World Health Organization
REGIONAL OFFICE FOR **Europe**

UNITED NATIONS DEVELOPMENT GROUP

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[Name of Fund or Joint Programme]
MPTF OFFICE GENERIC FINALPROGRAMME[1] NARRATIVE REPORT
REPORTING PERIOD: FROM *mm.yyyy* TO *mm.yyyy*

Programme Title & Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results[2]**
• Programme Title: Health systems strengthening and public health • Programme Number *(if applicable)* • MPTF Office Project Reference Number:[3] *76863*	*(if applicable)* *Country/Region: Montenegro* *Priority area/ strategic results:* *Social Inclusion*

Participating Organization(s)	**Implementing Partners**
Organizations that have received direct funding from the MPTF Office under this programme: WHO	National counterparts (government, private, NGOs & others) and other International Organizations: Ministry of Health

Programme/Project Cost (US$)	**Programme Duration**	
Total approved budget as per project document: MPTF /JP Contribution[4]: **$16,000** • *by Agency (if applicable)* Agency Contribution • *by Agency (if applicable)*	Overall Duration *(months)*: Start Date[5] *(dd.mm.yyyy)*	16 months 06 Dec 2012
Government Contribution *(if applicable)*	Original End Date *(dd.mm.yyyy)*	31 Dec 2013
	Actual End date *(dd.mm.yyyy)*	24 Mar 2014
Other Contributions (donors) *(if applicable)*	Have agency(ies) operationally closed the Programme in its(their) system?	Yes No ☒ ☐
TOTAL: $16,000	Expected Financial Closure date:	30 Apr 2014

Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Evaluation Completed ☐ Yes ☐ No Date: *dd.mm.yyyy* Evaluation Report - Attached ☐ Yes ☐ No Date: *dd.mm.yyyy*	o Name: Miss. Mina Brajovic o Title: Head of WHO CO Montenegro o Participating Organization (Lead): WHO o Email address: brm@euro.who.int

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[1] The term "programme" is used for programmes, joint programmes and projects.
[2] Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;
[3] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page on the MPTF Office GATEWAY.
[4] The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see MPTF Office GATEWAY
[5] 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

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY
- In ½ to 1 page, summarise the most important achievements of Programme during the reporting period and key elements from your detailed report below. Highlight in the summary, the elements of the main report that you consider to be the most critical to be included in the MPTF Office Consolidated Annual Report.

Health is a key driver for growth. There is a vast and significant new knowledge about the complex interrelationship between health and sustainable human development. Namely, only a healthy population can achieve its full economic potential. Keeping people healthy and active for longer has a positive impact on productivity and competitiveness

Montenegro has experienced an epidemiological transition and it faces an increased burden of chronic non-communicable diseases causing 86% of life years lost. NCDs put the health system under a great pressure, but also it constitutes one of the major challenges for development, which undermines social and economic development.

Risk and consequence of NCDs follow a social gradient. To make meaningful reduction in NCDs it is necessary to take action on the social determinants of health - broader factors which influence people's health behaviour (the conditions in which they are born, grow, live, work and age,) and health inequalities.

These social determinants of health can be positively shaped through coordinated policy measures and investments with other sectors across government.

The pervasiveness and persistence of inequalities in health is undermining efforts aimed at attaining fair and sustainable development, strengthening social cohesion and building resilient community, ensuring equal opportunities & increasing solidarity between different groups and regions.

Reducing unnecessary losses due to ill health and premature death can thus make a contribution to achieving Montenegro's full potential for prosperity and reduce avoidable demand on health and social care services thus balancing the strain on health and overall public budgets.

Consequently, a need was recognized to strengthen capacities for inter sectoral governance of health with specific focus on tackling NCDs through addressing social determinants of health and health inequalities

I. Purpose
- Provide a brief introduction to the programme/ project *(one paragraph)*.
- Provide the main objectives and expected outcomes of the programme in relation to the appropriate **Strategic UN Planning Framework (e.g. UNDAF) and project document (if applicable) or Annual Work Plans (AWPs) over the duration of the project**.

The Governance for Health Equity appraisal supported Montenegro to identify options on how to strengthen its policy and institutional capacities for tackling effectively NCDs through addressing social determinants of health and health inequalities. Additionally, subject of the appraisal was current progress, challenges and opportunities to strengthen institutional capacity across sectors and society to

    i)   reduce vulnerability to poor health and

ii)   address the social and economic factors of health and health inequities, so they are also designed to contribute to fair and sustainable development in Montenegro.

The approach relied on deliberative dialogue with a wide range of stakeholders within the health sector, across government and including those working as community and non-governmental organisations (NGOs). Engagement with the private sector (profit & not-for profit) the research and academic community as well as international donors and partners was actively pursued.

Tools to support dialogue included external review of policies, sharing of European & global evidence and promising practices, inquiry based meetings and small group interviews, issue based-workshops and policy dialogues. These tools when combined enabled stakeholders to explore the decision making experiences and practice related to health as an essential component of development. They also provided a strong foundation for many sectors and stakeholders to be included in generating solutions for improving health and reducing social inequities as cross-sectoral and societal goals.

II. Assessment of Programme Results

- This section is the **most important in the Report** and particular attention should be given to reporting on **results / and changes** that have taken place rather than on activities. It has three parts to help capture this information in different ways (i. Narrative section; ii. Indicator based performance assessment; iii. Evaluation & Lessons learned; and iv. A specific story).

i) Narrative reporting on results:

From January to December 2012, respond to the guiding questions, indicated below to provide a narrative summary of the results achieved. The aim here is to tell the **story of change** that your Programme has achieved over its entire duration. Make reference to the implementation mechanism utilized and key partnerships.

- **Outcomes:** Outcomes are the strategic, higher level of change that your Programme is aiming to contribute towards. Provide a summary of progress made by the Programme in relation to **planned outcomes from the Project Document / AWPs,** with reference to the relevant indicator(s) in these documents. Describe if final targets were achieved, or explain any variance in achieved versus planned results. Explain the overall contribution of the programme to the Strategy Planning Framework or other strategic documents as relevant, e.g.: MDGs, National Priorities, UNDAF outcomes, etc . Explain who the main beneficiaries were. Highlight any institutional and/ or behavioural changes amongst beneficiaries at the outcome level.

The project directly contributes towards the achievement of Integrated UN Programme outcome 1.3 – "Montenegro reduces disparities and gaps in access to quality health, education and social services, in line with EU/UN standards", and in a broader sense towards overall Social inclusion goal of: "Montenegrin society that is progressively free of social exclusion and enjoys a quality of life that allows all individuals and communities to reach their full potential

There were two main project components:
- Promising policies and interventions to address social determinants of inequities in health and development in Montenegro, including NCD, debated and agreed
- Appraisal of national and local policies and governance capacity undertaken and opportunities to strengthen systems performance to deliver improved equity outcomes identified

In this regard project contributed to results included:
- Support to advancing Joint UN action on good governance, social justice and sustainable development using social determinants and health equity as foci for coordinated approach

- Higher awareness of health equity within a country and how this contributes to the attainment of broader government and societal goals such as poverty reduction; inclusive growth; sustainable development and good governance.
- Clearer vision and concrete plan of action for strengthening capacity of Ministries of health & health practitioners to deliver improvements in health through cooperative policy making approaches with other sectors and stakeholders in society.
- Identification of key strengths, opportunities and assets for implementing improvements to a) Ministry of health capacities in governing for health equity and b) public policy focus on the social determinants of health and health equity.

- **Outputs:** Outputs are the more immediate results that your Programme is responsible for achieving. Report on the key outputs achieved over the duration of the Programme , in relation to **planned outputs from the Project Document / AWPs,** with reference to the relevant indicator(s) in these documents. Describe if final targets were achieved, or explain any variance in achieved versus planned results. If possible, include the number of beneficiaries. Report on how achieved outputs have contributed to the achievement of the outcomes and explain any variance in actual versus planned contributions to the outcomes.

  The following activities have been planned and implemented:
  - Desk review of the relevant policy, strategic and other materials

  - Multi stakeholder roundtable to present and discuss evidence and options for a whole of society approach to reduce vulnerability of poor health; Options for strengthening cross sectoral policies and alliances for addressing social determinants of health and reduce health inequities; Priorities and options for strengthening governance capacity and instruments to reduce inequities
  - Over 90 consultative meetings with different stakeholders (from public, private and NGO sector)

- **Qualitative assessment:** Provide a qualitative assessment of the level of overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. Has the funding provided by the MPTF/JP to the programme been catalytic in attracting funding or other resources from other donors? If so, please elaborate. For Joint Programmes, highlight how UN coordination has been affected in support of achievement of results.

  Despite the fact that certain delays have been experienced in conducting the appraisal, the findings and recommendations have been widely used by many stakeholders.

Using the **Programme Results Framework from the Project Document / AWPs** - provide details of the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why.

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Outcome 1[6] Social norms are changed in order to facilitate age and gender sensitive inclusive attitudes and practices towards vulnerable and excluded populations' **Indicator: Baseline: Planned Target:**			
Output 1.1 Support to advancing Joint UN action on good governance, social justice and sustainable development using social determinants and health equity as foci for coordinated approach. **Indicator 1.1.1** Recommendations for an effective action on good governance, social justice and sustainable development using social determinants and health equity approach **Baseline: none** **Planned Target: 1** Recommendations for an effective action on good governance using social determinants approach produced. **Indicator 1.1.2 Baseline: Planned Target:**	Consultative meetings organized	N/A	The Appraisal Mission report with recommendations communicated to the stakeholders.

Comment [w1]: If possible at this stage to change the outcome and place the project under 1.3?

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[6] Note: Outcomes, outputs, indicators and targets should be **as outlines in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

Output 1.2 Specific emphasis on more rapid improvements in the health and development status of parts of the country that are lagging behind i.e. a 'levelling-up' approach and tackling the underlying risk conditions and consequences of NCDs across the whole social gradient: **Indicator 1.2.1 Appraisal conducted to produce a study on** options how to strengthen national policy and institutional capacities for tackling effectively NCDs through addressing social determinants of health and health inequalities. **Baseline:** none **Planned Target: study on** options how to strengthen national policy and institutional capacities for tackling effectively NCDs through addressing social determinants of health and health inequalities **Indicator 1.2.2** **Baseline:** **Planned Target:**	Consultative meetings organized with numerous stakeholders Systematic collection of secondary data conducted Desk review organized Preliminary round table organized with participation of different stakeholders	Due to number and complexity of consultations, the Project supported the conduct of the appraisal mission and consultative meetings when national and local policies and governance capacity have been examined thoroughly. Also, opportunities to strengthen the system performance to deliver improved equity outcomes have been identified	The Appraisal Mission report with recommendations communicated to the stakeholders.

iii) Evaluation, Best Practices and Lessons Learned

- Report on any assessments, evaluations or studies undertaken relating to the programme and how they were used during implementation. Has there been a final project evaluation and what are the key findings? Provide reasons if no programme evaluation have been done yet?
- Explain challenges such as delays in programme implementation, and the nature of the constraints such as management arrangements, human resources etc. What actions were taken to mitigate these challenges? How did such challenges and actions impact on the overall achievement of results? Have any of the risks identified during the project design materialized or were there unidentified risks that came up?
- Report key lessons learned and best practices that would facilitate future programme design and implementation, including issues related to management arrangements, human resources, resources, etc. <u>Please also include experiences of failure, which often are the richest source of lessons learned.</u>

There has been no final project evaluation yet as the project supported only systemic collection of secondary data, desk review, organization of a preliminary round table and over 90 individual consultative meetings. Additional WHO funds will be mobilized to finalize the Appraisal study.

iv) A Specific Story (Optional)

- This could be a success or human story. <u>It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked</u>. The point is to highlight a concrete example with a story that has been important to your Programme.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

Problem / Challenge faced: Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government)

Programme Interventions: How was the problem or challenged addressed through the Programme interventions?

Result (if applicable): Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

Lessons Learned: What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions

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