**COVER PAGE**

**Project Title**:

Good Health System Governance for Equitable, Effective and Quality Health Care in Montenegro

**Expected Outcome(s)/Indicator(s):**

*UN Integrated programme 2010-2015*

Outcome 2.2State 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 health service delivery, through a transparent system of public administration at national and local level.

CPAP Outcome:

Outcome1.1 Poverty and social exclusion of vulnerable groups reduced through improved social security system, employment and economic and gender mainstreamed opportunities.

**Key Indicators:**

1. Development of necessary bylaws and institutional procedural instruments in line with international standards.
2. Number of new measures and standards integrated into policies and practice of relevant ministries\
3. Introduction of adopted Strategies and APs to service providers with relevant trainings on its implementation.

**Expected Output(s)/Annual Targets:**

To enhance the provision of quality secondary and tertiary level health services by raising the capacity of the health professionals and reduce health inequalities by promoting good governance for increased transparency and accountability of the sector

**Executing entity:** UNDP CO Montenegro

**Responsible party:** UNDP CO Montenegro, World Health Organization (WHO)

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| **Brief Description:** |
| This project will support the further reform process of the Health sector reform in Montenegro through implementation of the three key components:   1. Support in developing a comprehensive Capacity Development Action Plan based on the assessment that will allow top management of health system an evidence based policy planning and the development of mechanisms which would identify current functional gaps and would address issues related to institutional capacity and policies in health finance, pharmaceutical policy. 2. Support to Development of Strategy for the reform of the secondary and tertiary levels of the health sector with a main aim to ensure adequate response to the population’s health needs and enable equal access to quality health services across different levels 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 above mentioned outputs are considered as Government priorities and are embedded in the main Sectors strategic documents such as the Health Reform Master Plan 2005-2010. |

Total Budget US$ 264.000

Allocated resources: US$ 264,000

Donor: UNDP CO MNE

UNDP CO Montenegro (US$ 7200)

UN Country Fund (US$ 256.800)

Programme Period: July2010-Dec 2010

Project Title: Good Health System Governance for Equitable, Effective and Quality Health Care in Montenegro

Project ID: \_\_TBD\_\_\_\_\_

Project Duration: Jun 2010-Dec 2010

Management Arrangement: Direct Execution

Agreed by (executing agency): UNDP CO Montenegro

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**GOOD HEALTH SYSTEM GOVERNANCE**

**FOR EQUITABLE, EFFECTIVE AND QUALITY HEALTH CARE**

**IN MONTENEGRO**

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Executive Summary

The purpose of the project titled “Good Health System Governance for Equitable, Effective and Quality Health Care in Montenegro” is to ensure that the development of the health care system in Montenegro is characterised by an effective and transparent administration, able to ensure good health conditions for Montenegro citizens, responsiveness to the expectations of the population, and fair financial contribution through the improvement of the transparency and efficiency of the domestic health sector’s financial planning and management. As it is concerned with the development of the health care system in MNE, the project is in line with the government priorities outlined within the Health Care Master Plan for MNE (2005-2010), prepared by the Ministry of Health.

Despite the health sector went already through a significant reform process and many external international stakeholders provided support, the national Health Sector remains weak. The segments of the sector to be further supported are those related to the governance, services, finance, development of a user friendly information system that provides all the needed information about the existing health services to all beneficiaries, strengthening the capacities of the Ministry of Health, whose officials are mainly experts in health related matters but they need to be trained on the possible reforms in the organizational structure of the health sector. In addition it would be necessary to develop a strategy that can function as a guiding document for the reform of the secondary and tertiary sectors. It is worth noting the need for an assessment prior to the development of the strategy due to the absence of reliable data on the current level of performance of these two levels of the health sector. These dimensions will represent the focus of the current project paper.

To reach this purpose and therefore, as a supplement of the ongoing World Bank's 4 year Montenegro Health System Improvement Project and in line with the national priorities for the health sector, the international obligations to fight against corruption and the Tallinn Charter on Health Systems for Health and Wealth, the UN system in Montenegro (UNDP, WHO and UNICEF) – with the political commitment of the Ministry of Health- joined their efforts in the elaboration of the present the present project paper aimed at improving the current status of health governance in terms of its transparency and accountability and providing support to the reform of the secondary and tertiary sectors. The starting point of the present project paper is the assessment of the performance of the health services provided at the secondary and tertiary levels, an assessment of the current capacities of the Ministry of Health in terms of planning and monitoring and the development of several mechanisms to address the transparency and integrity related challenges that the national health sector is still facing to be conceived as complementary actions to the support provided to the implementation of the MoH Action Plan to Fight Corruption.

# Background and Conceptual Framework

## Country Overview

The health system of the country has been only partially reformed through the Health System Improvement Project, which is in the process of being implemented through a loan from the World Bank. Within the national health sector, there is still room for increasing the capacity for policy planning and regulation particularly at the secondary and tertiary levels. In addition, it would be necessary to stabilise health financing and improving secondary and tertiary health care service delivery.  According to 2003 census the population of Montenegro was 620.145. Apart from this number, 55 000 inhabitants live and work abroad. There are also 31.217 refugees and displaced persons and Health insurance fund has to provide for their health care too. It is expected that the population who work abroad, especially in the EU countries, will gradually start to return to Montenegro, because of more restrictive requirements for employment of foreigners, especially for those who come from non-members countries. The changes are also expected in the number of refugees as a result of the permanent solution of their status. A part of them will probably return to their countries of origin and larger number will probably stay in Montenegro and get the permanent residence in Montenegro. The 57% of the population in Montenegro live in urban areas and 43% in rural ones, without adequate access to health services.

On the other hand, the tendency of decrease in number of rural population as well as of populations in small town and increase and concentration of population in Podgorica and some other towns again affecting the organization of health service. For instance, in some areas where the number of inhabitants is small the certain health capacities have to be planned for that small number too, although that would be not in line with norms and principles of rationalization. This is mainly true for primary health care, emergency services and partly for pharmaceutical service.

Out of the total number of inhabitants in Montenegro, 50.2% are women and 49.8% are men. The percentage of the population in the age range of 0-14 years is 20.7%, 15-65 years is 67.2% and over 65 years is 12.10%. Because of lower birth rate this ratio has been changing recently so that the share of young population is decreasing and the share of older population is increasing. For the last ten years the young population decreased by 4.8% and the oldest population (over 65) has increased by 3.8%. This trend should be taken into consideration when assessing health service needs. The oldest population (over 65) has 3.5 to 4.5 times higher health needs than the population in the age range of 0-65 years, in other words with the aging of the population determines an increase in the needs for all kinds of health service[[1]](#footnote-2). Women have also higher needs for health service, than it is for men in the age range of 7- 44 years.

Data from the population census conducted in 2003, however, show that in the age of 25-29 there is a slight larger number of women, and in 50-54 years of age there is an increase in the number of women. In the generation of 45-49 years of age, completely unusual, there were more men than women, which can be explained with migrations and increased mortality in this generation. Men die more than women in the age of 20 till 75, and in the youngest age 0-4 as well. Women die more than men in the age of 5-14 and when they are very old (75 or more). Both women and men in Montenegro most frequently die from the flow of blood diseases, and this is more frequently with women than men (54% against 46.8%). Furthermore, women in Montenegro are giving birth evermore older: the most frequently in the age 25-29 (31.4%), then in the age 20-24 (29.9%), and very frequently in the age 30-34 (21%).

Another factor to be taken into consideration when assessing the health needs is the ratio between the active population (workers, employees, self-employed, farmers) and the supported population (children, unemployed, pensioners, people without income, social care beneficiaries, refugees etc.). There is a positive correlation between the number of employed the provision of high levels of social security services and health care standards.

**1.2. Situation Analysis**

In Montenegro the reform of the health care system initiated only a few years ago and it is still at the nascent stage requiring further institutional and policy development, implementation refinement and investments for scaling up. Before the independence, the health system of the country was common with the union state of Serbia and Montenegro. In September 2003, the government of Montenegro published its Strategy for Health Care Development in the country. The poor functioning of the health care system was a consequence of serious inadequacies in the organization of health care services, on the one side, and in the methods adopted for collecting and allocating resources, on the other. Other barriers hampering the efficiency of the health care system were identified in: i) the absence of an adequate monitoring and controlling system for a reliable assessment of the functioning of the different segments of the health care system; ii) the insufficient quality of the services provided, and last but not least, iii) its high degree of corruption.

The Strategy was grounded on the adoption of a Health Policy in the Republic of Montenegro until 2020, which represents the foundation of a legislative platform and several action programs with the aim of making the health care system more efficient, enhancing the quality of the health services to be delivered in compliance with the European and World health development process. Between 2004 and 2008 five health sector related surveys were conducted. According to their findings and on the basis of the requirements to guarantee the respect for the rule of law under the Stabilization and Association Agreements, an Action Plan to Fight Corruption in the Health Sector was adopted by the Ministry of Health in 2009.

Montenegro, having established independence in mid-2006, is still developing its own national institutions and reform strategies. The basic legal framework for the health sector has been established and the national health laws have been adopted. The support provided by the World Bank to the development of health institutions has contributed to the stabilization of health financing (health insurance fund controlling health expenditures). The World Bank has also supported the development of the primary health sector, which has lead to improvements in the delivery of primary health services. There is currently the need for developing an information system to inform the public about health services’ access, a strategy to reform the secondary and tertiary care sectors and further develop the capacity of the Ministry of Health to do health planning and monitoring and inter sectoral health policy coordination.

A strategic framework is needed as many aspects of the health sector would need a better regulation, particularly with reference to payment, definition of benefits packages, service standards, regulations and information system.

The development of reform in the hospital would greatly contribute to the sustainability of the health system trough efficiency of service delivery, control of the cost of health care provision, quality of care and access to safe pharmaceuticals.

The reform of the secondary and tertiary levels of the health sector would contribute to the improvement of the living standards of citizens, both women and men, through the enhanced quality and efficiency of and patient satisfaction with health services.

“Health is a state of complete physical, mental and social well-being and not merely the absence

of disease or infirmity”, is the definition adopted by World Health Organisation (WHO). Results of health analysis of individuals as well as of whole society are precious indicators of time we live in, social relations and female-male relations as well. Development of medical science and technology is every day marked by important achievements. It is unnoticed that in this process two sexes aren’t treated equally.

Quality of health protection of women and men very often isn’t sufficient, it depends on the environment and also economic situation of users. Very often, users aren’t well-informed of opportunities and services which they can get. It is necessary to invest in health in order to obtain better quality life for people, families, good reproductive health and family planning. Especially people who live in rural and mountain environment should be taken care of. It is also important

to guarantee same health services, health researches and programs, systems of data collection for

both sexes.

The incidence of the good health conditions of citizens for the economic growth and the reduction of poverty is also reflected in the Millennium Development Goals: three out of eight MDGs refer directly to health.

## Overview of the Enabling Environment

One of the main purposes of the project is that of creating an enabling environment for the reform of the secondary and tertiary levels of the health care system in Montenegro.

An enabling environment is made of laws and policies that allow favour and mainstream a socially responsible health sector towards all marginalised categories of the population as well as groups which need special attention and care such as children, women, the elderly and people with disabilities.. Such an environment stimulates a more equitable access to the health care system and better governance at all levels, both of which can have rapid and dramatic effects on the good health conditions of the population. In Montenegro, in particular, the creation of a transparent health system is one of the greatest determinants for the achievement of the main objectives of the project, which is the increased performance of services at the secondary and tertiary levels of the health care.

The Health System Improvement Project carried out by the World Bank has been successful in establishing a legal and institutional base for the health sector and in starting to reform the primary health care system based on a model of a chosen primary physician. However, the reform of the health system has been initiated only a few years ago and it is still at the nascent stage requiring further institutional and policy development, implementation refinement and investments for scaling up, particularly at the secondary and tertiary levels.

As per gender mainstreaming corporate UNDP responsibility, through this Project will be paid specific attention on gender equality aspects at the secondary and tertiary levels of the health care, understanding that major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different geographical regions, social classes and ethnic groups. Health policies and programmes often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of autonomy of women regarding their health. Women's health is also affected by gender bias in the health system and by the provision of inadequate and inappropriate medical services to women.

## Legal Framework

Basic principles of the development of the health care in Montenegro are formulated in the following national and international documents:

* The Constitution of the Republic of Montenegro
* Health Policy in Montenegro by 2020 (2000.),
* Strategy for development of health sector in Montenegro (2003.),
* Law on health care and Law on health insurance (2004.),
* Law on Gender Equality (2007)
* International conference on primary health care, Alma Ata ( 1978),
* Declaration on health promotion- Ottawa ( 1986 ),
* Health reform in Europe, WHO ( 1996 ),
* Ljubljana document on reforms of health care systems, WHO ( 1996 ),
* The fourth international conference on health promotion, Jakarta ( 1997 )
* European strategy of WHO ‘’ Regional health for the 21st century’’ ( 1999 )
* WHO declaration on health condition of the population in the world ( 1999 ),
* UN millennium development objectives ( 2000),
* CEDAW (1979)
* Beijing Declaration (1995)
* Bologna declaration on high education ( 2000),
* The fifth world conference on health promotion, Mexico ( 2000),
* Dubrovnik document on health needs of vulnerable groups in SEE ( 2001),
* Agenda for economic development of Montenegro (2002 – 2007).
* Action Plan for the Achievement of Gender Equality, Government of Montenegro (2006).

## Key challenges

Key challenges in relation to the project implementation are mainly concerning the

1. *Timeframe*; given that the project needs to be implemented within 5 months period (until 2010) the planning of activities implementation must be carefully designed and strictly followed.
2. *Mobilization of all actors need to be adequate*. While the political commitment is not questioned, MoH and other relevant health institutions included in the project need to be quickly mobilized and ready to accept tight deadlines for project implementation.
3. *Available expertise.* Given that , for the reform of the secondary and tertiary health sector ,a complex analyses/expertise is required both WHO and UNDP would need to invest extra efforts in bringing in the experts which could provide adequate advise in the process of assessment and strategy drafting.

# 2. Strategy: Rationale for the Project

The most comprehensive analysis of social exclusion in Montenegro, the last NHDR and the current project paper are both concerned with the fact that citizens can experience unequal levels of access to the national health care system according to their social and economic belonging. The project is linked to the other programmes of the Social Inclusion cluster, as it is aimed at fighting against discrimination and exclusion in the health care access for the different social and economic groups. Among the main purposes of the project is the implementation of the democratic principles of equality and antidiscrimination, through ensuring that the different groups have equal access to the health care system and the availability of free legal aid services for patients who wish to pursue civil court cases against doctors.

In virtue of its membership within the UN system, Montenegro is committed to reach the MDGs, which include reducing child and maternal mortality through ensuring quality health care services. For this reason, the strategic framework for the reform of the national health care system is based on the evidence that women between the ages of 7 and 44 years and children need more health assistance than men (gender perspective). Decrease in public health spending and structural adjustment; could contribute to the deterioration of public health system. In addition, privatization of health-care system without appropriate guarantees of universal access to affordable health care further reduces health-care availability. This situation does not only directly affects the health of girls and women, but also places disproportionate responsibilities on women, whose multiple roles, including their roles within the family and the community, are often not acknowledged; hence they do not receive the necessary social, psychological and economic support. Further, women are subject to particular health risks due to this inadequate responsiveness and lack of services to meet health needs related to sexuality and reproduction. Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world while similar problems exist to a certain degree in Montenegro as well. Adolescent girls need, but too often do not have, access to necessary health and nutrition services as they mature. Counselling and access to sexual and reproductive health information and services for adolescents are still inadequate or lacking and a young woman's right to privacy, confidentiality, respect and informed consent is often not considered. Adolescent girls are both biologically and psychosocially more vulnerable than boys to sexual abuse, violence and some form of prostitution, and to the consequences of unprotected and premature sexual relations. The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwanted and too early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions.

HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on health whereas the social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective as well.

This project was also designed in order to involve different kinds of stakeholders. In this respect it is worth noting that the very first idea came from the Ministry of Health, who requested the UNDP CO of Montenegro to conduct a survey about the level of corruption within the health sector. The assessment concerning this aspect is still ongoing, but the first results of this survey prove that an improvement in the transparency of the health sector is needed, especially when it comes to changing the behaviour of citizens and health sector professionals, who are traditionally accustomed to provide off-payments for medical services. To fight against these habits, one section of the project is devoted to raise awareness for health professional staff on manifestations of corruption (corruption mainstreaming).

The project includes also a capacity assessment about the internal functioning of the Ministry of Health and the main national health care institutions. Written in consultation with specialists in the country, and particularly government officials and by the UNDP CO Montenegro, the project takes advantage from the available data on access to health care included in the NHDR 2009. Among the benefits of the project are on the one side the fact that it specifies capacity development perspectives, output results, and particularly the fact that the overall objective of the project is to train the 100% of top manager health professionals on new standards and procedures within the health sector. Again, applying gender mainstreaming approach in its work, UNDP will ensure participation of at least 30% less represented sex at those trainings, providing learning and capacity development opportunities to the less represented sex.

On the other side, the project includes capacity development activities, for instance a Capacity Development Plan for the health system decision makers to enhance the process of defining strategic orientations for the main pillars – governance, services and finances. The 5 % of the budget is devoted to monitoring and evaluating a capacity development results at the output level together with the project impact in term of learning and behavioural change of the health professionals.

To improve the financial planning and management of the health sector, the project encompassed the analysis of the current structure of revenue (National Health Account) and expenditures. In conducting this analysis, the UNDP will adopt a complementary approach to the World Bank in implementing adequate modality of payment for staff employed in the health sector. Other strategies will be adopted to improve the financial planning, management monitoring and reporting in the health sector. At the individual level, the strategy is the organization of a training program centred on this subject. At the organizational level, the strategy consists in developing mechanisms within the Ministry of Health for enabling a more systematic financial information flow.

The assumption of the project is that there is a gap between the health sector needs and the current budget allocations (the percentage of the GDP that is devoted to the development of the health care system in the country).

The project takes also into account the principal components of communications and advocacy campaigns as it encompasses nationwide media campaigns aimed at keeping target publics informed about project progress. The campaign will be developed in accordance with gender, national and culture sensitive approach with locally and nationally disbursed information enabling both rural and urban population to gain information.

Ensuring equitable health care services to Montenegro citizens means to broaden the population that receives health care coverage through the public sector insurance programs. Ensuring quality health care in Montenegro means that it would be necessary to expand the array of health care providers consumers may choose among and to decrease the cost of health care and to improve the main pillars of the health sector, which are governance, services and finance.

## 2.1. Overall Objective

Health sector providing adequate and quality services in a transparent and non-discriminatory manner to all beneficiaries.

## 2.2. Program Impact

The impact of the project will be visible through the reduced exclusion of vulnerable groups and improved accessibility of quality health services to all beneficiaries in Montenegro. The health sector reform will be intensified while standards and procedures in provision of health services will be brought to EU standards**.**

## 2.3. Project Activities

**Result 1:** Capacities of the health sector top managers developed allowing evidence based policy planning

* Capacity assessment of the MoH and relevant Health institutions conducted (with gender analyses included)
* Capacity response developed
* Capacity development action Plan developed
* Capacity Development plan presented at the workshop
* Ubacite implementacye

**Result 2:** Reform of the secondary and tertiary Health system enabled in order to secure adequate response to the population’s health needs and enable equal access to quality health services across different levels of care to all social groups regardless of their socio-economic status, geographical distribution**,** gender and age.

* Assessment of the current level of secondary and tertiary services provision (e.g. quality, standards, gender aspects)
* Gaps identification and analyses (gender sensitive gaps identification and analyses)
* Recommendations for the reform of secondary and tertiary level provided
* The Strategy for the reform drafted
* The Strategy to be publically discussed and consulted
* Raising awareness campaign implemented
* Result 3: Information system created enabling health services’ beneficiaries easy access to information thus contributing towards improved accountability and integrity of health system
* Assessment of current availability of reliable health care related data (gender disaggregated) and information relevant to beneficiaries
* Based on assessment recommendations software / platforms developed and implemented
* Raising awareness campaign focusing on information system implemented
* 3. Management Arrangements

The project will be managed and implemented by UNDP CO Montenegro within the Direct Execution (DEX) authority, in line with the UNDP Programming for Results Management User Guide. UNDP CO acts as the project implementing partner and executing agency according to DEX.

The project will be operated by a Project Manager. He/she will be responsible for the day-to-day management and decision-making. The Project Manager will be supervised by the Social Cluster Team Leader in the CO. While his/her work will be supported by an appointed Project Assistant. (Note: pls. be referred to annex A: Project manager ToR). The Joint Communication Team of UN Agencies will be in charge of the coordination of communication activities scheduled in the present project.

**4. Monitoring and Evaluation**

The RRF reflects the project outputs correspond to the outcomes of CPD. This project will be effectively monitored by assessing progress against the qualitative and quantitative indicators outlined in the Results Framework.

A Communication and Monitoring Plan will be activated and updated to chart key management actions/events, and logs will be used to keep track of potential problems, risks, lessons learned, and progress. Additionally, the project will be subject to periodic reviews (end of year project review as stipulated by the RBM guidelines) in accordance with UNDP rules and regulations.

Project Manager will submit semi annual monitoring progress reports to the SI Cluster Leader / Project Board. The end of year report will be accompanied with the financial report.

# 5. Legal Context

This document, together with the CPAP signed by the Government and UNDP, constitutes a Project Document as referred to in the SBAA and all CPAP provisions apply to this document. The CO will play the role of implementing partner/executing agency and the overall project will be executed in DEX modality within existing UNDP internal rules and procedures by the CO.

* The overall project execution, implementation and the project administration;
* Maintaining the project’s conceptual clarity and comparable standards regarding data collection, monitoring, project evaluation at different stages etc.;
* Exchange of information, knowledge codification and application;
* Consultancy and expert support necessary at phases of the project implementation;
* Maintaining working contacts with the partners;
* Application of the commonly agreed standards and procedures regarding data collection;
* Regular monitoring and reporting.

# 6. Results and Resources Framework (RRF)

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| **Intended Outcome as stated in the CPAP’s RRF:**  Outcome 2.2 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.  Outcome1.1 Poverty and social exclusion of vulnerable groups reduced through improved social security system, employment and economic and gender mainstreamed opportunities. | | | | |
| **Outcome indicators as stated in the CPAP’s RRF, including baseline and targets:**  1.Development of necessary bylaws and institutional procedural instruments in line with international standards  2.Number of new measures and standards integrated into policies and practice of relevant ministries\  3.Introduction of adopted Strategies and APs to service providers with relevant trainings on its implementation | | | | |
| **Applicable Key Result Area as stated in the CPAP’s RRF:**  Efficiency and transparency of Government improved in order to effectively lead policy formulation, coordination and service delivery in accordance with European Union requirements. | | | | |
| **Partnership Strategy:** UNDP ,UN Agencies, Government of Czech Republic, European Commission; and other Bi-lateral donors; respective national authorities at central and local level, CSOs, etc. ; | | | | |
| **Project title and ID (ATLAS Award ID):**  **Award ID:** TBD  **Title:** Good Health System Governance for Equitable, Effective and Quality Health Care in Montenegro | | | | |
| **INTENDED OUTPUTS**  (and baseline indicators) | OUTPUT TARGETS FOR 2010 and Indicators | **INDICATIVE ACTIVITIES** | **RESPONSIBLE PARTIES** | **INPUTS** |
| **Result for component (A):**  1.Strengthened capacities of the health sector policy makers in order to:  (i) enable evidence based policy making and policy dialogue,  (ii) improve regulatory mechanism and enable quality assurance and  (iii) improve financial management for transparent and efficient use of public resources  **Baseline:**  N/A  **Target;**  Approximately 80% of top management in health sector to be covered by the Capacity Development plan | **Targets for component (A):**  **Target A.1**.- Capacity Development plan developed and submitted to MoH for approval.  **Indicators for component (A):**  The plan accepted by MoH and plan implementation initiated | **Activities related with component (A) (strategic framework)**  -**Action A.1**  **General Activities:**  -**Action 1.1**. –Capacity assessment conducted; Capacity assessment Report produced;  **Action 1.2**. –  Based on Capacity assessment report findings a capacity Development Plan produced with adequate costing ;  **Action 1.3.** –Capacity Development Plan presented to the Ministry;  **Action 1.4.**  Two Trainings on specific topics (eg new standards and procedures in the health sector internal functioning of the Ministry of Health , Quality Control/Monitoring mechanism and financial management) conducted. | **UNDP , MoH, WHO** | Project Manager + the specification of his/ her ToR, a minimum of 3 local consultants for + their ToR 2 international consultants, + their ToR.  A Steering Committee composed of: a representative from the WHO, a representative from the UNDP, a representative from the Ministry of Health.  Project support staff,  SI Team Leader, DRR. |
| **Result for component (B):**  Reform of the secondary and tertiary Health system enabled in order to secureadequate response to the population’s health needs and enable equal access to quality health services across different levels of care to all social groups regardless of their socio-economic status and geographical distribution  **Baseline:**  Absence of adequate procedures and standards at the secondary and tertiary levels of the health system.  **Target:**  Reform process to be initiated and adequate; accessibility and quality of services improved | **-Target B.1.-**Assessment of the secondary and tertiary levels of the health care system conducted.  Assessment of the capacities of the MoH conducted.  **Target B.2.-**Recommendations for the development of a strategic framework directed to reform hospitals provided.  **Indicators for component (B):**  **Indicator B.1.** Assessment Report produced.-  **Indicator B.2.** –Draft strategy developed . | **Activities related with component (B) (Assessment):**  -**Action B. 1** – Conduct gap analyses of the current status of secondary and tertiary health services; data disaggregated by gender  **Action B.2.**  –Recommendations for improvements provided;  **Action B.3.** –Draft strategy for Reform of secondary and tertiary health sector prepared, gender mainstreamed and publically consulted;  **Action B.4.** –  Two Trainings provided to health sector staff in regard to EU standards and procedures in line with strategy recommendations ;  **Action B5 –**  Raising awareness campaign conducted focussing on health sector reform. | WHO, UNDP | Project Manager + the specification of his/ her ToR, a minimum of 4 local consultants for + their ToR 3 international consultants, + their ToR.  A Steering Committee composed of: a representative from the WHO, a representative from the UNDP, a representative from the Ministry of Health.  Project support staff,  SI Team Leader, DRR.  Company selected for running a raising awareness campaign |
| **Result for component (C):**  Increased sector’s, accountability and transparency through strengthened participatory mechanisms, increased beneficiaries’ access to information.;  **Baseline:**  Absence of an information system about the health care services provided at the secondary and tertiary levels;  **Target:**  Beneficiaries able to use new information system;, relevant information accessible to beneficiaries. | **Targets for component (C):**  **Target C.1.-**  Information system developed.  **Target C.2.**  Raising awareness campaign developed  **Indicators for component (C):**  **Indicator C.1.** Information system operational  **Indicator C.2.-** User friendly web platform with all treatment related information system in place; web platform used by beneficiaries (eg number of visits monthly);  **Indicator C.3**.-Awareness raising campaign on Code of ethics and patients right conducted by 2010;  **Indicator C.4**.-Nationwide media campaigns designed on gift-giving policy and traditional schemes of gifts and payments for medical services. | **Activities related with component (C) (information system and capacity development plan):**  **Action C. 1.**– Create a web based platform with financial data available to the public;  **Action C.2.**  Support creating patient friendly and transparent system, including publishing guidelines, procedures and forms, a list of services available, diagnostic guidelines and hospital admission criteria, and publishing referral process and criteria;  **Action C.3.:** Enable regular update of WEB sites of health institutions providing information (organizational structure, personnel structure, ‘waiting lists” of surgeons and ‘specialists’, ‘participations’, financing ….;  **Action C.4.**  Organizenationwide media campaigns on gift-giving policy aimed on change of behavior and traditional schemes of gifts and payments for medical services;  **Action C.5.**:  Organized training and awareness raising program for health professionals staff on models/manifestations of corruption  (seminars/workshops, distribution of booklets). | UNDP | Project Manager + the specification of his/ her ToR, a 2 local consultants for + their ToR,  A Steering Committee composed of: a representative from the WHO, a representative from the UNDP, a representative from the Ministry of  Health.  Project support staff,  SI Team Leader, DRR.  Company selected for running a raising awareness campaign. |

# Annex 1: Risk Analysis

A project involving intensive **coordination** efforts and broad range of actors inevitably faces set ofrisks that need to be considered so that risk mitigation strategy is put in place. Different levels of project implementation involve different risks summarized in the table below.

## Risk log

|  |  |  |
| --- | --- | --- |
| **Risk** | **Likelihood** | **Risk mitigation strategy** |
| Coordination issue and timelines | Medium | Communication elements imbedded into the project will start from the outset and will follow throughout the process. In order to minimize this risk, the project needs an effective coordination mechanism throughout its phases. This would enable all the stakeholders’ coherent endeavours and efficient activities’ delivery.  Given the tight deadlines, AWP need to be executed within strict deadlines. Any variations of the work plan needs to be reported to TL and senior management for corrective actions. |
| Lack of political commitment to tackle some of the issues outline in the Strategy and CD Action Plan | Low | It may happen that if there are some very sensitive, radical findings and the authorities might not be willing/ready to address them. Therefore the authorities will be consulted and involved from the very beginning of the process. |

1. In EU countries it is anticipated that because of the aging of population the costs of health care will increase from 0.3% up to 2.3% at the annual level. [↑](#footnote-ref-2)