



Contracting Authority:
Delegation of the European Union to Montenegro

ANNEX I

DESCRIPTION OF ACTION

REFORM OF NATIONAL DISABILITY DETERMINATION SYSTEM

Background

1.1 Context

The World Health Organization (WHO) estimates that approximately 10% of the world population has some kind of disability. This is roughly the situation in Montenegro. According to the 2011 Census of Population, Households and Dwellings, conducted by Monstat, 11% of Montenegrin population or 68.064 persons have problems in daily activities due to long-term illness, disability or age. These are persons who have difficulties in performing activities of daily living or who have practical limitations in performing or participating in various activities. These data are based on a subjective assessment, and hence not an objective indicator on the number of persons with disabilities. This was the first time that data on the existence of difficulties in performing activities of daily living were being collected by the Census.

UN Convention on the Rights of People with Disabilities aims to promote, protect and ensure the full and equal exercise of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity. The Convention envisages a new social and human rights-based concept of disability. By this understanding, persons with disabilities are persons with long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and active participation in society on equal basis with others. The Convention is based on the following principles: (1) respect for inherent dignity, individual autonomy of persons with disabilities, including their right to make decisions about their own lives and independence of these persons; (2) non-discrimination; (3) full and effective participation and inclusion in all spheres of social life; (4) respect for differences and acceptance of persons with disabilities as part of human diversity and humanity; (5) equality of opportunities; (6) accessibility; (7) equality between men and women; and (8) respect for the evolving capacities of children with disabilities and respect for the rights of these children to preserve their identity.

The EU signed the UN Convention on the Rights of People with Disabilities on its opening day for signature - 30 March 2007 (IP/07/446) and since it has been signed by all EU member countries. Following ratification, it is the first time in history the EU has become a party to an international comprehensive human rights treaty. The Convention aims to ensure that people with disabilities can enjoy their rights on an equal basis with all other citizens. The Convention sets out minimum standards for protecting and safeguarding a full range of civil, political, social, and economic rights for people with disabilities. It reflects the EU's broader commitment to building a barrier-free Europe for the estimated 80 million people with disabilities in the EU by 2020, as set out in the European Commission's disability strategy (IP/10/1505)¹.

European Strategy for Persons with Disabilities 2010-2020 represents a framework for action at European level as well as national activities aimed at improving the situation of persons with disabilities, regardless of gender or age. EU Strategy is based on the EU Charter of Fundamental Rights, the Treaty on the Functioning of the EU, the United Nations Convention on the Rights of Persons with Disabilities, resolutions of the Council of Europe and the European Parliament.

¹ http://europa.eu/rapid/press-release_IP-11-4_en.htm

Labour Market. It also implies enforcement of the necessary institutional reforms, and it is complying and complementary with IPA II in area of social policy and employment.⁵

However, a lot remains to be done. As stated in 2018 EC Report on Montenegro⁶, the most important issues relate to the deprivation of legal capacity. A budget for implementation of the strategic and legal framework needs to be allocated, as well as support allocations to the organizations of people with disabilities, accessibility of public buildings ought to be improved, etc.

1.2 Current state of affairs in the relevant sector

1.2.1 The existing disability assessment and determination system

Disability assessment and determination are official procedures that are preconditions for decision on eligibility for services, products or benefits.⁷ Disability assessment is the "entry gate" through which anyone claiming publicly or privately provided disability related benefit, service or product must pass. It is the authoritative determination about the kind and extent of disability a person has, as part of a larger administrative process, called disability determination, which often has additional eligibility criteria.

Historically, disability assessment, and especially work capacity assessment, has been conducted using biomedical criteria. In addition to this, medical doctors have typically been assessors and adjudicators of eligibility. Underlying assumption was that medical criteria are objective and transparent while medical professionals were seen as socially respectable and reliable. However, since 1970s there has been a fundamental shift in paradigms related to disability and disability assessment and determination. The new prevailing intersectional or socio-medical model emphasizes both medical and social or environmental factors of disability. Disability is understood as a complex phenomenon involving both biomedical features of a person's body or mind and, crucially, the positive or negative impact of the physical and social environmental context in which the person carries out her or his life. This new socio-medical model has been endorsed by the WHO and it assumes that it is necessary to have an insight into the diagnosis of illness and impairment leading to disability, but also to have an overview of how people with disabilities are involved in society and whether there are obstacles to their full and effective participation in the community on an equal footing with others.

This framework is contained in the International Classification of Functionalities, Disturbances and Health (ICF) of the WHO. The ICF was officially supported by all 191 WHO Member States

⁵ Indicative Strategy Paper for Montenegro IPA II 2014-2020

⁶ EC. Montenegro 2018 Report - Accompanying the [document](#) Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, Brussels, The European Commission, 2018, p.28

⁷ Disability assessment is a process whereby the extent of disability is determined and type of barriers and support required are identified while the disability determination is a process whereby the decision is made if a person is considered a person with disability (PWD) under the existing legal framework. WHO, Technical Meeting on Disability Assessment – Meeting Report, Genève, Switzerland, 2017, p. 4.

characteristic. This surpasses the medical model and introduces an integrative or socio-medical model, standardized and adapted for children with disabilities in Montenegro. The commission are composed of various professionals, including medical doctors, psychologist, pedagogics, social workers and defectologists.

There are 30 commissions that assess and determine disability in Montenegro. They all apply different disability criteria and lists of illnesses and medical conditions, defined by no less than 6 laws and 17 by-laws. Often there is a difference between the regulations concerning the diagnosis leading to disability and the scales and percentages of "able-body" damage regulations and each sector is assessing and determining disability according to its own lists. Therefore, it is unacceptable and discriminating that depending on which of these commissions a person applies with, two persons/children with the same disability could be granted different cash benefits and services.

The application for determination is a precondition to become eligible for any public services, products and benefits. The procedure itself is very time consuming, difficult and often costly (indirect costs) for vulnerable citizens and their families to complete and it often takes months for eligibility application processing. This is contradictory to principles of equality and equal and easy access to public services and ultimately with the intentions of the UN CPRD. There is no national definition of persons with disabilities nor an official registry. In addition to the inconsistencies and lack of coordination including the issue of overlapping of multiple cash transfers and services, in the system of assessment and determination, there are problems related to the composition of the lists of disabilities, the administrative procedures for application and the comprehensive official records and evidences of persons with disabilities.

Particular attention should be paid to barriers limiting the participation of persons with disabilities who may be experiencing multiple discrimination and exclusion, such as women and children with disabilities, persons with mental or intellectual disabilities, persons with disabilities who are in institutional residential care, etc. In many contexts, the stigmatization of disability, particularly intellectual and mental, is a powerful driver of segregation.

One of the most important issues with regards to the disability determination eligibility conditions (lists) relates to mental health conditions and disabilities. Namely, mental health conditions and disabilities are not adequately represented in the current Lists of Medical Conditions and Illnesses. Circumstances arise, where even people with severe mental health issues are not legally recognized as persons with disabilities. These persons are often deprived of their legal capacity i.e. being no longer legally recognized as physical persons and denied their rights to make decisions how to lead their lives. Persons with mental health disabilities are probably the most vulnerable persons in the society - they are socially excluded, underrepresented in decision making processes and not adequately supported by the social security system/network.

1.2.2 Information system and registries – administrative data sources

Montenegro has no official registry of persons with disabilities that would enable effective, evidence-based public policy planning and programming. The 2011 Census data provide

practice, this requires a sophisticated Information System that would generate datasets which are currently non-existing.

Sample model project is UNDP's ISWIS¹⁰ - E-Social Card system that demonstrate the public benefit of the creation of official registries and information system for all the necessary work processes that are ought to be established within this intervention. The E-Social Card will be upgraded to enable automatic referral processing from-to the new Commission i.e. so that the decision of eligibility on the social cash transfers and services could be made the same day as the application.

1.3 Related programs, projects and other donor activities

The Action builds on successful **Social Welfare Reform Project (IPA I) and E-Social Card – ISWIS** both UNDP implemented, that has resulted in substantial, national scale social welfare structural reform, with visible results recognized also in EU Progress Reporting. This Action is fully complementary on the current pace of the reform and builds further on these projects achievements and lessons learned. Action in this area, will finally cover a key missing part of social sector reform process and accordingly ISWIS expansion to ensure actual implementation i.e. that the scope of this Action is duly enforced.

ISWIS covers almost all business processes in the social welfare sector and is responsible for processing of the social cash transfers/benefits (~85.000 individual payments monthly i.e. ~ EUR 85 mil. annually) and social services (case management). It's interoperability module (automatic data exchange - one-stop-shop) with other 10 institutions: health, tax revenues, employment, real estate, education, pensions, etc. is sample of good e-government service for the poor and the most vulnerable citizens. ISWIS as an overall project could be considered a sample project model that could be applied for other public sectors reforms. The Action provides extension of ISWIS that would generate the national E-Registry of Persons with Disabilities and at the same time it would also serve as an analytical database for evidence-based policy planning.

2. Objectives and expected results

2.1 Overall and specific objectives

2.1.1 Overall objective

The **overall objective** is more just, equal and easier access to rights to all kinds of cash benefits and services for persons with disabilities, in line with the national positive legislation and ratified UN Convention on Persons with Disabilities. This objective will be enforced through technical

¹⁰ ISWIS – Integrated Social Welfare Information System, locally popularly known as E-Social Card
<http://www.mrs.gov.me/informacije/socijalnikarton> &
<http://www.me.undp.org/content/montenegro/en/home/operations/projects/socialinclusion/SWIS.html>

- Substantial and continuous human resources building of the Commission professional staff, including training in enforcement of the new criteria legislation, procedures and practices, application of Information System, etc.
- The premises for the Commission allocated by the Government, renovated, and equipped, including special devices needed for disability determination, ICT infrastructure and hardware.
- Call for Proposals for NGOs representing persons with disabilities successfully implemented to support the reform by campaigns based on human rights promotion and other necessary the activities with the aim of shifting public perception from considering “disabilities to abilities” and duly informing persons with disabilities on new system in place and new procedures.
- Development and maintenance of the Information System for processing of all the citizens applications for disability determination developed through extension of E-Social Card (ISWIS) to generate national E-Registry of persons with disabilities.

Result 3. Management and coordination of the project ensured.

Outputs:

- Smooth implementation of the project, financial accountability, production of quality deliverables, timely prepared progress reports and strong cooperation among stakeholders ensured.
- Successful implementation of call for proposals.
- Project visibility ensured.

3. Scope of the work – project activities

3.1 General

3.1.1 Relevance of the proposed project

The project will be implemented in the line with the UN Convention on Rights of People with Disabilities, directly supporting its implementation. The European Commission as a legal entity ratified and adopted the UN Convention on Persons with Disabilities and based on its provisions adopted European Disability Strategy (2010-2020). The European Strategy sets the framework for EU countries and Montenegro adopted its Strategy for Integration of Persons with Disabilities (2016-2020) based on the EU framework.

3.2 Specification of the project activities

3.2.1 Result 1: Development and adoption of new criteria for disability determination

Under result 1., the aim is to develop, test and adopt new unified criteria for disability determination for all the sectors dealing with disability determination. Instead of the current outdated medical model which is mostly based on lists of illnesses and medical conditions, the new system would be based on social model - determination based on the remaining functionalities (abilities - what a person can do), in line with the UN Convention. The new system would allow proper targeting and referrals to these sectors enabling persons with disabilities to get all nationally available rights/entitlements, such as: various social cash transfers and services, employment schemes, pensions and benefits, referrals to all rights services, subventions, etc.

Under this result, the following activities are planned:

Activity 1.1. Establishing Intersectoral Working Group to lead/steer the overall process

- Establish Intersectoral Working Group that would be composed of representatives of all the sectors (healthcare, education, social welfare, pensions, employment and war veterans).
- Adoption of the Work-Plan.

Intersectoral Working Group would be composed of representatives of relevant sectors: healthcare, education, social welfare, employment and others. It would include two deputy ministers (social welfare and pensions), senior advisors and other high ranked line professionals that are responsible for the assessment and determination process in their respective sectors who would act as agents for change, as well as representatives of associations of persons with disabilities. Its wide and high-level membership composition would ensure full participation and support of all relevant sectors/actors.

The Intersectoral Working Group will be responsible for leading and monitoring of the whole reform process. It should ensure effective cross-sectorial linkages and secure support and compliance in respective sectors. The group is tasked to ensure both well designed legislative changes and smooth operational transfer/transition from the current to new disability determination system.

The following deliverables will be obtained:

- Decision on the establishment of Intersectoral Working Group.
- Work-plan adopted and regularly checked and updated and monitored.
- Regular and ad hoc meetings, decisions making and action taking, situation analysis, action proposals, official correspondence and other documents produced by the Working Group.

Activity 1.2. Development of (1) Comprehensive list of medical conditions and illnesses and (2) new functionality based Uniform national criteria for determining functional capabilities

- Establishing Expert Task Force Group in charge for development of Comprehensive list of medical conditions and illnesses and Unified national criteria.

start drafting final legal framework that will regulate the new system on how the assessment and determination would be carried out under the unique criteria. This is the most complex part of the reform to which special attention has to be paid. The analysis of the existing and drafting of the new normative framework would be carried out by the Legal Expert Task Force Group that would be created by the Government and composed of legal experts from all relevant sectors.

The Expert Legal Task Force Group would identify all relevant laws and bylaws, including but not limited to already identified 9 laws and 27 bylaws that need to be amended and conduct comprehensive analysis with findings and proposed amendments of laws and bylaws. In the subsequent phases, it would draft new legal framework (law/s and line by-laws) on unique assessment and determination commission and unified methodology.

The following deliverables will be obtained:

- Decision on the creation of the Expert Legal Task Force Group and legal expert recruitment.
- Impact assessment of the introduction of the new system with
- Comprehensive analysis of legal framework with findings and proposed amendments of laws and bylaws.
- New unique law/s on assessment and determination commission and unified methodology and new line bylaws.

3.2.2 Result 2: Institutional rightsizing and reorganization

Under result 2, the existing system of 30 commissions would be abandoned, and new national, unique Commission would be established. The new Commission would employ fulltime professionals and if needed additional consultant experts for specific medical areas, with new capacity to apply socio-medical model. The Commission would be equipped, and capacity professionally built to perform new functional disability determination for all the sectors – instead of each sector having its own commissions. Under this result, the following activities are envisaged:

Activity 2.1. Overall legal establishing the Commission including institutional setting, professional staff recruitment, and support to the initial functioning of the Commission

After both the Comprehensive List of Medical Conditions and Illnesses and the Uniform criteria for determining functional capabilities, have been drafted and adopted at national level, there would no more be a need for assessment and determination in each of the sectors and departments, as is the case now. The new system envisages that a single document: *expert disability determination findings* issued by the Unique Commission would be used i.e. referral to all sectors for exercising all rights regarding cash benefits, services or products. The assessment and determination would be carried out by a single Commission. The Commission needs to be legally established and equipped with professional and administrative staff and when needed external expert associates. Within this activity, UNDP will provide assistance in defining legal, institutional and staff settings. Due attention would be paid on engaging the existing staff dealing with the

abilities and socio-medical and human rights context in which they are utilized. To achieve effective functioning of the new system, professional staff and civil servants in various sectors, not limited to the Commission's staff, would need to be adequately equipped with knowledge, skills and understanding. For that purpose, development and implementation of a comprehensive training program is envisaged. Within this particular activity, the training program will target new Commission's staff and its aim will be to equip the staff with new, complex skills and knowledge to apply new Uniform criteria for determining functional capabilities. Since this is a paramount shift in paradigm and practice, a multitude of capacity development approaches is envisaged, and they include: intensive tailor-made education, professional licensing process, on the job trainings, support from the external consultants and study visits.

The following deliverables will be obtained:

- For professional Commission staff - comprehensive tailor-made training program developed with accompanying education material (handbook, handouts, IS manuals, etc.).
- Study visit organized to (a) a success story/country from the region and/or (b) the EU.

Activity 2.4. Promotion, information sharing and education

One of the key underlying, guiding principles of the project is "Nothing About Us Without Us". Therefore, adequate representation and participation of representatives of persons with disabilities will be ensured throughout the process. Persons with disabilities would be engaged in every aspect and activity of the action. Their role would be also particularly visible and important in (a) running a public information campaign targeting end beneficiaries i.e. PWD themselves (explaining how the new system works) and it also hat would aim at communicating the new paradigm and the objectives of the reform, and (b) training/educating public officials and civil servants in the new functionally-based paradigm. Through open call for proposals NGOs representing and/or gathering persons with disabilities will be selected to perform these important aspects of the overall reform.

With regards to the first aim, the continuous information and promotional campaign will primarily be concerned with shifting the public perception of disabilities from "disabilities" to "abilities" from "medical" to "social" model of understanding disabilities, from "protective" to "enabling" policies and human rights context. Simultaneously, the campaign will also aim at communicating new procedures and institutions set up by the project to enable comprehensive understanding and acceptance of the new system, both by the persons with disabilities, their family member and care givers as well as by the wider public i.e. society as whole. With regards to the second aim, the selected NGOs will provide educational programs targeting public officials and civil servants both at local and national level. The educational programs will introduce the shift in the understanding of disabilities in more details and reflect on various consequences for daily operations of sectors such as employment, education, etc. Due attention will be paid to multiple excluded and deprived persons with mental and intellectual disabilities and their family members care givers who often experience stigma and multiple hardships and issues which are unfairly underrepresented and raised in public.

infrastructure (including hosting), hardware equipping and at least one-year maintenance contracts both for applicative software and hardware. The smooth implementation of the IS would also be ensured through continuous tailored made trainings for Commission's professional and admin staff – IS users.

The Business Intelligence (BI) module of the IS will provide reporting, monitoring and disaggregated data on the number and structure of persons with disabilities for evidence-based policy making. Once IS is in place it would also serve as a mighty legislation enforcement and management tool for daily monitoring and evaluation of the Commission performances.

The following deliverables will be obtained:

- Information System designed – Information System Analysts recruitment and applicative software procurement conducted.
- IS developed and tested, including acceptance test procedure.
- Procurement, provision of full technical ICT infrastructure: 1. structural cabling system and external networks, 3. servers' infrastructure (including hosting arrangements), 3. hardware equipping and 4. outsourcing of external maintenance for min. one year.
- Development of user manuals and internal IT capacities of the Commission for IS regular operation and maintenance.
- Professional and admin staff trained to use the IS.

Activity 2.6. New system piloting phase

The reform implies setting up a new national disability determination system with completely new legislative and institutional framework, Information System and E-Registry of persons with disabilities that is a comprehensive and complex endeavor. It requires changes in the comprehension of disabilities as well as a whole set of new legislation, institutional setting and procedures. In such a complex undertaking, many things could go wrong. Any mistakes in design and functioning of the new system would directly affect vulnerable end beneficiaries – children, adults and elderly with disabilities, but also it would jeopardize credibility of overall reform process and the Action and its actors – the Government, DEU and UNDP. Therefore, we must ensure the proper risks mitigation and management. Having this in mind, the project envisages minimum six months probing/test phase - four months of testing plus two months for corrections identified during the testing phase. The activity is of crucial importance and it would involve the project team, relevant line entities within the government, line ministries and experts for disability determination, in order to timely identify potential shortcomings, bottlenecks, risks or other deficiencies of the new system for their overcoming.

The piloting phase will be closely monitored by the Intersectoral Working Group supported by the project team. At the beginning of the process, project team will identify key indicators against which the piloting and monitoring would be performed. Particular attention would be given to the ease of application, necessary time needed for a case determination (to measure and do projections of capacity of the Commission to timely and in quality manner process the applications), inclusion

of the engaged parties. No matter how good the reform design is, it will not be successful and sustainable if there is no determined commitment at both the highest and the practitioner's levels. As noted about this reform, it requires cooperation and support in five essential sectors for citizens: social, employment, pensions (and war veterans), education and health. Moreover, there are numerous NGOs representing persons with disabilities interests which must be engaged, together with associates from 30 Commissions and external experts, that makes around 200 professional and activists. Furthermore, most of these sectors are already undergoing structural, systematic reforms, implying reorganization, human resources right-sizing, coping with legislation changes and demanding EU accession agenda requirements.

In such an environment, implementation of this highly demanding, complex reform, that changes modus operandi in these sectors, staff resistance is expected. As trusted, independent party UNDP takes responsibility for multi-sector overall coordination and management, including the establishment of Project Steering Committee with the high-level Government officials for top-down approach. UNDP support will be short term, related to the establishment of the new system and will reduce in scope as the new system becomes widely adopted.

The following deliverables will be obtained:

- Coordination with relevant stakeholders throughout the Action.
- Project presentation at relevant meeting and events.

Activity 3.3. External communication and visibility

The project team will pay particular attention to implementation of the strategic and effective Communication and Visibility Plan that will cover all stakeholders. The plan will ensure engagement of persons with disabilities community and will be implemented in line with Article 8 of the General Conditions and the EU - UN Joint Visibility guidelines (https://ec.europa.eu/europeaid/sites/devco/files/guidelines-joint-visibility-eu-un_en.pdf) on communication and visibility, which is consistent with the EC's own Communication and Visibility Manual for EU External Actions. The purpose of the Plan will be to support the smooth implementation of the action, ensure effective commitment and partnership of all relevant stakeholders and disseminate the visibility of the project results. It will also contain set of activities targeting and engaging persons with disabilities and general population with regards to rights and entitlements and procedural aspects of the new system.

The following deliverables will be obtained:

- Project Communication Strategy design and development of line Communication Action Plan – within a participatory process with the aim of effective and timely implementation of the C&V plan.
- Call for proposals will be designed to endorse and finance the activities defined by the Action Plan and it would include but not limiting to: promotional public information campaigns, including Open Door Days (min. three media covered public events – north, south and central region), production of promotion and educational materials, continuous

immediately upon the Action commencement. The Committee's scope of work includes overall project oversight, regular review of the work plans, endorsement of the proposed alternations/amendments, review and pre-approvals of the progress reports and addressing issues raised by the Program Manager. In addition to overseeing the Action implementation progress, the Committee provides strategic guidance, as well as give final validation to milestone strategic and operational matters, other functions deemed necessary to support smooth Action implementation.

The Committee is composed of a high official representative of the Government (presumably the Minister of Labour and Social Welfare) or Deputy Prime Minister, in the capacity of the Chairperson, and representatives of the EU Delegation to Montenegro (EUD) and UNDP. The Committee meets biannually, whereas the project team timely submits the progress reports. In addition, the representatives of EUD, the Government entities and UNDP on ad hoc bases organize coordination meetings. An independent evaluation will take place at the beginning and in end of the project implementation.

This Action will be implemented through the project team, comprised of the following:

The project team which is responsible for the overall project implementation, including operational and financial responsibility, and it includes the following human resources:

Team Leader for Social Inclusion Cluster and Assistant Resident Representative will provide oversight over the programme implementation. He will be responsible for providing strategic advice and internal project management quality supervisory in place.

Programme Manager (Service Contract, full-time) will be responsible for overall project implementation and reporting, in accordance with this project document and in accordance with the UNDP Project Management rules, standards and procedures. This is an extremely complex, demanding reform project that requires coordinated endeavours from many stakeholders and adjacent risks management. Therefore, it is an imperative that for the manager to be proved, highly experienced professional with sectoral reforms enforcement experience, to ensure strategic guidance and to make sure that the work plans well prepared, updated and timely and in quality manner implemented to endorse the set projects' objectives and outputs.

Project Coordinator (Service Contract, full-time), will work under direct supervision of the Programme Manager, and will provide operational support to day to day project implementation.

Project Finance and Administration Assistant (fix-term, part-time, 55%) will provide daily financial, administrative and logistical support for the Action implementation.

The project organisation structure is presented in the following organigram chart below:

charged through direct project costs for the time spent directly attributable to the implementation of the Action, not exceeding 5% of the working time.

The Communications Officer will support the implementation of the Project Communication and Visibility Plan for the action, in cooperation with the UNDP Project team and MLSW communication unit, in accordance with the EC-UN Joint Visibility Guidelines. The Communications Officer will be charged through direct project costs for the time spent directly attributable to the implementation of the Action, not exceeding 5% of the working time.

In addition, the Budget for the Action will also provide for the other admin. charges related to the normal functioning of the project office, such as: two laptops (Programme Manager and Project Coordinator), three PC monitors (Programme Assistant), communication charges (internet and phone), utilities - water supply, security and reception services, building maintenance and cleaning, and office supplies (excluding supplies for the workshops).

The companies, local and international consultants will be contracted through this Action to deliver specific tasks supporting the overall project enforcement. They will work under direct supervision of the Programme Manager.

5. Gender mainstreaming

Gender equality is fundamental value and core activity both for the EU and UNDP development agendas. The EU Commission's 2010-2015 strategy for gender equality is a reference framework for increased effort at all levels, be they European, national, regional or local. It continues to corroborate the 2011-2020 European Pact for gender equality and addresses evaluated strengths and weaknesses of the Strategy for equality between women and men (2010-2015). New strategic engagement to gender equality 2016-2019 marks a new phase in EU corporate efforts to assure that gender mainstreaming action is perceived as of particular relevance. It emphasizes the need to integrate a gender equality perspective into all EU policies as well as into EU funding programmes.

Correspondingly, UNDP has strong corporate commitment towards gender mainstreaming with record of long-lasting good practices in the CO Montenegro office, certified with Global Gold standards in gender mainstreaming. UNDP has proved track record working in the country in creating strategic and legal frameworks for gender equality and gender mainstreaming since 2008 and it successfully implements a comprehensive gender EU IPA (2014) programme. Montenegro is signatory of all relevant UN and CoE conventions and on its path towards EU membership accession, though it needs to further develop capacities for gender mainstreaming and assure its meaningful implementation. Montenegro, as well as EU and UN had chosen two-fold approach where one is specific issue-oriented work through programs (such as LGBT rights, women in decision making, etc.) and second is gender mainstreaming approach into all policies and programs (such as gender responsive employment programs).

Last but not the least, EUD to Montenegro has been increasingly investing effort to assure that gender has been integrated in policies and programs in course of last 12 months. With support of UNDP, provided in-house capacity development trainings, gender mainstreamed Operational

most optimal solutions having in mind the needs of the citizens and persons with disabilities as beneficiaries of the system as well as the effectiveness and efficiency of the system as a whole. It also follows the principle "Nothing About Us Without Us" to ensure full participation of persons with disabilities as the primary beneficiary group whose social position and interests will be tackled by this intervention. This approach secures not only that knowledge and experiences are utilized, but it also supports the acceptance of the innovative and transformative concepts and practices this project aims to introduce.

Throughout the project, we will implement various **capacity development** activities. They will include information sharing with regards to the new concept of disability and disability assessment and determination; trainings in new procedures and information system and application of law and other regulation; education of persons with disabilities and wider public on the transformation of the disability paradigm and the new administrative and legal procedures that aim to ensure their rights. In that sense, our understanding of capacity development includes narrow as well as wider approach, the one that is focused on the capacities of professionals, civil servants and NGOs as well as the one that aims at incapacitating persons with disabilities and citizens themselves.

Lat but not the least, the Action is based on the principles of **sound management**. Relying on the extensive experience of UNDP office in Montenegro in restructuring social sector, we will utilize UNDP position of a trusted partner with already established strong partnerships with the stakeholders, all the available human resources and knowledge gained. We will aim at reforms enforcement, sustainable and cost-efficient solutions, following the agreed timeline, regularly monitoring the progress towards the objectives, adjusting to the new circumstances in the best interest of the Action and the citizens' – end beneficiaries' quality of life.

5.2 Reporting

The project will be overseen by the Project Steering Committee, consisting of high representatives of the Government representative, chaired by Minister of Labor and Social Welfare or Deputy Prime Minister, EU Delegation to Montenegro and UNDP Montenegro. Upon submission of narrative and financial progress updates, the Committee convenes twice a year. The project dynamics, results and eventual challenges will be presented to the Committee at the regular or if/when necessary ad hoc summoned meetings. The project team keeps regular communication with the stakeholders and EUD. The final report will be prepared and submitted to EU Delegation in accordance with the standard reporting requirements set in the article 3 of Annex II to the EU-UNDP Agreement (General Conditions). Additionally, the independent evaluator will be contracted to undertake the evaluation of the Action implementation.

Project implementation plan updates, outputs, identification of controversial points or deviations from the initial planning, analysis and options for correcting deviations (if any) will be dealt by Program Manager and presented to the Steering Committee for approval. The Action Program Manager will be directly reporting to the Steering Committee which has the overall supervision role upon the Action.

selection of the projects and agreements preparation, UNDP will allocate necessary resources for managing the agreements. It will include financial planning on quarterly basis, close monitoring of the invested resources effectiveness, evaluation of the interim and final delivered results. It is relevant to highlight, that UNDP will not passively wait for the results that will come out from the calls but will actively interact with the applicants and ensure coordination also with other projects and initiatives to achieve the required results.

Procurement and consultants' recruitment

For delivery of specific type of professional services, UNDP will apply relevant procurement methods as per UNDP POPP,¹³ which includes micro-purchasing, request for quotations, request for proposals, invitation to bid and direct contracting. Procurement involves acquiring goods, works and services. Although UNDP takes a decentralized approach to procurement by different business units, organization-wide policies and procedures apply. The procurement process encompasses planning, requisitions, sourcing of suppliers, solicitation and evaluation of offers, contract review, contract award, and the management of contracts and assets and title of transfer.

5.3.2 Involvement of national institutions

The project directly affects and involve the overall national social security system - the three-line ministries (Labor and Social Welfare, Health and Education), line public institutions (Pension Fund, Employment Agency, Social Welfare Centers, Public Health Institute, Health Fund, etc.), local governments, dealing with persons with disabilities, as well as CSO and Ombudsperson Office. The top-level Government commitment is essential. This takes not only strong political will and commitment to undertake this reform, but far beyond. The Government is decisive to dismiss even 30 current Commissions, terminating work contracts for over 200 engaged associates. In terms of resources, the Government should also provide the premises for the Commission and full-time basis employed qualified new professional staff (preliminary 30-50 new posts) and additional expert associates on freelances contracts. Finally, new criteria might expand social security coverage that requiring higher social spending expenditures. These prove full ownership and sustainability of the Action, that beyond this EU support.

It is an imperative that the Action will actively engage persons with disabilities and their representative organizations, in line with the principle "Nothing About Us Without Us". The role of these organizations is particularly foreseen in the activities related to the public awareness campaigns and educational programs. They are expected to achieve outreach towards local communities, end beneficiaries and overall public.

In such a complex institutional setting, the role of the UNDP will be to catalyze and coordinate reforms and provide an efficient delivery vehicle for change in areas that require a systemic

¹³https://popp.undp.org/_layouts/15/WopiFrame.aspx?sourceidoc=UNDP_POPP_DOCUMENT_LIBRARY_Public_PSL_Procurement%20Overview_Procurement%20Overview%20and%20Principles.docx&action=default&DefaultItemOpen=1

	Activity 2.2. Adaptation and equipping of the premises	Individual consultants and companies
	Activity 2.3. Development and implementation of Training Program	Individual consultants Call for proposals, eligible applicants: CSOs, NGOs etc.
	Activity 2.4. Promotion, information sharing and education	Call for proposals, eligible applicants: CSOs, NGOs etc.
	Activity 2.5. Development and implementation of the new Information System and PWD E-Registry	Individual consultants, companies
	Activity 2.6. New system piloting phase	Project team, individual consultants, the Government
Result 3. Management and coordination of the project ensured.		
	Activity 3.1. Organizing project coordination meetings	Project team, UNDP
	Activity 3.2. Organizing calls for proposals, recruitments and procurement.	
	Activity 3.3. Coordination with other relevant projects and institutions	
	Activity 3.4. External communication and visibility	
	Activity 3.5. Preparation of regular reports	

6. Sustainability of the action

The above described Government role combined with EU contribution provided by this Action for this necessary, essential reform is the precondition for further reforms in all the sectors. This Action scope goes far beyond this EU support as its outcomes become an integral part of the national social security system and therefore with ensured sustainability. The Action originates from the E-Social Card – ISWIS project, categorized as capital project of the Government. As such it is supervised by the Council for Privatization and Capital Projects, chaired by Prime Minister. The Social Card project is jointly implemented and funded by the Government (90%) and UNDP (10%). It's Management Board consists of line Ministers and is chaired by Deputy Prime Minister. The concept and implementation is trusted to UNDP CO being recognized for its expertise and proven implementation capacity. This model project proved to be very sustainable set up. The disability determination system reform Action originates from and replicate Social Card project model and it also relies on the key line labor and social Ministry carrying out the reform process in agile manner, benefiting from UNDP *ad hoc* implementation and project management support.

The overall Action full size package and outcomes: the legal framework, institutional/organizational and human resources building, infrastructure and the Information System itself that ensures actual implementation in practice - are the actual structure and integral part of *modus operandi* of the social security sector. In the same manner, the Action scope is the

accession agenda requirements. In such an environment, implementation of this highly demanding, complex reform, that changes modus operandi in these sectors, staff resistance is also expected.

Risks Management matrix

	Risk description:	Response/Mitigation measure:
1.	<p>Top level Government commitment to enforce the reform. This also requires strong multisector coordination challenge and inadequate commitment and human capacities to undertake the reform.</p> <p><i>Risk probability: medium</i> <i>Risk type: strategic and institutional</i></p>	<p>As trusted, proved independent party UNDP takes responsibility for multi-sector overall coordination and management, including the establishment of Project Steering Committee with the high-level Government officials, for top-down approach.</p>
2.	<p>Social security public spending expenditure increase.</p> <p><i>Risk probability: medium</i> <i>Risk type: financial</i></p>	<p>To estimate this reform effect on the public spending, a detailed cost-benefit analysis will be developed and accordingly the costs would be <u>accordingly mitigated</u>.</p>
3.	<p>Public admin. staff resistance to enforce the reform. Including issue of dismissal of approx. 200 expert associates who are presently contracted in the 30 Commissions. Continuous, substantive response and support for the Action is needed from all the engaged sectors, at professionals' level.</p> <p><i>Risk probability: medium</i> <i>Risk type: human resources</i></p>	<p>Engage the agents of change into the Task-force Team for daily operational implementation. Employ some ex expert associates in the new Commission. Note: upon dismissal these associates are not entitled severance payment.</p>
4.	<p>Inadequate human resources for staffing the new Institute for disability determination. Having in mind medical professionals brain drain increasing trend, there might be a problem to employ adequate number and structure of specialists of Doctor of Medicine (for ex. neurologist, oncologists) on full time fix term appointments.</p> <p><i>Risk probability: medium</i> <i>Risk type: human resources</i></p>	<p>Timely and quality implementation of the capacity building measures. Freelance and half-time working arrangements of Doctor of Medicine for the missing specialties.</p> <p>To investigate with the Government possibility of simulative salaries or salary bonuses for Doctor of Medicine specialists</p>
5.	<p>Complexity of the change may affect the functioning of the new Commission/Institute.</p> <p><i>Risk probability: medium</i> <i>Risk type: organizational/institutional</i></p>	<p>The Information System should serve as a management tool for daily monitoring and evaluation of the Commission performances.</p>
6.	<p>Availability of adequate and fully PWD accessible premises for the new Commission/Institute, including issue of funds for the renovation and full accessibility adaptation, as per PWD accessibility construction standards.</p> <p><i>Risk probability: medium to high.</i> <i>Risk type: financial and organizational</i></p>	<p>Currently, the Gov. has no premises allocated for the new Commission/Institute premises. This issue is already raised with Deputy Prime Minister for timely planning and action taking. Pending on the reconstruction/adaptation and accessibility investment requirements, the funds allocated from the Action, would probably not be enough, due to the Action budget limitations. The risk mitigation option is probably to seek missing funding from the Gov.</p>

Action plan:	Year 1.				Year 2.				Year 3.				Year 4				Year 5		Key milestones:	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
	Y1				Y2				Y3				Y4				Y5			
Result 1 Development and adoption of new criteria for disability determination																				
Activity 1.1. Establishing Intersectoral Working Group to lead/steer the overall reform process, at operational level.																				Official decision on the establishing Regular meetings (at least once in 3 months) with minutes with conclusions and decisions records.
Activity 1.2 Development of (1) Comprehensive list of medical conditions and illnesses and (2) new functionality based Uniform national criteria for determining functional capabilities.																				- New uniform list of medical conditions and illnesses - New uniform national criteria adopted.
Activity 1.3. Creation and adoption of new normative framework, encompassing laws and bylaws.																				New Law(s) and /bylaw(s) adopted
Result 2. Institutional rightsizing reorganization – by downsizing of current 30 commissions to one unique Commission																				
Activity 2.1. Overall legal establishing the Commission, professional staff																				Law, bylaw(s), act on institutional establishment, works places staffing act adopted. Recruitments.

Overall objective: Impact									Government and organizations of persons with disabilities committed and actively engaged in the reform of the system
Overall objective: More just, equal and easier access to all rights (cash benefits and services) for persons with disabilities	New assessment and determination system set in place and functioning	2017: Medical assessment and determination model in place	2019: Medical assessment and determination model in place	2025: New nation level socio-medical model developed and applied within a new unified system of assessment and determination	Government reports: Action Progress Report National Strategy on PWD implementation progress reporting by MLSW				
Specific objectives: Outcomes	Specific objective: National Disability Determination System reformed. Result 1. Development and adoption of new criteria for disability determination. Result 2. Institutional rightsizing reorganization – by downsizing of current 30 commissions to one unique Commission.	2017: Separate assessment and determination procedures taking place in different sectors within 30 commissions	2019: Separate assessment and determination procedures taking place in different sectors within 30 commissions	2025: New assessment and determination system with sophisticated Information System for cases processing – put into operation	Government reports: Laws and by-laws adopted in the Parliament and published in the Official Gazette of Montenegro Action Progress Reports. National Strategy on PWD implementation progress reporting by MLSW				All six sectors provide constructive support, including active engagement and support from CSO representing PWD
	1.1. Multi-sectoral Task-force work group established and functioning	2017: No multi/cross sectoral coordination mechanism dealing with assessment and determination	2019: No multi/ cross sectoral bodies dealing with assessment and determination is in place	2025: Intersectoral Working Group established Target: nine meetings of Task-force group in the course of the Action	Official decision on the establishment of the Multi-sectoral Task-force work group (MLSW) Reports, meeting minutes, progress				

		reported and resolved	2.1.3. Number of issues reported and resolved <u>Baseline: 0</u>	2.1.3. Number of issues reported and resolved <u>Current value: 0</u>	2.1.3. Target: 5 issues reported and resolved in initial month	Consultative meetings minutes and obligatory conclusions
		2.1.4. Number of consultative meetings held	2.1.4. Number of consultative meetings held <u>Baseline: 0</u>	2.1.4. Number of consultative meetings held <u>Current value: 0</u>	2.1.4. Target: Four consultative meetings held in initial 2 months	
2.2. Premises adapted and equipped		2.2.1. Number of premises adapted	2017: No Commission/Institute	2019: No Commission/Institute	2025: Commission/Institute established and functioning	Official Gov.'s Decision on the premises allocation
		2.2.2. Number of pieces of equipment procured and delivered	2.2.1. Number of premises adapted <u>Baseline: 0</u>	2.2.1. Number of premises adapted <u>Current value: 0</u>	2.2.1. Number of premises adapted <u>Target: 1</u>	Technical works hand-over documentation and reports
			2.2.2. Number of pieces of equipment procured and delivered <u>Baseline: 0</u>	2.2.2. Number of pieces of equipment procured and delivered <u>Current value: 0</u>	2.2.2. Number of pieces of equipment procured and delivered <u>Target: 150</u>	Equipping
2.3. Civil servants trained for application of the new assessment and determination system		2.3.1. Number of civil servants and experts trained	2017: Civil servants and experts not trained to apply the new assessment and determination criteria	2019: Civil servants and experts not trained to apply the new assessment and determination criteria	2025: Functionality (ability) based assessment trainings	Training programs and materials developed
		2.3.2. Number of civil servants and expert participating in study visits	2.3.1. Number of civil servants and experts trained <u>Baseline: 30</u>	2.3.1. Number of civil servants and experts trained <u>Current value: 0</u>	Tailor-made trainings in interpretation of all the medical sub-specialties criteria for professional assessors Target: 50 civil servants and experts trained (~50% women)	Participation lists records
			2.3.2. Number of civil servants and expert participating in study visits <u>Baseline: 10</u>	2.3.2. Number of civil servants and expert participating in study visits <u>Current value: 0</u>	Two study visits conducted Target: 10 participants	Study visit reports with lessons learned

	2.5.3. Number of new entries into the system Baseline: 0	2.5.3. Number of new cases entries into the system Baseline: 0	2.5.3. Number of new entries into the system Current value: 0	through the Information System 2.5.4. All new Commission staff trained to operate in new IS.			
	2.5.4. Number of PWD with personal records in E-Registry Baseline: 0	2.5.4. Number of PWD with personal records in E-Registry Baseline: 0	2.5.4. Number of PWD with personal records in E-Registry Current value: 0	Social welfare staff trained to operate by new procedure in Social Card – ISWS.			
2.6. Piloting of the new assessment and determination system performed	2.6.1. Number of individual cases determined 2.6.2. Number of procedures analyzed 2.6.3. Analytical report with recommendations available 2.5.4. New system Impact assessment Baseline: 0	2.6.1. Number of individual cases determined. Baseline: 0 2.6.2. Number of procedures analyzed Baseline: 0 2.6.3. Analytical report with recommendations available Baseline: 0 2.5.4. New system Impact assessment Baseline: 0	2.6.1. Number of individual cases determined. Current value: 0 2.6.2. Number of procedures analyzed Current value: 0 2.6.3. Analytical report with recommendations available Current value: 0 2.5.4. New system Impact assessment Current value: 0	2025: 2.6.1. All the work-procedures analyzed (application, processing, individual decisions issuance & referrals) to all six sectors – 40 cases. 2.6.2. One analytical report with recommendations produced 2.6.3. One impact assessment report produced	Pilot Phase Analytical report with adjustments recommendations Impact assessment report		

Activities	Means and Costs	External factors
Result 1. Development and adoption of new criteria for disability determination	UNDP project team	

- A "logical framework matrix" (or "log-frame matrix") is a matrix in which results, assumptions, indicators, targets, baselines, and sources of verification related to an action are presented.
- The intervention logic tells how, in a given context, the activities will lead to the outputs, the outputs to the outcome(s) and the outcome(s) to the expected impact. The most significant assumptions developed in this thinking process are to be included in the log-frame matrix.
- "Social security" implies: social protection (non-social insurance-based schemes), labor, employment, pensions, education and health sectors.

List of acronyms and abbreviations:

PWD	Persons with disabilities
CSO	Civil society organization
NGO	Non-governmental organization
MLSW	Ministry of Labor and Social Welfare of Montenegro
EU	European Union
EUD	Delegation of the European Union
MONSTAT	Montenegrin Statistical Office
UNDP	United Nations Development Program
WHO	World Health Organization

Annex I - Revised budget as per non cost extension
 Requesting project period: 1 October 2020 - 31 March 2025

Activity	Budget description:	Approved Original Budget - All years- USD	Description	Revised Total Budget (54 months)	Remarks on description (0)
Project Management	71100 Contractual Services-Individual	186 000	Programme Manager and Project Coordinator - full time basis	186 000	During the no cost period of 18 months, only costs for Project Manager - full time basis will be charged under this budget line
	03200 National Personnel	110 200	Project finance and administration assistant (part time 50%), Programme Associate (50%), Finance Associate (50%) and Programme Officer (10%) will be charged through direct project costs for the time spent directly attributable to the implementation of the activity	110 200	Only Project Finance and administration assistant (part time 50%) during non cost period of 18 months. No other costs will be charged under this budget line
	71600 Travel	4 500	Per diem for the implementation of the activity	4 500	no change
	71800 Rental & Maintenance of Other Equipment, Supplies	19 000	Printer, scanner, telephone, security reception, building maintenance and cleaning, pending from the project management, office supplies refer to the project level	19 000	no change
	72200 Equipment and furniture	3 100	Hardware procurement for the new project staff - two laptops and two PC monitors	3 100	no change
	Subtotal Project Management:	322 800	Expert Panel Advisor (Act 1.1, 1.2) Financial expert for cost benefit analysis, RPA and input for the evaluation (Act 1.1, 1.2, 1.3)	322 800	no change
	71200 International Consultant	40 000	Expert for development of new unified criteria for disability determination (1.2)	40 000	no change
	71900 Local Consultants	21 000	Legal expert (Act 1.3); final project evaluation (Act 3.4)	21 000	no change
	71300 Local Consultant for Communication	20 000	Communication expert (individual contract) as per the Communication and Visibility Plan 6.7.4. Active visual design products - logo, slogan (Communication and Visibility Plan)	20 000	no change
	74200 Audio/Visual and print prod costs	4 075	Knowledge transfer study group and individual visits for members of the study group and individual visits for individual expert members of the project for public health, to organize broad, constructive processes of development of new Unified Criteria and new criteria for disability determination (1.2)	4 075	no change
75700 Training, workshops and conferences	17 100	Knowledge transfer study group and individual visits for members of the study group and individual visits for individual expert members of the project for public health, to organize broad, constructive processes of development of new Unified Criteria and new criteria for disability determination (1.2)	17 100	no change	
71000 Financial	7 000	Knowledge transfer study group and individual visits for members of the study group and individual visits for individual expert members of the project for public health, to organize broad, constructive processes of development of new Unified Criteria and new criteria for disability determination (1.2)	7 000	no change	
71000 Financial	35 779	Knowledge transfer study group and individual visits for members of the study group and individual visits for individual expert members of the project for public health, to organize broad, constructive processes of development of new Unified Criteria and new criteria for disability determination (1.2)	35 779	no change	
Subtotal Result 1:	144 954	Expert Panel Advisor (Act 1.1, 1.2, 1.3, 1.4) Financial expert for cost benefit analysis, RPA and input for the Evaluation (1.1)	144 954	no change	
71700 International Consultant	27 000	Financial expert for pilot phase cost benefit analysis, RPA and input for the Evaluation (1.1)	27 000	no change	
71800 Local Consultants	65 000	Two ICT engineers to deliver development of technical specifications (hardware, servers, software), knowledge transfer and expert supervision of its development stages and implementation (Act 2.5)	65 000	no change	
71800 Local Consultants	65 000	Legal expert (Act 2.1, 2.3 & 2.6). Consultant for application for procurement of medical equipment (2.2). Engineer fee for furnishes specification/ design (Act 2.2)	65 000	no change	
Subtotal Contractual Services-Companys	222 000	Separate software procurement (Act 2.3)	222 000	no change	
71600 Travel	11 000	Per diem for the implementation of the activity	11 000	no change	
74200 Audio Visual & Print Prod Costs	5 000	These costs refer to translation and interpretation service. UNOP has long term contracts with a number of selected interpreters with negotiated fees (2.4)	5 000	no change	
72600 Grants to institutions and other beneficiaries	116 000	Grants for NGOs (activity 2.4)	116 000	no change	
72300 Communication and visibility	4 000	Public promotional public presentation and project development costs (2.4)	4 000	no change	
72200 Equipment and furniture	104 000	Procurement of the equipment for project, servers, furniture and medical devices for new Disability Commission (Act 2.1)	104 000	no change	
72100 Contractual Services-Companys	91 000	Contracting project adaptation/ construction works (Act 2.2). Adaptation project design, bill of works and supervision charges (Act 2.2)	91 000	no change	
Subtotal Result 2:	645 698		645 698	no change	
Eligible direct costs	1 113 952		1 113 952		
Eligible indirect costs (7%)	77 949		77 949		
Total eligible cost of the Action	1 191 901		1 191 901		

For the purposes of reporting clause 11.3 of the General Conditions, the budget heading understood as "Subactivity 1, 2 and 3" is the activity code used in the budget. The budget heading understood as "Subactivity 1, 2 and 3" is the activity code used in the budget.

Annex VI

Communication and Visibility Plan

1. Objective

The overall objective of the Communication and Visibility Plan is to ensure wide and impactful outreach of the project, and effective engagement with diverse audiences.

The plan provides an outline of actions to communicate the project's goals and progress, promote the transformational change and boost the visibility of the EU support to the reform.

The goal of the Communications and Visibility plan is twofold:

- 1) Advocate for the reform, communicate its key stages and increase the understanding and ownership among the national stakeholders.
- 2) Raise awareness on the issues that persons with disabilities and their families face in everyday life; with special focus on tutorial (new procedures) and how this reform promote inclusion and create a lasting change.

The target group in focus will be primarily persons with disabilities and their grass-root organizations, as well as caregivers, family members and wider public. While persons with disabilities are identified as project beneficiaries and a specific target group, it is important to note that they will also have the lead role in advocating for the change and communicating the project results. Secondary target group encompasses all decision-makers, i.e., line professionals – who will be responsible for carrying out the reform.

The reform stipulated by the project will introduce structural changes within the entire national social security network, across different sectors: social, education, employment, etc. Given the system's complexity, it will be of utmost importance to communicate regularly with the current welfare beneficiaries and future applicants, to keep them abreast with the new procedures for exercising rights to the social security entitlements. Wide information dissemination will be ensured, for example: where and how to apply, referral process (for ex. an applicant referral from the new Commission/Institute to the Pension Fund), time frame for issuance of individual decisions by the line sectors, detailed guidance on entitlements, payment details, complaint procedures to second and third instance (Administrative Court), etc.

All the communication products will be developed in close cooperation with the representative associations of persons with disabilities, for their ownership and in order to ensure that the messages are well tailored to their needs. The communication tools and products will be produced with due attention and will be accessible to visually and hearing-impaired persons.

The project team will secure that the EU financial contribution is mentioned in all public outreach endeavours. The visual identity of the project and the campaign will be developed with the EU Delegation in the lead, clearly indicating that this is an EU funded programme, with UNDP as the implementing partner. Specific guidelines will be developed for the grantees, to ensure EU visibility requirements are duly adhered to.

- a) Develop the visual identity and branding (logo, slogan) for campaign. This will include devising a catchy campaign slogan, which would be memorable and associate directly with the EU support;
- b) Devise an overarching campaign plan to integrate individual grantees under one umbrella. The plan will include a workplan with coordinated timeline; sequencing & synchronising of campaign activities by different NGOs (calendar of activities). The plan will focus on: 1. Advocacy with the key stakeholders and 2. External communication – towards end beneficiaries and citizens.

An individual expert consultant will be engaged to support the entire process and ensure smooth coordination, implementation and monitoring. The expert would provide guidance and oversee the process of creating unique branding and visibility guidelines (including the communications templates) for grantees in line with the prescribed EU visibility requirements;

The campaign will be carried out by NGOs representing persons with disabilities, as grantees selected through the competitive process. The expert will help craft the project proposals that would feed into the integrated campaign, harnessing focused approach and avoiding potential overlapping. In addition, the expert support would help boost communications capacities within the civil sector. The campaign will strive to apply a wide array of techniques, and innovative tactics to ensure better impact. A mapping exercise would be carried out to identify human-interest stories – that can be told through different formats, from photo essays and video testimonials to blog posts and targeted interviews.

- c) Communicating with key stakeholders. This component is of particular importance, given the crucial role of various stakeholders in setting up and implementation of the new assessment and determination system. Therefore, tailored content will be devised to boost engagement of professionals from all relevant social security sectors. This includes but is not limited to: experts from the existing assessment and determination system including the medical doctors specialist in various fields; representatives of other occupations providing care, the national Council of persons with disabilities as well as representatives of persons with disabilities. This segment will be carried throughout the project implementation, and it would encompass tailored trainings, workshops, project briefs, presentations and other tools and channels, as appropriate.
- d) Project briefs. With an aim to regularly disseminate key messages and results, the project team will develop briefs in a concise and clear manner. Briefs will communicate the benefits, both for the key stakeholders and beneficiaries. Apart from being used in direct, face-to-face communication, briefs will also be published on project partners' websites to ensure transparency and accountability.
- e) Presentations. For events and meetings, presentations will be designed to convey the project purpose, results, methodology and activities.

Communication and Visibility Plan Overview:

Communications	Visibility Elements	Frequency	Target Audience	Performance Indicators	Financial resources USD	Human resources
Development of Integrated Communication Work-Plan, grants' design and implementation support; monitoring of NGO grantees (up to five) run campaign and promotional activities	Set of meetings; two one day workshops; development of campaign logo and slogan	Designed, in line with key project activities and deliverables	NGO grantees	Integrated Communication Work-Plan Campaign implemented in line with the Plan.	- 20.000 consultant fee -UNDP Communication Officer (10% salary for 36 months) -1000 – two one day workshops with NGOs (grantees) -4.070 Development of campaign logo and slogan (design and print)	UNDP Project Team (Manager, Communication Officer and Project Assistant and Coordinator) Individual consultant with expertise in communication field.
Communicating with the Key Stakeholders (meetings, workshops, trainings)	Project briefs, Presentations, the Gov./MLSW, EU, UNDP logos.	Designed, in line with key project activities and deliverables	Key stakeholders	Number of events; number of participants; structure of participants		UNDP Project team and Communication Officer, MLSW communication unit, Consultant
Production of project briefs	EU, UNDP, MLSW logos	At the beginning of the project	Key stakeholders; citizens; persons with disabilities and their associations	Number of persons/stakeholders receiving the briefs.		UNDP Project team and Communication Officer, MLSW communication unit, the Consultant
Production of presentations and visuals (human-interest stories, photo essays)	EU, UNDP, MLSW logos	In line with key project activities	Key stakeholders	Number of presentations	To be funded through the grants	UNDP Project team and Communication Officer, MLSW communication unit, the Consultant

United Nations Development Programme

Regional Bureau for Europe and the CIS



Interoffice Memorandum

To: Ekaterina Paniklova
UNDP Resident Representative a.i. Montenegro

Date: 1st June, 2023

From: **Ivana Zivkovic**
Assistant Secretary General
Assistant Administrator and Regional Director, RBEC

Extension

Subject: **Designation and Delegation of Authority to**
UNDP Resident Representative a.i. Montenegro

File:

Subject: Delegation of Authority

Further to the UNDP Accountability Framework (DP/2008/16 Rev. 1) which was approved by the Executive Board in September 2008, in my capacity as Director of the Regional Bureau for Europe and the CIS, I hereby designate you as UNDP Resident Representative Ad Interim (RR a.i.) of UNDP Country Office in Montenegro and delegate to you specific authorities consistent with your responsibilities as RR a.i. (see Annex A).

This designation and delegation of authority is with effect from 1st June 2023. It shall remain valid and in effect until the selection and appointment of UNDP Resident Representative, unless otherwise amended, repealed, or superseded by myself or my successor.

In exercising your authorities, you will observe all UN Staff Rules and Regulations, UNDP Financial Rules and Regulations, the Internal Control Framework and policies promulgated in the Programme and Operations Policies and Procedures (POPP).

Unless specifically indicated in Annex A, the authorities delegated to you may be further delegated to other managers without my prior consent. However, a written record of such delegated authorities should be maintained by your office for audit purposes.

Please note that you will be personally accountable to me for the discharge of your delegated authorities.

I would like to take this opportunity to thank you for taking this responsibility during this critical time for the organization.