and the overall situation analysis, the KAA has identified the following risk areas:

- Human resources management;
- Finance and financial reporting;
- Legal issues;
- Assessment, accreditation and validation;
- Monitoring; and
- Post-Accreditation Procedures.

In addition to the general areas, the KAA has also identified a specific risk area.

The specific risk areas are:

- **Political influence and external interventions;**
 - The appointment of staff or board members based on political affiliation rather than through a merit-based process.
 - Pressures to accredit institutions or programs that do not meet the minimum standards.
- **Conflict of interest;**
 - Experts involved in the evaluation who have connections with the institutions being assessed.
 - Cases where decisions are made for personal, business, or functional gain.
- **Misuse of official position:**
 - Favoritism towards certain institutions for financial or personal gain.
 - Unauthorized disclosure of official information and documents to third parties.
- **Data Manipulation:**
 - Acceptance of false data without sufficient verification in accordance with KAA's legal regulations.
 - Unauthorized interference with data submitted by external parties.
- **Lack of Transparency:**
 - Non-publication of official documents.
 - Unclear procedures regarding how accreditation decisions are made.
- **Weaknesses in Professional Capacities:**
 - Insufficient professional expertise among staff or evaluators.
 - Inadequate training for evaluators, potentially leading to errors or unfair decisions.
 - External evaluators' lack of knowledge of the local context.
- **Lack of Ethics in Decision-Making:**
 - Use of evaluation methodologies that are not in compliance with ESG standards.
 - Decisions that are not based on evidence or objective analysis.

Integrity Plan								
General Risk Areas								
Risk Recording			Risk Assessment and Measurement			Risk Action		
Risk Area	Risk Description	Existing controlling measures	Probability	Impact	Risk Assessment	Proposed measures for the reduction/elimination of risks	Responsible unit/officer	Timeframe for completion
Human Resource Management	The lack of effective mechanisms for verifying the ethics, competence, and performance of the staff.	Laws and sub-legal acts of KAA. All laws and sub-legal acts that affect the field of human resources of KAA.	2	4	8	Recruitment of staff Training of staff Performance evaluation of staff Continuous reporting	Human Resources	3 months

Finance and financial reporting	Misuse of public funds, lack of transparency in the allocation of financial resources, and inaccurate or manipulated financial reporting.	Laws and sublegal acts. An effective and functional system for managing KAA's funds.	1	8	8	Training of staff Performance evaluation of staff Continuous reporting Audit of financial statements	Budget and Finance Division	Every 3 month
Legal Issues;	Unfair or selective implementation of accreditation legislation and non-compliance with established legal procedures.	Laws and sublegal acts.	2	5	10	Staff training on potential legal changes. Performance evaluation of staff Continuous reporting	Head of the Division for Legal Affairs	6 - 12 months
Evaluation and accreditation	Evaluation processes are not based on standards and professional practices.	Laws and sublegal acts.	2	6	12	Training of staff Performance evaluation of staff Continuous reporting	Director of the Department and Head of the Division for Evaluation and Accreditation.	12 months

Monitoring and Post-Accreditation Procedures	The monitoring process of accredited institutions is superficial or influenced by external factors.	Laws and sublegal acts.	2	4	8	Training of staff Performance evaluation of staff Continuous reporting	Department of Monitoring and Post-Accreditation Procedures	12 months
The Specific Risk Areas								
Risk Recording			Risk Assessment and Measurement			Risk Action		
Risk Area	Risk Description	Existing controlling measures	Probability	Impact	Risk Assessment	Proposed measures for the reduction/elimination of risks	Responsible unit/officer	Timeframe for completion
Political influence and external interventions.	The appointment of staff or board members based on politics rather than through a merit-based process.	Laws and sublegal acts.	3	6	18	Increasing transparency	The Government and the Assembly	According to the mandate.
	Pressures to accredit institutions or programs that do not meet the		4	6	24	Publishing accreditation decisions.	SCQ, KA, and the General Director.	12 months .

	minimum standards.							
Conflict of Interest	Experts involved in the evaluation who have connections with the institutions being assessed.	Laws and sublegal acts.	2	6	12	Signing of the confidentiality agreement.	SCQ, KA and KAA.	12 months.
	Cases where decisions are made for personal, business, or functional benefits.		2	7	14	Defining the standards of the KAA.	SCQ, KA and KAA.	12 months.
Misuse of official position	Favoritism towards certain institutions for financial or personal gain	Laws and sublegal acts.	2	7	14	Updating the legal infrastructure.	KAA	12 months.
	Unauthorized disclosure of official information and		2	5	10	Updating the legal infrastructure.	KAA	12 months.

	documents to third parties.							
Data manipulation.	Acceptance of false data without sufficient verification in accordance with KAA's legal regulations.	Laws and sublegal acts.	3	6	18	Training of staff. Digitalization of processes.	KAA.	12 months.
	Unauthorized interference with data submitted by external parties.		3	6	18	Training of staff. Digitalization of processes.	KAA.	12 months.
Lack of transparency.	Non-publication of official documents.	Laws and sublegal acts.	2	4	8	Enhancing the new website Increasing transparency	KAA.	12 months.
	Unclear procedures regarding how accreditation decisions are made.		2	4	8	Increasing transparency	KAA.	12 months.
	Lack of sufficient professional		2	4	8	Training of staff.	KAA.	12 months.

Weaknesses in professional capacities.	expertise among the staff or evaluators.	Laws and sublegal acts.				Training of external evaluators		
	Insufficient training for evaluators may lead to errors or unfair decisions.		2	8	16	Training of staff. Training of external evaluators	KAA.	12 months.
Lack of ethics in decision-making.	The use of assessment methodologies that do not comply with international standards.	Laws and sublegal acts.	2	3	6	Developing standards based on ESG.	SCQ and KAA.	12 months.
	Decisions that are not based on evidence or objective analysis.		2	2	4	Defining KAA standards.	SCQ and KAA.	12 months.