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PROJECT DOCUMENT

Republic of Serbia

Project Title: Open Communities – Successful Communities**Project Number:** 00103911**Implementing Partner:** UNDP**Start Date:** 6th June 2017**End Date:** 6th June 2019**PAC Meeting date:** 14 June 2017**Brief Description**

In 2015 the Republic of Serbia was faced with large-scale movements of refugees and migrants. An estimated 860,000 persons passed through Serbia in 2015 on their way to Western Europe. After the de facto closure of the Western Balkan route in March 2016, smaller numbers of refugees and migrants continued arriving daily through green borders from Bulgaria and the former Yugoslav Republic of Macedonia of which only even smaller and decreasing number were able to again leave Serbia regularly. Consequently, the number of refugees and migrants, staying more long-term in Serbia rose from around 900 a year ago to close to 8,000 currently. The UN partner organisations (UNDP, WHO, UNOPS and IOM) formed a strong partnership and in close coordination with the target groups developed specially tailored actions of the Project "Open Communities-Successful Communities" based on first-hand field analysis and technical verification of needs at local and national level in order to: a) improve quality, efficiency and accessibility of health-care systems and services in target municipalities to facilitate improved treatment of migrants and other vulnerable groups; b) Improve infrastructure and enhancement of services in municipalities impacted by increasing migration flows and to c) facilitate community cohesion, inter-cultural exchange and flow of information for better acceptance of migrants/refugees in target municipalities.

Contributing Outcome (UNDAF/CPD, RPD or GPD):

By 2020, there is an effective enabling environment that promotes sustainable economic development, focused on an inclusive labour market and decent job creation

Indicative Output:

Increased acceptance and understanding of issues of incoming migrants and refugees in the communities and areas which are most exposed to the arrival of heightened numbers of migrants/refugees.

Total resources required:	\$ 4,476,893.00 (as per June 2017 UNORE)	
Total resources allocated: EUR 3,997,865.00¹	UNDP TRAC:	
	European Union:	\$ 4,476,893.00
	Donor:	
	Government:	
	In-Kind:	
Unfunded:	0.00	

Agreed by (signatures):

UNDP



Steliana Nedera, Deputy Resident Representative

Date: 14 June 2017

¹ Note: Funds will be received in 3 tranches: initial tranche EUR 2,741,479.00 upon signature of the agreement, EUR 856,599.50 after 12 months and final tranche of EUR 399,786.50 upon submission and acceptance of final report.

I. DEVELOPMENT CHALLENGE

In 2015 the Republic of Serbia was faced with large-scale movements of refugees and migrants. An estimated 860,000 persons passed through Serbia in 2015 on their way to Western Europe. After the de facto closure of the Western Balkan route in March 2016, smaller numbers of refugees and migrants continued arriving daily through green borders from Bulgaria and the former Yugoslav Republic of Macedonia of which only even smaller and decreasing number were able to again leave Serbia regularly. Consequently, the number of refugees and migrants, staying more long-term in Serbia rose from around 900 a year ago to close to 8,000 currently. Of these over 85% are accommodated in 17 government facilities, hosted in 14 municipalities, hosting 43% children, 16% adult women and 41% adult men. 54% of refugees, asylum-seekers and migrants currently accommodated in government centres originate from Afghanistan, 18% from Iraq, 12% from Pakistan, 8% from Syria and 8% from other countries. Another 1,000 predominantly male migrants/refugees squat in improvised sites in Belgrade City and a few hundred at the borders to Hungary or Croatia. Most migrants/refugees have by now spent more than six months in Serbia, waiting admission into asylum procedures in Hungary or trying to, often repeatedly, re-enter the EU irregularly. Growing impediments to regular or irregular onward movement, are to increase the awareness of migrants/refugees protracted nature of stay in Serbia.

The situation at the local level varies from municipality to municipality, as evidenced by UNDP and WHO field researches from October 2016 – February 2017. Some of the most exposed municipalities are Belgrade with more than 3,000 migrants/refugees accommodated in asylum centre Krnjača, transit centre Obrenovac and residing in the public areas of the city centre, Šid with approximately 2,000 migrants in three transit centres and Preševo which hosts approximately 800 migrants/refugees. Other affected municipalities (Bujanovac, Bosilegrad, Pirot, Bela Palanka, Dimitrograd, Tutin, Sjenica, Lajkovac, Subotica, Sombor and Loznica) hosted between 90 and 430 migrants/refugees. The public health system in Serbia carried a very large burden of public health services during the refugee crises in 2015 and 2016 without renewal of resources. The public health system needs assessment carried out in December 2016 – February 2017 by WHO with the network of Institutes of Public Health (IPHs) provides clear evidence that physical facilities and services in the health sector need to be enhanced to provide adequate safety and care to migrants/refugees and the local population.

In late 2016 and early 2017 UNDP has performed several exercises that provide a thorough assessment towards local communities' needs, in close coordination with the Ministry of Public Administration and LSGs, the Ministry of Labour, Employments, Veteran and Social Affairs and the Commissariat for Refugees and Migration. As a result of the assessment, LSGs affected by the refugees and migrants' crisis identified needs for enhancement of communal infrastructure and local services (totalling 36 MEUR).

Acceptance of migrants/refugees is possible in communities that enjoy a high degree of community cohesion. This cohesion is a prerequisite of local stability and sustainable development. Community cohesion depends on various factors, both connected to personal experiences of migrants/refugees, their perception by local population, but also impact of migration/refugee situation on local assets, services and facilities. In that regards, UNDP conducted with Gallup two surveys on perception of communities on the refugees/migrants that show that communities are most concerned about worsening public services, once the local service providers have to cater to the refugees and migrants located on their territory. Uninterrupted waste collection, water supply and waste water treatment, health and social services are a prerequisite for preventing potential tensions among the local population and refugees and migrants. According to TNS Gallup surveys (of March and September 2016) in municipalities affected by migration flows (sample 800 citizens and 176 local administration staff) 37% of respondents expressed negative attitudes towards migrants/refugees. 32% of interviewees see poverty in Serbia (not enough funds for all) as the most burning issue related to migrations, 21% indicated religious and cultural differences and 11% - the threat of unemployment. Interviewed local government officials indicated the following key challenges in relation to migration: lack of equipment and technical resources (34%), hygiene issues (29%), lack of financial resources (25.5%), lack of medical equipment (22.7%), and lack of human resources (22%). Services like waste management and water supply were indicated as critical in a number of cases.

II. STRATEGY

The **key approach in the project is joint efforts for change**. Throughout the implementation the partner agencies will strive to achieve real and proven change for all involved target groups, beneficiaries and stakeholders. This can be achieved by establishing a clear and strong relation between present situation and final result. The created partnership with UN Agencies has implemented first-hand analysis of situation at the national and local level establishing a strong basis for successful implementation of the project. The competencies, knowledge and experiences are a guarantee for coherent and efficient implementation. The results are defined in realistic and consistent manner and will be measured throughout the implementation.

The aim of the Project is to strengthen the capacity of health system to meet the health needs of refugees, migrants and host populations; promote immediate essential health interventions; ensure refugee and migrant-sensitive health policies; improve the quality of the health services delivered; and optimize use of health structures and resources in municipalities receiving these migrants/refugees. Activities will be executed at different levels, such as support to systems at the national level or provision of equipment that will respond to immediate and proven needs at the local level. The different levels involved in the implementation of activities will receive capacity building training and support, which will contribute to greater efficiency of the system and its long-term sustainability.

WHO will provide technical assistance to the Ministry of Health of Serbia in the areas of health system strengthening to respond to the prolonged stay of migrants/refugees. This includes a rapid follow up assessment based on available evidence in migrant health through health system functions, including service delivery, financing, human workforce capacity, governance, legislation and data monitoring.

In order to achieve better preparedness of the local health system, recommended good practice solutions and experiences from other EU countries will be piloted and presented to Serbian municipalities with large number of refugees and migrants. Local Contingency Plans for Response to the Public Health Implications of Sudden and Large Arrivals of Immigrants will be developed. As preparation for the development of the local contingency plan, 2 rounds of expert consultations in each municipality are planned and one three-day study tour and twinning programme will be organized to the relevant EU country with similarly heightened numbers of arrivals of migrants/refugees. The initial study tour location proposal is Sicily, as the EU region which has well implemented local contingency plans and has significant experience in receiving large numbers of refugees and migrants. Sicily is also host of the WHO Migrant Health Knowledge Hub.

WHO will provide technical assistance to the Serbian Network of Institutes for Public Health to develop, disseminate and implement procedures linked to basic hygiene, health and safety needs. Results from this action will include a standardized needs assessment for migrants' health in the areas of communicable diseases, analyzing the current epidemiological situation, service provision, capacity, gaps and needs.

Based on previous assessments, UNDP will implement infrastructure upgrades of local infrastructure and develop designs for long-term infrastructure developments including capacity building for local service providers. All initiatives indicated in this proposal have a clear connection to the refugee and migration crisis. The infrastructure support will be aimed at upgrading facilities and services used for attendance of migrants/refugees, considering specific needs of women and children. Improving quality of life of both migrants/refugees and local women and men will contribute to increased tolerance and acceptance of migrants/refugees.

Community cohesion", "cultural integration", "intercultural dialogue", can be understood differently depending on the country and the given context, and is generally defined as **the process of mutual adaptation between two or more groups**. Partner agencies led by IOM will take comprehensive approach to community cohesion and inter-cultural dialogue in order to ensure that migrant women and men can fully engage with their host society from a socio-economic, political, and cultural perspective. Partners' activities are developed and shall be implemented in close cooperation with the relevant national institutions (Working Group on Mixed Migration Flows) and with the Councils for Migration and Durable Solutions of respective LSGs. Involvement of grass root organisation (women, human rights, environment protection, humanitarian and volunteer organisations) acting on the local communities' level will ensure participatory approach, involvement of local community members in implementation of actions thus maximising impact of the action on social distance decrease.

III. RESULTS AND PARTNERSHIPS

Expected Results

Trough implementation of the following activities, the Project will enable fulfilment of the UN agencies' **Development Partnership Framework 2016-2020** priorities defined jointly with the Government of Serbia: protection of vulnerable groups (Pillar 1), high quality, inclusive, equitable, gender-sensitive, and age appropriate health services (Pillar 2) and communities' resilience to natural and man-made disasters (Pillar 4).

ACTIVITY A0.1: Assessment and coordination

Following the contract signature, the partner agencies will jointly with the Joint Operational Team (JOT) conduct an internal review of initiatives pre-defined in this proposal. The specific initiatives will be checked against the current situation and the need to include in the project new cities/municipalities hosting reception facilities established in the meanwhile. In case the initiatives remain valid, the partner agencies will upgrade the justifications and prepare files for the decision by the Steering Committee.

In case of changed external conditions or local priorities/relevance, the partner agencies allow a possibility for amendment of the list of support initiatives. Eventual new initiatives will be selected using similar methodology as in pre-proposal process. Full commitment of beneficiary institutions will be required for initiatives presented in the proposal and for eventual new initiatives the commitment will go well beyond principle support and agreement. The partner agencies will look for full cooperation, interest and written commitment for maintenance of assets, equipment and supplies after project conclusion.

Results:

- All 16 involved cities/municipalities are re-assessed for present and eventually new initiatives;
- The preliminary list of interventions (equipment, infrastructure) is prepared;

ACTIVITY A0.2: Preparation of justification and supporting the work of the Steering Committee (SC)

Based on Activity A0.1, in cooperation with the Joint Operational Team (JOT) the partner agencies will prepare a report with conclusions on type and quantity of support to health centres, as well as to local self-governments and local communities and present it to the SC for decision-making. This report will contain accurate information on linkages between support and the migration/refugee crisis and the impact of the support provided. The partner agencies will prepare a brief fact sheet for each proposal indicating: relevance of intervention, feasibility of timely completion, brief cost-effect estimation and level of commitment by local partners.

The partner agencies will be available for further support to the SC in its decision making. A possible area of support is development of transparent evaluation criteria and assistance in the evaluation of the initiatives. Considering that the number of proposed initiatives might exceed available funding, transparent processes and justifications are very important. As an example, the evaluation criteria used by the SC for evaluation of infrastructural projects could check:

- 1) That there are no adverse environmental issues arising from the intervention.
- 2) Gender equality concerns have been addressed and reflected in the intervention.
- 3) How the intervention is aligned with the local development plan or has support both by the local community and by the LSG administration;
- 4) The number of indirect and direct beneficiaries, both among refugee/migrant and local population, in the LSG, compared to the actual cost from the bill of quantity;
- 5) Does the intervention include clear visibility of the assistance and solidarity with the affected community?

The partner agencies will be available for secretarial and administrative support to the SC.

Results:

- 1-2-page fact sheets prepared for all proposed interventions containing details on each item of support, its link to the migration/refugee crisis, number of direct and indirect benefits and impact for the community and society at large;
- Evaluation criteria for transparent selection of support interventions developed;

ACTIVITY A1.1: Technical preparatory activities

Following the decision by the SC the partner agencies will approach preparation of tender documentation and launching procurement procedures. The partner agencies will support participating target groups and stakeholders in development of technical documentation to ensure best possible technical solutions and achieve maximised effect of EU funding. The support activities will include:

- Preparation of technical specifications for equipment and material. The partner agencies will support and advise target institutions on specifics of the planned equipment and materials to achieve optimum results and best value for invested EU funds.
- Implementation of preliminary market research. Identifying available options of equipment, potential suppliers and review of current market prices

Results:

- Tender documentation prepared and procurement procedures successfully implemented for purchase of 2 sets of equipment and 15 vehicles.

ACTIVITY A1.2: Purchase of equipment and materials

Purchase of equipment will represent a key part of the health-sector support. The provisional list of initiatives indicated below was defined on the basis of the field analysis implemented by WHO.

Results:

- One equipment set purchased for network of Institutes of Public Health and Institute for biocides and environmental medicine;
- One equipment set purchased for network of Institutes of Public Health, IPH Batut and the Clinic for Infectious diseases (prompt diagnosis and detection of communicable diseases);
- 15 ambulance vehicles purchased for PHC centres and Regional institutes of Public Health;

ACTIVITY A1.3: Enhancing services and capacity building

Provision of technical assistance to the Ministry of Health of Serbia and the local health system including: rapid follow up assessment based on available evidence in migrant health through health system functions, service delivery, financing, human workforce capacity, governance, legislation and data monitoring.

In order to achieve better preparedness of the local health system, recommended good practice solutions and experiences from other EU countries will be piloted and presented to Serbian municipalities with large number of refugees and migrants. Three municipalities and local Contingency Plans for Response to the Public Health Implications of Sudden and Large Arrivals of Immigrants will be developed. As preparation for the development of the local contingency plan, 2 rounds of expert consultations in each municipality are planned and one three-day study tour and twinning programme will be organized to the relevant EU country with similarly heightened numbers of arrivals of migrants/refugees.

WHO will provide technical assistance to the Serbian Network of Institutes for Public Health to develop, disseminate and implement procedures linked to basic hygiene, health and safety needs. Results from this action will include a standardized needs assessment for migrants' health in the areas of communicable diseases, analyzing the current epidemiological situation, service provision, capacity, gaps and needs. Expert health professionals will provide technical assistance and application of best practice examples through local training and on-the-job support. Specific tasks will include:

1. Assessment on communicable, non-communicable diseases and health service needs with expert consultation.
2. Set up an expert group for the uptake, adaptation and dissemination of technical guidance (guidelines) that will in a culturally and gender sensitive manner, prescribe standardized evidence-based measures for communicable and non-communicable diseases (NCDs) prevention, detection and treatment.
3. Deliver training for implementation and monitoring of implementation of technical guidance for public health professionals in regional Institutes of Public Health which cover refugee and migrant recipient municipalities (epidemiologists and hygiene specialist employed in regional Institutes of Public Health)
4. Draft and provide key communication information from technical guidance for the communication strategy

WHO will develop and implement health awareness raising activities by using social media for migrants/refugees and host communities taking into account cultural and gender sensitivities and culturally

appropriate way. Results from this task will include a situation analysis based on focus group sessions with refugees/migrants, host community, healthcare professionals and with employees of refugee/migrant centers. Training of trainers will take place (public health professionals from IPH network and cultural mediators with migrant/refugee background) that will cover communication of messages related to topics previously identified during the focus group discussions.

Results

- One rapid assessment report prepared and presented to the Ministry of Health and other stakeholders (50 in total) at the initial stakeholder meeting, 3 municipalities involved;
- 10 representatives of the LSGs and central government trained to participate in development of contingency plans; 3 Local contingency plans drafted, updated and adopted accordingly;
- Technical guidance for migrants'/refugees' hygiene and health developed and implemented in 17 reception facilities, 20 health care professionals involved;
- 34 workshops -2 workshops per each refugee and migrant center location, with participation of at least -1,020 refugees/migrants and local population.
- 8,000 refugees and migrants and 50,000 local populations reached through social and print media;

ACTIVITY A2.1: Technical preparations

UNDP will conduct the technical control of the existing documentation for community infrastructure upgrades, which are usually done by local self-governments. In case of need UNDP will finalize/adapt, with external assistance, the design for execution (projekat za izvodjenje).

In case a completely new design is needed, UNDP shall, source the conceptual design, and, in cooperation with the LSG body in charge of the project, follow the steps of the Serbian Law on Construction to create the design for construction permit and design for execution.

In addition to preparing technical documentation for immediate interventions, UNDP will develop project documentation for larger infrastructure interventions to be implemented after the conclusion of the project. UNDP will develop technical documentation, project design and feasibility study for long-term upgrades, with the LSG and/or national authority involved.

Results:

- Tender documentation for 12 infrastructure projects prepared and tender procedure implemented;
- Technical specifications, documentation for 15 equipment project prepared, tender procedure successfully implemented;
- ToR, tender documentation for 3 long-term designs prepared, tender procedure implemented;

ACTIVITY A2.2: Renovations, construction and equipment purchase

The preliminary analysis allows UNDP to present a shortlist of 12 infrastructure interventions, within two types of projects: 1) Small-scale community infrastructure in municipalities for the common benefit of the local population and migrants/refugees; and 2) equipment replacement and equipment upgrades.

Results:

- 12 infrastructural upgrades;
- 9 vehicles purchased;
- 2 sets of IT equipment and 1 set of furniture purchased;
- 3 sets of solid waste containers purchased;
- Asset replacement plan prepared;

ACTIVITY A2.3: Enhancing services and capacity building

In parallel and following the purchase of equipment and implementation of infrastructural improvements, UNDP will work on building the capacity of participating organizations (LSGs, PUCs and other participating stakeholders) and their staff and upgrading local services. The emphasis will be on full ownership and appropriate use of equipment and supplies, aiming for efficient and coherent use and will work on enabling opportunities for women, including migrant/asylum seekers, to voice their needs and concerns and to provide feedback on the quality and accessibility of local services.

UNDP will contract additional staff (as identified and confirmed by beneficiary institutions) for an average period of 18 months (deducting the inception and closing periods of the projects). Throughout the period, UNDP will monitor the work of these employees, verifying not only the impact of their work, but also their

position and safety and protection at work, in line with the legislation of the Republic of Serbia, with particular emphasis on protection from discrimination, harassment, mobbing etc. In the selection process UNDP will ensure equal representation of men and women, encouraging qualified women to apply.

Results:

- 13 LGSs provided with advice and support in use of infrastructural upgrades;
- 24 staff employed for 6 PUCs, social and health institutions;

ACTIVITY A3.1: Organisation of focus groups

IOM, UNDP and WHO shall organize focus groups (FG) in the first two months of project implementation. The IOM-led FG will include migrants, refugees and staff of the reception centres as well as local practitioners, including centres for social welfare and local youth offices to assess the needs, concerns, themes and activities of interest that would facilitate inter-cultural dialogue and joint activities. One focus group will be organized in each reception centre/location in the initial project phase and another set of focus groups will be organized six months after the implementation of the workshops and joint activities to assess the impact and address the new needs and interests. Special attention and part of the discussions will be devoted to specific needs, concerns and interests of women.

The UNDP-led FG shall include representatives of LSG administration, youth offices, local civil society and media. The target area shall be migration-affected communities, and the FG shall be organized using the standard methodology (6-8 members, 1.5 h) with representatives of strata identified in the public opinion poll. The goal of the FG is to gather information about the needs of local communities and migrants/refugees, and to assess the attitudes of municipal/regional administrations of affected municipalities/regions towards migrants and refugees and challenges that administration is facing.

Results:

- 16 LSGs involved in focus groups; 25 other local stakeholders involved;
- 10 communities/reception centres included in two series of focus groups;

ACTIVITY A3.2: Developing and implementing a communication strategy

UNDP and IOM, with health-related inputs from WHO, shall prepare the Communication Strategy (CS) in the first two months of project implementation. The results of existing public polls, focus groups and outcomes from the Working Group on Local Community Support will be used for analysis and identification of key communication issues to be addressed through the CS. The strategy will be developed in line with the Joint Visibility guidelines for EC-UN in the field and in consultation with the DEU and key stakeholders. The CS and its action plan will be approved by the Steering Committee.

Implementation of the CS will be done along two pillars: (I) Support in implementation of project activities and (II) Implementation of local public information campaigns. The communication activities supporting the implementation of the entire project (along the first pillar) will allow due attention to deliverables and results achieved in each project component and will elaborate on the positive change (impact) brought by the project.

The second pillar of the communication strategy will support the WP3 on community cohesion, focusing on joint volunteering actions that bridge the social distance between host and displaced communities, promotion of the rights of groups that are especially vulnerable (for ex. women and girls in general, but also refugee women).

IOM will organize 5 small local campaigns to promote the values and principles of community cohesion and contribute to shaping an appropriate public discourse on migration; the prepared videos, reportages, exhibitions will be then presented in all target municipalities and reception centres. For this purpose, IOM-led local campaigns will engage with a wide range of local stakeholders, including civil society and grass-root organizations.

Results:

- 1 communication strategy developed and implemented;
- At least 50 promotional events organised at the local level;
- At least 3,000 local men and women involved directly at events;
- At least 100,000 local population reached by promotional activities (publications, media)
- 5 local campaigns implemented promoting principles of mutual understanding and adaptation

ACTIVITY A3.3: Organise joint activities between migrants and local population

To further support the encounters among migrants/refugees and local population, IOM will organize at least 5 workshops in a form of interactive experience-sharing days in each reception centres/target location with different workshop topic being promoted. The workshops are meant to reinforce the dynamics of intercultural exchange, harmonise inter-cultural differences and facilitate understanding between local and migrant population/communities. During the period of 18 months, covering all reception centres, IOM will organize seventy (70) interactive experience-sharing days in form of workshops.

UNDP will organize approximately 34 joint events between migrants and the local population, supporting tolerance, acceptance, cultural sensitivity. These activities shall enable refugees and migrants, and also men and women from the local community, insight into the daily life of the other community, its values and practices, its identity determinants and main cultural features.

Establishing of multi-purpose spaces where women could conduct variety of activities, such as breastfeeding, learning about children's nutrition and other issues related to their well-being (including women's rights, sexual and reproductive health and gender based violence), access targeted psychological support, change the close, rest etc. will be also taken into account during the infrastructure upgrades.

Results:

- 34 local events organized between migrant and local communities
- 70 creative interactive workshop days in the reception centres
- At least 70% of migration-affected communities/locations involved
- At least 10.000 total number of participants at the events, out of which at least 30% are women

ACTIVITY A3.4: Supporting cultural sensitivity and stress management

IOM, in close partnership with national institutions, will review and adapt the training curriculum on community cohesion and intercultural exchange in work with migrants, which addresses cultural sensitivity and provides guidance for applying the most adequate methodology in supporting migrants (adaptation of the existing modules to match the given setting). Following the focus group findings, a 3-day workshop for a pool of national and local experts, including representatives of the youth offices, reception centre staff, local centres for social welfare, migrant community leaders) will result in a workshop curriculum focusing on the intercultural exchange and community cohesion

Based on the workshop curriculum adapted to match migrants, refugees and community needs, IOM will organize a set of ten (10) workshops in target locations for representatives of national/local institutions directly involved in providing assistance to migrants, in close partnership with UNDP, WHO and relevant institutions. In addition, five workshops on stress management and five peer counselling sessions will be organized for local institutions' staff dealing with migrants (Commissariat for refugees and migration, Centres for Social welfare, NGO staff working in the reception centres, IOs staff).

Drawing on European experiences in training health professionals who work with migrants/refugees from various cultural backgrounds, WHO will develop training for Primary Healthcare Centers' staff. This will include physicians and nurses who work with refugees and migrants, in order to familiarize them with specific cultural patterns and needs of migrants/refugees, provide culturally-sensitive services and manage stress in challenging situations. Trainings will be organized in migrant/refugee recipient municipalities and train frontline health workers.

However, they report lack of capacities to provide individual psychological support, due to limited number of staff, difficulties in communicating with individual women and building trust, or lack of time and confidentiality. Thus, the project will train health and social workers who could provide targeted, culturally-appropriate psychological support, and assessable and available multisector protection from gender-based violence – not only to beneficiaries from among the refugees and migrants, but also to their local.

Results:

- 1 workshop held for the development/adaptation of training curriculum
- 1 training curriculum developed
- 20 national/local experts participated in the curriculum development
- 10 workshops held for local practitioners on community cohesion and intercultural exchange
- Up to 300 practitioners attended the workshop curriculum
- 5 stress management workshops and 5 peer counselling sessions for local practitioners organized
- 1 standardised training material and resource package developed for healthcare training
- 200 Healthcare professionals from 15 Primary Healthcare centres trained during 10 one-day trainings
- Participation of at least 30% of women will be provided in these activities

ACTIVITY A4 : Management activities and communication

The partner agencies will ensure that procedural requirements and contractual obligations are fully taken into account. They will set-up a system for efficient and coherent management from beginning of project implementation. The activities will include: financial management, preparation of reports, eventual amendments of contract, procurement activities and alignment of visibility requirements. In relation to project management issues the partner agencies will observe the level of implementation of activities, quantity and quality of outputs, time perspective of activities. Involvement of target groups, final beneficiaries and impact at this level will also be observed. The partner agencies will set-up a communication system which will encompass media relations, contacts with stakeholders, contacts with interested third parties and relations with the contracting authority. All information produced within the project will be freely available, in line with the Organisations' policy on disclosure, for further use and multiplication.

Results:

- Financial management and accounting system set up;
- Progress reports prepared as per procedure – 1 interim and 1 final report (financial and narrative);
- At least 50 press-releases issued
- Financial management and accounting system set up;
- Progress reports prepared as per procedure – 1 interim and 1 final report (financial and narrative);
- At least 50 press-releases issued

Partnerships

The partnership is outwards-reaching in line with the requirements of the beneficiaries of the actions and principles of cooperation and efficient delivery. In the coordination mechanism amongst UN agencies, the Serbia Chapter of the Regional Refugee and Migrant Response Plan for Europe (coordinated by UNHCR and IOM) and in support to a coordinated implementation of the Governmental Response Plans, since May 2015, WHO has been supporting the **Ministry of Health of the Republic of Serbia** in coordinating the activities of civil society and other organisations in health responses to the refugee/migration situation in Serbia, while UNDP has assisted the **Ministry of Public Administration and Local Self-Government** as well as **local self-governments** in coordinating actors, who support to local communities' reception of refugees/migrants. Regular national working-groups and frequent local events on health care and support to local communities have been co-chaired and –organised by these Ministries, authorities and UN agencies.

The final beneficiaries of the Project will be migrants/refugees faced with challenges including inadequate accommodation facilities, access to services and health issues. They also experience difficulties in understanding the cultural and socio-economic specifics of Serbia and Western countries, and this causes reluctance, tensions or conflicts with local communities. Access to health services, local services and infrastructure **will be improved through upgrading** of physical facilities in target municipalities. Joint events and communication work with local communities will increase awareness of migrants about cultural patterns and will contribute to acceptance. Number of impacted beneficiaries in the project will be 10,000 persons.

Local Communities see refugees and migrants as a threat for their security, health or are afraid of cultural differences. Scepticism can largely be attributed to poor information or even disinformation about issues and specifics of migrant/refugee population. **The project addresses these challenges** with intensive efforts to raise awareness of local population. This will be done through joint events and a communication strategy. Upgrading local services/facilities will have a significant positive impact. Number of impacted beneficiaries: 134,000. The partner agencies have ensured in the application phase a **strong participatory process** of target groups and final beneficiaries. Proposal assumptions are based on field analysis and intensive coordination.

The project deals with **vulnerable groups** – migrants/refugees and other vulnerable groups within the local communities. Additional cross-cutting aspects extent through all the activities. The first such aspect is **gender equality**. The partner agencies are among lead promoters of rights of women in society. This commitment is confirmed in this project since it is agreed that with all activities implemented (trainings, events, direct support) at least 50% of the target groups or beneficiaries will be women. Their equal participation will also be promoted in new employments from the project resources. This project will tailor project activities to the populations with disabilities or other special needs and will address issues of sexual

and gender-based violence among refugees and migrants. The project also touches upon **environmental issues**, by addressing the challenges in delivery of local services (water supply, waste management) that the refugee and migration crisis has escalated. Energy efficiency measures will be built in the infrastructure improvements. The project uses **innovative approaches and international best practice** to strengthen the procedures and systems in Serbia. Support to LSGs/PUCs introduces new standards in operations and monitoring. The project will use evidence-based knowledge and good practices identified by WHO Migrants and Health Knowledge Hub and use innovation techniques including the investigation of technology and social media for awareness rising.

Risks and Assumptions

Risks have been assessed and analysed in the annexed risk log.

Stakeholder Engagement

The key stakeholder institutions are gathered around the "Open communities, successful communities" and those are:

- The Ministry of Labour, Employment, Veteran and Social Affairs
- Ministry of Health
- Commissariat for Refugees and Migration
- Delegation of the European Union to Serbia
- Serbian European Integration Office
- UN Agencies ((UNDP, WHO, UNOPS and IOM)
- 16 local self-governments (LSGs) with their service providers and PUCs: Dimitrovgrad, Presevo, Sid, Subotica, Bosilegrad, Belgrade City, Sjenica, Tutin, Lajkovac, Loznica, Bujanovac, Pirot, Kanjiza, Sombor, Kikinda, Vranje.
- External relations with beneficiary organisations at the national and local level include other professional organisations, media, NGO sector organisations etc.

Activities shall be implemented in close cooperation with Councils for Migration and Durable Solutions of respective local self-government units, as local level migration management bodies including managers and staff of the reception centers. In addition, in implementing community cohesion activities, the project will engage in direct work with migrants, field practitioners and local service providers, as well as communities at large. Involvement of Youth Offices is particularly important in the process of dissemination of information among youth population, mobilization of volunteers for joint actions and spreading positive messages among peers at the same time assuring involvement of the line Ministry of Youth and Sport as a central level umbrella institution. Involvement of community grass root organisations (gender, human rights, environment protection, humanitarian and volunteer organisations) will ensure a participatory approach in design and implementation of joint events, maximising the impact of the action in decreasing social distance.

In the coordination mechanism amongst UN agencies, the Serbia Chapter of the Regional Refugee and Migrant Response Plan for Europe (coordinated by UNHCR and IOM) and in support to a coordinated implementation of the Governmental Response Plans, since May 2015, WHO has been supporting the Ministry of Health of the Republic of Serbia in coordinating the activities of civil society and other organisations in health responses to the refugee/migration situation in Serbia, while UNDP has assisted the Ministry of Public Administration and Local Self-Government as well as local self-governments in coordinating actors, who support to local communities' reception of refugees/migrants. Regular national working-groups and frequent local events on health care and support to local communities have been co-chaired and –organised by these Ministries, authorities and UN agencies.

South-South and Triangular Cooperation (SSC/TrC)

The project will continue to develop already established regional linkages through active cooperation with the UNDP Istanbul Regional Hub (IRH) and participation of Serbia in regional activities coordinated by IRH.

IRH had already initiated creation of such linkages through Regional Migration Conference held last year which served as a forum for knowledge exchange, learning, advocacy for further support to migrants and refugees affected municipalities at the regional level and promotion of regional activities at the global level. A key activity in this context was on impact of migrants in the region, with the case studies of Turkey, Macedonia, Serbia, Greece etc.

Sustainability and Scaling Up

The action is designed in a way to provide direct answer to challenges at the national and local level.

- **Direct immediate impact (technical).** Project activities and results are providing solutions to limited local capacities, resources and facilities connected to migration issues. Currently, LSGs and local institutions in areas affected by the refugees and migrants are not fully prepared to accept and treat properly migrants/refugees along with the local population and their capacity deficit may stir aversion against migrants/refugees. The project's direct impact will be the strengthening of health care system at the national and local level, of LSGs and public service providers. In all 16 project locations, the project will deliver a combination of hard and soft measures (training for representatives of 16 LSGs, 10 IPHs and 15 PHCs, 24 additional staff hired, 15 interventions with equipment support, 12 renovations/constructions). Equipment, constructions and reconstructions, along with capacity development and short-term staffing provided by the project will answer some of the most pressing issues in all municipalities covered by the project, contributing to better local infrastructure and services, servicing both migrants/refugees and local communities. Cultural and gender specific needs will be taken into account.
- **Long-term impact (societal).** The support provided by the project to health institutions, LSGs and PUCs will impact the project's final beneficiaries – the migrants and refugees and the local population, as it creates a strong foundation for continuous better-quality services and care for both groups (keeping in mind the special attention provided by the project to people with special needs). With refurbished facilities, new equipment, new knowledge and tools provided by the project, participating LSGs and local partners will be able to maintain better quality of the services in the long term for the local population and existing and eventual new migrants/refugees. The events and activities organized by the project towards improving community cohesion will involve more than 10,000 persons and will contribute directly to a more positive and stable interaction among various groups in the community - and above all will contribute to better tolerance and mutual acceptance in the long-term. The current population of 8,000 migrants/refugees present in Serbia will benefit from the project. Approximately 100,000 inhabitants of local population will be more aware of health issues and build tolerance towards migrants/refugees. At least 30% of project beneficiaries should be women and girls.
- **Policy level impact.** During the project implementation, the partner agencies will work intensively on development of improved approaches and models for treatment of migrants/refugees (for example development and distribution of procedures for migrants linked to basic hygienic and health needs). The project will also focus on enabling opportunities for women, including migrant/asylum seekers, to voice their needs and concerns and provide feedback on the quality and accessibility of local services. Based on assessments results and policy dialogues with stakeholders the concepts developed in the project can be incorporated at overall procedures and regulations at the policy-making level.

Dissemination and replication of outcomes:

Communication and promotional activities will be implemented in two streams: WP3 (Community cohesion) includes dedicated communication actions to accompany and publicise the community cohesion activities that focus on building mutual trust and acceptance among refugees, migrants and the local population. WP4 (Management) includes dedicated communication and promotion measures for the entire project, focusing on dissemination and replication of the outcomes produced by the project. The partner agencies will prepare presentations of results in a way to allow use in other initiatives and areas (Each result will be presented with its background, main actions and lessons learned). Channels used in the process will include:

- **Press-releases and media publications.** The partner agencies will issue regular press-releases and ensure media publications. These will be aimed at general public, promoting governmental efforts, significance of EU financing and sector issues.
- **Professional publications.** The project results (capturing the relation between project outputs and impact on target groups) will be presented in professional publications and media dealing with refugees and migration issues, for further dissemination and replication.
- **Events** planned by the project will be an opportunity for presentation of results to extended audience.
- **Direct contacts.** The partner agencies will be available throughout the duration of the project for presentation of lessons and experiences to other interested parties, policy makers etc.

Scalability

The Project is intended to contribute to building capacities of local self-governments for concessional borrowing and blended financing. The designs produced under the project shall be offered to IFIs for concessional borrowing to strengthen local resilience in the fact of crisis.

IV. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

Project Management

The project is designed in a way that each working package is coordinated by a responsible partner agency. The partner agency is fully responsible for coordination of the working package and eventual inputs by participating partner agencies. The overall coordination at the level of the entire project will be ensured by the lead applicant -UNDP. Responsibilities for WPs were allocated on the basis of experiences and competencies of partner agencies. The lead applicant will be supported in the coordination with other UN agencies and other various actors and stakeholders by the UN Resident Coordinator's Office (UNRCO), maximizing the overall impact of the project. In this and for particular advice the UNRCO, the lead applicant and partner agencies can also draw on related expertise of other UN agencies/sectors that participate in the UN support to the Government of Serbia in the refugee/migration situation, including UNHCR with its mandate for refugee protection and solutions, asylum system development, shelter and humanitarian aid, UNICEF in child protection and education, UN Women in gender issues and gender mainstreaming and the Human Rights Advisor to the UN Country Team in migrants' rights and human rights mainstreaming. Contribution will be provided in a sense of facilitation, networking and strengthening visibility and promotion. Close coordination with the EUD will be done in the process.

At the level of partnership, the responsibilities, resources and other inputs for each of the activities and results are pre-defined. The partner agencies are committed to follow regularly and thoroughly the activities implemented in their respective WPs and to report about achievements at the level of partnership. The position of the partner agencies in the project is as follows:

UNDP. The lead applicant will be responsible for overall management and coordination of the project. It will establish a coherent system of communication between partners and collect information about proceedings in specific work-packages (based on reports by co-beneficiaries). The lead applicant will be a focal point for communication with the Contracting Authority and will carry responsibilities for procedural issues (financial management, reporting, eventual amendments of the contract).

UNDP will also be responsible for implementation of the WP 2: Communal infrastructure and local services. Within the WP it will ensure coordination with LSGs and local partners (social services, PUCs) and on the basis of re-assessment of needs it will present the case to the SC. Following the decision, the lead applicant will implement all planned activities within the WP 2, including purchase of equipment and reconstruction. A large proportion of activities will be implemented using external sub-contractors (procurement from grant).

The lead applicant will work with IOM in implementation of the WP 3: Cohesion, in particular on the implementation of the communication strategy, and organisation of events connecting migrants/refugees and local communities.

UNDP will coordinate the WP 0: Initial assessment, where strong contributions by other partner agencies will be provided.

WHO. The partner agency will be responsible for implementation of the WP 1: Facilities and services in health sector. It will ensure coordination with local authorities, health care institutions and other involved stakeholders. On the basis of initial re-assessment and approval of specific support initiatives by the SC it will approach implementation of concrete initiatives. In addition to procurement of equipment and supplies, significant efforts will be dedicated to training, capacity building and strengthening public health systems. The partner agency will report on activities and results of the WP at the level of the overall project. The partner agency will coordinate communications in health sector in agreement with the lead applicant. WHO will work in the scope of WP 1 and WP 3 on trainings of health professionals and cultural coordinators (with focus on health services cohesion), migrants' health awareness raising workshops and cultural sensitivity and stress management workshops for health workers.

IOM. IOM will be responsible partner for the WP 3: Cohesion. It will coordinate contributions by other beneficiaries (UNDP and WHO), and implement a set of own content measures. IOM will lead implementation of cohesion activities at the local level – joint events and training of institutions involved with migrants (cultural sensitivity, psychological approach, stress management) and will contribute to the implementation of the Communication Strategy by supporting achievement of short- and mid-term strategy results. IOM will maintain communication with stakeholders involved in implementation of cohesion activities in coordination with the lead applicant.

UNOPS. The partner agency will assist WHO in implementation of the WP 1: Facilities and services in health sector. UNOPS will above all focus on support in initial re-assessment of the needs in health sector

and implementation of procurement procedures for equipment and supplies purchased within the WP1. Having passed pillar assessment by the EU UNOPS will use own procurement procedures.

Organisational structure and the team proposed:

Project activities will be implemented by a competent project team. Each of the beneficiaries will contribute to the team experienced staff with first-hand technical experiences in the themes covered within their respective work-packages. Each of the beneficiaries contributes two technical staff and in some cases, administrative staff is added. The following functions are proposed within the project team.

Overall project manager. A full-time project manager is proposed in the team, coordinating all project activities in all three working packages. He/she will be responsible for coordination and communication within project team, relations with main target groups and stakeholders and maintenance of procedural aspects (in view of grant contract). The member will supervise the internal management proceedings and coordinate eventual corrective actions with beneficiaries. The project manager will supervise communication and visibility activities at the horizontal level.

Component coordinators. Each WP will be managed by component coordinators. They will be responsible for implementation of all activities at the level of work-packages, if necessary with other partner agencies (WP 1 and WP 3 are integrative with participation of several partner agencies). The component coordinator will be directly responsible for implementation of technical activities and support facilities (for example engagement of sub-contractors or logistical arrangements within specific WPs). Component coordinators will maintain regular communication with project manager to review progress at WP level and contribution to overall project. Component coordinators will maintain communication with respective stakeholders and target groups in coordination with the project manager.

Content support (technical focal point, communication, procurement). The members will support component coordinators in implementation of specific tasks related to content of WPs. The functions will cover communication activities, implementation of technical tasks, including extensive procurement.

Administrative staff. Additional administrative staff will be engaged in support to core content and technical activities. The tasks of administrative staff will include management of documentation, financial management support and support in communication and visibility segment.

V. RESULTS FRAMEWORK²

<p>Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:</p> <p>By 2020, there is an effective and enabling environment that promotes sustainable economic development, focused on an inclusive labour market and decent job creation.</p>
<p>Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:</p> <p>Indicator: Number of municipalities in the extremely underdeveloped group</p> <p>Baseline (2013): 46; Target (2020) 36</p> <p>Data source, frequency: Statistical Office reports</p> <p>CPD Output 1: Improved implementation of local development plans and applied sustainable solutions</p> <p>Indicator: Number of municipalities supported to implement economic priorities from local development plans</p> <p>Baseline: 6; Target: 12</p> <p>Data source: UNDP reports</p>
<p>Applicable Output(s) from the UNDP Strategic Plan:</p> <p>Outcome 3: Countries have strengthened institutions to progressively deliver universal access to basic services.</p> <p>Outcome 6: Early recovery and rapid return to sustainable development pathways are achieved in post-conflict and post-disaster settings.</p>
<p>Project title and Atlas Project Number:</p> <p>Open communities - successful communities, 00103911</p>

² UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

EXPECTED OUTPUT:	OUTPUT INDICATORS ³	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)						DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year ...	FINAL	
Increased acceptance and understanding of issues of incoming migrants and refugees in the communities and areas which are most exposed to the arrival of heightened numbers of migrants/refugees.											
Activity 1 To improve quality, efficiency and accessibility of health-care systems and services in targeted municipalities and improve treatment of migrants/refugees and other vulnerable groups	1.1 Number of health staff being able to respond better to challenges related to migration	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	N/A	2017	50	150	200	/	/	200	Trainings evaluation reports IPH reports on increased number on provided services and increased number of health services provided to refugees' migrants

³ It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

	1.2 Number of IPH and reception Centres with improved system in hygiene and health of migrants/refugees and local population	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	7 IPHs, 6 reception centres	11 IPHs, 12 reception centres	23 IPHs, 17 reception centres	/	/	23 IPHs, 17 reception centres	Report on identifying gaps IPH Reports on implemented contingency planning
	1.3 Increased number of users /capacities in facilities supported from the project	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	1.000	4.000	7.000	/	/	7.000 (30%) *Percentage of woman in migrant/refugee population is approx. 30%	

	1.4 Number of persons with increased awareness of health issues	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	1,000	4,000	7,000	/	/	7,000 (30%) *Percentage of woman in migrant/refugee population is approx. 30%	Workshop reports and evaluation IPH reports on implementation of technical guidelines
	1.5 Number of newly - introduced primary healthcare services as a result from improved healthcare facilities	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	5,000 analyses annually 5,000 medical transportation annually	15,000 analyses annually 7,000 medical transportation annually	30,000 analyses annually 10,000 medical transportation annually			30,000 analyses annually 10,000 medical transportation annually	IPH report on the number of beneficiaries of newly introduces services

Activity 2 To improve infrastructure and enhance services in municipalities impacted by increasing migration flows	2.1 Number of services improved	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	10 local service improved: 3 infrastructures, 5 equipment, 17 PUCs, 1 other services	30 local service improved: 8 infrastructure, 15 equipment, 17 PUCs, 6 other services	50 local service improved: 12 infrastructures, 15 equipment, 17 PUCs, 6 other services	Asset Replacement Plan Service monthly providers' annual reports
	2.2 Number of municipalities with improved facilities and services	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	5	10	16	Asset Replacement Plan Technical acceptance reports

	2.3 Number of persons (locals and refugees/migrants) directly benefiting from service improvement	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	54,000	100,000	134,000			134,000	Data on average number of services beneficiaries
Activity 3 To facilitate community cohesion, inter-cultural exchange and flow of information for better integration of migrants/refugees in target municipalities	3.1 Number of local population with increased awareness about issues of migrants/refugees	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	25,000	75,000	100,000	/	/	100,000 (50%)	Social networks visits Media reports rating Workshop and joint activities evaluation reports

	3.2 Percentage of objectives from communication strategy achieved	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres	0%	2017	25%	50%	75%	/	/	75%	Public opinion survey (Campaign 1 to establish baselines and Campaign 2 to measure progress per objective)
	3.3 Number of new qualified staff available for work with migrants/refugees (health, LSGs)	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres	NA	2017	10	35	50	/	/	50 (50%)	

	3.4 Number of migrants with increased awareness of local cultural patterns	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	NA	2017	500	1,500	2,000	/	/	2,000 (30%)	Workshop evaluation Focus groups reports Joint Action Reports
	3.5 Overall attitudes towards refugees and migrants (Gallup Research Index)	Project Reports Municipal annual reports in targeted municipalities Annual reports of involved institutions (IPH's, health care centres)	2.73	2017	2.75	2.8	2.9	/	/	2.9	Public opinion survey results

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.		
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.		
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.		
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.		
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.		

Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, and at the end of the project (final report)			
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of-project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Specify frequency (i.e., at least annually)	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.		

Evaluation Plan⁴

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
e.g., Mid-Term Evaluation						

⁴ Optional, if needed

VII. MULTI-YEAR WORK PLAN ⁵⁶

EXPECTED OUTPUT: Increased acceptance and understanding of issues of incoming migrants and refugees in the communities and areas which are most exposed to the arrival of heightened numbers of migrants/refugees.	PLANNED ACTIVITIES	Planned Budget by Year		RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2		Funding Source	Budget Description	Amount (USD)
Activity 1 <i>To improve quality, efficiency and accessibility of health-care systems and services in targeted municipalities and improve treatment of migrants/refugees and other vulnerable groups</i>	1.1 Activity: Technical preparatory activities (UNOPS)	503,919.37	0.00	UNOPS	EU	Equipment 72200	503,919.37
		334,826.43	0.00				334,826.43
		1,007.84	0.00				1,007.84
	1.2 Activity: Purchase of equipment and materials (UNOPS)	5,599.10	0.00		EU	Local consultants 71300	5,599.10
	1.3 Activity: Enhancing services and capacity building (WHO)	2,351.63	5,487.12	WHO	EU	Contractual Services Companies 72100	7,838.75
		71,108.62	15,117.58				86,226.20
					EU	Equipment 72200	159,182.53
		24,188.13	24,188.13		EU	Contractual services Individuals 71400	48,376.26
		3,359.46	10,078.39		EU	Audio Visual&Print Prod Costs 74200	13,437.85
		0.00	24,748.04		EU	Training, Workshops and Conferences 75700	24,748.04
	Sub-Total for Activity 1	3,359.46	33,818.59				37,178.05
							1,222,340.42

⁵ Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

⁶ Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

Activity 2 To improve infrastructure and enhancement of services in municipalities impacted by increasing migration flows	2.1 Activity: Technical preparation (UNDP)	171,332.58	8,398.66	UNDP	EU	Contractual Services Companies 72100	179,731.24
		384,748.04	0.00		EU	Equipment 72200	384,748.04
		10,717.37	0.00		EU	Materials & Goods 72300	10,717.37
		16,562.59	0.00		EU	Information Technology Equipmt 72800	16,562.59
	2.3 Activity: Enhancing services and capacity building (UNDP)	370,901.46	556,659.57	UNDP	EU	Contractual Services Companies 72100	927,561.03
		157,955.21	158,067.19		EU	Local consultants 71300	316,022.40
	Sub-Total for Activity 2						
Activity 3 To facilitate community cohesion, inter-cultural exchange and flow of information for better integration of migrants/refugees in target municipalities	3.1.1 Activity: Organisation of focus groups (IOM)	2,799.55	0.00	IOM	EU	Training, Workshops and Conferences 75700	2,799.55
	3.1.2 Activity: Organisation of focus groups (UNDP)	8,398.66	0.00	UNDP	EU	Contractual Services Companies 72100	8,398.66
	3.1.3 Activity: Organisation of focus groups (WHO)	8,958.57	0.00	WHO	EU	Training, Workshops and Conferences 75700	8,958.57
	3.2.1 Activity: Developing and implementing a communication strategy (UNDP)	13,437.85	6,718.92	UNDP	EU	Local consultants 71300	20,156.77
		55,879.06	56,103.02		EU	Audio Visual&Print Prod Costs 74200	111,982.08
	3.2.2 Activity: Developing and implementing a communication strategy (IOM)	39,193.73	0.00	IOM	EU	Audio Visual&Print Prod Costs 74200	39,193.73
		35,834.27	26,875.70		EU	Training, Workshops and Conferences 75700	62,709.97

	3.2.3 Activity: Developing and implementing a communication strategy (WHO)	671.89	3,359.46	WHO	EU	Audio Visual&Print Prod Costs 74200	4,031.35
		5,039.19	5,039.19		EU	Local consultants 71300	10,078.39
	3.3.1 Activity: Organise joint activities between migrants and local population (UNDP)	44,546.47	44,546.47	UNDP	EU	Contractual Services Companies 72100	89,092.95
		6,611.42 1,679.73	1,936.17 0.00		EU	Audio Visual&Print Prod Costs 74200	8,547.59 1,679.73
	3.3.2 Activity: Organise joint activities between migrants and local population (IOM)	1,119.82	1,679.73	IOM	EU	Training, Workshops and Conferences 75700	2,799.55
		20,425.53 11,623.74	10,212.77 5,811.87		EU	Contractual services Individuals 71400	30,638.30 17,435.61
	3.3.3 Activity: Organise joint activities between migrants and local population (WHO)	0.00	4,479.28	WHO	EU	Training, Workshops and Conferences 75700	4,479.28
		2,239.64	0.00		EU	Audio Visual&Print Prod Costs 74200	2,239.64
	3.4.1 Activity: Supporting cultural sensitivity and stress management (IOM)	26,875.70	23,516.24	IOM	EU	Contractual Services Companies 72100	50,391.94
		11,198.21	0.00		EU	Training, Workshops and Conferences 75700	11,198.21
	Sub-Total for Activity 3						

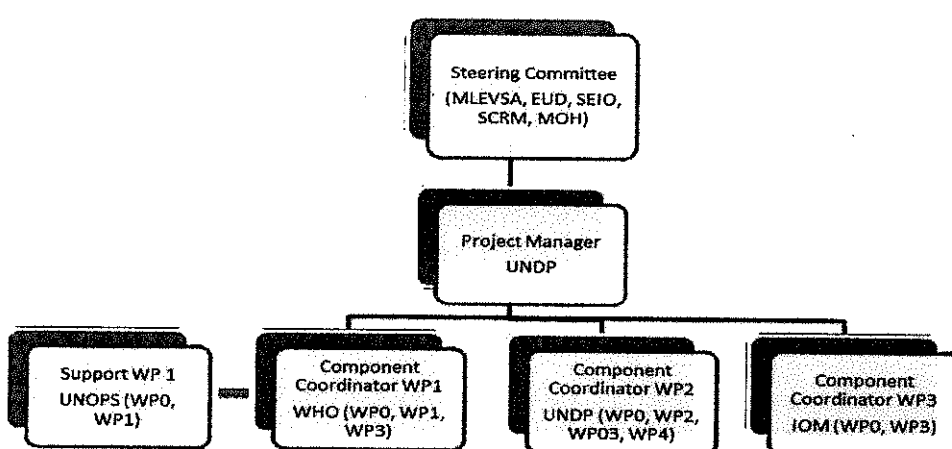
Activity 4 Project Management and Communication	4.1.1 Activity: Overall Project Management (All agencies)	43,943.92	43,943.92	UNDP	EU	Contractual services Individuals 71400	87,887.84
		23,113.10	23,113.10			Audio Visual&Print Prod Costs 74200	46,226.20
	4.1.2 Activity: Project Management (UNDP)	\$5,599.10	\$5,599.10	UNDP	EU	Contractual services Individuals 71400	11,198.21
		28,891.38	28,891.38			Professional Services 74100	57,782.75
	4.1.3 Activity: Project Management (WHO)	0.00	5,375.14	WHO	EU	Rental & Maintenance- Premises 73100	23,113.10
		2,687.57	2,687.57			Contractual services Individuals 71400	5,375.14
	4.1.4 Activity: Project Management (UNOPS)	26,203.81	26,203.81	UNOPS	EU	Contractual services Individuals 71400	52,407.61
		14,445.69	14,445.69			Contractual services Individuals 71400	28,891.38
	4.1.5 Activity: Project Management (IOM)	26,506.16	0.00	IOM	EU	Rental & Maintenance- Premises 73100	26,506.16
		13,253.08	0.00			Contractual services Individuals 71400	13,253.08
	4.2.1 Activity: Travel and workshops (UNDP)	2,257.56	2,257.64	UNDP	EU	Rental & Maintenance- Premises 73100	4,525.20
		4,031.35	4,021.28			Contractual services Individuals 71400	8,052.63
	4.2.2 Activity: Travel and workshops (WHO)	25,750.28	25,750.28	WHO	EU	Travel 71600	51,500.56
		12,094.06	12,094.06			Audio Visual&Print Prod Costs (Translation) 74200	24,188.13

			5,599.10	2,799.55		EU	Training, Workshops and Conferences 75700	8,398.66
	4.2.3 Activity: Travel and workshops (UNOPS)		3,044.79	3,044.79	UNOPS	EU	Travel 71600	6,089.59
	4.2.4 Activity: Travel and workshops (IOM)		15,905.94	12,907.05	IOM	EU	Travel 71600	28,812.99
			11,198.21	5,599.10		EU	Audio Visual&Print Prod Costs (Translation) 74200	16,797.31
			6,271.00	5,487.12		EU	Training, Workshops and Conferences 75700	11,758.12
		Sub-Total for Activity 4						
Total Programmable		4,184,012.13						
General Management Support	GMS		96,496.60	68,423.39	UNDP	EU	Facilities and Administration 75100	164,919.99
General Management Support	GMS		26,310.75	13,869.88	WHO	EU	Facilities and Administration 75100	40,180.63
General Management Support	GMS		62,329.00	371.87	UNOPS	EU	Facilities and Administration 75100	62,700.87
General Management Support	GMS		15,702.50	9,376.86	IOM	EU	Facilities and Administration 75100	25,079.36
GRAND TOTAL			3,069,965.00	1,406,928.00		EU		4,476,893.00

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

Coordination mechanism amongst UN agencies, the Serbia Chapter of the Regional Refugee and Migrant Response Plan for Europe (coordinated by UNHCR and IOM) and in support to a coordinated implementation of the Governmental Response Plans, since May 2015, WHO has been supporting the **Ministry of Health of the Republic of Serbia** in coordinating the activities of civil society and other organisations in health responses to the refugee/migration situation in Serbia, while UNDP has assisted the **Ministry of Public Administration and Local Self-Government** as well as **local self-governments** in coordinating actors, who support to local communities' reception of refugees/migrants. Regular national working-groups and frequent local events on health care and support to local communities have been co-chaired and –organised by these Ministries, authorities and UN agencies.

The following scheme presents the logic of the project, responsibilities and hierarchies within work packages



External relations anticipate contacts with a wide range of different organisations. In addition to the direct contacts with beneficiary organisations at the national and local level and final beneficiaries the stakeholders include other professional organisations, media, NGO sector organisations etc. The following stakeholders' matrix indicates some of the coordination aspects which will be considered in the implementation phase.

	Stakeholders					
	Governmental authorities	Professional organisations	NGO sector (work with the community)	Media	Business sector	Final beneficiaries
Coordination, management, making	Contract management, amendments, checking of reports, monitoring	Contract supervisory and advisory function. Participation in the project SC.				
Project management	Review of level of achievement. Specific advice in the implementation phase	Advice provided if necessary	Beneficiaries - feedback communicated			
Professional contributions with specific activities/results	Alignment of activities/results with EU standards	Specific professional advice provided for specific segments in line with Ministries' coverage and competencies	Recipients and beneficiaries of activities and results. Feedback communicated	Advice provided in relation to visibility aspects of activities and results per each WP	Specific advice provided in implementation phase. Direct cooperation in activities, for example events	Specific advice provided. Participation in activities, for example development of models, capacity building
Promotion and visibility	Ensuring that EU visibility requirements are respected	Participation in promotion events. Ensuring visibility for Government's sector policies	Recipients and beneficiaries. Active participation in specific segments	Direct partners in the visibility and promotion process. Advice provided if necessary.	Support function. Distributing information through networks	Support function. Distributing information through networks.

Communication and coordination with the external organisations will be set-up at different levels and around specific themes/areas of cooperation. Continuous observing of external conditions and measuring of feedback will ensure that current actual challenges/needs are addressed. The internal and external organisation will be the basis for flexibility and responsiveness when necessary.

The Project Manager, supported by the project team, shall serve as a **Secretariat** to the Steering Committee (SC) and shall facilitate the work of the "Joint Operation Team" (JOT) (operational arm of the Steering Committee, comprised of employees of the Serbian administration and the grant beneficiary team).

All the projects are available for further JOT consideration. Following contract signature, the Project Manager shall address stakeholders requesting JOT members' appointment. Jointly with JOT the project partners shall propose a rules of procedure (RoP) for the SC. The RoP shall include the role of the Secretariat, role of JOT, convening of the SC, procedures for reaching consensus, minute taking and distribution, as well as deadlines for each action. As a sub-section, the RoP shall include rules for the JOT work.

Partners' activities shall be implemented in close cooperation with Councils for Migration and Durable Solutions of respective local self-government units, as local level migration management bodies including managers and staff of the reception centers. In addition, in implementing community cohesion activities, the project will engage in direct work with migrants, field practitioners and local service providers, as well as communities at large. Involvement of Youth Offices is particularly important in the process of dissemination of information among youth population, mobilization of volunteers for joint actions and spreading positive messages among peers at the same time assuring involvement of the line Ministry of Youth and Sport as a central level umbrella institution. Involvement of community grass root organisations (gender, human rights, environment protection, humanitarian and volunteer organisations) will ensure a participatory approach in design and implementation of joint events, maximising the impact of the action in decreasing social distance.

RISK MANAGEMENT STANDARD CLAUSES

Option b. UNDP (DIM)

1. UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP agrees to undertake all reasonable efforts to ensure that none of the [project funds]⁷ [UNDP funds received pursuant to the Project Document]⁸ are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.
3. Consistent with UNDP's Programme and Operations Policies and Procedures, social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
4. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

⁷ To be used where UNDP is the Implementing Partner

⁸ To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

1. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.
2. Consistent with UNDP's Programme and Operations Policies and Procedures, social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
3. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
4. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

IX. ANNEXES

1. **Project Quality Assurance Report**
2. **Social and Environmental Screening Template** [English][French][Spanish], including additional Social and Environmental Assessments or Management Plans as relevant.
(NOTE: The SES Screening is not required for projects in which UNDP is Administrative Agent only and/or projects comprised solely of reports, coordination of events, trainings, workshops, meetings, conferences, preparation of communication materials, strengthening capacities of partners to participate in international negotiations and conferences, partnership coordination and management of networks, or global/regional projects with no country level activities).
3. **Risk Analysis.** Use the standard Risk Log template. Please refer to the Deliverable Description of the Risk Log for instructions
4. **Capacity Assessment:** Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)
5. **Project Board Terms of Reference and TORs of key management positions**