



[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: Non-communicable diseases prevention, healthy life styles and food safety Programme Number <i>(if applicable)</i> MPTF Office Project Reference Number:³ 76863 	<p>Country, Locality(s), Thematic/Priority Area(s)²</p> <p><i>(if applicable)</i> Country/Region: Montenegro</p> <hr/> <p>Thematic/Priority: Social inclusion/mental 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>WHO Regional Office for Europe (CO in Montenegro)</p>	<p>Implementing Partners</p> <ul style="list-style-type: none"> National counterparts (government, private, NGOs & others) and other International Organizations <p>None</p>
<p>Programme/Project Cost (US\$)</p> <p>MPTF/JP Contribution: USD 90,950 (2010 EFW allocations)</p> <ul style="list-style-type: none"> by Agency <i>(if applicable)</i> <p>Agency Contribution</p> <ul style="list-style-type: none"> by Agency <i>(if applicable)</i> <p>Government Contribution <i>(if applicable)</i></p> <p>Other Contributions (donors) <i>(if applicable)</i></p> <p>TOTAL:</p>	<p>Programme Duration</p> <p>Overall Duration (<i>months</i>) 16 months</p> <p>Start Date⁴ (<i>dd.mm.yyyy</i>) 1 January 2011</p> <p>End Date (or Revised End Date)⁵ 30 April 2012</p> <p>Operational Closure Date⁶ 30 April 2012</p> <p>Expected Financial Closure Date 31 May 2012</p>

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.

Programme Assessment/Review/Mid-Term Eval.

Assessment/Review - if applicable *please attach*

Yes No Date: *dd.mm.yyyy*

Mid-Term Evaluation Report – *if applicable*

please attach

Yes No Date: *dd.mm.yyyy*

Report Submitted By

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Introduction:

Implementation of the National Mental Health Action Plan (NMHAP) supports operationalization of one of key strategy principles for Mental Health service delivery and organization, which is bringing mental health closer to the community, thus the project contributes to the overall achievement of the Outcome 1.2 of the Integrated UN Programme 2010-2016. Mental health services organized on community basis, promoting deinstitutionalization, contribute to gradual change in terms of attitudes towards persons with mental disorders that could be provided with a medical care and support within the community close to his/her place of residence.

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

- Main objectives and expected outcomes of the programme.

Montenegro has undergone a series of developments in the mental health area during the last decade, as part of the South Eastern Europe (SEE) Mental Health Project.

The National Mental Health Improvement Strategy was developed in 2003 and adopted in 2004. The strategy provides an overview of the mental health services and human resources available in the country and data on admissions to mental health inpatient and outpatient services. The strategy lays out the guiding values and principles for mental health care in Montenegro and sets 11 priority areas: (1) Financing; (2) Legal framework and human rights; (3) Organization of services and institutions; (4) Staff and Training; (5) Promotion, prevention, treatment and rehabilitation; (6) Procurement and distribution of basic drugs; (7) representation; (8) Quality improvement; (9) Information system; (10) Survey and evaluation of policies and services; (11) inter-sectoral cooperation.

Mental Health Legislation was also developed in frame of the SEE Mental Health Project and was adopted in 2005. It aims at providing a level framework for mental health care with regard to voluntary and involuntary treatment, mental capacity and medical interventions for people with mental health problems. It upholds the general principles of non-discrimination and respect for rights and freedoms as per international legislation and imposes sanctions and penalties for people who contravene patients' rights that are protected by law.

Specialist mental health services are available in the form of inpatient and outpatient services. While there are outpatient services (two Community based Mental health Centres and the rest mental health dispensaries) in 14 towns of the country, there are three inpatient units, respectively in Podgorica, Drobeta and Niksic, either as part of the District General Hospital, or as stand alone psychiatric hospital.

Staffing levels, although below the European median, are comparable to other SEE countries, mental health teams do comprise specialist doctors, nurses, psychologists and social workers.

There are no activities that actively promote users participation in service planning and implementation; neither are carers and families involved in psycho-education in a systematic way.

The key challenges identified were:

- While progress has been made in different areas since the adoption of the Mental Health Strategy, in the absence of a concrete action plan for implementation, developments have been uneven, based on local initiatives and resources.
- Mental health services, either as outpatient or as inpatient units, act as stand alone facilities, with little collaboration, communication and most importantly case referral. Relationships among services and communication with their umbrella institutions need to be defined with the aim of promoting a structured and systematic mental health service network.
- Although the community based approach to mental health care delivery seems to be accepted by the professional community, there is a need to clarify roles and functions of community services versus hospital ones. This would avoid overlaps among services thus maximising use of existing resources as well as health benefits for the service users.
- Staff skills and competencies need upgrade as new ways of working in mental health care are being promoted and gradually introduced. Standard curricular programmes alone cannot satisfy, at present, the staff needs for skills in a number of areas like psycho-social rehabilitation, case management,

empowerment and participation. Therefore complementary training is needed, in the form of continuous education, to keep staff skills follow patients' needs and diversity.

- Forensic psychiatry standards need to be clarified and well implemented. The present confusion, especially in the Drobota psychiatric hospital, on this area ends up in forensic patients being admitted and treated at the same wards as the non-forensic ones.
- Present legislation includes certain provisions that raise concern. Loose informed consent mechanisms; existence of psychosurgery and other irreversible procedures; unclear criteria for the use of seclusion and restraint, are areas where abuse may happen unless other legislative measures are endorsed and implemented.
- Cooperation and coordination between the Ministry of Health and Ministry of Labour and Social Welfare to be built, including linkages between mental health services and facilities and social protection services and facilities (including Komanski Most)

Given the current situation, the project was initiated to support development of a comprehensive National Mental Health Action Plan (NMHAP) that aims at integrating the present Montenegrin developments with the international standards for mental health care and in line with WHO recommendations, EU standards and UN conventions and protocols.

Consistent implementation of the respective Action plan is to contribute to standardization of mental health services, ensuring equity in access to quality health care services, including strengthening of the community mental health in Montenegro.

Implementation of the National Mental Health Action Plan (NMHAP) supports operationalization of one of the key Strategy principles for Mental Health service delivery and organization, which is bringing mental health closer to the community. Also, a standardized framework for Mental Health service delivery at the primary health care level has been designed as a prerequisite of a uniform mental health service delivery through the network of Support Centers for mental health established under the primary health care centres. Mental health services organized on community basis, promoting deinstitutionalization, will contribute to gradual change in terms of attitudes towards persons with mental disorders that could be provided with a medical care and support within the community close to his/her place of residence.

II. Resources

Financial Resources:

The funds were received by WHO in December 2010 and no activities were implemented in 2010. Implementation of the activities began in 2011 and therefore the results are reported in the 2011 Annual Report.

There were no other funding resources to support the project implementation apart from the direct funding from MPTF office amounting to USD90,950.

During the project life, the budget was revised. Namely, during the project implementation a need arose to invest more attention and expertise in strengthening the normative aspect which was to be addressed in the National Mental Health Action Plan (NMHAP) and segments dealing with the service standardization.

Considerable delay of the programme funds transfer affected timely initiation of the implementation. Consequently, the programme activities were not completed as initially planned. However, due to the fact that

-throughout the project life there were no major constraints related to the management of the financial aspects of implementing the programme and-WHO provided strong technical leadership,

- a constructive expert team (national and international experts) was employed promoting close cooperation and continuous dialogue with the relevant national counterparts, which ensured that the most relevant comparative experiences are considered

all project activities have been successfully completed.

Human Resources:

The project was implemented under the leadership of the WHO Country Office Montenegro strongly backed up by the responsible technical unit from the WHO Regional Office for Europe.

For the purpose of project implementation different type and profile of technical expertise was mobilized:

- a) local consultants (8) that were involved in developing the National Mental Health Action Plan (NMHAP) and designing a framework for a standardized mental health service delivery through the mental health centers at the PHC level. All of them held strong expertise and good reputation in the area of mental health, public health and social welfare.
- b) International consultant with experience from European excellence in Mental Health

III. Implementation and Monitoring Arrangements

- Summary of 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.

The team work, close cooperation with the national counterparts, policy dialogue, highly participative approach of all relevant stakeholders and sector representatives and exposure to international comparative experience has been strongly encouraged and employed through out the project life. A team composed of one international expert and several national experts from social welfare, public health and mental health has been identified jointly by the MoH Montenegro, WHO CO Montenegro and Technical Unit of the WHO Regional Office for Europe. It has been decided that the best possible arrangement would be to assign a team leader role to one of the key national experts, which was agreed between all parties. The selected team leader was responsible for coordination of the development of Mental Health Action Plan for implementation of Mental Health Strategy as well as the Pilot Programme for delivering of Primary Health Care Services at the PHC level in Montenegro.

The role of a team leader was to coordinate all project activities, to take a lead role in a dialogue and consultations with the relevant stakeholders in the process of developing the MH AP and MH National Committee, to provide technical assistance in developing the MH Action Plan and Pilot Programme and to supervise and coordinate piloting of the respective programme in the Primary Health Care Centre in Niksic.

The National Mental Health Committee has been heavily involved in the process of setting up and designing the Action plan.

The WHO CO Montenegro, strongly backed up by the Technical Unit of the WHO Regional Office for Europe, was closely monitoring and supervising the work of the project team.

The international expert hired under the project was responsible for revision of all the developed documents ensuring that they are in line with WHO and international recommendations and standards.

The procurement procedures utilized during the project have been fully in line with WHO standard procedures.

Routine tracking and reporting of high-priority information about the project, its inputs and intended outputs, outcomes was performed by the team leader. Monitoring helped to determine which areas required greater and additional effort, attention and interventions. As a result of close monitoring, special attention was paid to strengthening the Mental Health Action Plan in parts related to the normative framework and standardization of service delivery (clinical guidelines development).

IV. Results

- Provide a summary of Program 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.

As a result of project implementation, the National Mental Health Action Plan (NMHAP) was developed and adopted by the National Mental Health Commission, which will serve as a platform to bring the mental health closer to the community. The National Mental Health Action Plan (NMHAP) is promoting the principle of deinstitutionalization and therefore it is expected that its implementation will contribute to developing further inclusive attitudes and practices towards persons with mental health problems.

In cooperation with the WHO Country Office in Montenegro strongly backed up with the WHO Regional Office for Europe, on 17 April 2011, the members of the Local Team launched the drafting process for the Mental Health Action Plan and the Pilot programme of the Mental Health Centre in Niksic. Between 18 April and 02 August 2011, the Local Team members, through a number of joint meetings and in cooperation with the international expert (taking place on the occasion of two expert's working visits to Montenegro and via e-mail and telephone communication in-between) jointly drafted the working versions of the Action Plan and the Pilot Programme.

The documents were presented at the round table held on 02 August 2011, and adopted by consensus by the National Mental Health Commission. Immediately after the roundtable event, all the suggestions and comments received from the Commission's members were introduced into the final drafts of the respective documents.

Following adoption of the Mental Health Action Plan, it was submitted to the Ministry of Health to launch the implementation of the activities envisaged.

On 03 August 2011, a request was sent to the director of the Primary Health Centre Niksic to commence the implementation of the envisaged pilot programme at the Mental Health Centre in Niksic.

On the account of summer holidays for the staff of the Mental Health Centre, the programme implementation was delayed until 15 September 2011, when the target group of (20) patients was selected and the staff trained to develop Individual Treatment Plans.

During the first month, through the joint work of the Mental Health Centre's team and the Centre for Social Work the selected patients started to be treated following the assertive treatment principles. During the supervision period, none of the target group patients was re-admitted, thus proving beyond doubt the positive effects of this type of treatment, which, according to the schedule for the AP implementation, should be implemented in the remaining Mental Health Centres in Montenegro as of the year 2013.

The project also supported strengthening and implementation of the respective segments in the National Mental Health Action Plan (NMHAP):

1. Revising the current package of services at the primary health care level.

In drafting this document, the team members followed the guidelines for development of mental health services at the primary health care level stated in the MH Action Plan. Representatives of the Ministry of health and Health Insurance Fund have been involved in the drafting process in addition to the local consultants. The work was supervised by the international expert.

The draft amendments were submitted to the Ministry of Health and the Health Insurance Fund for further consideration and implementation in 2012.

According to the Annual Work Plan of the Ministry of health, revision of the basic benefit package is to take place in 2012 and proposal developed under the project will be integrated into the revised basic benefit .

2. Drafting Guidelines for schizophrenia diagnosis and therapy

The Guidelines were drafted in accordance with the diagnosis and therapy principles for psychotic disorders stated in the guidelines of the American Psychiatric Association and the UK National Institute for Health and Clinical Excellence (NICE).

The Guidelines drafting was supported by the Chair of the Montenegro's Association of Psychiatrists, which is at the same time also a lecturer at the School of Medicine in Podgorica.

In early 2012 the Draft Guidelines were submitted to the Chair of the Commission for National Guidelines at the Ministry of Health for opinion and further actions.

3. Drafting the proposal of amendments to the current Law on Protection of Rights of People with Mental Health

The current Law is to be amended to be aligned with the relevant EU Acquis and WHO standards and recommendations.

In drafting, the WHO Resource Book on Mental Health, Human Rights and Legislation (World Health Organization 2005) was used, as well as the principles stated in the Law on Protection of Persons with Mental Disorders of the Republic of Croatia.

The draft Law amendments were sent to the Ministry of Health to be officially communicated to the Parliament for adoption. Adoption of the amended Law is planned for 2012.

All the above activities were implemented as a result of an intense communication and cooperation between the Local Team and the international expert commissioned by the WHO Country Office in Montenegro. Additionally, comprehensive consultations were held and organized at the national level within the members of the National Commission for Mental Health. As a result of broad national consultations where all relevant stakeholders have been involved, a full consensus was achieved on all the proposals and interventions. Given the fact that the project was implemented in a transparent manner employing a fully participative approach, a high degree of ownership was developed on the part of all relevant stakeholders. Consequently, it is expected that the National Mental Health Action Plan (NMHAP) will serve as a solid platform for action and that proposals made will be translated into practice.

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.

Momentum achieved as a result of developing the National Mental Health Action Plan (NMHAP) was used to initiate some resource mobilization activities in support of the capacity building in mental health.

Namely, during the project implementation, the Ministry of Health was supported by the WHO to identify the financial mechanism that would be employed for capacity building as per the developed National Mental Health Action Plan (NMHAP).

The WHO provided technical assistance to the Ministry of Health in developing a detailed project proposal for training needs assessment and training programme development, which will be in support of the Mental Health Action Plan implementation (segmentcapacity building). This activity will be supported by the EU Delegation under the light twinning arrangement.

The remaining project funds, that is 2.68% of the total available budget, will be used to revise the training programme, prior to its implementation, to ensure that the respective programme reflects the actual needs and it has been developed in line with the latest and most relevant WHO standards and recommendations. The activity will be implemented by the end of April 2012.

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 1.2⁷ Social norms are changed in order to facilitate age and gender sensitive inclusive attitudes and practices towards vulnerable and excluded populations							
Output 1.1 Support development of the National MH Action plan and its start up implementation	Indicator 1.1.1	0 (no MH Action plan)	Development of the MH Action Plan	MH Action Plan developed and adopted		Consultant report	
	Indicator 1.1.2	0	Pilot programme of the Mental Health Centre developed	Programme of the Mental Health Centre piloted in the PHC Niksic		Consultant report	
Output 1.2	Indicator 1.2.1						
	Indicator 1.2.2						
Outcome 2							
Output 2.1	Indicator 2.1.1						

⁷ For PBF: Either country relevant or PMP specific.

	Indicator 2.1.2						
Output 2.2	Indicator 2.2.1						
	Indicator 2.2.2						