**COVER PAGE**

Country: \_Montenegro\_

**Project Title*:*** Enhancing Service Provision to Vulnerable Population in Health, Social and other Sector and other related sectors

***Expected outcomes (****UN Integrated programme 2010-2015, DaO)*

Outcome 1.2 Social norms are embedded in order to facilitate age and gender sensitive inclusive attitudes and practices towards vulnerable and excluded population

Outcome 1.3 Montenegro reduces disparities and gaps in the access to quality health, education and social services, in line with EU/UN standards,

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

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

***Output 1***: Non-communicable diseases’ prevention, healthy life styles and food safety \_ Komanski Most institutional transformation.

***Output 2***: Support to durable solutions for refugees, displaced and domiciled Roma in Montenegro – Konik Study;

Result: Identification of the challenges faced by different categories of population in search of in search for durable solutions and recommendations for actions to address them.

**Key Indicators:**

1. **% of refugees/foreigners accessing social/health rights through the national systems (DaO)**
2. **% of Konik area inhabitants who gain durable solutions(DaO )**
3. **% of population at risk with access to standardized preventive and protective services (DaO )**
4. No. of innovative social protection’s mechanisms in place. (CPAP and Dao Matrix)

Executing entity: UNDP CO Montenegro

Responsible party: \_UNDP CO Montenegro

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| **Brief Description:** The project aims to improve service provision and deliver new services to vulnerable groups (VGs) and namely to the Komanski Most Institute’s beneficiaries and (to) the residents currently living in Konik, the largest suburb of Podgorica, in a comprehensive, sustained, and sustainable manner, bringing both the institution and Konik suburb to a higher level of organisational development. The main actions under the a/,m outputs would be (i) institutional, structural and organisational transformation of the Institute “Komanski Most” into a Centre of Support to Adults in order to enhance service provision and, at the same time, deliver new services. (i) care plans developed for the “Komanski Most” Institute, and organisational-level capacities consolidated through the training and education of the staff currently serving within the institution and In terms of output 2 the main activity would be to conduct a research study on durable solutions for Konik’s residents, in the areas that represent the key challenges for this suburb, which are poverty, unemployment, security, infrastructures, public services, respect for basic and human rights. The study should provide recommendations for the Government and the other donors (EC) on how to tackle these identified challenges. Ultimately the aim of both outputs is to enhance the access to services for the identified VGs and thus reduce their social exclusion. |

**Total Budget**

**Allocated resources:** \_146,963 USD\_\_

* Government \_\_\_\_\_\_\_\_\_\_\_\_
* Other:
	+ **Donor: MDTF** \_\_146,963 USD\_
* In kind contributions: \_\_\_\_N/A\_\_\_\_\_
* Unfunded budget: \_\_\_\_\_N/A\_\_\_\_

Programme Period:

Project Title: Enhancing Service Provision to Vulnerable Population in Health, Social and other related sectors

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

Project Duration: January –December 2011

Management Arrangement: \_DEX

Agreed by (executing agency): UNDP CO Montenegro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Enhancing Service Provision to Vulnerable Population in Health and Social Sectors

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## Executive Summary

The present project is aimed at providing better health and social services to vulnerable population living in Montenegro by targeting two main categories; (adults with special needs residing in the Institution Komanski Most and(ii) Vulnerable population residing in Konik area (the largest suburb of Podgorica)

## While in recent years local services providing support to families with children with disabilities have started to develop, little progress has been made with respect to the planned processes to improve the living conditions and facilitate social inclusion of adults living with intellectual and physical (some patients are blind) disabilities. The beneficiaries of the present project proposal are those adults who are currently residing in the Institute called “Komanski Most” and their family members. This project proposal is aimed at supporting the process of developing a master plan of transformation of Komanski Most that focuses on improving the current living conditions and services provided by the Institution, as well as on the establishment of new family and community-based services with a view of enabling greater participation of beneficiaries in family and community life. The plan also focuses on the gradual de-institutionalization of residents, that is, on the reintegration of beneficiaries in their originary families family or on the provision of “accommodation with support”. The impact of transformation of Komanski Most (which could be regarded as a pilot project) will be seen through the enhanced and standardized social services services provided to the beneficiaries. It is expected that the “transformed” Institution (or the centre for support to adults) could provide or support services of regional, national, and local significance.

Montenegro is still host to some 24,000 people displaced by the conflicts in Bosnia & Herzegovina, Croatia and, more recently, Serbia (particularly Kosovo).

In 2009 the Parliament adopted *The Law on Amending the Law on Foreigners,* which conditions the possibility of DPs/IDPs to apply for the status of a foreigner with permanent residence within the legal deadline of 7 November 2011. Obtaining this status provides access to a large scope of rights such as education, employment opportunities, health insurance, social benefits to which IDPs didn’t did not have access to in the past ten years. Those who fail to meet the conditions due to lack of documentation and civil registration, and those who fail to or decide not to apply for the status by the legal deadline, will lose their current status, and will be treated as clandestine/ residing illegally in Montenegro The complexity of the matters , as well as the opportunities and challenges posed by the *Law on Amending the Law on Foreigners* is highlighted and aggravated in the case of the Konik area of Podgorica’s municipality (pop. 180,000). Konik’s area has a population of about 30,000 inhabitants and it is the most underdeveloped part of the city in terms of social, health, education and other infrastructures. The population is mixed and of a multi-ethnic nature, including DPs and IDPs and other socially disadvantaged groups such as local Roma, Ashkalie and Egyptians.

The first step to be undertaken, in order to develop a comprehensive plan for addressing/facing these matters, would be to conduct a study , which among others would identify the population’s needs and provide recommendations on the viable ways tofind effective solutions . The study should primarily focus on displaced population’s needs, predominantly, but it would also address the issues that the domicile population is facing within the context of area based development and municipal/governmental plans for Konik area

## Background

# Situation analysis

# Despite impressive economic growth over the last three years in Montenegro, data (NHDR 2009) show that not all groups of society benefited from the main drivers of the economic boom in the country (tourism, construction, retailing, banking and telecommunication). For the Roma, Ashkali and Egyptians (RAE) population, unemployment and poverty rates are double and triple, respectively, in comparison to national averages. Long term unemployment, steady poverty levels, stigma and discrimination, patchy access to basic social services and unresolved legal status of displaced and internally displaced persons contribute to social exclusion. Further social exclusion has been particularly noted among several groups of society among which persons with disabilities, long-term unemployed, pensioners suffers the most. One of the main reasons for social exclusion among others lies in inaccessibility of adequate services by the certain a/m vulnerable groups.

There are two particularly illustrative examples which, due to inadequate services provision, highlight the challenges of social exclusion in Montenegrin society.

*Adults residing in the Institution “Komanski Most”.* The institute “Komanski Most” was established in 1976 to provide care and education to children and youth with moderate and severe intellectual disabilities. In the past, since there was no institution in Montenegro available for adults who were not able to live independently and freely due to the limitations caused by their mental development, children placed in the institution tended to stay there even after becoming adults. As time passed, the age structure of the beneficiaries changed and Komanski Most became primarily an institution for adults. Komanski Most is currently the only institution in the country for full time placement of adults with disabilities. There are about 120 adults beneficiaries, living in what has been described by the media, NGOs and the European Committee against Torture as very poor conditions (that are not in compliance with international standards set for people living with disabilities). These beneficiaries have been denied a number of basic and human rights and services and it is therefore of utmost importance that this be rectified through a comprehensive transformation of the Institution,which would include the improvement of living conditions and the development of new services. In order for such transformation to be successful it is necessary to have a shift in the state’s policies in the area of social protection of vulnerable groups. Instead of maintaining Komanski Most as a closed institution for adults with disabilities the Institution should rather be optimised as a centre for providing support to adultswho are not able to live in a complete independent manner, with improved conditions and services that enable the beneficiaries of the institute to participate in their family’s and community’s life and in more complex relations of society.

*The Population residing in Konik area.* According to unofficial data, the population of Konik, the largest suburb of Podgorica is estimated at about 30,000 inhabitants. The community is multiethnic and comprised of Montenegrins, Serbs, Muslims, and RAE citizens . In regard to the RAE population, there are about 4,000 people, out of whom approximately the half is internally displaced persons from Kosovo. In Montenegro, the persons who arrived from Croatia and Bosnia and Herzegovina, hold the legal status of “displaced persons” (DPs), while persons arrived from Kosovo have the “internally displaced persons” (IDPs) status. As per NHDR 2009findings, displaced persons from B&H, Croatia and Kosovo are three times poorer than Montenegrin citizens and poorer than any another vulnerable group with exception of the domicile RAE population. Further, RAE IDPs from Kosovo are identified as the most vulnerable in Montenegrin society; among which RAE women face multifaceted exclusion and deprivation with more than 90% illiteracy rates. Based on a UNHCR/UNICEF survey from 2008, out of some 4,000 RAE interviewed in Podgorica, 40% (1626) are not registered and they do not posses birth certificates and/or citizenship documentation. 75% of those without documentation are children. It is clear that situation in Konik affects not just displaced and internally displaced but the entire neighbourhood.

Both of the a/m “examples” of social exclusion had drawn the attention of various EC entities.

The situation in the Institute Komanski Most has been set forth in the Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on Montenegro in September 2008 and in May 2009. Identical allegations of mistreatment and degrading treatment of people residing in the institution were made by the Swiss non-governmental organization Gemeiden Gemeinsam Schweiz (Municipalities to Municipalities Switzerland - GGS).

With regard to the statements of experts of the Council of Europe, members of the European Committee for the Prevention of Torture, as well as the identical findings of the Swiss non-governmental organizations, all of which testify that the residents of the Institute Komanski Most were treated in an inhuman and degrading way continuously, over the years, contrary to the absolute prohibition of such treatment of human beings guaranteed by the Universal Declaration of Human Rights, Article 3 of the European Convention on Human Rights, Article 7 of the International Covenant on Civil and Political Rights, UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, all of which bound Montenegro (since all these international legal instruments were ratified) , as well as the National Constitution of Montenegro (and the United Nations Convention on the Rights of Persons with Disabilities, which is the most relevant legal international instrument in this regard). These statements also include the indications that the Government of Montenegro fails to provide information about the civil servants employed in this Institute who should be prosecuted (and fails to provide information about the activities undertaken by the state prosecution).

Konik’s area has been under the attention of various UN Agencies (mostly UNHCR and UNICEF throughout the last decade. There had been several attempts by the UN Agencies to tackle the problems of Konik, specifically by /through addressing the needs of the most vulnerable populations such as displaced, refugees and RAE population (both displaced and domicile). Despite the overall general consensus among all parties, (International institutions, the Government and several Municipal authorities) satisfactory solutions had not been found for the last 10 years.

Nevertheless during the past 2 years, the dialogue on seeking durable solutions for Konik has been intensified. EC and UN were particularly active in mobilizing and supporting their national counterparts in finding adequate solutions . The 2009 EU Progress Report for Montenegro the challenges related to Konik has been stressed/highlighted : “Overall, displaced persons from Kosovo live in very difficult economic and social conditions partly due to their unresolved legal status. Another particular cause for concern is the situation of the Konik’s refugee camp close to Podgorica”.Further, EC has in the latest communication pointed out that finding durable solutions for the DPs (including Konik’s area development) would be one of the seven conditions which Montenegro had to fulfill, prior to opening up the negotiation process for the EU accession.

To conclude, it is worth noting that the above mentioned cases (the Komanski Most Institute and the Konik’s suburb of Podgorica) represent not simply a meaningful example of severe unfair and illegal social exclusion and marginalization , but they also represent the “hot spots’ which need to be solved in order to have Montenegro on the EU accession path. Given the countries EU aspirations, finding adequate solutions for Komanski Most and Konik should be regarded as an extremely important and urgent action which requires the due attention of all interested parties including the Government, Municipal authorities, the EC, the UN agencies, the families of disable people residing in the Institute Komanski Most and thecommunity living in the Konik’s area

## Country Overview /Overview of the development trends

The existing social welfare and health system in Montenegro is undergoing a process of intensive reforms and decisive endeavours are needed to reform it in compliance with the best EU practices and in the best interest of the beneficiaries (either people living with disabilities or residents of the largest suburb of Podgorica). The overall local level of the social security component is still weak and the most vulnerable part of the population is also the most affected. As a consequence, social exclusion has become a visible phenomenon in Montenegro, despite the significant allocations devoted to social transfers and subsidies (e.g. in 2007 25% of the total budget was allocated for social transfers and subsidies).

According to the latest data included within the National Human Development Report (NHDR 2009), poverty remains steady (around 11%) in Montenegro and it is relatively highed in the north part of the country, where high rates of unemployment, comparatively high rates of illiteracy especially among women and the elderly, together with low income levels all contribute to high poverty rates. The Report shows also that social exclusion is concentrated among certain vulnerable groups of the population, and six main vulnerable groups have been identified as "excluded": 1) social protection system beneficiaries (11.9% of households are socially excluded); 2) long term unemployed (10% of households are socially excluded); 3) retired (8.9% of households are socially excluded); 4) people living with disabilities (5% of households are socially excluded); 5) RAE population (14.1% of households are socially excluded); and 6) refugees and internally displaced persons (8.3% of households are socially excluded). It is also important to note that factors leading to social exclusion are multifaceted and multidimensional. Their solution require contributions from many actors such as the labour market, the educational and the social protection system’s policies and it would require the institutional transformation of the s institutes devoted to the care of children and adults living with disabilities.

At present, there are five special institutions in Montenegro: 1) the Institute for the Education and Rehabilitation of persons living with hearing and severe speech impairments in Kotor; 2) the Institute for the Education and Professional Rehabilitation of Disabled Children and Youth in Podgorica (physically disabled, blind and poor-sighted children); 3) the Centre for Education and Vocational Training “June 1” in Podgorica (mild intellectual disability and children living with autism); 4) the Special Institute for Children and Youth (moderate, severe and most severe intellectual disability) “Komanski most” – Podgorica; and 5) the Institute for the education and rehabilitation of children with behavioural problems and problems with Law (not rather” in conflict with the law” ??) (juvenile delinquency) “Ljubović”.

Although de-institutionalization of social care services is regarded as “the heart” of the social protection system reform, a heavy reliance on institutional care is still present, especially for children who, in some cases, reach the adult age and, in spite of this, they continue to reside for decades in institutions that were established to take care of children and not of adult beneficiaries

 In the aftermath of the conflicts affecting the South East Europe throughout the nineties, there is a significant portion of Displaced and refugee population currently residing in Montenegro. According to the latest data published by the Bureau for the care of Refugees there are about 24,000 Diplaced people from Kosovo, BiH and Croatia who are residing in Montenegro.Among these latter there are about 4,000 displaced belonging to the RAE population, of whom the highest concentration is registered in Podgorica (Konik area) where about 2,000 RAE DP reside.

Despite the efforts made in developing and adopting several key strategic and legislative documents (pls see 1.4), it is evident that further actions are needed to ensure an adequate implementation of these provisions. Priority should be given to the strengthening of inter-sectoral cooperation, linkage of health, social welfare, education and justice in a comprehensive and multidisciplinary approach towards the integration of the socially excluded. Support should be given to the Centres for Social Welfare to reduce their administrative workload and, at the same time, to enhance professional programmes and working methods to reduce social exclusion.

 From these considerations, we can certainly draw the conclusion that Montenegro is still in need to further develop its social protection system, its national capacities and its state institutions in order to make them able to address the challenges related to the social exclusion of certain vulnerable groups .

## Montenegro and the European Union

Following the signing of the Stabilization and Association Agreement SAA in 2007, Montenegro has undertaken a number of reform processes including the further strengthening of the Social protection’s framework. As a consequence of the progress made in several areas, the EUrecommended the candidacy status for Montenegro. Nevertheless, the negotiation process (subsequent step following the candidacy status) has not been opened yet due to the fact that there are several conditions to be fulfilled prior to proceed with the formal EU accession. among these seven conditions to be fulfilled, the EU emphasized: ”… that Montenegro should implement a legal and political framework for Anti-discrimination in accordance with European and international standards, to guarantee the legal status of displaced persons, particularly Roma, Ashkali and Egyptians and to ensure respect for their rights”.

The issues of social exclusion related to both RAE and people with disabilities has been stressed in the most recent EU Progress Report 2010 “ As regards *social inclusion and anti-discrimination*, reliable data and comprehensive analyses are needed to provide a sound basis for social inclusion policies…Fighting poverty and promoting social inclusion needs to be further prioritised. Several laws governing the rights and status of disabled persons have been adopted, but have not be implemented yet …The implementation of the strategies for social and child protection, for social protection of the elderly and the inclusion of people with disabilities in Montenegro together with the related action plan for 2008 and 2009 remains slow.

Further the Report also stated: “*Overall*, there has been some progress on strengthening the framework for minority protection. However, the implementation is still lagging behind, *inter alia*, due to the lack of reliable data and a relatively limited budget. Montenegro must effectively solve the status of displaced persons and work on improving their access to economic and social rights, which remains limited. Roma continue to face very difficult living conditions and discrimination, particularly regarding access to education, social protection, health care, employment and adequate housing.

In the National Program of Integration (NPI) a key strategic document for defining the five-year timetable of the EU accession process., under chapter 3.19.5 Social Inclusion, the following statement is reported: “In line with the recommendations from the European Partnership, the main priorities are a further development of social and child protection system, including the institutional and personnel strengthening of the social protection system, information system, statistics, social protection monitoring and research development, transformation of the social protection institutions, standardization of the services in the children and adult institutions, inter-agency cooperation for risky categories development, improvement of the professional capacities in the social protection institutions – centres from social work reform, standardization of services, education of the employed, introducing work monitoring and evaluation, licensing and accreditation conditions, development of the services directed towards social mechanisms strengthening (parents, family, relatives) which enable the stay in the family for child, elderly person or disabled person, removing and reducing architectural barriers for a free access of the disabled persons to the institutions of social and child protection”.

## Overview of the Enabling Environment

The Constitution provides a favourable legal framework for the protection of human and minority rights. Within this context a number of strategic documents have been developed and adopted in the past five years:

* The existing National Mental Health Strategy was adopted in 2003. 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. It identifies a number of challenges in the provision of mental health care related to: staff training and competencies, uneven distribution of mental health services across the country, availability of mental health services for vulnerable groups, quality of mental health facilities, partnerships between different mental health service providers as well as with social care sector, and social exclusion of people with severe and enduring mental health problems. The document also points out the short-comings of the mental health legislation at the time, focusing on protection of human rights and the rights of the mentally ill. Finally, the absence of monitoring systems and lack of research activities in the area of mental health are also mentioned. 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.
* In November 2007, the Government of Montenegro has adopted the Strategy for Social and Child Welfare Development in Montenegro 2008-2012. The Strategy defines the conditions in the field of social and child protection, the goals and priorities and the means to achieve them, as well as the resources required for its efficient implementation.
* The Strategy on Poverty Alleviation and Social Inclusion in Montenegro, the revised version of the PRSP, was passed in July 2007. This Strategy defines the national development priorities and the achievable goals contributing to poverty reduction, by integrating the social, macroeconomic and structural elements and identifying the instruments for measuring progress towards those goals.
* The main objective of the Strategy for Improvement of the Position of Roma, Ashkalia, Egyptians (RAE) Population in Montenegro, 2008-2012, in the field of education and preservation of the culture and tradition of the RAE minority is the creation of essential conditions enabling the RAE population to benefit from one of the basic human rights - the right to education.
* The Strategy for Integration of People with Disabilities in Montenegro (Action plan for 2008 and 2009) aims at including in education all categories of children with special needs and adult PWD’s (people with disabilities), and to ensure the development of their potential, sense of dignity and personal values.
* The National Strategy for the development of social protection of the elderly (for 2008-2012) was adopted in 2007, aiming at better social inclusion of the elderly in the mainstream society.
* In September 2009, the Government of Montenegro adopted the *“Action Plan for the Resolution of the status of displaced persons from the Former Yugoslav Republics and internally displaced persons from Kosovo in Montenegro”* (*Action Plan*). The *Action Plan* creates a mechanism for “displaced persons” and “internally displaced persons” to have privileged, although difficult, access to the status of foreigner with permanent/temporary residence.

Further the legal environment of the State of Montenegro is enabling the implementation of the present project proposal particularly due to the enactment of the National Law on Anti-discrimination in July 2010, the ratification of the Convention on the Rights of Persons with Disabilities and its Optional Protocol in November 2009 and of the 2009 Council of Europe Convention on the avoidance of statelessness in relation to State succession in April 2010.

* 1. **Key Challenges**

The main challenges are listed as follows:

* Some aspects of domestic legislation, such as the Law on Child and Social protection are not consistent with the principles and provisions of the International Convention on the Rights on the Child.
* The implementation of the Law on Child and Social protection remains poor due, inter alia, to the scarcity of human, technical and financial resources. The reform process in the area of social protection is still slow especially related to transformation of institutional care
* The state would need to improve service provision needs to economically disadvantaged, marginalized and neglected, including Roma, Ashkali and Egyptian children and people with disabilities, with a view to alleviating disparities, deficits and inequalities.
* There is an urgent need to strengthen in the country the skills of the personnel of the administration of the social protection system as well as with local Governments in planning and management of budgets that address the needs of VGs.
* In addition, in Montenegro remains a number of Roma, Ashkali and Egyptian who lack registration and identity documentation, thus preventing them in accessing any of the social protection services.
* Finding durable solution for displaced population could be a subject to political negotiation process between Montenegro, Serbia and Kosovo, which may affect the dynamics of the process.
* Lack of almost any baseline data related to Konik’s demographics, social, health and economic status of its residents.

With regard to Komanski Most the main challenges can be listed as follows:

Service provision.

Currently there are no social protection standards for the services offered at Komanski Most. It is important to ensure that all social protection services are delivered according to international standards.

Staffing and the capacities:

Komanski Most is understaffed and professionals lack specialised training and capacity carry out specific tasks. A capacity and training needs assessment should be undertaken to identify gaps prior to developing a training programme. This process should include particularly the Ministry of Labour and Social and the Centres for Social Work.

Legal framework

The 2005 Law on Child and Social Protection is to some extent outdated and requires revision and harmonization with UN and EU standards in terms of social protection. Currently the Law only provides for material assistance and placement in institutional care for vulnerable groups. A revised law would serve as an essential legal basis under which all policies, programmes and services would be developed. Secondary legislation should also be developed to support the operationalization of the Law in relevant areas.

The premises

The premises of Komanski Most are in urgent need for physical improvement (and equipping) , not only to improve the everyday life of beneficiaries currently residing in the Institution but also to introduce new services that the “transformed” Institution would include. There are facilities for the accommodation of beneficiaries which could be adapted to new needs, as there are spaces that could be equipped for work and creative activities.

With regard to Konik, the main challenges can be listed as follows:

Unresolved status of displaced and internally displaced persons living in Konik:

In September 2009, the Government of Montenegro adopted the “Action Plan for the Resolution of the status of displaced persons from the Former Yugoslav Republics and internally displaced persons from Kosovo in Montenegro” (Action Plan). The Action Plan creates a mechanism for “displaced persons” and “internally displaced persons” to have privileged, although difficult, access to the status of foreigner with permanent/temporary residence. The Government reduced recently the previously high administrative taxes for the status application to 10 EURO. As of 30 August 2010 164 displaced persons and 125 internally displaced persons applied for the status of foreigner with permanent residence. Out of them 73 were granted permanent residence while 3 persons were rejected due to a recommendation from the Agency for the National Security (ANS).

The new status provides access to a large scope of rights such as education, employment opportunities, health insurance, social benefits to which IDPs had limited access during the past ten years. In other words, those who obtain the new status will have all the rights as citizens of Montenegro except the political rights (right to vote). This change in status was made possible by the adoption of the Law on Amending the Law on Foreigners on 22 October 2009. However, without a due harmonization of national laws, the new status of foreigner with permanent / temporary residence does not guarantee an effective access to rights, including health care, social services and employment.

In order to obtain the permanent resident status, “displaced persons” in the records of MIAPA’s Asylum Office and re-registered “internally displaced persons” should submit applications to the Ministry of Internal Affairs and Public Administration (MIAPA). They are exempted from requirements of secured health insurance, income, and accommodation, but they must provide a valid travel document from their country of origin, along with birth and citizenship certificates, and must also have no criminal record in Montenegro. The latter two conditions were retained against the recommendation of UNHCR. Obtaining a valid travel document from the country of origin could pose a serious obstacle to persons who are unable to travel outside Montenegro to obtain the necessary paperwork. UNHCR is also particularly concerned in regard to persons who are unable to prove their citizenship, in particular Roma, Ashkali and Egyptians, due to either never being registered at birth or having their records destroyed during the conflict.

The embassies of Croatia and Bosnia and Herzegovina do not issue passports to “displaced persons” residing in Montenegro, but only one-way travel documents. Citizens of these countries will need to travel to their places of origin in order to obtain passports. The expedited procedure in Croatia enables “displaced persons” to obtain a passport for 70 euros within 48 hours, but the additional requirement to obtain an ID card for those of 15 years of age or above increase the costs. The same expedited procedure is applied in Bosnia and Herzegovina, but the amount of applicable administrative tax is 110 euros. These costs are in addition to covering the travel and accommodation in the countries of origin for obtaining these documents.

## The Serbian embassy in Montenegro will issue passports; however, valid birth and citizenship certificates (issued within the past 12 months) must be submitted. Birth and citizenship certificates can be obtained through the Embassy itself, but due to the length (approximately 6 months) and the cost (36 euro for each certificate) of the procedure many may opt to travel to the registry office in Serbia. In addition, identification document (i.e. old ID card, passport or drivers license) issued by the state of Serbia must be submitted. While Montenegro recognized Kosovo in 2008, there is still no diplomatic representation in Montenegro where an “internally displaced person” could obtain a valid travel document.

## The Embassy of Albania is authorized to deal only with persons able to prove their Albanian citizenship, which is a problem for a number of ethnic Serbs and Montenegrins who fled Albania in 1991 and were recognized as refugees by the Interior Ministry of the former SFR Yugoslavia. It is not possible to obtain a new Albanian passport through the Embassy. The Embassy can issue one way, 6 months – valid, travel documents to Albanian citizens in need of return to Albania, for the fee of 30 Euros. The passport has to be obtained in the place of residence in Albania and the issuance takes some 25 days and costs 45 Euros.

## Despite the Government and UNHCR’s efforts, the number of applications for the new status by DPs and IDPs remains very low, as only 164 DPs and 125 IDPs applied for the status of foreigner with permanent residence while 6 DPs and 1 IDP applied for the status of foreigner with temporary residence. Until September 2010 only 73 DPs and IDPs were granted the status of foreigner with permanent residence.

## At the same time, the total number of returnees from Montenegro to Kosovo since the end of the conflict remains low. Not more than some 1,500 displaced persons, mostly Roma, Ashkali and Egyptians, have returned to Kosovo through organized return programs since 2001, of whom 94 returned in 2008, 161 returned in 2009, while 148 returned during the first eight months of 2010. UNHCR continues to facilitate voluntary returns in line with the Government of Montenegro’s policy, and focuses on providing reliable information to enable people to make free and informed choice about their future.

## Persons at risk of statelessness

The Government of Montenegro has not yet developed a mechanism to systematically identify and register stateless persons or persons at risk of statelessness. UNHCR field activities have shown that the main population in Montenegro that faces problems related to statelessness and/or the loss of an effective citizenship consists of those who lack civil documentation. This problem is encountered largely by Roma, Ashkali and Egyptians communities, both local and “internally displaced persons” from Kosovo, many of them residing in Konik.

## Poverty, unemployment and security in Konik

In addition to steady poverty levels, the economic crisis has even further contributed to the disadvantaged economic position of the Konik residents. The issue of unemployment is of particular concern in Konik area. Especially threatening is the unfavourable education structure of unemployed long term-unemployed (this refers to DPs, IDPs and the local population). The economic crisis has additionally limited already scarce employment opportunities for RAE population.

There is a risk of growing ethnic/societal tensions and security issues. The area is characterized by different levels of ethnic related problems; between IDP RAE and domicile RAE population; between DPs from BiH and residents of the IDP camps; Montenegrins and RAE, etc. During site visits a number of residents “the IDP settlements neighbours” have identified IDPs and the camps as a ‘main problem’ for the development of the area. The residents qualified themselves as ‘collateral damage of IDPs’, thus implying that IDPs are the main reason for their poverty. Although there is no evidence of an open ethnic based violence in the area, statements like this should not be neglected.

Security risks in the area include: examples of prostitution, drug-selling and drug-using, and risk

## Failing public services in the area of Konik:

This includes the health and the social services, but especially challenging is education (inclusion into mainstream education, language, quality, incentives for attendance and retention etc) Finding realistic and sustainable solutions to fulfilment of the right to education for all children in Konik area requires a multidimensional analysis which needs to take in consideration issues of fundamental human rights, assimilation/discrimination issues, quality, cost-benefit (including in relation to opportunity costs) and finally the prospects of integration and corresponding adjustments of the education system.

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## Deteriorating infrastructure in the area of Konik:

One of the serious problems of the area is deteriorating infrastructure. This includes road access and poor road conditions, water supply system, electric supply system; waste and water-waste systems, etc.

In addition, the area is characterized by lack of adequate urban planning. The area of Konik Camp 1 is formally regulated by the Detailed Urban Plan (DUP), but the actual plan is not respected. A number of private houses were built on public land, without proper licenses and documents, lacking basic infrastructure facilities, such as water, sewage, etc. The areas of Vrela Ribnicka settlement, Shanty Town and Konik camp 2 are not covered by the DUP and thus no construction permits can be obtained.

The problem of Konik is further exacerbated by lack of social events and infrastructure, absence of any kind of entertainment and cultural events (e.g. no restaurants, no playground for children, no parks, no sports facilities, etc).

There is a need to regulate the city waste disposal site. The entire waste management system in this area is not fully in compliance with the EU standards on waste treatment; one of the key challenges is the proximity of human settlements/ refugee camps, etc. Also the issue of recycling needs to be addressed.

Awareness/acceptance of the needs and rights of the RAE population:

Knowledge, attitudes and practices towards the RAE population in general require significant attention, related not only to Konik’s area, but across Montenegro. Research and surveys reveal low levels of acceptance and inclusion of RAE groups.

# Strategy: Rationale for the Project

In relation to strategy for a comprehensive transformation of Komanski Most it is obvious that it would require a number of coordinated actions that are evidence-based to certify that not only the living conditions of beneficiaries are improved but that new services are developed reaching out to families and promoting the participation of beneficiaries in family and community life.

To guide and direct the transformation of Komanski Most a master plan would be necessary to ensure that all aspects of process is taken into account and that all stakeholders are involved as relevant, according to a pre-determined strategy. The master plan should define the purpose and objectives of the transformation, expected results, activities, including communication and fund-raising strategies, coordination and management, monitoring and evaluation, timeframe and budget.

The master plan should be developed by a working group/committee led and coordinated by the Ministry of Labour and Social Welfare as Komanski Most is under its auspices. The working group/committee could be composed of representatives of the Government (line Ministries and Centres for Social Work), staff of the Institution, family members of beneficiaries, civil society organizations, UN and other international organizations and others as relevant. The working group/committee would decide on the drafting, adoption, implementation, and monitoring and evaluation processes of the plan.

The transformation of the institution is a process that should be initiated taking in due consideration the needs of the beneficiaries who are entitled to accommodation – those who are either currently using accommodation or are waiting for accommodation. Better ways to satisfy their needs should be sought continuously, and simultaneously new services for beneficiaries who are living with their families should being introduced.

To promote this shift, a number of measures need to be taken to address the many current shortfalls of the Institution, including the lack of standards that define types and quality of services, the insufficient human and financial resources and the lack of capacity of staff, as well as the inadequate budget allocations for staff, services, and assistance to beneficiaries and families. Moreover, efforts should be made to ensure that adequate services are developed and that social and financial assistance is provided to promote the involvement of beneficiaries in family and community life.

A shift in policy however is only truly effective and long-lasting if there is a shift in the mindset and awareness of decision-makers, professionals, NGOs, beneficiaries and families, as well as the general public. Komanski Most has been perceived by the general public as an institution which has not devoted efforts towards ensuring adequate treatment and care for its beneficiaries. A communication strategy would not only be crucial to bringing information to those directly involved in the transformation of the Institution but also to sensitising the general public regarding persons with disabilities and their fundamental rights and to perceiving the Institution as a support centre rather. A re-branding of the institution, including a change in name and in the paradigm of care would be a fundamental part of the communication strategy of the transformation plan, allowing for a break with the troubled past and for a movement towards a brighter future for all those who are in some way connected to the Institution.

The strategy for conducting the Study on “Durable Solutions for Konik Residents” should be comprehensive, inclusive, participatory, human rights’ based and flexible in order to be able to respond to challenges the population is facing in the area during the course of the intervention.

* The intervention should be “comprehensive” in the sense that will address area-specific problems in a holistic manner; even sector-specific problems will be dealt with through an inter-sectoral or multi-sector approach.
* The proposed intervention should be “inclusive” in the sense that activities will target the entire community of Konik by identifying their specific challenges and by ensuring no group will be “singled out”
* The approach should be participatory” and human rights based in the sense that will promote and mainstream the principles of human rights, and participation of all stakeholders in Konik (and broader, if deemed necessary) towards the identification and implementation of durable solutions for the residents in the area. The intervention shall require well coordination actions to ensure horizontal (between different target groups) and vertical linkages (between different governance layers, linking local and national development priorities).
* The “flexibility of the strategy should be reflected ” in the sense that will be responsive to changes in the living conditions and legal status of the residents in the Konik’s area, ensuring its adjustment and relevance.

Addressing the multiple challenges require a short (1 year) medium (3-5 years) and a long term (10 years) development perspective. However, critically the study would also identify “quick-wins” including:

* Ways to enhance return assistance for those choosing to return to Kosovo
* Ways to provide assistance for those who can meet the procedural requirements to obtain the new legal status
* Strategies for public work for the long term unemployed from Konik area

## Light infrastructural and community support activities (e.g playground) in and around Konik2. 1. Overall Objective:

## Enhancing Service Provision to Vulnerable Population in the Health and Social sector for residents of Komanski Most Institute and “Konik” area.

## Program’s Impact

## The impact of the Project will be seen through the Services provided by the “transformed” Institute Komanski Most. The “transformed” Institution or the centre for support to adults could provide or support services of regional, national, and local significance.

## The services to be considered are the following (i) services for medium-term placement of adult persons in need of intensive physical and health care, with clear social indications for resorting to this form of protection – at the national level; (ii) services for temporary or occasional placement, when a family for a short period of time (iii) day care services for adult beneficiaries, with activities adapted to their individual abilities (training for work and work activities, sports and creative activities, etc.). (iv) ;accommodation with support” services, to provide physical assistance with the routine, daily living activities of a person with disabilities, such as housekeeping and assistance with personal care in the person’s home (v) Information and referral services in order to offer to persons with disabilities, their families and the community relevant information that they might require (vi) peer support service to enable people with disabilities to establish peer contacts to reduce isolation and share skills, information and support, (vii) transitional and life skills programme, which would provide the opportunity for learning and practicing the skills and accessing resources necessary to live and participate in the community through training.

The impact related to study for Konik, will be seen through the enhanced dialogue among interested parties (Government, Municipal Authorities, European Commission and the UN agencies in identifying and implementing both the specific durable solutions for individuals within population groups living in the Konik area and the mechanisms to attain the identified durable solutions for each population group as well as in supporting the development of entire Konik’s area.

Finally, the study should be the first stage in a process that leads to a broad-based, multi-stakeholder and long-term intervention that supports durable solutions for DPs/IDPs in Montenegro and enhanced social inclusion of people living in the Konik’s area.

## 2.3. Project Activities

**Result1:** Institutional, structural and organisational transformation of the Institute “Komanski Most” into a Centre of Support to Adults in order to enhance service provision and, at the same time, deliver new services.

**Activities (to be carried out to reach Output 1):**

1. A full assessment of all cases in Komanski Most Institution, with the development of full care and treatment plans for each individual beneficiary (anecdotal evidence suggests that many long term patients do not require hospitalization. Upon individual assessment of health status and health and social needs, they could be placed in non-institutional settings). The analysis should focus on the services currently provided by the institution, staffing, living conditions, outreach assistance programmes to beneficiaries and families and de-institutionalization programmes. The analysis is aimed at identifying the gaps and needs of beneficiaries in terms of support and services that need to be developed at the regional, central, and local levels.
2. Technical Assistance for development and adoption of Transformation Plan. To strengthen the linkages between mental health and social protection services, an overall transformative Action Plan requires development, including a study on costing, and roles and responsibilities within the health and social welfare sectors. The transformative Action Plan would include, but not be limited to the following areas:
	1. Clarification of the role of community health services versus hospital clinics
	2. Adequate human resource allocation and development for mental health and social protection services (including what is required to upgraded the competencies of mental health staff to enable them to take on new roles and responsibilities, as well as centres for social welfare in their “gatekeeping” role and follow up care of patients)
	3. Definition of a package of services for each service on the care pathway to ensure efficient use of current resources and avoid duplication
	4. Development of guidelines on the Montenegrin model of community mental health (home treatment, crisis care, early interventions in psychosis). Upgrade of the package of services covered by insurance to reflect the interventions required by clinical guidelines and offer incentives for employment in community based mental health services
	5. Feasibility study for people with mental health issues have access to acute inpatient services close to where they live
	6. To provide input for the revision of the Law on Child and Social Protection (the reasons for this revision become clearer when consulting the Legal Context of the present project proposal).
	7. Development of the new organizational model for social care service delivery by Komanski Most: An organizational framework should be designed to ensure that all services, social and health, are delivered to beneficiaries. A functional plan should be developed to translate the organizational model into the functional plan. Norms and standards should also define the special conditions that are to be satisfied to ensure quality service delivery.
	8. Development of standards of services: The social protection standards should define the type and quality of services, ensuring all rights and protection of beneficiaries and families as well as of professionals delivering services.
	9. Capacity-development: The plan should include a number of capacity-development activities for professionals in different area of expertise, in particular those working in the area of social protection, physical and mental health, and education and occupational therapy.
	10. Cash transfers: The plan should include a revision of cash transfers schemes, as well as an implementation plan and revised budget for transfers
	11. An analysis of partnership entry points between the Ministry of Health and Ministry of Labour and Social Welfare, analysis of the linkages between mental health services and facilities and social protection services and facilities (including Komanski Most) and development of a partnership strategy
3. Development of Communication Strategy for Komanski Most Institution which wil support a ‘re-branding “ of the Institution into facility for “accommodation with support services for adults.
4. Facilities upgrading:. There are facilities for the accommodation of beneficiaries which could be adapted to new needs, as there are spaces that could be equipped for work and creative activities. Refurbishment of some of the facilities has already been completed or is currently taking place. The plan should include an overview of all the works that have been carried out so far and the plan for future works for the complete transformation.

**Result 2:** Conducting a research study on durable solutions for Konik’s residents, in the areas that represent the key challenges for this suburb, which are poverty, unemployment, security, infrastructures, public services, lack of respect for basic and human rights.

**Activities (to be carried out to reach Output 2):**

Currently, the availability and accuracy of data is insufficient, hence, an in-depth situation analysis of the legal situation and living conditions of the Konik’s residents and the area has to be performed focusing on population, economy, infrastructure, social services, education, health among others. The findings will determine the components and specific interventions of the programme. The analysis should include:

* Assessment of the baseline situation: collect existing relevant information and data on the legal status including personal documentation of the Konik’s residents;
* Assessment of problems, challenges and needs: determine and specify the population and area specific challenges and problems to be addressed;
* Identification of priority interventions and possible durable solutions: prioritization and recommendation of interventions those are likely, in conjunction, to produce maximum effect.

The study will further categorise and quantify all those affected by the *Law on Amending the Law on Foreigners;*

* For each category, assess the opportunities and challenges posed by the legislation;
* For categories where the legislation is an opportunity for a durable solution, make recommendations on how external assistance, including UN / UNHCR assistance, can maximize this opportunity;
* For categories where the legislation is a challenge, make recommendations on alternative durable solutions and the feasibility of implementation, as well as short- to medium-term strategies for meeting housing, education, health and other social needs, particularly in the case of Konik;
* Provide a platform for development of specific projects and resource mobilisation;
* Provide a context for strategic planning and priority setting by the UN, the international community and the Government

The assessment should be an in-depth study, outlining and analyzing problems and proposing measures, with an ultimate goal of gaining consensus among the key stakeholders and partners to support the implementation of identified durable solutions for the residents in Konik and raising awareness among population at large on issue of Konik. The study should provide sectoral assessments with actionable recommendations (e.g. detailed action plans outlining activities, expected results and impact for each of the identified population groups).

The main target/population groups to be covered by the study are:

* displaced persons;
* internally displaced persons;
* local Roma, Askhaly and Egyptians;
* immediate neighbourhoods to the above mentioned target groups

The geographical area to be covered by the study includes:

Konik camp 1; ii) Konik camp 2; iii) Shanty Town; iv) Family settlement Vrela Ribnicka; v) Communities near a/m settlements

The sectors to be covered by the study would be teh following:

* Legal status
* Health
* Education
* Habitat (housing, environment)
* Child and Social protection
* Economy (income generation, employment, entrepreneurial activity)

In accordance with DaO approach the activities under Output should be done in close cooperation with the UNHCR Office

1. **Management Arrangements**

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

A Project Board is to be set and it will be the group responsible for making management decisions by consensus for a project when guidance is required by the Project Manager, including approval of project revisions.  In order to ensure UNDP’s ultimate accountability, the final decision making rests with UNDP in accordance with its applicable regulations, rules, policies and procedures. Project reviews by this group are made at designated decision points during the running of a project, or as necessary when raised by the Project Manager.  This group is consulted by the Project Manager for decisions when project management tolerances (normally in terms of time and budget) have been exceeded. The Project Manager is responsible for the day-to-day management of the project. The Executive role is the Social Inclusion Cluster Team Leader.

1. **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.

# 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.
1. **Results and Resources Framework (RRF)**

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| **Intended Outcome as stated in the CPAP’s RRF:** 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 and Integrated UN programme DaO , including baseline and targets:** 1. 1. **% of refugees/foreigners accessing social/health rights through the national systems (DaO)**
2. **% of Konik area inhabitants who gain durable solutions(DaO )**
3. **% of population at risk with access to standardized preventive and protective services (DaO )**
4. No. of innovative social protection mechanisms in place. (CPAP and Dao Matrix)
 |
| **Applicable Key Result Area as stated in the CPAP’s RRF:**  CPAP Component 1 Social inclusion and poverty alleviation |
| **Partnership Strategy:** UNDP ,UN Agencies, 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: Enhancing Service Provision to Vulnerable Population in Health and Social Sectors |
| **INTENDED OUTPUTS**(and baseline indicators)  | OUTPUT TARGETS FOR 2010 and Indicators | **INDICATIVE ACTIVITIES** | **RESPONSIBLE PARTIES** | **INPUTS** |
| **Result for Output 1** Non-communicable diseases prevention, healthy life styles and food safety \_ Komanski Most transformation. **Baseline:** Current level and quality of services provided to beneficiaries of Komanski Most below EU and UN standards**Target;**Service s standardized and adjusted to beneficiaries needs  | **Targets for Output 1**Transformation Plan and Communication Strategy developed and submitted to the Ministry for approval.**Indicators for component (A):**The Plan and the Strategy accepted by MoH and plan implementation initiated | **Activities related with Output 1** –Needs assessment conducted; -Capacity assessment Report produced;-Transformation Plan drafted-Communication strategy drafted  | UNDP , MoLSW, WHO, Komanski Most   | Project Manager ,ToR, Programme AssistantLocal consultants, ToRs international consultants’ ToRs. A project support staff, SI Team Leader, DRR.  |
| **Result for** ***Output 2***: Support to durable solutions for refugees, displaced and domiciled Roma in Montenegro – Konik Study;**Baseline:** **N/A****Target:** Government develops comprehensive plan of action for Konik area | **-Targets for Output 2**Conduct study on Konik area: Recommendations for the development of a comprehensive plan for Konik area**Indicators for Output 2** Assessment Report produced.- Draft Action Plan developed . | **Activities related with component (B) (Assessment):** -**Action B. 1** – ToR for the study developedLocal research company(ies) engagedGovernment provided with the Report findings aRecommendations for improvements provided; .  | UNDP UNHCR, MoLSW, Municipality Podgorica, local NGOs, Bureau for Care of Refugees  | Programme Assistant Project support staff, SI Team Leader, DRR. Company selected for running a researchLocal NGO Partners selectedLocal/international consultants engaged in research findings interpretation  |

# Annex 1: Risk Analysis

Identified risks are summarized in the table below.

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## Risk log

|  |  |  |
| --- | --- | --- |
| **Risk** | **Likelihood** | **Risk mitigation strategy** |
| Coordination issue  | Medium | 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.  |
| Timelines | Medium  | 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 outlined in the documents | Medium  | It may happen that, due to possibly politically sensitive findings and/or sensitive recommendations, tthe authorities might not be willing/ready to address them. Therefore the authorities will be consulted and involved from the very beginning of the process.  |

**Annex 2: Annual Work Plans (AWPs)**

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| **Output 1** Non-communicable diseases prevention, healthy life styles and food safety \_ Komanski Most transformation |
| **Expected Outputs** | **Key Activities** | **Time Frame** | **Responsible Party** | **Planned Budget** |
| Start | End | Donor | Budget Description | 2011 (Amount US$) |
| Non-communicable diseases prevention, healthy life styles and food safety \_ Komanski Most  | Technical assistance in: (i) conducting the needs assessment, (ii)Transformation Plan development , (ii)Communication Strategy development and (iv)support in facilities upgrading  | 01/01/11 | 31/12/11 | UNDP | MDTF | 71400 Contractual Services-Individuals | 18,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 73100 Rental & Maintenance -Premises | 4,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 71600 Travel  | 1,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 72100 Contractual Services-Companies | 10,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 71200 International Consultant  | 18,648.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 71300 Local Consultants | 10,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 72400 Comm&Audio Visual Equip | 700.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 75100 F&A | 4,365.00 |
| TOTAL | 66,713.00 |

 **Output 2** Support to durable solutions for refugees, displaced and domiciled Roma in Montenegro – Konik Study

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expected Outputs** | **Key Activities** | **Time Frame** | **Responsible Party** | **Planned Budget** |
| Start | End | Donor | Budget Description | 2011 (Amount US$) |
| Support to durable solutions for refugees, displaced and domiciled Roma in Montenegro – Konik Study | Support provided in conducting the comprehensive Study on Konik area and to provide recommendations in addressing the issues of Konik | 01/01/11 | 31/12/11 | UNDP | MDTF | 71400 Contractual Services-Individuals | 6,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 73100 Rental & Maintenance -Premises | 2,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 71600 Travel  | 1,500.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 72100 Contractual Services-Companies | 44,700.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 71200 International Consultant  | 15,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 71300 Local Consultants | 5,000.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 72400 Comm&Audio Visual Equip | 800.00 |
| 01/01/11 | 31/12/11 | UNDP | MDTF | 75100 F&A | 5,250.00 |
| TOTAL | 80,250.00 |