



[Name of Fund or Joint Programme]

GENERIC ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

<p>Programme Title & Project Number</p> <ul style="list-style-type: none"> Programme Title: Good health system governance for equitable, effective and quality health care in Montenegro Programme Number (if applicable) MPTF Office Project Reference Number:³ 00075726 	<p>Country, Locality(s), Thematic/Priority Area(s)²</p> <p>(if applicable) Country/Region; Montenegro</p> <hr/> <p>Thematic/Priority: Democratic Governance/Health</p>
<p>Participating Organization(s)</p> <ul style="list-style-type: none"> Organizations that have received direct funding from the MPTF Office under this programme <p>UNDP</p>	<p>Implementing Partners</p> <ul style="list-style-type: none"> National counterparts (government, private, NGOs & others) and other International Organizations WHO, Ministry of Health
<p>Programme/Project Cost (US\$)</p> <p>MPTF/JP Contribution: 256,800 USD (2010 EFW allocation)</p> <p>Agency Contribution 11,905 USD (UNDP TRAC)</p> <p>Government Contribution (if applicable)</p> <p>Other Contributions (donors) (if applicable)</p> <p>TOTAL: 268,705</p>	<p>Programme Duration</p> <p>Overall Duration (months) 24 months</p> <p>Start Date⁴ (dd.mm.yyyy) 4th June 2010</p> <p>End Date (or Revised End Date)⁵: June 2012</p> <p>Operational Closure Date⁶</p> <p>Expected Financial Closure Date December 2012</p>
<p>Programme Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy</p> <p>Mid-Term Evaluation Report – if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy</p>	<p>Report Submitted By</p> <ul style="list-style-type: none"> Name: Miodrag Dragisic Title: Social Inclusion Team Leader Participating Organization (Lead): UNDP Email address: miodrag.dragisic@undp.org

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Performance Management Plan (PMP) for the PBF; Sector for the UNDG ITF.

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to “Project ID” on the [MPTF Office GATEWAY](#)

⁴ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁵ As per approval by the relevant decision-making body/Steering Committee.

⁶ All activities for which a Participating Organization is responsible under an approved MPTF programme have been completed. Agencies to advise the MPTF Office.

(DELETE BEFORE SUBMISSION)

Introduction:

This project of the DG Pillar contributes to the achievement of the Outcome 2.2 of Integrated UN Programme 2010-2016, namely, “State and independent institutions with increased capacity to ensure the realization and monitoring of human rights, support empowerment of women, enable equal opportunities for all inhabitants, including access to efficient service delivery, through a transparent system of public administration at national and local level”. The outputs of the project led to increase in the efficiency and transparency of the emergency services, by providing a municipal land ambulance emergency response service, and to strengthening of accountability and integrity of this system through collection and publication of accurate data on response times and quality of service.

Formatting Instructions:

- The report should not exceed 10-15 pages. Include a list of the main abbreviations and acronyms that are used in the report.
- Number all pages, sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point _ Times New Roman and do not use colours.
- The report should be submitted in one single Word or PDF file.
- Annexes can be added to the report but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.

NARRATIVE REPORT FORMAT

I. Purpose

- Provide the main objectives and expected outcomes of the programme.
- Explain how the Programme relates to the applicable Strategic (UN) Planning Framework guiding the operations of the Fund/JP²

This project of the DG Pillar contributes to the achievement of the Outcome 2.2 of Integrated UN Programme 2010-2016, namely, “State and independent institutions with increased capacity to ensure the realization and monitoring of human rights, support empowerment of women, enable equal opportunities for all inhabitants, including access to efficient service delivery, through a transparent system of public administration at national and local level”.

The project received UN Country Fund allocations to address a strategic priority for Montenegro, namely the reform of the secondary and tertiary health care systems, in order to rationalize costs, enhance effectiveness and increase transparency. Given the respective comparative advantages of specific UN Agencies, WHO contributed with the technical expertise in the health care sector, while UNDP had drawn on its experience in anti-corruption and public administration reform and e-governance.

- There are three main components of the project;
 1. Support in developing and delivering a condensed Capacity Development Program for key policy makers to strengthen their health policy planning capacity based on evidence. The Program follows a training needs assessment and identification of gaps.
 2. Support to development of the Strategy for secondary and tertiary health care level reform with the aim to ensure an adequate response to the population’s health needs and enable equal access to quality health services at the secondary and tertiary level of care to all social groups regardless of their socio-economic status and geographical distribution;
 3. Support in creating an information system which would, in a user friendly manner, enable beneficiaries’ access to relevant information, thus directly contributing towards both increased transparency in health care service provision and increased Health system accountability and integrity.
- The project is implemented by UNDP, in close collaboration with WHO, using UNDP’s procedures. Components 1 and 2 were managed by WHO. The third component has been managed by UNDP.

II. Resources

Financial Resources:

- Provide information on other funding resources available to the project, if applicable. Please refer to information on the [Annual Reporting Cover Page](#).
- Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.
- Provide information on good practices and constraints related to the management of the financial aspects of implementing the programme, including receipt of transfers, administrative bottlenecks and/or other issues affecting the financial management of the programme.

Component 3 of the project was premised on the existence of an internal information system, something which has seen heavy delays from the Ministry of Health’s side. The Ministry therefore requested that UNDP addresses a concern of equal urgency, namely that of improving the efficiency and transparency

of the Emergency Medical Services (EMSI). The activities under component three were therefore adjusted to address this priority. The total budget and the overarching objectives remained unchanged.

Human Resources:

National Staff: Provide details on the number and type (operation/programme).

- International Staff: Provide details on the number and type (operation/programme)

The project funded one national staff as Project Manager on a service contract with a total of 23,657 USD (7,846 in 2010 and 15,811 USD in 2011) and a portion of salary for Programme Assistant (13,160 USD in 2011) who was providing administrative and financial backstopping to the Project Manager.

Consultants: Technical assistance concerning the components one and two was provided by four international consultants: International Consultant in health policy and finance and leader of the international consultants' team to provide capacity building and technical assistance to the Ministry of Health (MOH) on the hospital governance component of the consolidated health system reform strategy (27,107 EUR); International Consultant on health economics and health financing to provide capacity building and technical assistance to the MOH on the stewardship component of the strategy and health network re-organization based on health needs assessment (16,232 USD); International Consultant in health policy and finance to provide capacity building and technical assistance to the MOH on the hospital governance component of the strategy (11,760 USD); International Consultant on health economics and health financing to provide capacity building and technical assistance to the MOH on the health financing component of the strategy (8,820 USD). In addition, 3 national consultants were hired to assist the international consultants in: reviewing the health system governance for secondary and tertiary health care, formulation of recommendations on provider network reorganization, including public/private mix as a policy option, making a health needs assessment as a basis for reorganization of the hospital network, reviewing the health financing of secondary and tertiary health care, with a special focus on the three key health financing sub-functions (purchasing, revenue collection, fund pooling), including formulation of the respective finance mechanism (7,500 EUR or 2,500 EUR each)

For the third component, a national consultant was engaged to provide expert advice and recommendations in terms of EMSI software system functioning. The consultants' recommendations served as a basis for the Request for proposal (and corresponding ToR) upon which the services were procured through competitive procurement process. The core recommendation was to develop f an integrated system with existing (Enterprise Resource Planning) ERP system and HIS (Hospital Information System). One of the main benefits of the proposed solution is full integration of different modules and utilizing available information shared trough interconnected modules. This is, also, the case with our module for Automatic Vehicle Tracking (AVT); which is fully integrated with the ERP solution, thus contributing towards increased effectiveness of EMSI services' provision.

The fee for consultant's engagement was: 3,550 USD.

III. Implementation and Monitoring Arrangements

- Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.
- Provide details on the procurement procedures utilized and explain variances in standard procedures.
- Provide details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing programme, including corrective actions that may have been taken.
- Report on any assessments, evaluations or studies undertaken.

Day to day monitoring is carried out by the UNDP Project Manager in close consultation with WHO. The Ministry of Health has set up a working group, with UNDP and WHO representation, to guide and monitor the work of the international consultants in achieving project objectives.

All procurement (consultancies and procurement of EMSI Information system related components – software and hardware) has been carried out in accordance with UNDP regulations and rules.

IV. Results

- Provide a summary of Programme progress in relation to planned outcomes (strategic results with reference to the relevant indicator) and outputs; explain any variance in achieved versus planned outputs during the reporting period.
- Report on the key outputs achieved in the reporting period, including the number and nature of the activities (inputs), outputs and outcomes, with percentages of completion and beneficiaries.
- Explain, if relevant, delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.
- List the key partnerships and collaborations, and explain how such relationships impact on the achievement of results.
- Other highlights and cross-cutting issues pertinent to the results being reported on.
- Provide an assessment of the programme based on performance indicators as per approved programme document using the template in Section VI, providing clear evidence on the linkages of outputs and outcomes achieved, if applicable.
- Qualitative assessment of overall achievement with reference to the applicable strategic results indicator.

The project is contributing towards the goal of increasing the capacities of staff of the Ministry of Health to carry out effective reform of the secondary and tertiary level reform. Capacity development activities, such as the study visit to Estonia, has supported the development of individual capacities, while system-level activities relating to the development of the strategy for reform are addressing capacity needs at the systemic level. The Strategy which was developed with technical (expert) support of international and local consultants was discussed and adopted by the Government in July 2012.

Components 1 & 2: One of the most significant actions taken in the course of project implementation was a study visit to Estonia was organized between 23rd and 25th November 2010. The delegation of the Ministry of Health of Montenegro, led by Minister of Health, Prof. Miodrag Radunovic, met the representatives of Estonian health sector authorities and got acquainted with their experience in the reform of secondary and tertiary health care levels. Technical assistance was provided by the team of experts, which in late 2010 and 2011 had paid four visits to Montenegro and provided their advisory services in designing the first draft of the National Strategy.

Upon completion of Government's consultative process the Strategy for Hospital Health Care Improvement was adopted in June 2011.

Component 3: Component three of the project required certain revision in terms of planned activities. The internal information system, (a precondition for the development of external information system) is not yet fully developed for secondary/tertiary level of health services and is likely to be further delayed. Thus, it would not be possible to process and publish the information of beneficiaries' concern, as these are to be retrieved from the internal system database. The Ministry of Health formally requested that UNDP provide support in creating an information system which would enable the Emergency Medical Service Institute (EMSI) to be more effective and efficient in the provision of municipal land ambulance emergency response, and to achieve accountability and integrity of the system.

UNDP has been tasked to provide scenarios for implementation and the design of EMSI dispatch and communication system for the whole of Montenegro and also a detailed specification of the part of the system which can be implemented immediately within Project resources.

The consultant EMS ICT system development, hired in December 2010, prepared an extensive report including the needs assessment, scenarios and detailed specifications of software and hardware components to be procured along with timelines and the dynamics of implementation. As per Report recommendations it was concluded that the Project could, with available resources, cover costs of the system installation for Podgorica municipality (the country's Capital, where some 40% of entire Montenegro population live). Following the competitive bidding procedure completion, a local software company (MG Soft) had been contracted for software development and system installation in the EMSI. By the end of 2011, the sophisticated software and vehicle tracking system system was installed in Podgorica EMSI as per contract specification. The contract amount with selected company was 40,908 USD.

The EMSI Information system functioning will be closely monitored during the first half of 2012 in order to adapt the needs of health professionals and patients to the extent possible. It is expected that the testing period along with implementation of possible adjustments is going to be carried out by end of June 2012.

Implementation constraints, lessons learned: Component 3 of the project was premised on the existence of an internal information system at the Ministry of Health, which remains incomplete. However, it was requested by the Ministry of Health that UNDP instead addresses a related, and equally urgent, concern of increasing the efficiency and transparency of the emergency services, by providing a municipal land ambulance emergency response service, and to support the achievement of accountability and integrity of this system through collection and publication of accurate data on response times and quality of service. As such, Component 3 directly contributed to the overarching project goal of increasing transparency in the health sector.

Key partnerships and inter-agency collaboration: A very close collaboration between UNDP and WHO has enabled both agencies to contribute from the perspective of their comparative advantage. The WHO knowledge hub in Barcelona has contributed with expertise and knowledge. Additionally, the project team has worked closely with the Ministry of Health.

V. Future Work Plan (if applicable)

- Summarize the projected activities and expenditures for the following reporting period (1 January-31 December 2011), using the lessons learned during the previous reporting period, including outputs that were not achieved in 2011.
- Indicate any major adjustments in strategies, targets or key outcomes and outputs planned in 2011.

The activities undertaken in 2010 included the development of the Strategy and Capacity Development Plan as well as development of the EMSI Information system.

Given that the originally intended activity under Component 3 – the development of a publically available information system to increase transparency in the health system – has not been possible due to lateness of availability of relevant data from the Ministry of Health internal information system, this continues to be a priority for future work in this area. In terms of immediate next steps, the activities on promoting the success achieved in putting up the EMSI Information support system will be undertaken during the first half of 2012. This will be an attempt to fundraise for the system installation in all EMSI centers in the country in

order to achieve full national coverage. The remaining available resources for utilization in 2012 are 7,851 USD. The total expenditure rate of the project (2010+2011) is at 97%.

VI. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
OUTCOME 2.2:⁷							
State and independent institutions with increased capacity to ensure the realization and monitoring of human rights, support empowerment of women, enable equal opportunities for all inhabitants, including access to efficient service delivery, through a transparent system of public administration at national and local level							
Enhancing the provision of quality secondary and tertiary level health services by raising the capacity of the health professionals and reducing health inequalities by promoting good governance for increased transparency and accountability of the sector.	The plan accepted by the Ministry of Health (MoH) and plan implementation initiated	Absence of adequate procedures and standards at the secondary and tertiary levels of the health system.	Capacity Development plan developed and submitted to MoH for approval.	Capacity development plan had been developed for the decision makers based on Capacity assessment report findings and approved by the MoH. Trainings had been organized for CD Action Plan implementation.		Trainings conducted	
	-Assessment Report produced.- -Draft strategy developed		Assessment of the secondary and tertiary levels of the health care system conducted. Assessment of the capacities of the MoH conducted. Recommendations for the development of a strategic framework directed to reform hospitals provided. Strategy for	Strategy for optimization of secondary and tertiary health care levels with implementation action plan had been developed and adopted by the Government of Montenegro in June 2011 and the reform process was initiated by amending the Law on Health Insurance.	The Strategy was developed with some 3 months delay as expert's input was provided later than expected	Public Launch of the Strategy MoH website, Minister's statement	

⁷ For PBF: Either country relevant or PMP specific.

			secondary and tertiary level of health services developed				
	<p>Information system operational</p> <p>-Awareness raising campaign on Code of ethics and patients right conducted by 2010;</p> <p>-Nationwide media campaigns designed on gift-giving policy and traditional schemes of gifts and payments for medical services</p>	<p>Absence of an information system about the health care services provided at the secondary and tertiary levels</p>	<p>Emergency medical services functioning improved through introduction of new dispatch and communication system.</p>	<p>Raising awareness campaign conducted focusing on health sector reform with an emphasis on fighting the corruption.</p> <p>Development and implementation of Emergency Medical Service ICT System is finalized in December 2011 with testing period until 15th January 2012 . The system will enable the Emergency Medical Service Institute (EMSI) to be more effective and efficient in the provision ambulance emergency response, and to achieve accountability and integrity of the system.</p>		<p>EMSI stem in place (installed)</p>	<p>The Ministry of Health had used its own resources for the campaign</p>