

ADDENDUM N° 1
TO THE FINANCING AGREEMENT

for

the Annual Action Programme for Montenegro for the year 2018
IPA/2018/040-218 and IPA/2018/040-220

As originally concluded between the European Commission and Montenegro on 2.12.2019, hereinafter referred to as "**the Financing Agreement**".

The European Commission, hereinafter referred to as "**the Commission**", acting on behalf of the European Union, hereinafter referred to as "**the Union**",

of the one part, and

Montenegro, hereinafter referred to as "**IPA II beneficiary**", represented by the Government of Montenegro, European Integration Office,

of the other part,

jointly hereinafter referred to as "the Parties",

Whereas,

- (1) The Commission adopted on 5.12.2018 a Commission Implementing Decision C(2018)8189 establishing the Annual Action Programme for Montenegro for the year 2018. This Programme is implemented by means of a Financing Agreement concluded between the IPA II beneficiary and the Commission on 2.12.2019.
- (2) An update of Action 2 (EU Integration Facility) of the Annex has been agreed by Exchange of Letter of 01.04.2020 in order to allow an immediate relief support and response in crisis situations.
- (3) The Annual Action Programme for Montenegro for the year 2018 has been modified in order to reflect budget reallocations therein.
- (4) It is therefore necessary to bring the Financing Agreement in line with the amended Programme.

HAVE AGREED ON THE FOLLOWING:

Article 1

Article 1 (2) of the Special Conditions of the Financing Agreement is replaced by the following:

"(2) The total estimated cost of this Programme is EUR 38 247 865 and the maximum Union contribution to this Programme is set at EUR 36 186 977".

This Programme requires financial contributions from both the IPA II beneficiary and the Union. The breakdown of the respective financial contributions is set out in Annex I."

Article 2

Annex I to the Financing Agreement is replaced by Annex I to the present Addendum.

Article 3

All other terms and conditions of the Financing Agreement remain unchanged.

This Addendum shall enter into force on the date on which it is signed by the last party.

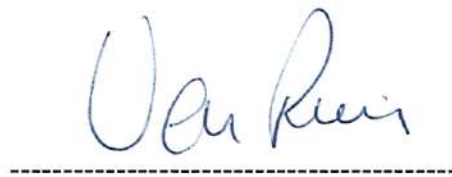
Addendum No. 1 to the Financing Agreement is drawn up in duplicate in the English language, one being handed to the Commission and one to the IPA II beneficiary.

For the IPA II beneficiary:

For the Commission:


Podgorica, date: 30/11/2020

Mr Aleksandar Drljević
National IPA Coordinator
Chief Negotiator
Government of Montenegro
European Integration Office


Brussels, date: 16/11/2020

Ms Genoveva Ruiz Calavera
Director D, Western Balkans
European Commission
Directorate – General for Neighbourhood and
Enlargement Negotiations

ANNEX I

to the Annual Action Programme for Montenegro for the year 2018

1 IDENTIFICATION

Beneficiary	<i>Montenegro</i>
CRIS/ABAC Commitment references	2018/040-218 EUR 18 686 977 million 22.020101 2018/040-220 EUR 17 500 000 million 22.020102
Total cost	EUR 38 247 865
EU Contribution	
Budget lines	EUR 36 186 977 22.02 01 01 and 22.02 01 02
Management Mode/ Entrusted entities	<p>Direct management by the European Commission</p> <p>Indirect management with Montenegro: The operating structures responsible for the execution of the actions, are:</p> <p><i>National Fund</i> Action 1 - Participation in Union Programmes – Implementation will consist in the payment of the Instrument for Pre-Accession (IPA II) part of the financial contribution to the programmes by the National Fund</p> <p><i>Public Works Administration:</i> Action 3 - EU for improving access to justice and fundamental rights</p> <ul style="list-style-type: none"> • Result 1 – Increase standards in judiciary through constructed, renovated and adapted justice facilities in Montenegro • Result 3 (only activities concerning works) – Capacities of Law Enforcement Agencies upgraded and additional accommodation capacities for foreigners seeking international protection provided. <p>Action 5 – EU for strengthening the quality and access of health and social services and building resilient and responsive health system towards epidemiological threats.</p>



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	<ul style="list-style-type: none"> • Result 1 – New facility for clinic for infectious diseases and clinic for dermatovenerology. • Result 2 - Reconstruction/ refurbishment and equipping of the selected microbiology laboratories. • Part of the Result 5 - Construction of the building for the Center for Control and Prevention of Infectious Diseases with the Operational Center for Emergency Situations (EOC). • Result 6 - Reconstruction of the Institute of Public Health and its equipping for setting up a Biosafety level 3 laboratory. <p><i>Directorate for Finance and Contracting of the EU Assistance Funds (CFCU)</i></p> <p>Action 3 - EU for improving access to justice and fundamental rights</p> <ul style="list-style-type: none"> • Result 3 (only activities not related to works such as technical assistance, trainings and supplies contracts not linked to works contracts) – Capacities of Law Enforcement Agencies upgraded and additional accommodation capacities for foreigners seeking international protection provided. <p>Indirect management with an international organization:</p> <p>Action 5 - EU for strengthening the quality and access of health and social services and building resilient and responsive health system towards epidemiological threats.</p> <ul style="list-style-type: none"> • Result 3 - Early Childhood Development • Result 4 - Reform of the National Disability Determination System • Part of the Result 5 - Establishment of the Emergency Operating Centre (EOC) • Result 8 and Result 9 - Implementation of the Risk Communication Strategy related to the second phase response to COVID -19 and the second possible outbreak (Result 8) and Strengthening the immunization services and building the resilience of the system in the light of COVID -19 outbreak (Result 9)
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Final date for concluding Financing Agreements with the IPA II beneficiary	At the latest by 31 December 2019
Final date for contracting including conclusion of delegation/contribution agreements	3 years following the date of conclusion of the Financing Agreement,
Indicative operational implementation period	6 years following the date of conclusion of the Financing Agreement.
Final date for implementing the Financing Agreement (date by which this programme should be de-committed and closed)	12 years following the conclusion of the Financing Agreement.
Programming Unit	DG NEAR Unit D.1 Montenegro
Implementing Unit/ EU Delegation	Delegation of the European Union to Montenegro

2 DESCRIPTION OF THE ACTION PROGRAMME

2.1 SECTORS SELECTED UNDER THIS ACTION PROGRAMME

- ***Rationale for the selection of the specific sectors under this programme:***

The Annual Action Programme (AAP) for Montenegro for the year 2014 contributed to the achievement of the objectives identified in the Indicative Strategy Paper 2014-2020 (ISP) of Montenegro¹ and its subsequent revision² through formulating actions covering six of the eight priorities defined in the ISP. The first sectors initially covered by IPA II funds included *democracy and governance, the rule of law and fundamental rights, environment and climate action, transport, competitiveness and innovation, and the Agriculture and rural development sector.*

Following the sector approach the *Annual Action Programme for Montenegro for the year 2015* covered *Democracy and governance* and the *rule of law and fundamental rights* sectors. It also included the first sector budget support programme aimed at supporting the implementation of the integrated border management strategy.

In 2015 Montenegro developed a *Regional Development Operational Programme 2016-2020 (RDOP)* to provide a multiannual framework for IPA programming in *environment, competitiveness and transport* sectors. Three actions have been prepared in parallel, each covering one of the three sectors identified in the RDOP. Two actions, focusing on economic development and growth by providing assistance to the environment and climate action and competitiveness and innovation sectors, were included in the *Action Programme for the year 2016*. A third action aiming at the

¹ C(2014)5771 of 18.08.2014 – Commission Implementing Decision adopting an Indicative Strategy Paper for Montenegro for the period 2014-2020"

² C92018)5026 of 03.08.2018 - Commission Implementing Decision amending Commission Decision C(2014)5771 of 18.8.2014 adopting the Indicative Strategy Paper for Montenegro for the period 2014-2020

improvement and development of the transport sector was included in part 1 of the *Annual Action Programme for Montenegro for the year 2017*.

The *Annual Action Programme for Montenegro for the year 2017* part 2 strengthened and complemented the existing EU support to the democracy and governance sector targeting the area of public administration reform (PAR) as public administration reform is considered to be one of the key priorities of the Enlargement Strategy.

The current *Annual Action Programme for Montenegro for the year 2018 (AAP 2018)* focuses on three sectors: democracy and governance; rule of law and fundamental rights; and education, employment and social policies.

As regards the area of **justice, rule of law and fundamental and human rights**, the activities under this Action target the following results from the revised Indicative Strategy Paper for Montenegro 2014-2020, after the 2018 mid-term review:

- Enhanced independence, efficiency and professionalism of the judiciary and strengthened integrity safeguards;
- Increased efficiency and co-operation between the law enforcement agencies;
- Alignment with EU standards in the area of migration and asylum
- Improved compliance with the European Convention on Human Rights (ECHR) standards on fundamental rights
- Improved promotion of gender equality and anti-discrimination;

Concerning the area of **education, employment and social policies**, the Indicative Strategy Paper (ISP) recently subject to a Mid Term Review, states that “*IPA II will address the reform of social policies (benefits and services), including health policy, so as to improve its efficiency and coverage, as well as the financial sustainability of the respective systems, as well that social and child protection systems and the implementation of the Employment and Social Reform Programme (ESRP). Furthermore, IPA II will support acquis alignment and institutional capacity building for public health*”.

Therefore the proposed action is relevant for the ISP result:

- Improved access to health, education and employment opportunities for all citizens, with a particular focus on socially disadvantaged or marginalised groups.

Finally, the proposed action will support Montenegro in implementing EU accession criteria foreseen in three EU negotiation chapters:

- Chapter 19 - Social policy and employment,
- Chapter 23 - Judiciary and fundamental rights, and
- Chapter 28 - Consumer and health protection.

In terms of accession negotiations, all of these chapters are “open” and substantial improvements still need to be made to ensure compliance with the EU standards, the Action can therefore significantly contribute to progressing towards meeting the accession criteria in the above-mentioned chapters.

In addition, the proposed action will further support Montenegrin health sector to strengthen its resilience and responsiveness towards the epidemiological threats.

In addition to the above mentioned sectors, the AAP 2018 will set up a new EU Integration Facility (EUIF) with EUR 3 100 000 EU contribution and continue



supporting the participation of Montenegro in Union Programmes under the **democracy and governance sector** with a total EU contribution of EUR 2 070 244. The EU Integration Facility focuses mainly on technical support and capacity building related to the EU accession process, including immediate relief support and response in crisis situations. By ensuring the effectiveness and impact of actions financed through IPA II, the EUIF will also help the preparation for future cohesion and structural funds. Action 2 ensures Montenegro's participation in European Programmes by co-financing the participation fees or entry tickets.

- ***Overview of past and on-going EU, other donors' and/or IPA II beneficiary's actions in the relevant sectors:***

Democracy and governance – justice, rule of law and human and minority rights

Under the AAP 2014 the sector of justice, rule of law and fundamental rights was supported through different actions such as "Support to the implementation of Chapters 23 and 24 Action Plans", "Support to the Customs administration" and "Support to the anti-discrimination and gender equality policies". These actions supported Montenegro to strengthen the efficiency of the judiciary to counter corruption and organised crime, to increase the capacities and IT systems of the Customs Administration of Montenegro to and improve the social and institutional responsiveness towards promotion, protection and enforcement of human rights and equal opportunities.

The AAP 2015 focused on the development of a "Sector Budget Support programme on integrated border management" aimed at improving prevention and detection of irregular migration and cross-border crime, and enhance preservation of national security and the internal security of the EU Member States and on a programme to ensure durable and sustainable solutions for Roma and other vulnerable groups for comprehensive social inclusion in Montenegro.

The action document was designed having in mind the experience gained from the implementation of previous and ongoing interventions. The following lessons were recognized:

- The need to focus on the sectoral approach for actions in the rule of law and fundamental rights sector: given the complexity and diversity of the sector and the number and the variety of stakeholders, the success of any intervention relates to cooperation and exchanging information.
- Communication and coordination with negotiating structures is essential for quality programming and implementation;
- Quality of donor coordination and overview is a precondition for sustainable results;
- Proper analysis of pre-conditions, and adequate planning and sequencing increase the absorption capacity;
- Policies that ensure sustainability of the human resources and investments in new technologies should be carefully planned during the process;
- Sufficient financial framework should be carefully planned and provided in line with strategic prioritization;

- Ensuring stakeholders proactive participation during project implementation.

Having in mind the relevance of donor coordination, the Ministry of Justice organises donor coordination meetings with the participation of relevant international organisations, embassies etc. The donor coordination meetings also encompass relevant national authorities. The Ministry of Justice collects information on project activities of judiciary authorities (Courts, State Prosecution Office), Centre for Education in Courts and State Prosecution Office, and of the Administration for Execution of Criminal Sanctions.

Education, employment and social Policies

Concerning education, employment and social policies IPA I supported this area through its Component IV and under IPA II, the "2015-2017 Multi-annual action programme for Montenegro on employment, education and social policies" aims at supporting Montenegro's Employment and social policy reform programme (ESPRP).

However, when it comes to basic Healthcare, only a limited number of EU projects and/or funds have so far been invested in Montenegro, especially in terms of pre-accession assistance under IPA or IPA II, apart from the equipping of the recently established Blood Transfusion Institute, as well as a number of cross-border and TAIEX initiatives. Otherwise, the health sector has not received significant IPA support, especially regarding infrastructure and access to basic health. This Action is therefore an opportunity for the EU to support one of the most important aspects of citizens' wellbeing, as well as a necessary pre-condition for adequate human capital and economic growth.

When it comes to its response to the COVID-19 outbreak, the EU has taken concrete and quick actions to support Montenegro against the pandemic through a first set of bilateral financial assistance. Along with support in addressing the socio-economic impact of the outbreak, and the procurement of the urgently-needed personal protective equipment and other key medical devices and supplies, as a part of this action Montenegrin health sector will be further supported to strengthen its resilience and responsiveness towards the threatening epidemiological situation in the future.

Nevertheless, the above mentioned previous EU support has already been of crucial value to other aspects of the Action, especially in early childhood development (ECD) and social policy reforms, including services to persons with disabilities, who are key beneficiaries of the overall social policy reform in Montenegro. To that end, previous EU funded UNICEF projects have shown a strong need for improved access to quality, equitable, inclusive and mutually reinforcing systems of health, nutrition, social and child protection.

In addition, the Action builds upon information obtained from the *Multiple Indicator Cluster Survey (2013)*, the *Child Poverty Study (2012)* and a range of other recent studies, such as assessments of the safety and quality of hospital care for mothers and

new-born³, home visitation system⁴, and evaluations on violence, disability and the social and child protection services. As a result, this Action will address most of the previously identified gaps in the systems of health, nutrition, social and child protection.

The segment of the Action related to reform of the national disability determination system builds upon the successful Social Welfare Reform Project (IPA I) and E-Social Card – Integrated Social Welfare Information System - ISWIS (UNDP implemented) projects that have resulted in substantial, national scale social welfare reform, with visible results recognised in the EU Country Reports. The related activities are fully complementary and build upon previous projects achievements and lessons learned in this area, as it will complete the social sector reform process and expand ISWIS accordingly.

List of Actions foreseen under the selected Sectors/Priorities:

Democracy and governance

INDIRECT MANAGEMENT WITH THE IPA II beneficiary		OTHER IMPLEMENTATION ARRANGEMENTS DIRECT MANAGEMENT	
Action 1 – Support to participation in Union Programmes	EUR 2 070 244		
		Action 2 – EU Integration Facility	EUR 3 100 000
TOTAL	EUR 2 070 244	TOTAL	EUR 3 100 000

Rule of law and fundamental rights

INDIRECT MANAGEMENT WITH THE IPA II beneficiary		OTHER IMPLEMENTATION ARRANGEMENTS DIRECT MANAGEMENT	
Action 3 – EU for improving access to justice and fundamental rights – Results 1,3	EUR 9 688 893	Action 3 – EU for improving access to justice and fundamental rights – Results 2,4,5	EUR 3 827 840
TOTAL	EUR 9 688 893	TOTAL	EUR 3 827 840

³ UNICEF, The assessment of safety and quality of hospital care for mothers and new-borns in Montenegro, 2016.

⁴ UNICEF, Patronage Nurse Services in Montenegro: Situation Analysis and Reform Options, 2017.

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Education, employment and social policies.

INDIRECT MANAGEMENT WITH THE IPA II beneficiary		OTHER IMPLEMENTATION ARRANGEMENTS DIRECT MANAGEMENT/ INDIRECT MANAGEMENT WITH INTERNATIONAL ORGANISATION	
Action 5 –EU for strengthening the quality and access of health and social services and Result 1, Result 2, part of the Result 5 and Result 6.	EUR 12,780,000	Action 5 – EU for strengthening the quality and access of health and social services and Results 3,4, part of Result 5, Result 7, Result 8 and Result 9.	EUR 4,720,000
TOTAL	EUR 12,780,000	TOTAL	EUR 4,720,000



DESCRIPTION AND IMPLEMENTATION OF THE ACTIONS

The envisaged assistance to Montenegro is deemed to follow the conditions and procedures set out by the restrictive measures adopted pursuant to Article 215 TFEU⁵.

SECTOR	<i>Democracy and governance</i>		<i>EUR 5 170 244</i>
Action 1	<i>Support to participation in Union Programmes</i>	<i>Indirect Management</i>	<i>EUR 2 070 244</i>

(1) Description of the Action, objective, expected results and key performance indicators

Description of the action:

The Union Programmes are a series of integrated measures promoted by the European Union, aimed at strengthening the co-operation among the Member States regarding EU policies for a period of time. Union Programmes are financed from the general budget of the European Union, covering different areas: from environmental protection, research and innovation, energy and transport to the development of entrepreneurship and competitiveness, and they represent significant instruments for defining and conducting internal EU policies. For Montenegro, as candidate country which negotiates accession to the EU, the participation in these programmes represents an opportunity to be better prepared for accession and also to familiarise itself with the EU policies and operating methods.

The objective of the action is to ensure participation of Montenegro in Union Programmes by co-financing the costs of the entry-tickets/participation fees to be paid by Montenegro as set out in the respective international agreements governing the participation to Union programmes or agencies.

The following results are foreseen:

- Enhanced participation of Montenegro in Union Programmes, including increased exchanges with the EU Member States;
- Strengthened ownership and responsibility of Montenegro (including in financial terms) for participation in Union Programmes;
- Improved awareness in the country on the Union Programmes.

The results achieved will be measured by the following indicators:

- Number of programmes for which an International Agreement has been concluded;
- Number of institutions/organisations fully benefiting under EU Programmes and initiatives;
- Montenegro's competent institutions receive reimbursement of entry-tickets in a timely manner;

⁵ https://ccas.europa.eu/headquarters/headquarters-homepage/8442/consolidated-list-sanctions_en

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- Level of ownership and commitment of Montenegro, including in financial terms, over participation in Union programmes;
- Level of awareness in the country on the Union programmes (e.g. level of participation and interest in the various programmes);
- Level of engagement and outreach with minority communities, to the extent applicable, for each specific programme in the country.

(2) Assumptions and conditions

- The responsible line ministries ensure the timely payment of the total entry ticket, as well as timely and documented requests for reimbursement;
- Responsible ministries continuously facilitate the support to the applicant's participation in the programmes;
- National Contact Points and line ministries are regularly communicating with beneficiaries and potential EU Programmes applicants.

(3) Implementation arrangements for the action:

This action will be implemented under indirect management by Montenegro,

(3)(a) Entity entrusted with budget implementation tasks

The entity entrusted with budget implementation tasks is the National Fund.

(3)(b) Short description of the tasks entrusted to the entity

Implementation will consist in the payment of the IPA part of the financial contribution to the programmes by the National Fund.

SECTOR	<i>Democracy and governance</i>		<i>EUR 5 170 244</i>
Action 2	<i>EU Integration Facility</i>	<i>Direct management</i>	<i>EUR 3 100 000</i>

(1) Description of the Action, objective, expected results and key performance indicators

Description of the action:

This action provides effective and efficient response to emerging priorities linked to the EU accession process as well as to improve the quality and maturity of planning and programming documents and to support effective implementation of EU assistance. In this context, the action shall also support Montenegro in responding to COVID-19 pandemic outbreak.

This action focuses mainly on technical support and capacity building related to the EU accession process and it should ensure effectiveness and impact of actions financed through IPA II including support in crisis situations. The EU Integration Facility provides flexible support to the national authorities aimed at addressing specific needs identified in

the course of the implementation of IPA II, but it may also be used in ad-hoc circumstances where EU assistance is required and/or suggested.

The **objective** of the EUIF is to successfully conduct the process of EU accession in Montenegro, including compliance with cohesion and structural funds related rules and standards

The **expected results** of this action are:

- Legislative and institutional capacities of Montenegrin administration for transposition and implementation of the acquis and capacities for leading and carrying out the accession negotiations strengthened;
- Capacities and relevant documentation for identification, programming, implementation and evaluation of EU assistance developed.
- Capacities of Montenegro for coping with the COVID-19 pandemic outbreak strengthened

The achievement of the results envisaged by the action will be measured by the following **indicators**:

- Number of projects focusing on capacity building activities under the EUIF;
- Number of Action Programmes adopted by the Commission.
- Number of health and safety measures and standards aimed at to COVID-19 pandemic suppression implemented

(2) Assumptions and conditions

- Continued commitment of government structures to the accession process
- Ensured adequate staff for state administration
- All relevant coordination mechanisms established and functioning
- Availability and commitment of staff for capacity building interventions
- Prompt responsiveness to emerging situations.

(3) Implementation arrangements for the action:

This action will be implemented under direct management by the EU Delegation to Montenegro.

(3)(c) Essential elements of the action (for direct management)

Procurement:

- a) the global budgetary envelope reserved for procurement: EUR 100 000:

b) the indicative number and type of contracts:

The indicative number of contracts will be from 10 to 15.

Type of procurement: service and supply.

c) indicative time frame for launching the procurement procedure:

6 – 28 months after signature of the Financial Agreement

Grant - Direct grant award:

a) Purpose of the grant: This grant contributes to the result "Capacities of Montenegro for coping with the COVID-19 pandemic outbreak strengthened"

Its aim is to support Montenegro, in particular the health sector, in immediately addressing the needs emerging from COVID-19 pandemic outbreak, in terms of curbing its further spread and alleviating the current situation.

The result will be enhanced capacities of Montenegro to tackle the effects of COVID-19 pandemic.

b) Direct grant award:

Art 195(a) of Regulation (EU) No 2018/1046 of the European Parliament and of the Council of 30 July 2018 on the financial rules applicable to the general budget of the Union⁶

The world is faced with Corona virus pandemic, officially declared by the WHO on 12/03/2020, and Montenegro declared epidemic on its territory on 26/03/2020. The disease is spreading progressively and has a high mortality rate. The United Nations (UN) has been involved in crisis management in a comprehensive range of fields and at multiple stages in disaster responses through its principal organizations and subsidiary entities including programs, funds, commissions, and specialized agencies. The UN has a long history of successful delivery of humanitarian and other support actions - immediate relief and responses to save lives - which tackle man-made and natural disasters and which affect the health, safety, and well-being of a community or a country. At the moment we are faced with an unprecedented situation of a pandemic outbreak at a worldwide scale, and the UN, in particular the UNDP, is best placed to provide a comprehensive response to mitigate the effects and prevent further spreading of the pandemic.

Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to UNDP.

The recourse to an award of a grant without a call for proposals is justified because of the urgency of the emergency response under the crisis situation (the crisis situation has been declared by the Authorising Officer by Delegation and applies as of 27/03/2020). The application of Article 195 a) FR is therefore justified.

c) Exception to the non-retroactivity of costs:

⁶ OJ L 193, 30.7.2018, p.1.

The Commission authorises that the costs incurred may be recognised as eligible as of 30/03/2020 because of the urgent need to fight the epidemic.

The **global** budgetary envelope reserved for grants: EUR 3,000,000.

(4) Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.

<i>SECTOR</i>	<i>Rule of law & fundamental rights</i>		<i>EUR 13 516 733</i>
<i>Action 3</i>	<i>EU for improving access to justice and fundamental rights</i>	<i>Direct / Indirect management</i>	<i>EUR 13 516 733</i>

(1) Description of the Action, objective, expected results and key performance indicators

Description of the action:

The support to this sector is in line with the Commission's commitment to the 'Fundamentals First' approach in the enlargement process. The aim is to ensure further improvement of the Justice and Law enforcement system, to support the efficiency and professionalism of the judiciary and the operational capacities of the Law Enforcement Agencies, the system of enforcement of criminal sanctions, as well as to achieve quality system of promotion and protection of human rights.

The action will contribute to further increasing standards in the judiciary through constructed, renovated and adapted justice facilities. This includes raising efficiency of the justice sector as well as improving the setup for protection and promotion of relevant human rights standards in the system for enforcement of criminal sanctions, enabling

implementation of the latest developments and standards in this area. Important outcome relates to introduction of the new ICT developments in the judiciary that will also result in raising efficiency of institutions and their interoperability, better services delivery to citizens and improved dialogue with the citizens and support to vulnerable groups through boosting institutions efficiency, with the help of technology.

Also, the action is focused on improvement of technical and operational capacities of competent institutions to prevent and combat crime, primarily related to enhancing technical capacities for border security and fight against crime. This action will also result in creating a Migration Centre with the aim to help improve the migration management capacities, including border management systems.

Furthermore, the Action contributes to further improvement of the system for promotion and protection of human rights through capacity building for the governmental and non-governmental sector stakeholders, and will increase service provision to vulnerable groups, particularly to persons with disabilities.

Objective:

The general objective of this action is to enhance the system of Rule of Law by increasing efficiency and effectiveness of the institutions and to bring the system for promotion and protection of human rights in line with the best EU practices.

The action specific objectives are:

- Quality and access to justice improved and capacities of Judiciary for efficient execution of powers enhanced;
- Improved technical and operational capacities of competent institutions for efficient law enforcement;
- Improved capacities of Ministry of Interior (MoI) for handling increased migration flows;
- Improved position and integration of vulnerable groups, minorities and women.

Results:

The following results are foreseen:

- Constructed, renovated and adapted justice facilities;
- Unique Information System of Judiciary applied;
- Capacities of Law Enforcement Agencies (LEA) upgraded and Accommodation capacities in the new Migration Centre provided;
- Improved capacities of the key stakeholders in the area of protection of human and minorities rights;
- Improved accessibility of public buildings.

Key Indicators:

The following indicators are proposed to measure the progress in implementation:

- Number of infrastructural interventions completed;



- Number of institutions that implemented the Judiciary Unique Information System (ISP);
- Number of beds for accommodation in the new Migration Centre;
- Number of relevant policies monitored (number of measures from strategic documents inserted in the system and subject to monitoring);
- Number of public buildings adapted to be more accessible to people with disabilities.

(2) Assumptions and conditions

Assumptions

- To have increased standards in Judiciary by constructed, renovated and adapted facilities (Result 1), it is assumed that the continued maintenance of the infrastructures is ensured.
- It is also assumed that awareness and capacity of staff to use the new technology allow the increased efficiency and accountability of judiciary by means of the unique information system (Result 2).
- The accommodation capacities in the new Migration Centre (Result 3) will be provided assuming that migration flows remain within the foreseen dimension.
- The improvement of key stakeholders' capacities in the area of protection of human and minorities' rights (Result 4) will occur assuming that there will be adequate human resources capacity of the Ministry in charge of monitoring relevant policies.
- For the improved accessibility of public buildings (Result 5) it is assumed that the study about accessibility of Centres for social work has been completed (this is care of the Ministry of Labour and Social Welfare).

Conditions:

Result 1:

- Courts selected for reconstruction / adaptation under this programme will remain as functioning courts and not be effected by any court rationalisation plan that the Government may adopt during the implementation of the programme

Result 3:

- With regards to the adaptation of the former border post Božaj into a migration centre, and taking into account that the requested IPA allocation is insufficient to finance the entire renovation, additional financing should be provided by the Government and made available at the same time of the IPA funds, so that the whole building is renovated at the same time.
- In line with this programme's purchase of two small customs scanners the Government of Montenegro agrees to transfer the large customs scanner currently in Podgorica to the port of Bar. The Government agrees in parallel to ensure that this transferred scanner is fully operational six months after the signature of the Financing Agreement by the European Commission.

Result 4:

- Before procurement activities for the recruitment of the capacity building experts team are completed, the Government must fill the positions in the MMHR in accordance with the organigram, by recruiting qualified staff following a fully open, transparent and merit- based recruitment procedure.

Failure to comply with the requirements set out above may lead to a recovery of funds under this programme and/or the re-allocation of future funding.

(3) Implementation arrangements for the action:

Indirect management by the IPA II beneficiary for all activities under Results 1 and 3.

Direct management by the EU Delegation to Montenegro for all activities under Results 2, 4 and 5.

(3)(a) Entity entrusted with budget implementation tasks

This action will be managed under indirect management by the Public Works Administration for all activities concerning works and by the CFCU for all other activities.

(3)(b) Short description of the tasks entrusted to the entity

The entrusted entity shall be responsible for carrying out all the tasks relating to the implementation of the action. In particular, the entrusted entity shall be responsible for the contracting, implementation, information and visibility, monitoring and reporting of IPA II activities, and the evaluation thereof whenever relevant, in accordance with the principle of sound financial management, and for ensuring the legality and regularity of the expenditure incurred in the implementation of the programme.

Public Works Administration

Result 1 - Increase standards in judiciary through constructed, renovated and adapted justice facilities in Montenegro - All activities concerning this result.

Result 3– Capacities of Law Enforcement Agencies upgraded and additional accommodation capacities for foreigners seeking international protection provided – Activities concerning works (and all other contracts related to them – supervision and supplies within the context of a specific work contract).

CFCU

Result 3 – Capacities of Law Enforcement Agencies upgraded and additional accommodation capacities for foreigners seeking international protection provided
Activities concerning provision of services and supplies not related to a specific work contract

(3)(c) Essential elements of the action (for direct management)

Procurement:

- a) the global budgetary envelope reserved for procurement: EUR 3 627 840:
- b) the indicative number and type of contracts:
Type of procurement: service/supply/works.
Indicative number of contracts: 5
- c) indicative time frame for launching the procurement procedure: Q1 2020

Grant - Direct grant award (Strengthening capacities of public administration on gender equality and implementation of the principles of gender equality):

- a) Objectives and foreseen results:

The objective of this direct grant award is to develop an Analysis and Guidelines in the area of implementation of gender equality policies.

As a result gender mainstreaming in public administration is promoted.

- b) Justification for the use of an exception to calls for proposals:

Art 195 (f) FR – The aim of the grant is to integrate gender into public policies in Montenegro. This entails a high degree of coordination between gender issues and PAR.

- c) the name of the beneficiary: UNDP. The UNDP will be awarded a direct grant because, as representative of UNWOMEN in the country, it has developed an undeniable global capacity and know-how to offer expert advice, technical co-operation and operational assistance to the Government in its gender focused work. The granting of the Gold Seal Certificate for gender mainstreaming in 2017 is prove of its technical competence in setting up accountability mechanisms, management systems, regulatory frameworks and policies on gender mainstreaming.
- d) The essential selection criteria are financial and operational capacity of the applicant.
The award criteria are relevance, effectiveness and feasibility, sustainability and cost-effectiveness of the action.
- e) indicative amount of the grant: EUR 200 000
- f) Maximum rate of EU co-financing:
The maximum possible rate of EU financing may be up to 100% of the total cost of the action in accordance with Article 190§3 of Financial Regulation if full funding is essential for the action to be carried out. The necessity for full EU funding will be justified by the responsible authorising officer in the award decision, in respect of the principles of equal treatment and sound financial management.
- g) Indicative date for signing the grant agreement: Q1 2020

(4) Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.

SECTOR	<i>Education, employment and social policies</i>		<i>EUR 17 500 000</i>
Action 5	<i>EU for strengthening the quality and access of health and social services and building a resilient and responsive health system towards epidemiological threats</i>	<i>Direct / Indirect management</i>	<i>EUR 17 500 000</i>

(1) Description of the Action, objective, expected results and key performance indicators

Description of the action:

When it comes to basic healthcare, only a limited number of EU projects and/or funds have so far been invested in Montenegro, especially in terms of pre-accession assistance under IPA or IPA II, apart from the equipping of the recently established Blood Transfusion Institute, as well as a number of cross-border and TAIEX initiatives. Otherwise, the health sector has not received significant IPA support, especially regarding infrastructure and access to basic health. This action is therefore an opportunity for the EU to support one of the most important aspects of citizens' wellbeing, as well as a necessary pre-condition for adequate human capital and economic growth. As such, the proposed action is based on the 2013 European Centre for Disease Prevention and Control (ECDC) Technical Assessment Report, as well as the Assessment of National Microbiology Laboratories performed by the WHO in 2016.



Furthermore, the needs to improve the system for supervision and response to infectious diseases have become more evident and even pressing in the light of on-going COVID-19 outbreak, and pointed to the necessity for further strengthen Montenegrin health system to be able to readily and efficiently respond to a possible new outbreak. Moreover, there is a need to prepare the Country's response to potentially emerging and high threat pathogens.

This action is therefore an opportunity for EU to provide its support to health sector of Montenegro as a response to COVID-19 outbreak, in addition to already provided support in urgently needed personal protective equipment and other key medical devices and supplies and the support in addressing socio - economic impact of the outbreak.

Objectives:

The action's objective is to support further systematic reform of the national social welfare, child-care and health systems, through the implementation of a new strategic, legal and institutional framework in line with the EU *acquis*.

The specific objective of the action is to improve access to health and social care, as well as education and employment opportunities for all citizens, with a particular focus on socially disadvantaged or marginalised groups (including Roma and people without regularised legal status) and building a resilient and responsive health system towards epidemiological threats.

Results:

The action results are:

- Protection of population against infectious diseases improved through the construction and equipping of a new facility for two clinics (Clinic for Infectious Diseases and Clinic for Dermato-venerology) at the "Clinical Centre" in Podgorica.
- The quality of services of microbiological laboratories enhanced through provision of adequate equipment based on a quantified needs assessment and cost-benefit analysis and through refurbishment of the relevant laboratories to the necessary standard to host new equipment.
- The Early Childhood Development (ECD) system is assessed and an adequate strategic framework developed, including the National ECD Action plan and related rules of procedures.
- National disability determination system reformed in a way to provide persons with disabilities proper access to services and cash transfers, as well as improved quality of life. The capacities of the Institute of Public Health are strengthened in order to respond effectively to public health requirements for all future outbreaks of contagious diseases in the country through the construction and equipping of the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC) and by improving IT systems in the field of data collection and management in crisis situations.
- Ensured readiness of the public health system to deal with emerging and high threat pathogens and increased laboratory capacities to deal with COVID-19 in case of a new outbreak, by setting up a biosafety level 3 laboratory within the Institute of Public Health.

- The country's capacity for novel coronavirus testing is increased through the provision of laboratory equipment for simultaneous analyses of large number of respiratory samples.
- Appropriate behavior in the population promoted in order to increase public health, thus contributing to controlling the COVID-19 epidemic, through coordinated communication, community engagement and guidance to the target audiences.
- Resilience of the health system increased by improving immunization and infection prevention and control through the strengthening of the immunization services, especially for vulnerable groups.

Indicators:

The following indicators are proposed to measure the progress in implementation:

- Two clinics constructed, furnished and fully functional in line with best practice and EU standards, with equal and adequate access provided for different population and/or marginalised groups, including Roma, LGBT, persons with disabilities, etc.
- Solid quantified microbiology needs assessment conducted, using WHO standards and ENLabCap, including a cost-benefit analysis.
- At least 60% of laboratories identified in the needs assessment equipped according to the specifications and results of the assessment reports and staff trained accordingly.
- Number of laboratories, determined by the assessment and by the budget available under this Action, refurbished to the necessary standard to be able host new equipment.
- The ECD policy framework and costing model are developed. (National Strategy for ECD with a budgeted Action Plan).
- Strengthened capacities and competences of relevant stakeholders to continue the multi-sectoral national intervention, addressing various dimensions of ECD (min. 20% stakeholders reached).
- The public is made aware on the importance of proper health, education and social care for adequate childhood development (min. 20 %).
- Enabling legal framework developed and adopted through the new Law and new unified criteria for all the sectors.
- Unique Commission for disability determination established and functional, applying the social model.
- Information system and the E-registry for persons with disabilities operational.
- One Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC) constructed and equipped in line with the best practises and EU standards.
- Operational Centre for Emergency Situations (EOC) fully functional.
- A new IT system in the field of data collection disaggregated by gender and ethnicity and management in crisis situations built up and fully functional.

- One Biosafety level 3 laboratory set up reconstructing and equipping of the designated space in the Institute of Public Health, in compliance with the specific requirements for biosafety in microbiological and biomedical laboratories.
- One piece of laboratory equipment able to conduct simultaneous analysis of large number of respiratory samples delivered, installed and put in operation.
- COVID-19 epidemic under control.
- Implementation of awareness-communication campaigns on available protection services targeting specifically women from disadvantage groups, in coordination with other initiatives.
- Immunization coverage rates increased, especially for the first dose of measles, mumps and rubella (MMR).
- Outreach to and inclusion of vulnerable and marginalised groups, minorities and non-regularised persons

(2) Assumptions and conditions

Assumptions:

- Timely procurement, continuous and adequate financial means and human resources made available.
- Highly qualified staff trained and retained; regular maintenance of laboratories.
- New legal / policy framework is drafted and implemented to the best possible quality and extent.
- Interest and dedication of all stakeholders involved; who participate effectively and implement all foreseen activities.
- The newly established system is regularly monitored and its success assessed objectively.
- Effective coordination between various institutions involved in the action.
- The epidemiological situation in Montenegro related to COVID-19 is stable and is not hampering the start of works, or extending the execution of works envisaged within this Action.

Disorders in the market of construction materials and laboratory equipment, caused by the epidemiological situation or the economic crisis because of the epidemiological situation, are not affecting the procurement of materials for the performance of works and equipping.

Conditions:

Result 2:

- The choice of the microbiology equipment to be acquired under this action will be informed by a needs assessment that should be conducted prior to undertaking any equipment procurement activities.
- The microbiology laboratories that will receive the equipment must be (re) furnished to the necessary standard and be adequately staffed prior to the delivery of the equipment provided via EU financing.
- The Government shall provide the preliminary designs and other documents necessary to launch the tender including all the necessary permits for the reconstruction of those laboratories that will be reconstructed within this Action.

Result 4:



- The Government shall provide adequate premises and adequate staffing resources for these Commissions that will be created following the adoption of the new system.

Result 5:

- The Government shall provide the main design for the construction of the Centre for Control and Prevention of Infectious Diseases and other documents necessary to launch the tender including all necessary permits related to the construction.
- The Government will provide ToRs and Service Contract Notice for the preparation of the tender dossier related to the development and implementation of the software for Data Warehouse.

Result 6:

- The Government shall provide a preliminary design for the reconstruction of the Institute of Public Health for the purposes of establishing BSL 3 laboratory, and other documents necessary to launch the tender including all the necessary permits related to the reconstruction.

Result 7:

- The Government shall provide the relevant documentation necessary to launch the supply tender for purchasing a device able to conduct simultaneous analysis of large number of respiratory samples (technical specification, market assessment report and supply contract notice).

Result 8:

- The Risk Communication Strategy is prepared and adopted prior to the implementation of the activities related to the communication with public during the second phase response to COVID -19 and during the possible second outbreak.

Failure to comply with the requirements set out above may lead to a recovery of funds under this programme and/or the re-allocation of future funding.

(3) Implementation arrangements for the action:

Indirect management by IPA II beneficiary for all activities under Result 1, Result 2, part of activities under Result 5 and all activities under Result 6.

Indirect management with the international organizations for all activities under Result 3, Result 4, part of activities under Result 5 and all activities under Result 8 and Result 9.

Direct management by the EU Delegation to Montenegro for part of activities related to Result 5 and all activities under Result 7.

(3)(a) Entity entrusted with budget implementation tasks

Indirect management with IPA II beneficiary:

A part of this action will be implemented under indirect management by Montenegro represented by the Office for European Integration, which shall be responsible for carrying out all the tasks relating to the implementation of the action.

- The Operating Structure(s) responsible for the execution of the actions is the **Public Works Administration**

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All activities related to:

- Result 1 "New facility for clinic for infectious diseases and clinic for dermatovenerology"
- Result 2: "Microbiological laboratories refurbished and equipped"
- Result 5 (part): "New facility for the Center for Control and Prevention of Infectious Diseases with the Operational Center for Emergency Situations (EOC) built and equipped"
- Result 6: "Biosafety level 3 laboratory set up reconstructing and equipping of the designated space within Institute of Public Health"

Indirect management with international organizations:

➤ UNICEF (result 3)

A part of this action may be implemented in indirect management with the United Nations Children's Fund (UNICEF).

The implementation by this entity entails the activities under Result 3 with the objective to ensure development of a holistic approach in the area of ECD (Early Childhood Development) by linking health, education sector, social protection policies and capacity building activities. As a result, the ECD system is assessed and an adequate strategic framework developed, including the National ECD action plan and related rules of procedures.

The envisaged EU contribution will be EUR 1 000 000.

The envisaged entity is selected using the following criteria:

- United Nations Children's Fund (UNICEF) is an international organisation, positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project.
- The Government of Montenegro has signed and endorsed the UN Country Programme Document and the Integrated UN Programme. These two framework documents give UNICEF exclusive partnership with the Government on ECD and endorse UNICEF's role as a technical assistance provider to the Government in the development of the respective ECD legislation, strategies and policies that the joint programme with the EUD will try to implement. The UNICEF "exclusive competence" lies in this mix of technical assistance in developing legislation in different areas, policies and models and then assisting the Government in upscaling them.
Indeed, this result demands a holistic approach to the issue of ECD, linking health, education, social protection policies and specific capacity development activities.
- There is currently no local Civil Society Organisation (CSO) that can provide the holistic approach demanded by the project as they only focus on individual sectors. UNICEF has been building up long lasting relations with local organisations in order to develop their skills and gradually improve their capacities in the sector though this process will still take some time.
- There are no other international organisations active in the area of ECD in Montenegro or that have the necessary degree of understanding and insight of the context of the country. For these reasons, UNICEF has been identified as the only possible partner that could implement this action while ensuring coherence and

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complementarities with the current activities undertaken in the country in the area of EDC.

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section (3)(c).

➤ **UNDP (result 4)**

A part of this action may be implemented in indirect management with UNDP.

The implementation by this entity entails the activities under Result 4 with the objective to rationalise the way the National Disability Determination System is conducted in Montenegro so to facilitate access to the adequate services to the right users. The foreseen result will be: the National disability determination system is reformed in a way to provide persons with disabilities proper access to services and transfers, as well as improved quality of life.

The envisaged EU contribution will be EUR 1 000 000.

The envisaged entity is selected using the following criteria:

- United Nations Development Programme (UNDP) is an international organisation, positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project.
- UNDP has an ongoing contract with the Ministry of Montenegro to work on the development and implementation of the social card and ensure the digitalisation and correct linking of different social protection system's registries. The action undertaken by this contribution agreement fits into this overarching action – Social Card – implemented by UNDP.
- This action is designed to fit into and complement the current UNDP programme. It is essential to ensure full technical compatibility with the rest of the components. Given the specific characteristics of the action requiring a particular actor on account of its technical competence, the UNDP is in this case the only organisation that can guarantee the full alignment and linkage of the system developed by this action and all other registries and IT systems developed under the Social Card programme.

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section (3)(c).

➤ **WHO (part of result 5)**

A part of this action may be implemented in indirect management with WHO.

The implementation by this entity entails those activities under Result 5 with the objective to establish a fully functional Operational Centre for Emergency Situations



in accordance with the WHO's Framework for the public health emergency operations centres (PHEOCs) and thus meeting the core capacity requirements envisaged under International Health Regulations - IHR (2005). Within this action principles, policies and standards, plans, processes and procedures of PHEOC will be developed, a legal authority for a PHEOC will be created, a policy group, working groups, steering and planning committees will be established. Besides, integration and linkage with humanitarian emergency response will be secured, an emergency operations plan will be developed as well as operational plans and instructions covering functional roles/positions at each level of PHEOC (activation, escalation, de-escalation and deactivation) including incident management system procedures. In addition, the relevant staff of the Institute of Public Health will be trained through various workshops, simulation exercises and study tours.

The envisaged EU contribution will be EUR 400,000.

The envisaged entity is selected using the following criteria:

- The World Health Organization (WHO) is an international organisation, positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project. In addition, the organization is selected due to the urgency related to the ongoing COVID-19 outbreak, relevance and sustainability of the proposed action.
- Namely, the WHO has an essential role to play in supporting Member States to prepare for, respond to and recover from emergencies with public health consequences. For the health emergencies in particular, WHO provides support to prepare for emergencies by identifying, mitigating and managing risks, also preventing emergencies and supporting development of tools necessary during outbreaks. In addition, it has a role in detecting and responding to acute health emergencies and support delivery of essential health services in fragile settings.
- The WHO is author of the Framework for a Public Health Emergency Operations Centres (PHEOC) that outlines the key concepts and essential requirements for developing and managing a PHEOC. It provides an outline for developing and managing a PHEOC in order to achieve a goal-oriented response to public health emergencies and unity of effort among response agencies. Furthermore, the WHO has established the Public Health Operations Centres Network (EOC-NET) in 2012 to identify and promote best practices and standards for EOCs and to support EOC capacity building in Member States. Having this specific technical expertise in mind, the WHO is selected to implement the part of the activities under Result 5, which are referring to the establishment of a fully functional Operational Center for Emergency Situations in Montenegro.

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section (3)(c).

➤ **UNICEF (result 8 and result 9)**

A part of this action may be implemented in indirect management with UNICEF.

The implementation by this entity entails the activities under Result 8 with the objective to ensure appropriate behaviour in the population in order to protect citizen's health, thus contributing to controlling COVID-19 epidemic, through coordinated communication, community engagement and ensuring the uptake of guidance by various target audiences. Within the same contribution agreement, UNICEF will be responsible also for the implementation of the activities under Result 9 related to the strengthening of the immunization services and building resilience of the system in the light of COVID 19. The immunizations are considered as an essential health service that protect susceptible individuals from vaccine-preventable diseases. They are considered as vital part of the early childhood development and postnatal care, but unfortunately are the first in line to be affected by any emergency including natural hazards, political turmoil, outbreaks of other communicable diseases and many other. Current global COVID-19 pandemic is overstressing health systems across the Globe with various essential health services including vaccination being disrupted. Even without COVID-19 Montenegro is facing critically low, declining immunization rates - despite its upper middle-income status and modest economic growth. Immunization coverage rates for first dose of measles, mumps and rubella (MMR) have been decreasing in recent years – from 90% in 2010 to 42.1% in 2018, which is a critically low rate. Impact of COVID-19 has further declined the rates, therefore a strong and imminent action in this field is urgently needed.

The envisaged EU contribution will be EUR 1,120,000.

The envisaged entity is selected using the following criteria:

- United Nations Children's Fund (UNICEF) is an international organisation, positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project. In addition, the organization is selected due to the urgency related to the ongoing COVID-19 outbreak, relevance and sustainability of the proposed action.
- Namely, UNICEF and its partners support immunization programmes in over 100 countries to help realize children's right to survival and good health. Activities include engaging communities to create vaccine demand, procuring and distributing vaccines and keeping vaccines safe through cold chain logistics. UNICEF also works with partners to strengthen immunization programmes to identify and prioritize children who have missed out on their vaccination. Having in mind this specific technical expertise and because of the urgency related to the ongoing -19 outbreak.COVID-19 outbreak, UNICEF is selected to implement activities related to the strengthening of the immunization services in Montenegro and building resilience of the system in the light of COVID
- One of the immediate measures Montenegro has undertaken as a response to COVID-19 crisis was to launch a national communication campaign on COVID-19 in order to continuously inform citizens about social behaviour, prevention measures, new Government decrees, etc. The campaign was organised and implemented with UNICEF support. It is envisaged that further support is needed in Montenegro in order to facilitate the implementation of communication and community engagement activities in case of a second phase of COVID-19 response and/or in case of a new outbreak. Considering this specific and direct experience in the first phase of the response to COVID-19 outbreak and having in mind the urgency of the matter, UNICEF is selected to implement these activities.



In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section (3)(c).

(3)(b) Short description of the tasks entrusted to the entity

The entrusted entities shall be responsible for carrying out all the tasks relating to the implementation of the action. In particular, the entrusted entities shall be responsible for the contracting, implementation, information and visibility, monitoring and reporting of IPA II activities, and the evaluation thereof whenever relevant, in accordance with the principle of sound financial management, and for ensuring the legality and regularity of the expenditure incurred in the implementation of the programme.

(3)(c) Essential elements of the action (for direct management)

Procurement:

a) the global budgetary envelope reserved for procurement: EUR 1,200,000

b) the indicative number and type of contracts:

The indicative number of contracts for this action is 3.

The type of procurement will be service and supply contracts (part of the activities under Result 5 and all activities under Result 7).

c) indicative time frame for launching the procurement procedure: Q4 2020

Should the contribution agreements with UNDP, WHO and UNICEF fail, detailed under ***Indirect management with an international organisation***, direct management is to be used as the fall-back option and a procurement procedure will be launched with the same objective, in the amounts of EUR 1,000,000.00 for Result 3, EUR 1,000,000.00 for Result 4, EUR 400,000.00 for part of the Result 5 and 1,120,000.00 for both Result 8 and Result 9. In this case the global budgetary envelope reserved for procurement shall be: EUR 4,720,000.00.

(4) Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.



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The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.



04/02

3 BUDGET

3.1 INDICATIVE BUDGET TABLE - COUNTRY ACTION PROGRAMME FOR MONTENEGRO

	Indirect Management with the IPA II beneficiary				Other implementation arrangements				MM	Total programme
		where applicable EU Contribution	where applicable IPA II beneficiary Co-financing	Total expenditure		where applicable EU Contribution	where applicable IPA II beneficiary Co-financing	Total expenditure		
Objective 1	1 Democracy and governance				1 Democracy and Governance				Mixed	7 231 130.00
	Action 1 Support to participation in Union Programmes	2 070 244.00	2 060 888.00	4 131 132.00						4 131 132.00
					Action 2 – EU Integration Facility	3 100 000.00		3 100 000.00	Direct	3 100 000.00
	2 Rule of law and fundamental rights				2 Rule of law and fundamental rights				Mixed	13 516 733.00
	Action 3 – EU for improving access to justice and fundamental rights	9 688 893.00		9 688 893.00	Action 3 - EU for improving access to justice and fundamental rights	3 827 840.00		3 827 840.00	Direct	13 516 733.00
	TOTAL OBJ 1	11 759 137.00	2 060 888.00	13 820 025.00		6 927 840.00		6 927 840.00		20 747 865.00

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Objective 2	7 Education, employment and social policies				7 Education, employment and social policies					Mixed	17 500 000
	Action 5 – EU for strengthening the quality and access of health and social services and building resilient and responsive health system towards epidemiological threats	12 780 000			Action 5 – EU for strengthening the quality and access of health and social services and building resilient and responsive health system towards epidemiological threats	12 780 000	3 520 000	3 520 000	Indirect with an IO		17 500 000
									Direct		
	TOTAL OBJ 2	12 780 000				12 780 000	4 720 000	4 720 000			17 500 000
	TOTALS	24 539 137	2 060 888.00	26 600 025		11 647 840	11 647 840	11 647 840			38 247 865

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4 PERFORMANCE MONITORING ARRANGEMENTS

As part of its performance measurement framework, the Commission shall monitor and assess progress towards achievement of the specific objectives set out in the IPA II Regulation on the basis of pre-defined, clear, transparent measurable indicators. The progress reports referred to in Article 4 of the IPA II Regulation shall be taken as a point of reference in the assessment of the results of IPA II assistance.

The Commission will collect performance data (process, output and outcome indicators) from all sources, which will be aggregated and analysed in terms of tracking the progress versus the targets and milestones established for each of the actions of this programme, as well as the Country Strategy Paper.

In the specific context of indirect management by IPA II beneficiaries, National IPA Co-ordinators (NIPACs) will collect information on the performance of the actions and programmes (process, output and outcome indicators) and coordinate the collection and production of indicators coming from national sources.

The overall progress will be monitored through the following means: a) Result Orientated Monitoring (ROM) system; b) IPA II Beneficiaries' own monitoring; c) self-monitoring performed by the EU Delegations; d) joint monitoring by DG Enlargement and the IPA II Beneficiaries, whereby the compliance, coherence, effectiveness, efficiency and coordination in implementation of financial assistance will be regularly monitored by an IPA II Monitoring committee, supported by Sectoral Monitoring committees, which will ensure a monitoring process at sector level.

5 EVALUATION

Having regard to the importance of the action, a final evaluation will be carried out for this action or its components via independent consultants. It will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that its findings may inform the preparation of new activities in the same sectors.

The evaluation reports shall be shared with the IPA II beneficiary and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the IPA II beneficiary, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

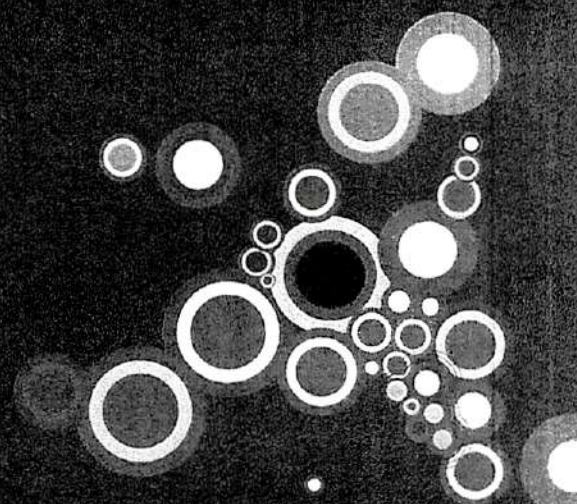




INSTRUMENT FOR PRE-ACCESSION ASSISTANCE (IPA II) 2014-2020

MONTENEGRO

EU for strengthening the quality and access of health and social services and building a resilient and responsive health system towards epidemiological threats



Action summary

The action's objective is to improve access to health and social care, as well as education and employment opportunities for all citizens, with a particular focus on socially disadvantaged or marginalised groups and building a resilient and responsive health system towards epidemiological threats. It will impact on the whole population, but will focus on vulnerable groups, primarily children and persons with disabilities.

This objective will be achieved by constructing several facilities (two clinics for infectious diseases and dermato-venerology, an Emergency Operations Centre, and a biosafety level 3 laboratory), refurbishing and equipping a number of microbiology laboratories, purchasing medical equipment, strengthening the IT systems in the field of data collection and management in crisis situations, implementing risk communication strategy in the second phase of COVID 19 response and strengthening immunization services in the light of COVID 19 outbreak. Also, the Disability determination system (for referrals to social, health, employment, pension education services and cash transfers for persons with disabilities), as well as the continuation of a multi-sectoral national intervention addressing various dimensions of early childhood development will be supported and contribute to the overall objective.

The Action is in line with Chapter 28 (closing benchmarks, as well as the Action Plan for Improvement of Communicable Diseases Surveillance and Response System), Chapter 19 (Social policies), Chapter 23 (Fundamental rights) and Chapter 26 (Education). The Action therefore directly addresses Montenegro's accession needs by implementing further alignment with the EU Acquis and strengthening relevant stakeholder's capacities to deliver health, and social care as well as to a lesser extent education.

Action Identification	
Action Programme Title	Annual Action Programme for Montenegro for the year 2018
Action Title	EU for strengthening the quality and access of social services and building a resilient and responsive health system towards epidemiological threats
Action ID	IPA/2018/040-220
Sector Information	
IPA II Sector	6. Education, employment, and social policies;
DAC Sector	12220 – basic healthcare, and 16010 – Social welfare services
Budget	
Total cost	17,500,000.00 EUR
EU contribution	17,500,000.00 EUR
Budget line(s)	22.020102
Management and Implementation	
Management mode	Direct management and indirect management
<i>Direct management:</i> EU Delegation <i>Indirect management:</i> National authority or other entrusted entity	Part of the activities related to Result 5 and the activities under Result 7. Public Works Administration for all activities related to Result 1, Result 2, part of the Result 5 and all the activities under Result 6. International organizations for the activities related to Result 3, Result 4, part of the Result 5 and for all activities under Result 8 and Result 9.
Implementation responsibilities	/
Location	
Zone benefiting from the action	Montenegro
Specific implementation area(s)	The bulk of the intervention will take place in the capital (Podgorica) but the entire country will directly or indirectly benefit from it.
Timeline	
Final date for concluding Financing Agreement(s) with IPA II beneficiary	At the latest by the 31 st December 2019
Final date for concluding contribution/delegation agreements, procurement and grant contracts	3 years following the date of conclusion of the Financing Agreement, with the exception of cases listed under Article 114(2) of the Financial Regulation
Final date for operational implementation	6 years following the conclusion of the Financing Agreement

Final date for implementing the Financing Agreement (date by which this programme should be de-committed and closed)	12 years following the conclusion of the Financing Agreement		
Policy objectives / Markers (DAC form)			
General policy objective	Not targeted	Significant objective	Main objective
Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender equality (including Women In Development)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trade Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive, Maternal, New born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RIO Convention markers	Not targeted	Significant objective	Main objective
Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. RATIONALE

PROBLEM AND STAKEHOLDER ANALYSIS

IPA I assistance was instrumental in improving the situation of vulnerable groups in Montenegro including persons with disabilities, children without parental care, unemployed, and minorities. However, despite advances in the fields of health, education and social welfare, a significant part of the population still remains socially excluded and unable to effectively access quality **public health** and adequate **social services**, which also means that they do not fully contribute to the socio-economic growth of the country. This needs to be addressed. Montenegro also needs to **further invest in its technical and human capacities** on disease control in order to address health security risks, to align to EU health standards (in line with one of the closing benchmarks of Chapter 28¹), to address the recommendations of the European Centre for Disease Control (ECDC), and implement the country's own *Action Plan for improving the system for supervision and response to infectious diseases*. These needs have become more evident and even pressing in the light of on-going COVID 19 outbreak, and pointed to the necessity for further strengthen Montenegro's health system to readily and efficiently respond to a possible new outbreak. Moreover, there is a need to prepare the Country's response to potentially emerging and high threat pathogens.

Upon declaration of COVID 19 outbreak as a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR) 2005, the Government of Montenegro undertook actions to enhance the core capacities envisaged under the IHR, reinforcing the early detection and monitoring capacities of the public health services and those of other partners, mainly within Points of Entry. This implied entry screening and a questionnaire to be filled in by travellers in order to address their travel history to affected areas and health status.

On 17 March 2020 Montenegro reported on the first confirmed cases and the country declared a "high epidemic risk". Since then, various measures have been introduced daily in an attempt to mitigate the virus' spread and to lower the burden on healthcare system.

One of the immediate measures Montenegro has undertaken as a response to the COVID-19 crisis was to launch a national communication campaign on COVID-19 in order to continuously inform citizens about social behaviour, prevention measures, new Government decrees, etc. The campaign was organised and implemented with UNICEF support. It is envisaged that further support is needed in Montenegro in order to facilitate the implementation of communication and community engagement activities in case of a second phase of the COVID19 response and/or in case of a new outbreak.

The COVID-19 crisis has also showed that **Montenegro needs to increase its testing capacity** through provision of the laboratory equipment enabling simultaneous analyses of a large number of respiratory samples.

Furthermore, in order to prepare the public health system for dealing with emerging and high threat pathogens, **there is a need to establish at least one Biosafety level 3 laboratory (BSL 3) on a national level**, within the Institute for Public Health. Although COVID-19 is not currently regarded as a pathogen that needs to be handled in BSL 3 laboratory, the uncertainty regarding it indicates that higher biosafety levels may be necessary in case the virus shows increased pathogenicity in the following months. Having in mind that all pathogens can be handled in BSL3, the new laboratory would be therefore used in case of the new outbreak of COVID-19 as it would allow simultaneous work of at least two COVID-19 diagnostic teams, thus doubling laboratory capacities to deal with the novel coronavirus. Furthermore, the establishment and use of BSL 3 is not limited to usual and daily aspects of laboratory work including clinical, diagnostic and teaching activities but is also essential for research and development as well as for storing and handling agents that may cause serious or potentially lethal diseases as a result of aerosol exposure.

Montenegro currently does not have an established Centre for communication and coordination of emergency management in healthcare, which is weakening the command structure and hindering access and successful public health events management. In addition, in the light of recent events, it has become more important necessity for the Institute of Public Health to move its Centre for Disease Control and Prevention to a separate physical unit. The Centre is currently located in the northern part of the Institute building, which has become small over time, given the volume of work and the increased number of specialists since the Institute's

¹ Which stipulates that "Montenegro demonstrates alignment with the EU communicable diseases acquis, and ensures that adequate institutional, technical and administrative capacity will be in place by the time of accession to implement it and to fulfil EU reporting and coordination obligations to deal with serious cross-border threats to health"

renovation. The newly built facility will accommodate an **Emergency Operations Centre (EOC)** for all future outbreaks of contagious diseases in the country and the region. Moreover, the building will host other crucial epidemiological and IT services within the Institute: a disinfection and pest control department, a dry storage, a data warehouse, a communications department, an immunization clinic and at least three other counselling departments (nutrition, HIV/AIDS and international travel) as well as Public Health first response teams. The building will also have improved infrastructure that will ensure timely information sharing and improved surveillance and response capacities and technologies.

Another necessity which became prominent during the outbreak is **to further develop the IT systems in the field of data collection and management in crisis situations**. It is essential to build an information system that would connect all key actors in a coordinated and efficient fashion, such as border police, sanitary inspection, local epidemiological services from the primary level of health care and the Institute of Public Health.

Finally, one of the health services that were mostly affected by the emergency situation caused by COVID 19 were the immunization services due to the forced postponement of mass vaccination campaigns. Having in mind that the immunizations are an essential health service that protects susceptible individuals from vaccine-preventable diseases (VPD) and are considered as vital part of the early childhood development and postnatal care, **strong effort should be made to assure health system capacity is intact and essential health services are operational during the future outbreaks**, for instance through, adequate human resources and adequate vaccine supply). Fixed site immunization services should be organised while maintaining physical distancing measures and appropriate infection control precautions. Facilities need to be provided with the necessary equipment for storing the vaccines and with supplies for infection prevention. The appropriateness of implementing outreach through mobile services for vaccine delivery, as well as activities requiring community interaction for VPD surveillance, could be explored. Communities should be clearly informed about the continuation of services and strongly encouraged to maintain their scheduled visits within the constraints of physical distancing recommendations of local authorities. Health workers should be trained in infection prevention and control measures for COVID-19. Immunization visits should also be used as opportunities to disseminate messages to encourage behaviours to reduce transmission risk of the COVID-19 virus, to identify signs and symptoms of COVID-19 disease, and to provide guidance on what to do if symptoms emerges.

Montenegro's primary health care systems currently lacks the adequate technical capacities and do not meet the standards needed to provide quality health and non-health related services for the country. The needs for modern microbiology capacity, facilities, equipment and procedures must be fully identified. According to the needs identified the necessary elements then need to put in place and rendered operational in order to ensure faster specimen turnaround time, more accurate pathogen identification and greater sensitivity, facilitating confident clinical decision-making. The key stakeholders for this dimension of the action will be the Ministry of Health, the Clinical Health Centre and the Institute for Public Health, with guidance by DG SANTE and ECDC.

The Montenegrin health system does not collect statistical data disaggregated by ethnicity; it is thus not possible to monitor the implementation of the targeted policy measures for access to health services by Roma and Egyptians. For the group of people who are still in the procedure of obtaining documents for regularising their legal status, institutions are solving cases on an ad-hoc basis. The lack of access to identity cards greatly affects equal access to health insurance, health services and affordable medication. Based on research conducted by the Ministry of Human and Minority rights in February 2016, about 40% of sampled Roma and Egyptians assessed their own health status as bad or very bad. In 26% of Roma and Egyptian households at least one person has serious health conditions or disabilities; in 6% out of those 26%, more than one person has serious health conditions. The 2017 Regional Roma Survey found an overall worsening in health indicators since 2011 in access to health insurance, self-reported unmet need for medical care and self-perceived health. The lack of access to health services has been exacerbated by the covid-19 crisis which meant that many of the most vulnerable in society, including Roma, unregistered persons and persons not registered in the various social systems as beneficiaries, were not able to benefit from emergency assistance and are at high risk of also being excluded from post-covid recovery measures if the social, employment, health and other beneficiary systems are not urgently reformed to address the needs of these groups.

Monitoring the implementation of the Strategy for Roma Inclusion is rendered difficult as reports only reference lists of particular health services extended to Roma and Egyptians in their settlements. Due to the lack of data and statistics disaggregated by sex and ethnicity it is not possible to follow the systemic response by the health institutions towards the specific and complex needs of this population, including e.g. data on accessibility of health services and affordability of treatments and medications.

In addition to the health service's technical and human capacity issues, other impediments to full and quality access to health and social care will be tackled through targeted interventions, as follows:

Inadequate health, nutrition, learning opportunities, care and protection of children all have a negative impact on the development of human capital. **Early Childhood Development (ECD)**, an EU priority area², is equally critical to human development and addressing this provides real social and economic gains, such as enabling mothers to work (gender equality is documented obstacle in Montenegro), increasing subsequent educational attainment, labour force productivity, good social behaviour, and health. Investment in ECD prevents school failure, crime, health problems, and low earnings, all factors leading to poverty, inequality and the neglect of the rights of children. However allocations for social benefits to children have decreased significantly to 0.5% of GDP now (compared to the EU average of 2.4%), and it is estimated that 10% of Montenegrin children live below the poverty line.

Montenegro's pre-school enrolment rate is 53%³ overall, with significant regional inequities⁴. New services are aiming to overcome these differences, as well as to increase the involvement of children with Special Educational Needs (SEN). The Action therefore contains a component that will mainly target children from 0 to 6 years old, which will be implemented by UNICEF (active in the ECD domain for many years), and which can provide the highest level of expertise on children's rights and their development. They will ensure multiple interventions, supported by relevant public institutions (Ministry of Health, Ministry of Labour and Social Welfare, Ministry of Education, Centres for Social Work, and Kindergartens).

Another cause of inadequate access/referrals to health, social care, employment, pension, education services and cash transfers for another marginalised group in Montenegro – Persons with Disabilities (PwD)⁵ – is the outdated and ineffective **Disability determination system**. It is worth noting here that the current implementation of the UN Convention on The Rights of Persons with Disabilities (CPRD), regarding the disability determination system of Montenegro, is rather contrary to its aims, as it is based solely on the medical disability model rather than the social model, as recommended by the WHO⁶ International Classification of Functioning Disability and Health (2001) and EU best practices.

In addition, mental health conditions and disabilities are almost unrecognised, neither by the social and health systems, nor other state systems, such as education, employment, etc. The expertise for disability determination falls under the jurisdiction of three Ministries (Labour and Social Welfare, Health, and Education), and a number of other public institutions. There are 23 Commissions for the determination of disability, with over 120 paid expert associates. The system is excessively complex and each Commission applies different disability Criteria Lists of Illnesses and Medical Conditions, defined through six laws and seventeen by-laws. The overall national system needs to be fully reformed to rationalise and simplify this inefficient and unfair situation and establish totally new – social model, based on functionality criteria to be administered by a single Commission (technically supported by two regional Commissions). Besides the state stakeholders knowledge and organisation, the Action shall include the extensive expertise of UNDP in this area, as well as the knowledge, outreach and inputs from CSOs representing persons with disabilities.

The COVID-19 pandemic has economic and social impact that affects differently to women and men. Women are the sole caretaker of their household and confinement measures have exposed their risk of domestic violence.

OUTLINE OF IPA II ASSISTANCE

In order to achieve the specific objective: *To improve access to health and social care, as well as education and employment opportunities for all citizens, with a particular focus on socially disadvantaged or marginalised groups (including Roma and people without regularised legal status) and building a resilient and responsive health system towards epidemiological threats*. The Action envisages numerous activities that all contribute to achieving one of the 9 expected results:

² Europe 2020 Strategy for smart, sustainable and inclusive growth.

³ UNICEF, A Study on Investing in Early Childhood Education in Montenegro, 2014.

⁴ The pre-school enrolment rate is 95% in the wealthier south of Montenegro, but only 10% in the poorer northern part of the country.

⁵ The new definition of disability, adopted by an act of ratification of the UN Convention on The Rights of Persons with Disabilities (CPRD) in 2009 (UN, 2006). This defines that "PwD are persons with long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and active participation in society on equal basis with others"

⁶ World Health Organisation

Result 1. Protection of population against infectious diseases improved through the construction and equipping of a new facility for two clinics (Clinic for Infectious Diseases and Clinic for Dermato-venerology) at the "Clinical Centre" in Podgorica.

Result 2. The quality of microbiological services enhanced through provision of adequate equipment, based on a quantified needs assessment and cost-benefit analysis, and through refurbishment of the relevant laboratories to the necessary standard to host the new equipment.

The results of the assessment, which is currently under implementation, will make up the basis of the above result.

Result 3. The Early Childhood Development system is assessed and an adequate strategic framework developed, including the National ECD Action plan and related rules of procedures.

Result 4. National disability determination system reformed in a way to provide persons with disabilities proper access to services and transfers, as well as improved quality of life.

Result 5: The capacities of the Institute of Public Health are strengthened in order to respond effectively to public health requirements for all future outbreaks of contagious diseases in the country through the construction and equipping of the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC) and by improving IT systems in the field of data collection and management in crisis situations.

This part of the action will include both the construction and equipping of the building for the Centre for Control and Prevention of Infectious Diseases of the Institute for Public Health in the vicinity of the main building. The Centre is currently located in the northern part of the Institute building, which has become small over time, given the volume of work and the number of specialists that has increased since the Institute's renovation. Therefore, in the light of the threatening epidemiological situation, the need for the Institute of Public Health is to move the Centre for Disease Control and Prevention to a separate physical unit.

Within the newly built facility, the Emergency Operations Centre (EOC) will be established. It will imply the construction of a separate space to be managed by the Institute of Public Health, and it would be accessible to all elements and structures of the health care system in the health emergency and, if necessary, in other emergency situations that would require the involvement of the health care system.

For establishing a fully functional Operational Centre for Emergency Situations, in accordance with the WHO's Framework for the public health emergency operations centres (PHEOCs) and thus meeting the core capacity requirements of the International Health Regulations - IHR (2005), policies and standards, plans, processes and procedures of PHEOC will be developed, a legal authority for a PHEOC will be created, and working groups/committees established. Emergency operation plans will be prepared as well as operational plans and instructions covering functional roles/positions at each level of PHEOC (activation, escalation, de-escalation and deactivation) including incident management system procedures. In addition, the relevant staff of the Institute of Public Health will be trained through various workshops, simulation exercises and study tours.

IT systems in the field of data collection and management in crisis situations will be established, including a particular system for supervision and control of various diseases in a comprehensive manner using Data Warehouse technology. Data Warehouse is a multisource system for supporting the decision making process, in this case for crisis management and epidemiological situation. The system will be connected also with other data sources outside the health system (such as border police, sanitary inspection etc.).

Result 6: Ensured readiness of the public health system to deal with emerging and high threat pathogens and increased laboratory capacities to deal with COVID-19 in case of a new outbreak, by setting up a biosafety level 3 laboratory within the Institute of Public Health.

This part of the action will include both the reconstruction and equipping of a facility in the Institute of Public Health currently used as a dry storage. Given that the pathogens used in BSL-3 level laboratories are particularly contagious, there is a range of advanced technical and technological solutions that will be applied to ensure safety at work and prevent the risk of spread of the pathogens outside the laboratory. The design should be prepared in compliance with the Biosafety in Microbiological and Biomedical Laboratories requirements. Thus, the laboratory shall be separated from the rest of other rooms within the building. Separation openings on all surfaces, such as for water pipes, shall be hermetically sealed to facilitate room decontamination and the airflow system shall be designed to allow gas decontamination. The windows shall

be closed, sealed and fracture resistant. A handwashing station with automatic controls as well as a controlled ventilation system that maintains directional airflow in the laboratory shall be provided to each exit door.

Result 7. The country's capacity for novel coronavirus testing is increased through the provision of laboratory equipment for simultaneous analyses of large number of respiratory samples.

The action implies procurement of one laboratory device to enable conducting simultaneous analyses of a large number of respiratory samples, to be delivered to the microbiology laboratory of the Institute for Public Health as the only national reference laboratory for COVID-19 testing.

Result 8. Appropriate behavior in the population promoted in order to increase public health, thus contributing to controlling the COVID-19 epidemic, through coordinated communication, community engagement and guidance to the target audiences.

The action will include regular quantitative and qualitative research to assess knowledge, attitudes and practices and perceptions of messages related to the COVID-19 situation in the country, activities directed to the improvement of communication, social mobilization and community engagement, as well as the procurement of services for social media boosting / advertising. It will also foster cooperation between social work and health sectors to enable development of more effective and efficient responses.

Result 9: Resilience of the health system increased by improving immunization and infection prevention and control through the strengthening of the immunization services, especially for vulnerable groups.

This part of the action will include implementation of the activities with the aim of strengthening the immunization and infection prevention and control, with particular attention to the implementation of the immunization services in the light of COVID-19. Furthermore, the action will include activities on improvement of communication, social mobilization and community engagement, as well as purchase of the equipment intended for storing the vaccines and immunization related consumables (cold chain equipment). This component will also have special attention towards vulnerable groups who are most at risk of contagious infections due to their precarious socio-economic situation and lack of access to affordable quality housing and basic public utilities infrastructure such as running drinking water, electricity, heating and waste management in settlements.

Depending on the component of the Action, the list of main beneficiaries varies from highly marginalised groups to all citizens of Montenegro and beyond. The construction of Health clinics, equipping relevant laboratories, the building of the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC) and setting up Biosafety level 3 laboratory will indirectly ensure benefit to all current and future patients in Montenegro. When it comes to the parts of the action which are related to COVID-19, main beneficiaries are not limited to future patients but the citizens of Montenegro and beyond having in mind the preventive dimension of the support. Beneficiaries of the third and fourth result of the Action are children (primarily in pre-school education, age 0 – 6, or 7.4% of the total population⁷) and persons with disabilities and their families / caregivers. Around 11% of the Montenegrin population has some form of disability⁸ and there are in addition at least twice as many caregivers and family members whose lives and livelihoods are directly affected by disability. However, there is no official administrative data, as Montenegro does not have a national Persons with Disabilities Registry – that will be developed through this Action. Nevertheless, it has been calculated that almost 55,000 citizens receive various disability benefits and/or pensions. Also, it will be important to put more focus on ECD as a base for the future quality of life of children through a much more harmonized, partnered and collaborative approach.

The main target groups that will be involved in the implementation are: the Government of Montenegro and its key entities, including the Ministry of Health, Ministry of Education, Ministry of Labour and Social Welfare, Ministry of Finance, Ministry of Justice, Ministry of Human and Minority Rights, Institute of Public Health, Institute for Social and Child Protection, the Pension Fund, Employment Agency, etc. together with the locally acting authorities such as Health Centres, Centres for Social Work and their professionals, other local institutions and civil society organizations.

⁷ UNICEF and MONSTAT, Children in Montenegro: data from 2011 census, 2012.

⁸ According to the national 2011 census

RELEVANCE WITH THE IPA II STRATEGY PAPER AND OTHER KEY REFERENCES

The Indicative Strategy Paper (ISP) recently subject to a Mid Term Review, section 6 - Education, employment and social policies among other issues states: *"IPA II will address the reform of social policies (benefits and services), including health policy, so as to improve its efficiency and coverage, as well as the financial sustainability of the respective systems, as well that social and child protection systems and the implementation of the ESRP. Furthermore, IPA II will support acquis alignment and institutional capacity building for public health"*.

Public Health and relevant social policies are explicitly mentioned in the CSP and other relevant EU policies (notably the Europe 2020 strategy, EU Health Strategy, Health 2020, European Social Pillar, EU social inclusion agenda, as well as the ERP⁹ and ESRP¹⁰), as well as the Strategy for Development of Health Protection in Montenegro 2016-2020 and other relevant national policies¹¹. The action aims to address these policy aims through a comprehensive set of measures that also support Montenegro's EU accession process. It furthermore coincides with one of the six new EC flagship Initiatives to support the transformation of the Western Balkans by supporting socio-economic development, i.e. the *"new reinforced social dimension will see more focus on employment and social policies, with increased financial assistance to support the social sector, in particular education and health"*.

Health and social issues are also a key element of the new EU-Western Balkans Strategy: "A credible enlargement perspective for and enhanced EU engagement with the Western Balkans"¹². This provides a perspective for 2025 for Montenegro setting out the key steps and conditions which are required in the accession negotiations. The Strategy emphasises further enhancement of capacities and investment in pursuing the reforms, in particular to strengthen the rule of law, fundamental rights, governance, economy and regional cooperation and reconciliation. The Strategy sets out a range of flagship initiatives representing a significant enhancement of the EU's engagement with the countries of the Western Balkans. Importantly, the initiative to support socio-economic development includes a new reinforced social dimension for the Western Balkans with focus on employment and social policies, with increased financial assistance to support the social sector, in particular education and health making this document particularly relevant and timely.

The action will directly support Montenegro's accession process as it is directly relevant to one of the closing benchmarks for Chapter 28 (see footnote 1). It will contribute to achieving several important measures foreseen in Montenegro's "Action Plan for improving the system for supervision and response to infectious diseases", based on the recommendations from ECDC. It will also contribute to the objectives of the *"National Strategy for Fight Against HIV/AIDS 2015-2020"* for the purpose of overseeing and providing adequate care to patients with HIV/AIDS and people at risk (LGBT, persons injecting drugs, etc.).

The Action is also fully aligned with the UN Convention on the Rights of People with Disabilities, which aims to ensure that PwD can enjoy their rights on an equal basis with all other citizens. The Convention sets out minimum standards for protecting and safeguarding a full range of civil, political, social, and economic rights for people with disabilities. It reflects the EU's broader commitment to building a barrier-free Europe for the estimated 80 million people with disabilities in the EU by 2020, as set out in the European Commission's disability strategy (IP/10/1505). Montenegro has adopted its "Strategy for Integration of Persons with Disabilities (2016-2020)", based on the EU's strategic framework. This is the key national strategy, designed to ensure the enforcement of the Convention in all the eleven areas as well as the UN Committee's recommendations (2017) on the necessity to shift from medical to social disability determination model and to develop a Registry of Persons with Disabilities. The Action directly contributes to enforcement of the EU Employment and Social Reform Programme Montenegro (2015-2020), and in particular to the objective - Inclusion of Socially Vulnerable Groups in the Labour Market. It also implies enforcement of the necessary institutional reforms, and complements IPA II interventions targeting employment.

With regards to ECD, the analysis of Montenegrin strategic and legal framework indicates the country has recognized the importance of its children's earliest years, as also demonstrated by a number of ECD-relevant documents. These include the *National Plan of Action for Children (2013-2017)*, *National Strategy for*

⁹ Economic Reform Programme

¹⁰ Employment And Social Reform Programme

¹¹ The Strategy for Development of Health Protection in Montenegro 2016-2020; Strategy for social inclusion of Roma and Egyptians 2016-2020; The National Plan of Action for Children 2013-2017; Foster care Development Strategy of Montenegro with the Action Plan for the period 2012-2016; Strategy for Development of Social and Child Protection in Montenegro 2018-2022; Strategy for Integration of Persons with Disabilities 2016-2020; Strategy for Early and Pre-School Education of Montenegro 2016-2020; Strategy for inclusive Education 2014-2018;

¹² COM(2018) 65 final: Commission Communication to THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS: A credible enlargement perspective for and enhanced EU engagement with the Western Balkans

Sustainable Development of Montenegro by 2030, Strategy for Early and Preschool Education (2016-2020), Strategy for Inclusive Education (2019-2025), National Strategy for Prevention and Protection of Children from Violence (2017-2021), Strategy for Development of Social and Child Protection System (2018-2022), Strategy for Foster Care in Montenegro (2012-2016), and Strategy for Social Inclusion of Roma and Egyptians in Montenegro (2016-2020). This Action aims to support the development of the first national ECD strategic framework, through the *National Strategy for Early Childhood Development* with a budgeted Action Plan and a clear monitoring and evaluation framework. The Strategy will provide an integrated and comprehensive approach addressing all young children and their families, especially the most vulnerable, and will involve multisector coordination and cooperation in the area of health, education, social and child protection.

Lastly, the proposed Action will support Montenegro in implementing EU accession criteria foreseen in three EU negotiation chapters: Chapter 19 - *Social policy and employment*, Chapter 23 - *Judiciary and fundamental rights*, and Chapter 28 - *Consumer and health protection*. In terms of accession negotiations, all of these chapters are “open” and substantial improvements still need to be made to ensure compliance with the EU standards, the Action can therefore significantly contribute to progressing towards meeting the accession criteria in the above-mentioned Chapters. This action therefore also directly contributes to the implementation of the various Montenegrin Roma integration commitments regarding health (e.g. Roma Seminar conclusions, the 2016-2020 Strategy for social inclusion of Roma and Egyptians in Montenegro and its Action Plans, Chapter 23 Roma commitments, the Poznan Roma Declaration etc.).

LESSONS LEARNED AND LINK TO PREVIOUS FINANCIAL ASSISTANCE

When it comes to basic Healthcare, only a limited number of EU projects and/or funds have so far invested in Montenegro, especially in terms of pre-accession assistance under IPA or IPA II, apart from the equipping of the recently established Blood Transfusion Institute, as well as a number of cross-border and TAIEX initiatives. Otherwise, the Health sector has not received significant IPA support, especially regarding infrastructure and access to basic health. This Action is therefore an opportunity for the EU to support one of the most important aspects of citizens’ wellbeing, as well as a necessary pre-condition for adequate human capital and economic growth. As such, the proposed Action is based on the 2013 ECDC Technical Assessment Report, as well as the Assessment of National Microbiology Laboratories performed by WHO in 2016. It will also be based on a specific needs analysis, which will further and more precisely inform exactly what aspects need to be supported.

As a part of its response to the COVID-19 outbreak, the EU has taken concrete and quick actions to support Montenegro against the pandemic through the first set of bilateral financial assistance. Along with support in addressing the socio-economic impact of the outbreak in amount of €40,5 M, the EU has allocated €3 M through its bilateral programme to enable the procurement of urgently-needed personal protective equipment and the other key medical devices and supplies (ventilators and x-ray machines). With the reprogramming of IPA 2018 amounting to € 9.5 M, the Montenegrin health sector will be further supported to strengthen its resilience and responsiveness towards the threatening epidemiological situation in the future.

On the other hand, previous EU support has already been of crucial value to other aspects of the Action, especially in ECD and social policy reforms, including services to persons with disabilities, who are key beneficiaries of the overall social policy reform in Montenegro. To that end, previous EU funded UNICEF projects have shown a strong need for improved access to quality, equitable, inclusive and mutually reinforcing systems of health, nutrition, social and child protection. In order to organize the expansion of coverage and quality early childhood education to all children in Montenegro, UNICEF commissioned a *Study on Investing in Early Childhood and Preschool Education*¹³ (2014). This provided an in-depth analysis of the organizational and financial efficiency of the sector and proposed cost-effective scenarios, with strong equity focus, for increasing the current enrolment rate of 53% to 95% in 2020.

Through communication for social change and public advocacy efforts that were part of the “*Preschool for All*” campaign (2015-2016), parents of children not attending preschools in the poorest areas of the country were encouraged to enrol their children in kindergartens. In order to strengthen the results of the campaign, the preschool services for children in remote environments (interactive services and other early learning programs) have been developed. By 2016, this resulted in an average 22% increase of enrolment in targeted municipalities, with the highest impact recorded in rural areas, which needed it the most. Furthermore, ongoing public advocacy coupled with reforms of the education system (in the area of inclusive education there

¹³ UNICEF, A Study on Investing in Early Childhood Education in Montenegro, 2014.

is a number of activities and measures oriented to the equal opportunities for these children and quality of their education) yielded a fivefold increase in the number of children with disability having proper referral and entering mainstream education system. Moreover, a *Situation Analysis of Early Childhood Development in Montenegro* (2011) was conducted. This provided the first general overview of the situation of children up to 6 years of age, their families, and service capacities of the key sectors in the area of the ECD including health, education, social and child protection. The assessment highlighted the need for a more integrated and holistic approach to ECD, and the need to strengthen the capacity of the national authorities to prepare national strategic documents, support the efficient sector coordination and establish continuous monitoring and evaluation mechanisms.

In addition, the Action builds upon information obtained from the *Multiple Indicator Cluster Survey (2013)*, the *Child Poverty Study (2012)* and a range of other recent studies, such as assessments of the safety and quality of hospital care for mothers and new-born¹⁴, home visitation system¹⁵, and evaluations on violence, disability and the social and child protection services. This Action will address most of the previously identified gaps in the systems of health, nutrition, social and child protection, such as: (a) the lack of adequate nutrition practices; (b) the lack of health promotion and prevention, with only half of the planned preventive home visits delivered to mothers, new-borns and infants; (c) the lack of integrated services for children with disabilities; (d) the lack of parenting support programmes; (e) the lack of comprehensive child poverty analysis; (f) main social cash transfer instruments having only marginal impact on poverty reduction; (g) high acceptance of violent discipline within families, and (h) child abuse remaining largely unreported and when it is, it is still unlikely to get an adequate response in line with international standards, (i) lack of treatment of children and adults without regulated legal status; (j) lack of access by vulnerable groups to the health and social systems and services, including lack of outreach to these groups also in remote rural areas and due to registration barriers such as e.g. non-legalised permanent address, lack of formal education certificates or formal employment; (k) lack of collection of statistical data sex-disaggregated and ethnicity to enable evidence-based policy development, implementation, monitoring and reporting. This part of the Action is therefore a direct follow-up on previous successful activities with regards to ECD.

The segment of the Action related to reform of the national disability determination system builds upon the successful Social Welfare Reform Project (IPA I) and E-Social Card – Integrated Social Welfare Information System - ISWIS (UNDP implemented) projects that has resulted in substantial, national scale social welfare reform, with visible results recognized in the EU Country Reports. The related activities are fully complementary and build upon previous projects achievements and lessons learned in this area, as it will complete the social sector reform process and expand ISWIS accordingly. ISWIS covers almost all business processes in the social welfare sector and is responsible for processing of all social cash transfers/benefits (it ensures around 80 000 individual payments monthly, for roughly EUR 100 million a year) and social services (case management). ISWIS has an interoperability module (one-stop-shop) with ten other institutions for automatic data exchange on health, tax revenues, employment, real estate, education, pensions, etc. for means-tested transfers. ISWIS is an example of good e-government service for the poor and the most vulnerable citizens. The Action segment provides extension of ISWIS that would generate the national E-Registry of Persons with Disabilities and simultaneously serve as an analytical database for evidence-based policy planning.

¹⁴ UNICEF, The assessment of safety and quality of hospital care for mothers and new-borns in Montenegro, 2016.

¹⁵ UNICEF, Patronage Nurse Services in Montenegro: Situation Analysis and Reform Options, 2017.

2. INTERVENTION LOGIC

LOGICAL FRAMEWORK MATRIX

OVERALL OBJECTIVE	OBJECTIVELY VERIFIABLE INDICATORS (*)	SOURCES OF VERIFICATION
To support further systematic reform of the national social welfare, child-care and health systems, through the implementation of a new strategic, legal and institutional framework in line with the EU <i>acquis</i> . ¹	Progress made towards meeting accession criteria	EC Country Report Government reports
SPECIFIC OBJECTIVE	OBJECTIVELY VERIFIABLE INDICATORS (*)	SOURCES OF VERIFICATION
To improve access to health and social care, as well as education and employment opportunities for all citizens, with a particular focus on socially disadvantaged and marginalised groups (including Roma and people without regularised legal status) and building resilient and responsive health system towards epidemiological threats.	Level of alignment with the EU <i>acquis</i> in Chapters: 28 - Consumer and health protection; 19 - Social policy and employment, 23 - Judiciary and fundamental rights; and 26 - Education and culture.	Government reports. EC Country Report
RESULTS	OBJECTIVELY VERIFIABLE INDICATORS (*)	SOURCES OF VERIFICATION
Result 1. Protection of population against infectious diseases improved through the construction and equipping of a new facility for two clinics (Clinic for Infectious Diseases and Clinic for Dermato-venerology) at the "Clinical Centre" Podgorica.	1. Two clinics constructed, furnished and fully functional in line with best practice and EU standards, with equal and adequate access provided for different population and/or marginalised groups, including Roma, LGBT, persons with disabilities, etc. 2.1 Solid quantified microbiology needs assessment conducted, using WHO standards and ENLabCap, including a cost-benefit analysis. 2.2 At least 60% of laboratories identified in the needs assessment equipped according to the specifications and results of the assessment reports and staff trained accordingly. 2.3. Number of laboratories, determined by the assessment and the budget available under this Action, refurbished to the necessary standard to be able host new equipment.	Action Progress Reports. Observation / direct, on the spot external evaluation. ECDC ² report. WHO report. Needs assessment report, with cost-benefit analysis Action Progress Reports.
Result 2. The quality of services of microbiological laboratories enhanced through provision of adequate equipment for microbiology laboratories, based on a quantified needs assessment and cost-benefit analysis and through refurbishment of the relevant laboratories to the necessary standard to host the new equipment.	3.1 ECD policy framework and costing model are developed. (National Strategy for ECD with a budgeted Action Plan)	Relevant legal and strategic documents. Action Progress Reports.

¹ From the CSP (Country Strategy Paper for Montenegro)

² The European Centre for Disease Prevention and Control (ECDC)

Result 3. The ECD (Early Childhood Development) system is assessed and an adequate strategic framework developed, including the National ECD Action plan and related rules of procedures.	<p>3.2 Strengthened capacities and competences of relevant stakeholders to continue the multi-sectoral national intervention, addressing various dimensions of ECD (min. 20% stakeholders reached).</p> <p>3.3 The public made aware on the importance of proper health, education and social care for adequate childhood development (min. 20 %).</p> <p>4.1 Enabling legal framework developed and adopted through the new Law and new unified criteria for all the sectors.</p> <p>4.2 Unique Commission for disability determination established and functional, applying the social model.</p> <p>4.3. Information system and the E-registry for persons with disabilities operational.</p>	<p>Evaluation sheets from capacity building events.</p> <p>Campaign reports and statistics.</p> <p>External evaluation.</p>
Result 4. National disability determination system reformed in a way to provide persons with disabilities proper access to services and cash transfers, as well as improved quality of life.	<p>5.1 One Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC) constructed and equipped in line with the best practise and EU standards.</p> <p>5.2. Operational Centre for Emergency Situations (EOC) fully functional.</p> <p>5.3. A new IT system in the field of data collection disaggregated by gender and ethnicity and management in crisis situations built up and fully functional.</p>	<p>Government reports.</p> <p>Official Gazette of Montenegro.</p> <p>Action Progress Reports.</p>
Result 5. The capacities of the Institute of Public Health are strengthened in order to respond effectively to public health requirements for all future outbreaks of contagious diseases in the country through the construction and equipping of the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC) and by improving IT systems in the field of data collection and management in crisis situations.	<p>6. One Biosafety level 3 laboratory set up in the Institute of Public Health, in compliance with the specific requirements for biosafety in microbiological and biomedical laboratories.</p> <p>7. One piece of laboratory equipment enabling simultaneous analyses of a large number of respiratory samples delivered, installed and put into operation.</p> <p>8.1. COVID 19 epidemic under control.</p> <p>8.2. Implementation of awareness-communication campaigns on available protection services targeting specifically women</p>	<p>Action Progress Reports.</p> <p>Observation / direct, on the spot external evaluation.</p> <p>WHO Report.</p> <p>ECDC Report.</p> <p>Government reports.</p> <p>WHO report.</p>
Result 6. Ensured readiness of the public health system to deal with emerging and high threat pathogens and increased laboratory capacities to deal with COVID 19 in case of a new outbreak, by setting up a biosafety level 3 laboratory within the Institute of Public Health.		
Result 7. The country's capacity in testing for novel coronavirus is increased through the provision of the laboratory equipment for simultaneous analyses of large number of respiratory samples.		
Result 8. Appropriate behavior in the population promoted in order to increase public health, thus contributing to controlling the COVID 19 epidemic through coordinated communication, community engagement and guidance to the target audiences.		

	from disadvantage groups, in coordination with other initiatives.		
Result 9: Resilience of the health system increased by improving immunization and infection prevention and control through the strengthening of the immunization services, especially for vulnerable groups.	<p>9.1. Increase in immunization coverage rates, especially for the first dose of measles, mumps and rubella (MMR).</p> <p>9.2. Outreach to and inclusion of vulnerable and marginalised groups, minorities and non-regularised persons.</p>	Government reports. WHO reports.	

(**)

(*) All indicators should be formulated as measurement, without specifying targets in the Logical Framework Matrix. The targets should be included in the performance measurement table in section 4. More detailed guidance on indicators is provided in Section 4 on performance measurement.

(**) Relevant activities have to be included only in the following sub-section.

DESCRIPTION OF ACTIVITIES

The Action's **Overall Objective** is to support further systematic reform of the social welfare, child care and health systems, through the implementation of a new strategic, legal and institutional framework in line with the EU *acquis*. This Objective will be reached through a more **Specific objective**, which is to improve access to quality health and social care, as well as education for all citizens, with a particular focus on socially disadvantaged, marginalised groups (including Roma and people without regularised legal status) and building a resilient and responsive health system towards the epidemiological threats. To realise these objectives, the action is divided into the sets of activities to achieve each of the 9 expected results:

Result 1. Protection of population against infectious diseases improved through the construction and equipping of a new facility for two clinics (Clinic for Infectious Diseases and Clinic for Dermato-venerology) at the "Clinical Centre" Podgorica.

Activities will include:

- Procurement for the construction contract (including supply of the equipment) based on the revised main plan and prepared tender dossier for the construction and supervision of works, including purchase of the equipment.
- Construction of the hospital facility and supply the medical equipment and furniture.
- Supervision and evaluation of the works.
- Formal opening of the 2 Clinics to patients.

Result 2. The quality of services of microbiological laboratories enhanced through provision of adequate equipment for microbiology laboratories, based on a quantified needs assessment and cost-benefit analysis and through refurbishment of the relevant laboratories to the necessary standard to host the new equipment.

Activities will include:

- Procurement of the works contract for reconstruction based on the preliminary designs of the laboratories provided by the Beneficiary.
- Reconstruction/ refurbishment of the selected laboratories to the necessary standard to host the new equipment.
- Procurement plan and tender preparation for the laboratory equipment, based on the needs assessment report.
- Procurement of the equipment and supplies.
- Design and implementation of the relevant staff training focused on raising capacities in this sector.
- Formal re-opening of the resulting facilities to patients and staff.

Result 3. The ECD (Early Childhood Development) system assessed and adequate strategic framework developed, including the National ECD action plan and related rules of procedures.

Activities will include:

- In-depth assessment and surveys related to healthcare, social protection of children and child poverty.
- Development of ECD legal/strategic framework and relevant guidelines / procedures.
- first national survey on micronutrients to guide nutrition interventions for mothers and young children
- health care quality assessments in all maternity wards in Montenegro.
- Develop National Action Plan, national evidence-based guidelines, protocols for improving hospital care for mothers and new-borns.
- Capacity building trainings of service providers in health, education and social care and development of the cooperation mechanisms for comprehensive Early Childhood Development¹⁸.

¹⁸ In order to ensure effective and efficient implementation of programmes in the preschool education, support and training for the staff must be permanent. Also, it is necessary to create link and cooperation between the services from the field of child, social and health protection with the education sector: early detection, intervention, development of an individual education and support plan, psycho-social support for parents, etc. This refers to the support plan that is set up in the health institutions and services, and continues to apply through the development of educational activities.

- Support service providers in increasing the healthy diets and immunization coverage
- Awareness raising campaigns for citizens on the importance of proper nutrition, vaccination of children and other segments of ECD.
- Support provision of necessary equipment (didactic material, etc.) to service providers for early detection and interventions for children with disabilities

Result 4. National disability determination system reformed in a way to provide persons with disabilities proper access to services and cash transfers, as well as improved quality of life.

Activities will include:

- Comprehensive legislation framework analysis and development of the new Law on unique Criteria and Commission, with a new functionality based unified National criteria and an updated List of medical conditions and illnesses, through a participatory process
- Establishing of the Commission – facilities, recruitment and comprehensive capacity building programmes for professional staff for application of the new criteria for disability determination. Equipping the premises with equipment for disability determination, office and ICT equipment for the new Commissions.
- Developing of the Information System and the first national E-Registry of persons with disabilities
- Tailor made grants programme for CSOs representing persons with disabilities - to run Campaigns based on PwD human rights promotion and other support activities.

Result 5. The capacities of the Institute of Public Health are strengthened in order to respond effectively to public health requirements for all future outbreaks of contagious diseases in the country through the construction and equipping of the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC) and by improving IT systems in the field of data collection and management in crisis situations.

Activities will include:

- Procurement for the contracts for construction (with equipping) and the supervision of works, based on the main design prepared by the Beneficiary.
- Construction and equipping of the building for the Centre for Control and Prevention of Infectious Diseases with the premises for the Operational Centre for Emergency Situations.
- Supervision and evaluation of the works.
- Implementing activities for putting the EOC into full operation (one contribution agreement with WHO):
 - Creating a legal authority for PHEOC;
 - Developing principles, policies and standards, plans, processes and procedures of PHEOC;
 - Developing operational plans and instructions covering functional roles/positions at each level of PHEOC (activation, escalation, de-escalation and deactivation) including incident management system procedures;
 - Developing emergency operations plan;
 - Establishing a policy group, working groups, steering and planning committees;
 - Securing integration and linkage with humanitarian emergency response;
 - Providing trainings of the relevant staff through workshops, simulation exercises and study tours.
- Procurement of the services for the development and implementation of the software for Data Warehouse:
 - Preparation of the detailed specification of the requirements for the IT system / software development; data collection to be disaggregated by gender and ethnicity.
 - System design predicting all system functions, data models, etc.
 - Preparation of the technical specifications for the purchase of the necessary IT equipment;
 - System testing and training of the end users.

- Procurement of the equipment for Data Warehouse.

Result 6: Ensured readiness of the public health system to deal with emerging and high threat pathogens and increased laboratory capacities to deal with COVID-19 in case of a new outbreak, by setting up a biosafety level 3 laboratory within the Institute of Public Health.

Activities will include:

- Construction of a biosafety level 3 laboratory in the Institute of Public Health (works and supervision contracts).
- Supply of equipment.
- Formal opening of the laboratory.

Result 7. The country's capacity in testing for novel coronavirus is increased through the provision of the laboratory equipment for simultaneous analyses of a large number of respiratory samples.

Activities will include:

- Procurement of one laboratory device able to conduct simultaneous analyses of a large number of respiratory samples, for the microbiology laboratory of the Institute of Public Health, being the only national reference laboratory for COVID 19 testing.

Result 8. Appropriate behaviour in the population promoted in order to increase public health, thus contributing to controlling the COVID-19 epidemic through coordinated communication, community engagement and guidance to various target audiences.

Activities, to be implemented within a contribution agreement with UNICEF, will include:

- Conducting regular online quantitative and qualitative research to assess knowledge, attitudes and practices and perceptions of messages and the COVID-19 situation in the country;
- Adjusting the COVID-19 Risk Communication Strategy as needed and in accordance with the findings of the research conducted in the bullet 1;
- Producing, pre-testing and adjusting the key messages about the most relevant issues to be used in media and sharing them with all relevant institutions and partners to ensure consistent dissemination of the same key messages;
- Audio-visual production and advertising, publishing - posters and other kinds of promotional materials with the key COVID-19 situation messages for various audiences to be designed, pretested, printed and distributed all over the country depending on the needs, including translation into minority languages;
- Community engagement: Social media campaign, TV/radio/print media campaign and the other activities promoting the key COVID-19 messages will include active engagement of national and local officials, celebrities/influencers, academia/university/health experts/scientists, civil society organizations, community groups, local community leaders, the private sector, international organizations, etc. TV/radio phone-in talk shows to engage citizens and policy makers in meaningful conversations. Apps or other online based tools will be developed to support emergency measures and reach different audiences in different formats (sign language or subtitles, Viber chat bot for people with hearing disabilities, etc.) and in different languages (Albanian, Roma, languages for migrants and refugees – Arabic, Farsi, Urdu, etc.);
- Special measures to be taken to reach communities which do not have access to modern technology due to poverty, lack of access to electricity, internet, TVs, IT equipment, persons who cannot access information easily (disabled, illiterate, blind, hearing impaired) etc.

Result 9: Resilience of the health system increased by improving immunization and infection prevention and control through the strengthening of the immunization services, especially for vulnerable groups.

Activities, to be implemented within a contribution agreement with UNICEF, will include:

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- Conducting immunization site visits and deliver trainings on immunizations in light of COVID-19 infection;
- Developing the immunization strategy documents covering home-based immunization services, strengthening the role of nurses and patronage service on postnatal care and immunization delivery
- Improving current procedures and practices to strengthen surveillance of vaccine-preventable diseases;
- Delivering trainings on infection control and protective measures;
- Purchase of equipment intended for storing the vaccines and immunization related consumables;
- Implementing a communication campaign focused on immunizations and immunization services.
- Special outreach and support to be ensured towards the most vulnerable and marginalised groups to ensure their protection against communicable diseases in settlements where adherence to guidelines is not possible due to the precarious situation they live in due to poverty.

RISKS

Multisector coordination, adequate commitment and continuous support from all engaged sectors, along with adequate human resources are major pre-conditions for the successful implementation of the Action. The highest risk of any system reform process is that there will be less than the complete commitment and support of all those engaged in the reform.

The epidemiological situation in Montenegro related to COVID 19 may postpone the start of works, or extend the implementation of works envisaged within this Action. Furthermore, disruptions in the market of construction materials and laboratory equipment caused by the epidemiological situation or the economic crisis as a consequence of the epidemiological situation may cause difficulties in procurement or inability to procure materials for the performance of works and equipping.

The highest risk concerning the implementation of the part of the action related to risk communication and mass immunization is linked to the future evolvement of the COVID19 outbreak and its impact on service deliveries, on stakeholders, as well as on the availability of the international experts.

In general, Montenegro is lacking human capacities in terms of public health projects management, as limited workforce has been included on many aspects of the response to the pandemic ranging from field work, surveillance, contact tracing and even case management – especially at the primary health care centre levels.

The COVID-19 crisis further exacerbates the precarious situation of persons belonging to the most vulnerable and marginalised groups¹⁹ who do not have access to support structures. Reports by civil society²⁰ during the COVID-19 crisis indicate that these groups do not benefit from emergency packages, health support or any other emergency support measures (social or employment benefits, help with fixed expenses etc.). They cannot access these measures since they are outside the formal economy and/or any of the benefit schemes. They have difficulties in accessing government guidance and emergency and recovery support because they do not figure on any of the official lists provided to donors such as the Red Cross. Children who do not have access to electricity, mobiles, TV and/or IT/internet cannot access online education and teaching instructions and will thus dropout/not be allowed to graduate. Such structural problems need to be addressed urgently in view of the current crisis that have exacerbated the existing problems for these vulnerable groups. There is a high need to ensure they are specifically included in any COVID-related measures and reforms.

The reforms of ECD and Disability determination require the cooperation and support of several essential sectors for citizens: i.e. health, social, pensions, employment and education. Moreover, there are numerous other stakeholders that need to be involved and whose support is crucial for the success of related activities, including CSOs representing children and/or persons with disabilities, each sector's professional staff, the media and – due to the nature of such fundamental reforms - other (as yet unidentified) parties. The complexity of the stakeholder landscape and the ability of the project team to engage successfully with all the necessary

¹⁹ Minorities, persons with disabilities, unemployed, citizens not registered in any social- and/or employment scheme, persons without access to bank accounts, informally (self-) employed persons, persons without civil documentation, persons without connection with/access to social, health or employment services, vulnerable returnees, people living in illegal constructions/ settlements, homeless, persons in or at risk of poverty, unemployed (also informally unemployed) etc.

²⁰ These issues have been highlighted through the covid19 coordination meetings organised by RCC RI2020 with the governments in Western Balkans.

levels of stakeholder are factors that will determine the level of risks to successful implementation. Furthermore, most of these sectors are already undergoing structural, systematic reforms, implying reorganisation, human resource right-sizing, while also coping with legislation changes and the demanding requirements of EU accession. In such an environment, the implementation of such highly demanding and complex reforms that change the modus operandi in the sectors in question sectors is always durable.

The Action will be closely coordinated by UNICEF and UNDP who will in their segments of the Action ensure effective implementation and the necessary inter-sectoral collaboration. To help sustain partners' commitments, strong working relationships with national authorities and CSOs will be need to be maintained to build a sense of common purpose and a spirit of cooperation in order to enhance national ownership of the process, whereas timely technical assistance and continuous advocacy will be provided. In addition, the implementation of the Action will require a cross-sectoral approach in delivering some of the planned interventions, which will contribute to improving the capacity for cross-sectoral planning and coordination. All the relevant stakeholders will be engaged in the foreseen task-force team and its sub-teams for operational work.

As trusted, independent parties, both the UNICEF and UNDP will take the responsibility for multi-sector overall coordination and management for their segments of the Action, including the establishing relevant Project Steering Committees, with high-level Government officials for a top-down approach.

CONDITIONS FOR IMPLEMENTATION

The pre-conditions that need to be met before the projects start and the agreements are signed differ, depending on the segment of the Action. In order to start the construction of the hospital facility, the Contractor will need to acquire all relevant permits and analyses, to finalise the main Project design, to undergo supervision and secure other documentation in line with the national legislation. With regards to this precondition, the National Investment Committee (NIC) and the Government of Montenegro approved inclusion of the projects on construction of two buildings for three clinics of the Clinical Centre of Montenegro (Clinic for Infectious Diseases, Clinic for Dermatology and Clinic for Psychiatry) in the Single Project Pipeline. In addition, by adopting the official conclusions, the Government committed to providing additional resources for the completion of the tender documents, as well as for any unforeseen works, in order to provide the full functionality of the Clinic for Infectious Diseases and Clinic for Dermato-venerology. Based on these conclusions, the Ministry of Health was expected, depending on the needs, to plan the necessary additional funds within the Capital Budget of the Directorate of Public Works. Additional information on the conclusions of the NIC and the Government are provided in Annex 1 of this document.

However, as a part of its support to Montenegro in relation to COVID19 outbreak, the EU will within this Action support Montenegro to significantly improve the system for supervision and response to infectious diseases by financing in full the amount for the construction and equipping of the building for the Clinic for the Infectious Diseases (with the Clinic for Dermato-venerology).

In order to start the investment in the quality of services of microbiological laboratories, the needs analysis has to be completed in a timely manner, as the resulting identified needs will have to be accepted by the competent Montenegrin entities as the basis for the purchase of the relevant equipment for microbiology laboratories. Furthermore, the microbiology laboratories that will receive the equipment must be (re)furbished to the necessary standard to host the equipment in question. The refurbishment of a certain number of laboratories, based on the assessment and the available budget will be a part of this Acton. Additional laboratories, if necessary, will be refurbished by the beneficiary and in both cases before the delivery of the equipment. The staff that will use the equipment must be adequate in numbers and either already be trained to use it to its full capacity, and/or be trained to do as part of the implementation of the programme.

The Government commitment will be essential, and not only in terms of a political will to reform the systems of ECD and Disability determination, but also to secure quality inter-sectoral cooperation and participation of all relevant state/local stakeholders. The new disability determination system will need strong commitment of relevant state authorities, as it includes a complete change of the current system and reduces the number of current Commissions from 23 to 1 (supported by 2 regional Commissions). At the same time, the government and local self-governments need to provide adequate premises for the Commissions (one Central Commission and one in the North and South of the country), termination of contracts for extra staff that will no longer be

employed under the revised system, and the employment of new qualified professional staff. These government contributions go beyond the EU support reform and will ensure institutional commitment and sustainability of the new system that will be put in place.

The new facility for the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations will be constructed on the site of the existing facility of the Institute of Public Health. The new facility is already included in the spatial plan of the municipality of Podgorica and the urban-technical conditions can be issued. The main design for the construction of the facility, being the precondition for the preparation of the tender dossier and the timely launch of the tender, is already in place and can be subjected to a revision. The Government shall provide all the necessary permits related to the construction.

When it comes to the reconstructions/ refurbishment of the laboratories, including the Biosecurity level 3 laboratory, the Ministry of Health shall be responsible to provide the preliminary designs for the reconstruction of the facilities for enabling the preparation of the relevant tender dossiers and timely launch of the tenders. All the necessary permits for the reconstruction shall be issued on time.

The precondition for launching the tenders related to the development and implementation of the software for data warehouse and the tender for the purchase of the device able to conduct simultaneous analysis of large number of respiratory samples, the Ministry of Health shall provide the relevant documentation necessary for launching the tenders (ToRs, technical specification, market assessment report, service and supply contract notices etc.).

The precondition for the timely start of the activities related to the communication with public during the second phase response to COVID -19 and during the possible second outbreak, is to have the Risk Communication Strategy in place (the Strategy is currently under preparation by WHO).

3. IMPLEMENTATION ARRANGEMENTS

ROLES AND RESPONSIBILITIES

Results 1 and 2 of the Action: The Ministry of Health is the main party responsible for implementing all the related activities for these results, in coordination and cooperation with the Clinical Health Centre of Montenegro and the Institute for Public Health. The responsible stakeholder for supervising the conducting of the needs assessment and cost-benefit analyses, tender procedures for procuring adequate equipment and training of staff (soft measures) for the microbiology laboratories will be the Ministry of Health (Health Insurance Fund with the support of the Ministry), while the Institute for Public Health will provide methodological guidelines and support. The activities will be implemented by the contractor(s) selected through an international tender procedure. Directorate for Public Works (DPW), being the Implementing Agency under IPA, bears the sole responsibility for the implementation of all works-related contracts including the supply contract for the purchase of the laboratory equipment, in line with the relevant contractual provisions and the requirements governing the indirect management of EU assistance.

The MoH will ensure the Microbiology resources are programmed on the basis of a thorough needs assessment. More specifically, the Montenegrin Action Plan for the Improvement of Communicable Diseases and Response System 2017-2022, itself based on the 2013 ECDC Technical Assessment Report are useful strategic documents that should be used to base this assessment. Montenegro should also consider the outcomes of the Assessment of National Microbiology Laboratories performed by the WHO in 2016, to upgrade existing laboratories and cover identified basic gaps (e.g. as the lack of separate clean and dirty ways, separate washing rooms or dishwashers for microbiology, air conditioning or laminar chambers...).

Using WHO standards and ENLabCap to establish a solid quantified Microbiology needs assessment, the MoH commits to have a detailed report ready before the funds allocated through the Action Document can be utilised to procure additional microbiology equipment. This will also include a cost-benefit analysis to determine how best value for money can be achieved. For example, the funds can also be used for developing a Regional Referral system to centralise microbiology needs and reduce maintenance costs without impeding on responsiveness, whereas equipment needs will also need to consider maintenance and reagents cost in the long



term. The MoH may also consider needs for laboratory investment in other activities from the Action plan, such as improvement of surveillance, reporting and investigation of HAI, including the organising of point prevalence surveys of HAIs; strengthening the National reference laboratory (NRL) for antimicrobial resistance (AMR); or/and the improvement of diagnostic capacity of the National TB centre in Brezovik (Niksic), with number of new equipment pieces, square meters of space in accordance with TB diagnostics norm and other measures.

Result 3 of the Action (the ECD program) will be implemented by UNICEF. This UN Agency will cooperate with and support the Government of Montenegro and key government entities, including the Ministry of Health, Ministry of Education, Ministry of Labour and Social Welfare, Ministry of Finance, Ministry of Justice, Ministry of Science, Ministry of Human and Minority Rights, Institute of Public Health, Institute for Social and Child Protection, together with the local authorities, Health and Social Works Centres, other local institutions (e.g. education - kindergartens), academia and civil society organizations. At the country level, UNICEF will continue to coordinate with all UN organisations working in the country to ensure cross-sectoral approach in supporting the country to achieve relevant EU standards and Sustainable Development Goals as well as to avoid duplication of efforts. Regarding the interventions in the area of early childhood education and care, UNICEF will coordinate the activities with the existing partners to make sure that the proposed Action is in line with the national priorities under implementation, supported by other partners/international donors.

Result 4: Disability determination system is under jurisdiction of three-line Ministries: Ministry of Labour and Social Welfare (sectors: Social protection, Employment, Pensions and War Veterans), Ministry of Health and Ministry Education. Other national Institutions such as Pension and Disability Social Insurance Fund, national Employment Agency, Public Health Institute, the Ombudsman office, local authorities and currently 23 different Commissions for disability determination for all these sectors will also be involved. This multi stakeholders Action will involve up to 200 public servants' - professionals - and NGO activists. This is a significant challenge; therefore, the engagement of UNDP as implementing partner, building on ongoing structural reform of the social welfare system will provide leadership for the change process. The Project Steering Committee will consist of the key stakeholder representatives (the Government, NGOs, DEU, UNDP), responsible for the overall direction and accountability of the project. UNDP support will be short term, related to the establishment of the new system and will reduce in scope as the new system becomes widely adopted.

Activities within Result 5 referring the construction of the building for the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC): The activities will be implemented by the contractor(s) selected through an international tender procedure. Directorate for Public Works (DPW), being the Implementing Agency under IPA, bears the sole responsibility for the implementation of all works-related contracts in line with the relevant contractual provisions and the requirements governing the indirect management of EU assistance. The Ministry of Health (MoH) in close cooperation with the Institute of Public Health, will be the main party responsible for the coordination and supervision of the activities related to this result. MoH will be responsible to provide the main design of the facility for enabling the preparation of the relevant tender dossier.

Activities within Result 5 for putting the EOC in full operation will be implemented by the World Health Organization (WHO) as an international organisation positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project. In addition, this organization is selected due to the urgency related to the ongoing COVID -19 outbreak, relevance and sustainability of this element of the action. The WHO will cooperate with and support the Government of Montenegro and key government entities, primarily the Ministry of Health and the Institute for Public Health.

Activities within Result 5 referring to the development and implementation of the software for data warehouse and the purchase of the relevant equipment will be implemented in direct management by the European Union Delegation to Montenegro and by the contractors selected through an international tender procedure. The relevant ToRs and the Service Contract Notice for the service contract will be provided by the Ministry of Health in cooperation with the Institute of Public Health.

All activities within Result 6 referring to the reconstruction of the Institute of Public Health for setting up one Biosafety level 3 laboratory: The activities will be implemented by the contractor(s) selected through an

international tender procedure. Directorate for Public Works (DPW), being the Implementing Agency under IPA, bears the sole responsibility for the implementation of all works-related contracts in line with the relevant contractual provisions and the requirements governing the indirect management of EU assistance. The Ministry of Health (MoH) in close cooperation with the Institute of Public Health, is the main party responsible for the coordination and supervision of the activities related to this result. MoH will be responsible to provide the preliminary design for the reconstruction of the Institute for enabling the preparation of the relevant tender dossier.

All activities within Result 7 referring to the purchase of one laboratory device able to conduct simultaneous analysis of large number of respiratory samples will be implemented in direct management by the European Union Delegation to Montenegro and by a contractor selected in an international tender procedure. The relevant technical specifications, market assessment report and the supply contract notice will be provided by the Ministry of Health in cooperation with the Institute of Public Health.

All activities within Result 8 and Result 9 of the Action will be implemented by UNICEF through one contribution agreement. This international organization is selected to implement this element of the action as being positively pillar-assessed by the European Commission, with a technical expertise and operational capacity necessary for the project. In addition, the organization is selected due to the urgency related to the ongoing COVID -19 outbreak, relevance and sustainability of the activities the organization will implement. This UN Agency will cooperate with and support the Government of Montenegro and key government entities, primarily the Ministry of Health and the Institute for Public Health.

METHOD(S) OF IMPLEMENTATION AND TYPE(S) OF FINANCING (SEE ANNEX IMPLEMENTATION – BUDGET)

Activities related to Result 1 (8,532,043.62 €) will be implemented under indirect management by the beneficiary country, through one service and one works contracts.

Activities related to Result 2 (2,047,956.38 €) will be implemented under indirect management by the beneficiary country, through one service, one works and one supply contract.

Activities related to Result 3 (1,000,000.00 €) and Result 4 (1,000,000.00 €) will be implemented by indirect management with international organizations: two contribution agreements are foreseen to UNICEF and UNDP²¹ respectively.

Activities related to Result 5 (2,050,000.00 €) will be implemented under a) indirect management by the beneficiary country (one works contract), b) indirect management with an international organization – WHO (one contribution agreement) and c) direct management by the EU Delegation to Montenegro through one service and one supply contract.

Activities related to Result 6 (950,000.00 €) will be implemented under indirect management by the beneficiary country, through one service and one works contract.

Activities related to Result 7 (800,000.00 €) will be implemented under direct management by the EU Delegation to Montenegro, through one supply contract.

Activities related to Result 8 (500,000.00 €) and Result 9 (620,000.00 €) will be implemented under indirect management with an international organisation – UNICEF, through one contribution agreement for both results.

Additional information on the number, type of contracts and budget breakdown is located in annexes 2 and 3.

²¹ Both UN agencies, through their country-based staff, have been prominently leading the 2 domains proposed (UNICEF in ECD – Early Childhood Development; UNDP –Disability Determination and Social Card - ISWIS) for many years now. Besides their relevant mandate and intrinsic expertise, they have also accumulated the necessary institutional memory of both sectors with a unique appreciation of the context. Moreover, both agencies benefit from trust-based relations at both technical and executive level with the target administration (e.g. Ministry of Health, Ministry of Labour and Social Welfare, Ministry of Education, Centres for Social Work, Kindergartens, etc.). This is a key feature of the needed collaboration as envisaged reforms include disruptive policies and human resources changes. Finally, the Montenegrin authorities have contracted out these agencies to initiate these reforms; it would be unsuitable to propose a different operator. For these reasons, and the fact that UN staff will be coordinating the various set of activities, a contribution agreement will be awarded to each agency following a prior approval for such modality.

4. PERFORMANCE MEASUREMENT

METHODOLOGY FOR MONITORING (AND EVALUATION)

In line with the IPA II Implementing Regulation 447/2014, an IPA II beneficiary who has been entrusted budget implementation tasks of IPA II assistance shall be responsible for conducting evaluations of the programmes it manages.

The European Commission may carry out a mid-term, a final or an ex-post evaluation for this Action or its components via independent consultants, through a joint mission or via an implementing partner. In case a mid-term or final evaluation is not foreseen, the European Commission may, during implementation, decide to undertake such an evaluation for duly justified reasons either on its own decision or on the initiative of the partner. The evaluations will be carried out as prescribed by the DG NEAR guidelines for evaluations. In addition, the Action might be subject to external monitoring in line with the European Commission rules and procedures set in the Financing Agreement.

Moreover, in accordance with Article 8 of Commission Implementing Regulation (EU) no 447/2014 NIPAC shall take measures to ensure that the objectives set out in the Action are appropriately addressed during the implementation of EU assistance. Procedures for implementing monitoring activities will be set out in the revised Manuals of Procedures aligned with new IPA regulations. Best practices from the monitoring of implementation of previous actions and recommendations given by external monitoring in this sector will be also taken into consideration.

INDICATOR MEASUREMENT

Indicator	Baseline (2017) (2)	Target 2021 (3)	Final Target 2023 (4)	Source of information
1.1 Two clinics constructed and equipped in line with best practice and EU standards, fully accessible and functional. (Number of clinics constructed) with equal and adequate access provided for different population and/or marginalised groups, including Roma, LGBT, persons with disabilities, etc	0	0	2	Action Progress Reports. Observation / direct, on the spot external evaluation.
2.1 Quantified microbiology needs assessment conducted, using WHO standards and ENLabCap, including a cost-benefit analysis.	0	1	1	ECDC ²² report. WHO report. Action Progress Reports.
2.2 At least 60% of laboratories identified in the needs assessment equipped according to the specifications and results of the assessment reports and staff trained accordingly. Improved quality of services of microbiology laboratories, which are to be equipped according to the specifications and results of the assessment reports.)	17 (to be determined through needs assessment analyses)	0	min 60% (9 laboratories)	ECDC report. WHO report. Needs assessment report. Action Progress Reports.
2.3 Number of laboratories, determined by the assessment and by the budget available under this Action, refurbished to the necessary standard to be able host new equipment.	0 (to be determined through needs assessment analyses)		To be determined in accordance with the assessment and the budget available for this action.	

²² The European Centre for Disease Prevention and Control (ECDC)

3.1 ECD policy framework and costing model are developed. (National Strategy for ECD with a budgeted Action Plan)	0	1 costing model for ECD completed	1 quality ECD Strategy and 1 Action plan developed	Relevant legal and strategic documents.
3.2 Strengthened capacities and competences of relevant stakeholders to continue the multi-sectoral national intervention, addressing various dimensions of ECD. (Percentage of service providers from health, education and social protection sectors)	0	10% of service providers from health, education and social protection sectors (gender balanced and consideration for ethnic minorities)	20% of service providers from health, education and social protection sectors (gender balanced and consideration for ethnic minorities)	Action Progress Reports. Evaluation sheets from capacity building events.
3.3 The public made aware on the importance of proper health, education and social care for adequate childhood development. (Percentage of population reached)	0	10% indirect outreach general public (gender balanced and consideration for ethnic minorities)	20% indirect outreach general public (gender balanced and consideration for ethnic minorities)	Campaign reports and statistics. External evaluation.
4.1 Enabling legal framework developed and adopted through a new Law and new unified criteria for all the sectors.	0	0	1 new Law adopted,	Government reports. Official Gazette of Montenegro
4.2 Unique Commission for disability determination established and functional, applying the social model.	0	0	1 Unique Commission established (2 regional commissions)	Action Progress Reports.
4.3. Information system and the E-registry for persons with disabilities operational.	0	0	1 (E registry developed and operational)	Action Progress Reports. Online registry.
5.1. One Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC) constructed and equipped in line with the best practice and EU standards.	0	0	1	Action Progress Reports. Observation / direct, on the spot external evaluation. WHO Reports. ECDC Reports.
5.2. Operational Centre for Emergency Situations (EOC) fully functional.	0	0	1	Action Progress Reports. Observation / direct, on the spot external evaluation. WHO Reports. ECDC Reports.

(4) This will be a useful reference to continue measuring the outcome of IPA II support beyond the 2014-2020 multi-annual financial period. If the Action is completed before 2020 (year for the performance reward), this value and that in the 2020 target column must be the same.

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5. SECTOR APPROACH ASSESSMENT

The Action introduces a multi-sectoral approach to solving some of the basic needs of Montenegro in terms of adequate access to Health, Social policies and Education and in line with the Indicative Country Strategy Paper, and its section 6. Education, employment and social, which states that “*IPA II will address the reform to **social policies** (benefits and services), including health policy, so as to improve its efficiency and coverage, as well as the financial sustainability of the respective systems, as well that **social and child protection systems** and the implementation of the ESRP. Furthermore, IPA II will support **acquis alignment** and institutional capacity building for **public health**”.*

Although public health and relevant social policies of Montenegro are explicitly envisaged in the CSP and segments of relevant EU policies (e.g. Europe 2020 strategy, EU Health Strategy, Health 2020, European Social Pillar, EU social inclusion agenda, ERP and ESRP, etc.) the issue of Health is not specifically recognised as a separate IPA II component. Furthermore, the Action is directly related to fulfilling the pre-accession criteria within numerous Chapters (Chapter 19 - *Social policy and employment*, Chapter 23 - *Judiciary and fundamental rights*, and Chapter 28 - *Consumer and health protection*), as well as a number of National strategies, Action plans and other policy documents. The key policy documents are the Strategy for Development of Health Protection in Montenegro 2016-2020; Action Plan for improving the system for supervision and response to infectious diseases; The Master plan for development of health system in Montenegro 2015-2020; The Strategy for improving the quality of health care and safety patients for the period 2019 -2023 with the Action Plan for 2019 -2020; Compulsory immunization program against infectious diseases The Strategy for the development of the integrated health information system and e-health for the period 2018-2022; The National Plan of Action for Children 2013-2017; Strategy for Development of Social and Child Protection in Montenegro 2018-2022; Strategy for Integration of Persons with Disabilities 2016-2020; Strategy for Early and Pre-School Education of Montenegro 2016-2020; Strategy for inclusive Education 2014-2018; Strategy for social inclusion of Roma and Egyptians 2016-2020; National Strategy for Fight Against HIV/AIDS 2015-2020 and many other documents. The Action is in line with these key policy documents and implies enforcement of the necessary institutional reforms that are complementary with IPA II in area of social policy and employment.

The Action is also fully aligned to Montenegro’s commitments to relevant international documents, such as the European Convention on Human Rights, Universal Declaration of Human Rights, and the UN Convention on the Rights of People with Disabilities. The Government will need to commit to continue investing in the above-mentioned fields of the Action programme, by providing sufficient financial, institutional, technical and human resources to each sector identified.

6. CROSS-CUTTING ISSUES

GENDER MAINSTREAMING

All relevant Action activities have been planned to achieve adequate gender balance, whenever possible and feasible. Due to the fact that all UN agencies believe gender equality to be a crucial component in their work, as well as the fact that adequate gender balance was achieved in previous EU supported grants implemented by both UNICEF and UNDP, the Action is expected to adequately address gender equality. The Action will promote gender equality in all relevant activities, especially the differential needs of boys and girls, women and men by the elaboration of a gender analysis in line with the EU Gender Action Plan II (2016-2020). Special focus will also be made to address the multiple and multi-sectoral discrimination that women and girls from minorities are subjected to on a daily basis.

This is also the case when it comes to the clinic design and construction vis-à-vis the construction, then demarcation of wards, toilet and washing facilities etc. By the same measure any microbiological laboratories that are (re) equipped following the needs assessment must be structurally configured, including being refurbished if necessary, in a way that ensures that the equipment can be used in a way that is compatible with the necessary conditions of use.

EQUAL OPPORTUNITIES

Having in mind the fact that majority of professionals that work in health, social care and education, especially those that work with children and persons with disabilities are women, the Contractors will need to establish mechanisms to motivate more men to attend and participate in numerous project activities, especially the capacity building events. Simultaneously, since the majority of management positions traditionally are performed by men, the Contractors will need to establish mechanisms to motivate more women to attend and participate in management capacity building events and project activities and ensure equal representation in public fora, as speakers and contract and project management. At the same time, the Action Contractors will need to pay special attention that all activities and project related outputs (works, materials, etc.) are accessible to persons with disabilities, and from vulnerable and marginalised groups in order to secure their proper participation. Since persons with disabilities and their families / care givers as well as persons from vulnerable and marginalised groups are a very significant target group of the project, especially within the new disability determination component, their feedback will be very important for the complete and adequate success of the disability determination and social card reform.

MINORITIES AND VULNERABLE GROUPS

All Contractors of the Action will need to pay special attention to the needs of different vulnerable and marginalised groups of Montenegro and provide adequate measures to meet their needs and traditional specifics. The Action itself is designed to have a wide influence on all citizens of Montenegro equally, with special focus on members of vulnerable groups. Besides children (through ECD) and persons with disabilities (through disability determination), who are the main beneficiaries of these Action segments, other vulnerable groups will also greatly benefit from the proposed Action. Establishing of a system of the proper healthcare and quality childhood development will allow for all citizens, especially the children from socially or economically vulnerable families (Roma, the poor, minorities, persons awaiting regularisation of legal status etc.) to achieve adequate and equal access to health, education, social care and in the long-run the employment. All these Action segments are therefore inter-related and are aimed at increasing the quality of life of all citizens of Montenegro, especially those belonging to vulnerable groups. Certain aspects of the Action relate also to the country's goals and commitments related to the Millennium Development Goals (MDGs) within the Global Fund, in terms of reaching treatment and prevention targets for HIV/AIDS, tuberculosis (TB) and malaria. These commitments will be reached through the segment of the Action that includes new microbiology laboratories' equipment and continuous support to marginalised groups at the most risk from HIV/AIDS, such as the LGBT community, sex workers and intravenous drug users.

ENGAGEMENT WITH CIVIL SOCIETY (AND IF RELEVANT OTHER NON-STATE STAKEHOLDERS)

Involvement of the civil society is an important segment of the designed Action. The civil society will naturally not be very much involved in the first segment of the Action – the construction of the hospital facility and acquiring of relevant microbiology equipment, but the other segments of the Action foresee significant involvement of the civil society. UNICEF has foreseen involving of the civil society in numerous aspects of the project, especially those CSOs that work with children, or protect the rights of a child. UNICEF will involve CSOs, as well as individuals from the Academia in relevant project activities, primarily research and awareness raising campaigns, whereas the UNDP has foreseen to involve relevant CSOs that represent persons with disabilities into a joint task force of their segment of the Action, with a significant sub-granting component for CSOs. Involving of eminent and recognisable CSOs that represent PwD is planned not only to increase their participation and ownership in project outcomes, but also to lower any possible negative influences from their side to the proposed disability determination system, as well as to secure their support in adequate informing of their target audiences – main Action beneficiaries (persons with disabilities and their families) about the changes of the disability determination system and their clear long-term benefits for PwD and their quality of life.

ENVIRONMENT AND CLIMATE CHANGE (AND IF RELEVANT DISASTER RESILIENCE)

Since the project includes the construction of a special health facility for 2 clinics, special environmental effects and issues will be taken into consideration while building of the facility. The contractor shall comply with all applicable Montenegro legislation, regulations and specifications with respect to all measures, operations and administrative steps required for the full protection and safeguarding of the environment. The contractor will be responsible for the proper disposal of sewage from all places within the site and shall comply strictly with the regulations of the relevant authorities. The contractor shall comply with the regulations of the employer and the fire-fighting authorities and take all necessary precautions throughout the execution and completion of the works to prevent outbreak of fire. During the execution and completion of the works, the contractor shall protect the environment on and off the site from contamination. Accordingly, the contractor shall collect all kinds of waste, including offal, production and communal wastes, and transport them to a waste landfill approved by the FIDIC Engineer. The contractor shall not release, or permit to be released into the air, water and land area at or in the vicinity of the site any toxic or harmful effluent or substance. Where the contractor's activity is subject to regulation under applicable environmental laws, the FIDIC Engineer may require the contractor to submit evidence of his compliance with such laws, including but not limited to, the submission of any required environmental permits, payment of fees, or compliance with any obligatory administrative procedures. Special attention will be put on biological, SOHO (Substances of Human Origin), medical and related waste disposal, where the Contractor will need to fulfil all necessary environmental standards in line with the contract and relevant legislation.

Another important component of the project is the support to surveillance, prevention and response to communicable (infectious) diseases. Namely, the Action will have a strong impact on country's disaster resilience, as the new laboratory equipment that meets relevant standards will significantly increase relevant state authorities' response to possible epidemiological and similar threats.

7. SUSTAINABILITY

The proposed Action is designed to have significant sustainable components and local ownership of primarily state institutions and relevant local stakeholders. The new Hospital facility for the two Clinics, Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (EOC), Biosafety level 3 laboratory and equipment for microbiology labs including the one for the analysis of large number of respiratory samples will remain in the ownership of named Health stakeholders (Clinical Health Centre, Institute for Public Health, Ministry of Health...), the Action aims to increase capacities of medical professionals that will be working and using the new equipment, thus highly contributing to the technical and institutional sustainability of Health beneficiaries.

Working in a biosafety level 3 laboratory requires operational controls and special practices. Therefore, the national team, under the supervision and certification from external partners will develop facility-specific standard operating procedures (SOPs) and annual containment verifications based on international standards and requirements. These will be subject to regular revision and approval by the competent international bodies. Furthermore, the laboratory shall be registered or listed with the national and/or other appropriate health authorities. Also, establishment and use of BSL 3 facility will not be limited to usual and daily aspects of laboratory work including clinical, diagnostic and teaching activities but will be also essential for research and development as well as for storing and handling agents that may cause serious or potentially lethal diseases as a result of aerosol exposure.

UNICEF, UNDP and WHO as contracting parties for very important segments of the proposed Action will pay special attention to different types and segments of Action's sustainability. Raising capacities of relevant stakeholders and professionals from health, education, social care and employment sectors, especially those that work with children and persons with disabilities, as well as technical support provided by the Action will strongly contribute to the overall institutional sustainability of the Action. Another highly significant outcome of the project in terms of policy sustainability is the new legal and/or strategic framework that will be developed during the Action by both UN agencies. New ECD strategic framework will have a strong impact on further appropriate health, nutrition and social development of

children in Montenegro, whereas the new disability determination system, especially its e-registry for PwD will have a crucial impact on the finalisation of the social welfare reform and the lives of persons with disabilities in the future. At the same time, the public awareness raising campaigns that will be conducted by both the UNICEF and UNDP (mainly through sub-granting to CSOs) will highly contribute to making a sustainable impact on general public, as well as project beneficiaries.

8. COMMUNICATION AND VISIBILITY

Communication and visibility will be given high importance during the implementation of the Action. The communication activities shall be funded from the amounts allocated to the Action.

All necessary measures will be taken to publicise the fact that the Action has received funding from the EU in line with the EU communication and visibility requirements in force. All stakeholders and implementing partners shall ensure the visibility of EU financial assistance provided through IPA II throughout all phases of the programme cycle.

Visibility and communication actions shall demonstrate how the intervention contributes to the agreed programme objectives and the accession process, as well as the benefits of the action for the general public. Actions shall be aimed at strengthening general public awareness and support of interventions financed and the objectives pursued. The actions shall aim at highlighting to the relevant target audiences the added value and impact of the EU's interventions and will promote transparency and accountability on the use of funds.

Proposed Action has numerous high visibility components, including the construction works and awareness raising / information campaigns, which will target a significant percentage of the total population, as well as numerous project beneficiaries. Besides, certain segments of communication and visibility outputs will be sub-contracted to professional agencies and sub-granted to CSOs that represent vulnerable groups relevant to the Action objectives. Certain methods of the communication plan may include: press releases, press conferences, leaflets and/or brochures, web pages, building plaques, promotional items, reports, audio-visual production, social media pages, etc. Any supplies or equipment delivered under this EU-funded Action will be clearly identified and must visibly carry the EU logo and the statement "*This project/product is financed by the EU*", or similar relevant statement, in one of the official languages of the EU and the local language.

LIST OF ANNEXES

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Annex 1. Conclusions of the National Investment Committee and the Government regarding construction of two clinics

With regard to the construction of the Clinic for Infectious Diseases and the Clinic for Dermato-venereology the National Investment Committee and the Government of Montenegro were informed at their sessions (held on 26 March and on 5 April 2018²³ respectively) that consultations and negotiations with the European Commission on the financial support for construction of the Clinics are under way. Namely, in the framework of the mid-term review of IPA II funds utilisation, Montenegro was granted EUR 8 million of “extra” financial support as performance reward, which will be granted under IPA 2018 programme. Out of this amount, EUR 4.5 million is planned to be used for construction of the Clinic for Infectious Diseases and the Clinic for Dermato-venereology and for supervision of construction works. The project was supported not only as a priority in the health sector, but also due to the fact that it is completely ready in terms of technical and project documentation. In addition, the amount of EUR 1.5 million will be used for equipping the microbiological laboratories network at central and local level, while the remaining funds (EUR 2 million) will be used for conducting the social policy and preschool education reform.

In addition to the EU support for the construction of the Clinics, it is necessary to provide the respective national co-financing. It is therefore recommended to plan, if necessary, reserve funds that could be used for any unforeseen works as well as for the revision of the main design and preparation of tender documentation. The Ministry of Health, as the beneficiary of the project, should plan the respective funds for this purpose in the Capital Budget for 2019 or 2020, depending on the dynamics of project implementation. The National Investment Committee has, in accordance to the approval of additional funds, adopted the relevant conclusions.

CONCLUSIONS:

- 1) The Government has been informed on the need to provide additional funds for the completion of the tender documentation as well as for any unforeseen works, with a view to providing the full functionality of the Clinic for Infectious Diseases and Clinic for Dermato-venereology.
- 2) The Ministry of Health is hereby obliged to plan, depending on the needs, the necessary additional funds within the Capital Budget of the Directorate of Public Works.

²³ At the 71st session held on 5 April 2018, the Government of Montenegro discussed on current issues and activities related to the Single Project Pipeline. The information in Montenegrin can be found, under item 20, at the following link: http://www.gov.me/sjednice_vlade_2016/71

Annex 2: Breakdown of contracts

Procurement:

The global budgetary envelope reserved for procurement: EUR: 13,980,000.00 (17,500,000.00 - EU contribution)

a) the indicative number and type of contracts:

Two contracts for Result 1 (1 service and 1 works) Value: EUR 8,532,043.62

Three contracts for Result 2 (1 service, 1 works and 1 supply) Value: EUR 2,047,956.38

Two contribution agreements for Results 3 and 4. Value: 1,000,000.00 each, i.e. 2,000,000.00

Four contracts for Result 5 (1 service, 1 supply, 1 works and 1 contribution agreement) Value: EUR 2,050,000.00

Two contracts for Result 6 (1 service and 1 works) Value: EUR 950,000.00

One supply contract for Result 7. Value: EUR 800,000.00

One contribution agreement for both Result 8. Value: EUR 500,000.00 and Result 9. Value: EUR 620,000.00

b) indicative time frame for launching the procurement procedure: Q4 2019 up to Q4 2020

Annex 3: Budget breakdown

IMPLEMENTATION MODALITIES	BUDGET (€)		TIMELINE	
	Total	EU contribution	Launch of procedure	Contract signature ²⁴
PROCUREMENT (NO DETAILS PER TYPE OF CONTRACT SHOULD BE PROVIDED)				
Result 1. Protection of population against infectious diseases improved through the construction and equipping of a new facility for two clinics (Clinic for Infectious Diseases and Clinic for Dermato-venereology) at the "Clinical Centre" Podgorica.				
Construction works on 1 new health facility for both clinics and procurement of the necessary equipment (one works contract based on PRAG unit price or Fidic Red book conditions)	6,812,010.88	6,812,010.88	Q3 2020	Q4 2020
Supervision of the construction works of the new Health facility in Podgorica (one service contract)	340,600.54	340,600.54	Q3 2020	Q 4 2020
Contingencies for construction, equipping and supervision	1,379,432.20	1,379,432.20	/	/
TOTAL Result 1:	8,532,043.62	8,532,043.62		
Result 2. The quality of services of microbiological laboratories enhanced through provision of adequate equipment for microbiology laboratories, based on a quantified needs assessment and cost-benefit analysis and through refurbishment of the relevant laboratories to the necessary standard to host the new equipment				
Procurement, purchase, delivery, installation and training for microbiology equipment; (one supply contract)	1,500,000.00	1,500,000.00	Q 3 2021	Q4 2021
Works on reconstruction/ refurbishment of the selected laboratories to the necessary standard to host the new equipment (one works contract)	438,365.10	438,365.10	Q2 2021	Q4 2021
Supervision of the works on reconstruction/refurbishment of the selected laboratories (one service contract)	27,397.82	27,397.82	Q2 2021	Q4 2021

²⁴Timeline: QUARTER (Q1, Q2, Q3, Q4) YEAR

Contingencies for the works on reconstruction/ refurbishment of the selected laboratories	82,193.46	82,193.46	/	/
TOTAL Result 2:	2,047,956.38	2,047,956.38		
Result 3. The ECD (Early Childhood Development) system assessed and adequate strategic framework developed, including the National ECD action plan and related rules of procedures.				
<ul style="list-style-type: none"> • In-depth assessment and surveys related to healthcare, social protection of children and child poverty • Development of ECD legal/strategic framework and relevant guidelines / procedures • Capacity building and Support to service providers in health, education and social care • Awareness raising campaigns for citizens on the importance of proper nutrition, vaccination of children and other segments of ECD 	1,000,000.00	1,000,000.00	Q4 2019 / Q1 2020	Q1/Q2 2020
(one contribution agreement with UNICEF)	1,000,000.00	1,000,000.00		
TOTAL Result 3:				
Result 4. National disability determination system reformed in a way to provide persons with disabilities proper access to services and cash transfers, as well as improved quality of life				
<ul style="list-style-type: none"> • Comprehensive legislation framework analysis and the new Law on unique Criteria and Commission, with a new functionality based unified National criteria and an updated List of medical conditions and illnesses • Capacity building programmes for professional staff employed with the Commission, with regards to new criteria for disability determination • Developing the first national E-Registry of persons with disabilities • Tailor made grants programme for NGOs representing persons with disabilities - to run Campaigns based on PwD human rights promotion and the support activities. 	1,000,000.00	1,000,000.00	Q4 2019 / Q1 2020	Q1/Q2 2020
(one contribution agreement with UNDP)	1,000,000.00	1,000,000.00		
TOTAL Result 4:				
Result 5. The capacities of the Institute of Public Health are strengthened in order to respond effectively to public health requirements for all future outbreaks of contagious diseases in the country through the construction and equipping of the Centre for Control and Prevention of Infectious Diseases				

with the Operational Centre for Emergency Situations (EOC) and by improving IT systems in the field of data collection and management in crisis situations.				
Works on the construction of one building for the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (one works contract based on PRAG unit price or Fidic Red book conditions) and procurement of the necessary equipment (one works contract)	1,070,000.00	1,070,000.00	Q 4 2020	Q 2 2021
Supervision of the works on construction of the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (one service contract)	36,000.00	36,000.00	Q 4 2020	Q 2 2021
Contingencies for construction, equipping and supervision of the Centre for Control and Prevention of Infectious diseases with EOC	144,000.00	144,000.00	/	/
Implementation of the activities for putting the EOC into full operation (one contribution agreement with WHO)	400,000.00	400,000.00	NA	Q 4 2020
Procurement of the services for the development and implementation of the software for data warehouse (one service contract)	300,000.00	300,000.00	Q 4 2020	Q 2 2021
Procurement of the equipment for Data Warehouse (one supply contract)	100,000.00	100,000.00	Q 3 2021	Q 4 2021
TOTAL Result 5:	2,050,000.00	2,050,000.00		
Result 6. Ensured readiness of the public health system to deal with emerging and high threat pathogens and increasing laboratory capacities to deal with COVID 19 in case of a new outbreak, by setting up a biosafety level 3 laboratory within the Institute of Public Health.				
Works on reconstruction of the space in the Institute of Public Health and its equipping for setting up one Biosafety level 3 laboratory (one works contract)	760,000.00	760,000.00	Q 4 2020	Q 2 2021
Supervision of the works on reconstruction of the Institute of Public Health for setting up one Biosafety level 3 laboratory (one service contract)	38,000.00	38,000.00	Q 4 2020	Q 2 2021
Contingencies for reconstruction, equipping and supervision	152,000.00	152,000.00	/	/



TOTAL Result 6:		950,000.00	950,000.00		
Result 7. The country's capacity for novel coronavirus testing increased through the provision of the laboratory equipment for simultaneous analyses of large number of respiratory samples.					
Supply of one laboratory device able to conduct simultaneous analysis of large number of respiratory samples (one supply contract)		800,000.00	800,000.00	Q4 2020	Q1 2021
TOTAL Result 7:		800,000.00	800,000.00		
Result 8. Appropriate behavior in the population promoted in order to increase public health, thus contributing to controlling the COVID 19 epidemic through coordinated communication, community engagement and guidance to various target audiences.					
Implementation of the activities under Result 8 (one contribution agreement with UNICEF)		500,000.00	500,000.00	NA	Q4 2020
TOTAL Result 8:		500,000.00	500,000.00		
Result 9: Resilience of the health system increased by improving immunization and infection prevention and control through the strengthening of the immunization services, especially for vulnerable groups.					
Implementation of the activities under Result 9 (one contribution agreement with UNICEF)		620,000.00	620,000.00	NA	Q4 2020
TOTAL Result 9:		620,000.00	620,000.00		
TOTAL		17,500,000.00	17,500,000.00		

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ANNEX 4 TO ACTION DOCUMENT:

EU for strengthening the quality and access of health and social services and building resilient and responsive health system towards epidemiological threats

IMPLEMENTATION - BUDGET

PART 1 - IMPLEMENTATION METHOD(S) AND TYPE(S) OF FINANCING

(1)(a)1 Indirect management with IPA II beneficiary

A part of this action will be implemented under indirect management by Montenegro represented by the Office for European Integration, which shall be responsible for carrying out all the tasks relating to the implementation of the action.

The Operating Structure responsible for the execution of the actions is: Public Works Administration.

In particular, Public Works Administration shall be responsible for the contracting, implementation, information and visibility, monitoring and reporting of IPA II activities, and the evaluation thereof whenever relevant, in accordance with the principle of sound financial management, and for ensuring the legality and regularity of the expenditure incurred in the implementation of the programme.

It will be responsible for the part of the action referring to Result 1, Result 2, part of the Result 5 and Result 6.

(1)(a)2 Indirect management with international organisations

(i) Indirect management with UNICEF (Result 3)

A part of this action may be implemented in indirect management with the United Nations Children's Fund (UNICEF).

The implementation by this entity entails the activities under Result 3 with the objective to ensure development of a holistic approach in the area of ECD (Early Childhood Development) by linking health, education sector, social protection policies and capacity building activities. As a result, the ECD system is assessed and an adequate strategic framework developed, including the National ECD action plan and related rules of procedures.

The envisaged EU contribution will be EUR 1,000,000.00

The envisaged entity is selected using the following criteria:

- United Nations Children's Fund (UNICEF) is an international organisation, positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project.

- The Government of Montenegro has signed and endorsed the UN Country Programme Document and the Integrated UN Programme. These two framework documents give UNICEF exclusive partnership with the Government on ECD and endorse UNICEF's role as a technical assistance provider to the Government in the development of the respective ECD legislation, strategies and policies that the joint programme with the EUD will try to implement. The UNICEF "exclusive competence" lies in this mix of technical assistance in developing legislation in different areas, policies and models and then assisting the Government in upscaling them.
Indeed, this result demands a holistic approach to the issue of ECD, linking health, education, social protection policies and specific capacity development activities.
- There is currently no local Civil Society Organisation (CSO) that can provide the holistic approach demanded by the project as they only focus on individual sectors. UNICEF has been building up long lasting relations with local organisations in order to develop their skills and gradually improve their capacities in the sector though this process will still take some time.
- There are no other international organisations active in the area of ECD in Montenegro or that have the necessary degree of understanding and insight of the context of the country. For these reasons, UNICEF has been identified as the only possible partner that could implement this action while ensuring coherence and complementarities with the current activities undertaken in the country in the area of EDC.

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section (1)(b).

(ii) Indirect management with UNDP (Result 4)

A part of this action may be implemented in indirect management with United Nations Development Programme (UNDP).

The implementation by this entity entails the activities under Result 4 with the objective to rationalise the way the National Disability Determination System is conducted in Montenegro so to facilitate access to the adequate services to the right users. The foreseen result will be: the National disability determination system is reformed in a way to provide persons with disabilities proper access to services and transfers, as well as improved quality of life.

The envisaged EU contribution will be EUR 1,000,000.00

The envisaged entity is selected using the following criteria:

- United Nations Development Programme (UNDP) is an international organisation, positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project.
- UNDP has an ongoing contract with the Ministry of Montenegro to work on the development and implementation of the social card and ensure the digitalisation and correct linking of different social protection system's registries. The action undertaken by this contribution agreement fits into this overarching action – Social Card – implemented by UNDP.

- This action is designed to fit into and complement the current UNDP programme. It is essential to ensure full technical compatibility with the rest of the components. Given the specific characteristics of the action requiring a particular actor on account of its technical competence, the UNDP is in this case the only organisation that can guarantee the full alignment and linkage of the system developed by this action and all other registries and IT systems developed under the Social Card programme.

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section (1)(b).

(iii) Indirect management with WHO (part of Result 5)

A part of this action may be implemented in indirect management with the World Health Organization (WHO).

The implementation by this entity entails those activities under Result 5 with the objective to establish a fully functional Operational Centre for Emergency Situations in accordance with the WHO's Framework for the public health emergency operations centres (PHEOCs) and thus meeting the core capacity requirements envisaged under International Health Regulations - IHR (2005). Within this action principles, policies and standards, plans, processes and procedures of PHEOC will be developed, a legal authority for a PHEOC will be created, a policy group, working groups, steering and planning committees will be established. Besides, integration and linkage with humanitarian emergency response will be secured, an emergency operations plan will be developed as well as operational plans and instructions covering functional roles/positions at each level of PHEOC (activation, escalation, de-escalation and deactivation) including incident management system procedures. In addition, the relevant staff of the Institute of Public Health will be trained through various workshops, simulation exercises and study tours.

The envisaged EU contribution will be EUR 400,000.00

The envisaged entity is selected using the following criteria:

- The World Health Organization (WHO) is an international organisation, positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project. In addition, the organization is selected due to the urgency related to the ongoing COVID-19 outbreak, relevance and sustainability of the proposed action.
- Namely, the WHO has an essential role to play in supporting Member States to prepare for, respond to and recover from emergencies with public health consequences. For the health emergencies in particular, WHO provides support to prepare for emergencies by identifying, mitigating and managing risks, also preventing emergencies and supporting development of tools necessary during outbreaks. In addition, it has a role in detecting and responding to acute health emergencies and support delivery of essential health services in fragile settings.
- The WHO is author of the Framework for a Public Health Emergency Operations Centres (PHEOC) that outlines the key concepts and essential requirements for developing and managing a PHEOC. It provides an outline for developing and managing a PHEOC in order to achieve a goal-oriented response to public health emergencies and unity of effort among response agencies. Furthermore, the WHO has established the Public Health Operations Centres Network (EOC-NET) in 2012 to identify and promote

best practices and standards for EOCs and to support EOC capacity building in Member States. Having this specific technical expertise in mind, the WHO is selected to implement the part of the activities under Result 5, which are referring to the establishment of a fully functional Operational Center for Emergency Situations in Montenegro.

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section (1)(b).

(iv) Indirect management with UNICEF (Result 8 and Result 9)

A part of this action may be implemented in indirect management with the United Nations Children's Fund (UNICEF).

The implementation by this entity entails the activities under Result 8 with the objective to ensure appropriate behaviour in the population in order to protect citizen's health, thus contributing to controlling COVID-19 epidemic, through coordinated communication, community engagement and ensuring the uptake of guidance by various target audiences. Within the same contribution agreement, UNICEF will be responsible also for the implementation of the activities under Result 9 related to the strengthening of the immunization services and building resilience of the system in the light of COVID-19. The immunizations are considered as an essential health service that protect susceptible individuals from vaccine-preventable diseases. They are considered as vital part of the early childhood development and postnatal care, but unfortunately are the first in line to be affected by any emergency including natural hazards, political turmoil, outbreaks of other communicable diseases and many other. Current global COVID-19 pandemic is overstressing health systems across the Globe with various essential health services including vaccination being disrupted. Even without COVID-19 Montenegro is facing critically low, declining immunization rates - despite its upper middle-income status and modest economic growth. Immunization coverage rates for first dose of measles, mumps and rubella (MMR) have been decreasing in recent years – from 90% in 2010 to 42.1% in 2018, which is a critically low rate. Impact of COVID-19 has further declined the rates, therefore a strong and imminent action in this field is urgently needed.

The envisaged EU contribution will be EUR 1,120,000.00

The envisaged entity is selected using the following criteria:

- United Nations Children's Fund (UNICEF) is an international organisation, positively pillar-assessed by the European Commission with a technical expertise and operational capacity necessary for the project. In addition, the organization is selected due to the urgency related to the ongoing COVID-19 outbreak, relevance and sustainability of the proposed action.
- Namely, UNICEF and its partners support immunization programmes in over 100 countries to help realize children's right to survival and good health. Activities include engaging communities to create vaccine demand, procuring and distributing vaccines and keeping vaccines safe through cold chain logistics. UNICEF also works with partners to strengthen immunization programmes to identify and prioritize children who have missed out on their vaccination. Having in mind this specific technical expertise

and because of the urgency related to the ongoing COVID-19 outbreak, UNICEF is selected to implement activities related to the strengthening of the immunization services in Montenegro and building resilience of the system in the light of COVID-19 outbreak.

- One of the immediate measures Montenegro has undertaken as a response to COVID-19 crisis was to launch a national communication campaign on COVID-19 in order to continuously inform citizens about social behaviour, prevention measures, new Government decrees, etc. The campaign was organised and implemented with UNICEF support. It is envisaged that further support is needed in Montenegro in order to facilitate the implementation of communication and community engagement activities in case of a second phase of COVID-19 response and/or in case of a new outbreak. Considering this specific and direct experience in the first phase of the response to COVID-19 outbreak and having in mind the urgency of the matter, UNICEF is selected to implement these activities.

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section (1)(b).

(1)(b) Direct management (project approach)

Procurement:

- a) The type of procurement will be service and supply contracts (part of the activities under Result 5 and all activities under Result 7).
- b) The global budgetary envelope reserved for procurement: EUR 1,200,000.00

Should the contribution agreements with UNDP, WHO and UNICEF fail, detailed under ***(1)(a)(2) Indirect management with an international organisation***, direct management is to be used as the fall-back option and a procurement procedure will be launched with the same objective, in the amounts of EUR 1,000,000.00 for Result 3, EUR 1,000,000.00 for Result 4, EUR 400,000.00 for part of the Result 5 and 1,120,000.00 for both Result 8 and Result 9. In this case the global budgetary envelope reserved for procurement shall be: EUR 4,720,000.00.

PART 2 - INDICATIVE ACTION BUDGET BREAKDOWN

IMPLEMENTATION MODALITIES	BUDGET (€)		TIMELINE	
	Total	EU contribution	Launch of procedure	Contract signature ¹
INDIRECT MANAGEMENT WITH BENEFICIARY COUNTRY	12,780,000.00	12,780,000.00		
Works contract - Construction of a new facility for clinic for infectious diseases and clinic for dermatology and procurement of the necessary equipment (Result 1)	6,812,010.88	6,812,010.88	Q3 2020	Q4 2020
Service contract - Supervision of the works on construction of the new facility for clinics (Result 1)	340,600.54	340,600.54	Q3 2020	Q4 2020
Contingencies for construction, equipping and supervision of a new facility for the clinics (Result 1)	1,379,432.20	1,379,432.20	/	/
Supply contract - Procurement, purchase, delivery, installation and training for microbiology equipment (Result 2)	1,500,000.00	1,500,000.00	Q 3 2021	Q4 2021
Works contract - Reconstruction/ refurbishment of the selected laboratories to the necessary standard to host the new equipment (Result 2)	438,365.10	438,365.10	Q2 2021	Q4 2021
Service contract - Supervision of the works on reconstruction/refurbishment of the selected laboratories (Result 2)	27,397.82	27,397.82	Q2 2021	Q4 2021

Timeline: QUARTER (Q1, Q2, Q3, Q4) YEAR

16/01/21

Contingencies for the reconstruction/ refurbishment and supervision of works related to the microbiology laboratories (Result 2)	82,193.46	82,193.46	/	/
Works contract - Construction of one building for the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations and the procurement of the necessary equipment (part of the Result 5)	1,070,000.00	1,070,000.00	Q4 2020	Q 2 2021
Service contract - Supervision of the works on construction of the Centre for Control and Prevention of Infectious Diseases with the Operational Centre for Emergency Situations (part of the Result 5)	36,000.00	36,000.00	Q 4 2020	Q2 2021
Contingencies for construction, equipping and supervision related to the Centre for Control and Prevention of Infectious diseases with EOC (part of the Result 5)	144,000.00	144,000.00	/	/
Works contract - Reconstruction of the space in the Institute of Public Health and its equipping for setting up one Biosafety level 3 laboratory (Result 6)	760,000.00	760,000.00	Q4 2020	Q2 2021
Service contract - Supervision of the works on reconstruction of the Institute of Public Health for setting up one Biosafety level 3 laboratory (Result 6)	38,000.00	38,000.00	Q4 2020	Q2 2021
Contingencies for reconstruction, equipping and supervision related to Biosafety level 3 laboratory (Result 6)	152,000.00	152,000.00	/	/
INDIRECT MANAGEMENT WITH AN INTERNATIONAL ORGANIZATION	3,520,000.00	3,520,000.00		
Contribution agreement with UNICEF - Early Childhood Development (Result 3)	1,000,000.00	1,000,000.00	Q4 2019 / Q1 2020	Q1/Q2 2020
Contribution Agreement with UNDP - Reform of the National Disability Determination System (Result 4)	1,000,000.00	1,000,000.00	Q4 2019 / Q1 2020	Q1/Q2 2020
Contribution Agreement with WHO - Establishment of the Emergency Operating Centre (EOC) (part of the Result 5)	400,000.00	400,000.00	NA	Q4 2020
Contribution Agreement with UNICEF - Implementation of the Risk Communication Strategy related to the second phase response to COVID -19 and the second possible outbreak (Result 8) and Strengthening the immunization	1,120,000.00	1,120,000.00	NA	Q4 2020
	(500,000.00 for Result 8 and			

services and building the resilience of the system in the light of COVID -19 outbreak (Result 9)	620,000.00 for Result 9)			
PROCUREMENT IN DIRECT MANAGEMENT BY EU DELEGATION	1,200,000.00	1,200,000.00		
<u>Service contract</u> - Development and implementation of the software for data warehouse (part of the Result 5)	300,000.00	300,000.00	Q4 2020	Q2 2021
<u>Supply Contract</u> - Procurement of the equipment for Data Warehouse (part of the Result 5)	100,000.00	100,000.00	Q 3 2021	Q4 2021
<u>Supply Contract</u> - Supply of one laboratory device able to conduct simultaneous analysis of large number of respiratory samples (Result 7)	800,000.00	800,000.00	Q4 2020	Q1 2021
TOTAL	17,500,000.00	17,500,000.00		