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PROJECT DOCUMENT - MONENEGRO

Project Title: REFORM OF NATIONAL DISABILITY DETERMINATION SYSTEM

Project Number: 00106871

Implementing Partner: UNDP

Start Date: October 1, 2020. **& End Date:** October 1, 2023.

PAC meeting date: September 2020

Brief Description:

The overall objective is fully reform the overall national disability determination system for 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. It will be enforced through technical assistance for the development of new (legal and institutional) national disability determination system, capacity building of all line sectors and their professionals and civil servants and raising public awareness among specific target groups and general population.

The specific objective of the project is the reform of the national Disability Assessment and Determination System. The reform will enable persons with disabilities to enjoy fair treatment, easier and equal access to all social security entitlements and better social inclusion prospects, in line with the UN Convention.

In order to achieve the specific objective of the project, the following results are foreseen:

1. Development and adoption of new standardized, unified, national functionalities/abilities-based criteria for disability determination for all the six sectors dealing with disability assessment: Social welfare (cash transfers/benefits and services), Pensions, war veterans, Employment, Education, and Health.
2. Institutional rightsizing reorganization – by downsizing of current 26 Commissions (with about 120 remunerated expert associates) to one unique Commission.

Contributing Outcome (UNDAF/CPD, RPD or GPD): By 2021 population has improved access to quality, equitable, inclusive and mutually reinforcing systems of health, education, protection and decent work promotion. Indicative Output(s) and gender marker: 1: Growth and development are inclusive and sustainable, incorporating productive capacities that create employment and livelihoods for poor and excluded people.	Total resources required:	1,191,500 USD	
	Total resources allocated:	1,191,500 USD	
		UNDP TRAC:	n/a
		EU	100%
	In-Kind:	n/a	
Unfunded:	n/a		

Agreed by (signatures):

The Government	UNDP - Implementing Partner
Ministry of Labour and Social Welfare of Montenegro Kemal Purišić, Minister	 Daniela Gasparikova, Resident Representative
Date:	Date: 14/10/2020

I. DEVELOPMENT CHALLENGE

The Project general approach is led by several key drivers: human rights approach, enforcement of structural system reform, competences and knowledge transfer; wide participation and consultations and engagement for sustainability across the stakeholders; institutional and capacity development; and sound management for visible, measurable results-based approach.

The new system of assessment and determination of disability is not a technical intervention aimed at increasing cost-effectiveness and coverage. Quite the contrary, it represents the qualitative and paradigmatic shift, from previous medical and disability based to a modern, ability-based socio-medical model. In that sense, our approach will be to fully implement the innovative and transformative concept throughout the various sectors dealing with disability, but also in a wider social context, persons with disabilities and their associations and the whole society. For that to be achieved, several lines of Projects are envisaged, including support to NGOs of persons with disabilities, public campaigns, trainings etc. This will enable the **enforcement of structural system reforms** that this Project aims at. We are firmly convinced that this is the only way to contribute to the overall objective of the intervention, that is to improve the social position of persons with disabilities and ensure their full integration in the society.

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 interactivity 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) .

European Strategy for Persons with Disabilities 2010-2020 represents a framework for Project 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. Strategy defines activities at EU level to supplement the activities undertaken at the national level, as well as the mechanisms necessary to implement the UN Convention at the EU level. Overall objective of the EU Strategy is to empower persons with disabilities so that they can

fully exercise all rights and to have the full benefits of participation in society and economy of Europe, i.e. complete economic and social participation of persons with disabilities in community life. 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. Strategy defines activities at EU level to supplement the activities undertaken at the national level, as well as the mechanisms necessary to implement the UN Convention at the EU level.

Rights of the persons with disabilities are protected and promoted by the Montenegrin legal framework. For example, the Constitution, guarantees the protection of human rights and freedoms (art 6), bans hatred or intolerance on any grounds (art 7), as well as discrimination and stipulates that international treaties and generally accepted rules of international law make an integral part of the internal legal order and have the supremacy over the national legislation and are directly applicable when they regulate the relations differently from the internal legislation (art 8). Finally, the Constitution explicitly guarantees special protection to persons with disabilities (art 67).

National legislation strongly protects rights of the persons with disabilities. The framework law is the Law on Prohibition of Discrimination against Persons with Disabilities that was enacted in 2015. In addition, various mechanisms are set in place to ensure equal opportunities and the harmonization of public policies and legislation with the United Nations Convention on the Rights of Persons with Disabilities which was ratified by Montenegro in 2009. Based on a Conclusion of the Parliament of Montenegro, Government of Montenegro is obliged to perform analysis of all regulations in the relevant fields and ensure they are harmonized with the United Nations Convention on the Rights of Persons with Disabilities and the Law on Prohibition of Discrimination against Persons with Disabilities. Based on the analysis of 56 laws, a series of amendments and harmonization steps were proposed.

In compliance with the EU Strategy set framework, Montenegro adopted its Strategy for Integration of Persons with Disabilities in Montenegro (for the period 2016-2020) which is the key national strategy, designed to ensure the Convention enforcement in all the eleven areas and UN Committee's recommendations (2017) on necessity to shift from medical to social disability determination model and to develop Register of Persons with Disabilities. One of the measures envisaged by the Strategy is to "encourage efficiency of assessment of disability and to establish the Register of persons with disabilities through inter-sector Project of the Ministry of Health, Ministry of Labour and Social Welfare and the Ministry of Education". The Project directly contributes to enforcement of the EU Employment and Social Reform Programme Montenegro (2015-2020), and in particular to the objective - Inclusion of Socially Vulnerable Groups in the 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.

However, a lot remains to be done. As stated in 2018 EC Report on Montenegro, 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.

II. STRATEGY

2.1. Current state of affairs - 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. 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 at the 54th WHO Assembly in 2001 (resolution WHA 54.21) as an international standard describing and measuring health and developmental disorders. This understanding of disability has been further endorsed by the 2009 UN Convention on The Rights of Persons with Disabilities (CPRD). By new definition of definition (UN, 2006) persons with disabilities are persons with long-term physical, mental, intellectual or sensory impairments which in interProject with various barriers may hinder their full and active participation in society on equal basis with others.

Current system of disability assessment and determination in Montenegro is highly complex, decentralized, uncoordinated and based on the prevailing and outdated medical model. In the Montenegrin context, to assess and determine disability, it is necessary to have an expert body i.e. Commission for assessment of level/gravity of disability. As per the Commission expert findings/decision, a person applying is referred to various disability cash benefits, products or services. Both processes are guided by the prevailing medical understanding of disability and in many cases performed by medical doctors. Disability determination expertise falls under the jurisdiction of three-line Ministries: Ministry of Labor and Social Welfare (sectors: Social protection, Employment, Pensions and War Veterans), Ministry of Health and Ministry Education and line national level institutions (Social Welfare Centers, Employment Agency, Pension Fund, etc.) with 30 Commissions for disability determination with about 200 remunerated expert associates, engaged by the Commissions.

In the sectors of pension and disability insurance, social protection and health care, determination on rights related to disability insurance is taking place through two-tire referral process dominated by medical doctors and based on the medical model of disability, i.e. a person exercises his or her rights based on a body-ability (so-called physical body related damage/injury and illness). On the other hand, the commissions operating within the employment and education sectors are applying more advanced version of a socio-medical concept and engage other expert professionals.

For example, the Commission for Professional Rehabilitation working under the Ministry of Labor and Social Welfare has adopted a version of a socio-medical model, though the assessment is performed by the commission composed of two medical doctors and one expert for professional rehabilitation. However, there have been inconsistencies in the application of the socio-medical model as well as in other aspects of the assessment and determination. Since there is no supervision over the work of the regional commissions, their practice is often not harmonized, and they do not fully apply the socio-medical model or make mutually inconsistent decisions.

Disability assessment in the education system is guided by the Quebec Classification on Disability Creation Process. The emergence of a special educational need is perceived through the intersection of personal and environmental/social dimensions and factors. The emphasis is on the obstacles in the environment, not the disturbances that are the child's developmental or current 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.

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 indication with regards to the number and structure of persons with disabilities in Montenegro. According to the data, 5% of the Montenegrin population has difficulties with walking (mobility), 2% with vision although wearing eyeglasses and contact lenses and out of a total population, 1% of persons have hearing difficulties aside from using hearing aids. 1% of the population has difficulties with memory, concentration or during communication with others, while 4% of the population feels the difficulties of another kind.

However, these data are imprecise and incomplete, because they are based on the subjective assessment of the citizens who opted to answer to the following question „Do you have impediments in doing your everyday activities?“. Comprehensive and reliable data on the number of persons with disabilities at the state level is not available. To begin with, there is no single and unified national definition of person with disabilities nor a unified determination mechanism – the basic precondition. The institutions that provide cash benefits and services to persons with disabilities perform separate assessment and determination procedures and they designate their beneficiaries as rights holders to certain benefits or services. These rights holders are not automatically designated as persons with disabilities since the unified system and definition do not exist. Each of these institutions keeps separate records on their right holders and services, while a unified assessment and determination system ought to result in a unified national methodology and E-Registry of persons with disabilities.

Apart from the persons with disabilities that are currently beneficiaries of public services, products or benefits, there are other social and demographic factors affecting relevant public policies. Montenegro like many European countries faces reality of an increasingly ageing population and records a growing number of elderlies, with the 18% (men 44%, women 56%) share of elderly in the total population. At risk are especially those elderly persons with severe and long-term disabilities, elderly with terminal conditions and in need for palliative care, single elderly households both in urban and remote rural areas and pensioners with minimum income.

Generally speaking, in the still traditional society such as Montenegro, elderly population is still provided due care within a family. However, this approach is weakening as the number of multi-generation households rapidly declines. The intergenerational family relationships have been quickly changing and once a family is not any longer able to provide care, the care obligation for the elderly with chronic conditions, severe disabilities and terminally ill patients is transferred from family to state i.e. public health and social welfare

system. The growing number of elderlies with disabilities require significant additional capacities and higher public expenditures to ensure sustainability of the social security system to maintain adequate pension, social and health care coverage.

Not human rights based, outdated, highly complex and fragmented system of disability assessment and determination, inadequate support to persons with disabilities, combined with the growing demand for cash benefits, products and services, requires full-size structural system reform for introduction of effective and efficient, modern and just system. To ensure due enforcement in practice, this requires a sophisticated Information System that would generate datasets which are currently non-existing.

Sample model project is UNDP's ISWIS - 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.

2.2.2. Related programs, projects and other donor activities

The Project 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 Project is fully complementary on the current pace of the reform and builds further on these projects achievements and lessons learned. Project 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 Project 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 Project 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.

2.3. Objectives and expected results

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 assistance for the development of new (legal and institutional) national disability determination system, capacity building of all line sectors and their professionals and civil servants and raising public awareness among specific target groups and general population.

Specific objectives

The specific objective of the project is the reform of the national Disability Assessment and Determination System. The reform will enable persons with disabilities to enjoy fair treatment, easier and equal access to all social security entitlements and better social inclusion prospects.

Results and key outputs:

In order to achieve the specific objective of the project, the following results and outputs are foreseen:

Result 1. Development and adoption of new standardized, unified, national functionalities/abilities-based criteria for disability determination for all the six sectors dealing with disability assessment: Social welfare (cash transfers/benefits and services), Pensions, war veterans, Employment, Education, and Health.

Outputs:

- Official Multi-Sector Taskforce Group, composed of the key stakeholders (including NGOs representing persons with disabilities), established by the Government. The Group is tasked to steer and support the overall process of undertaking all legislative changes and follow up on the ground implementation.
- Comprehensive analysis of legal framework and comparative experiences, including but not limited to 9 relevant laws and 27 bylaws, with findings and proposed amendments of laws and bylaws.
- New legal framework (law/s and line by-laws) on unified criteria and unique Commission developed and adopted.
- Development of a situation analysis, including complex cost-benefit analysis.
- Comprehensive list of medical conditions and illnesses developed and adopted.
- New functionality based unified national criteria (based on WHO International Classification of Functioning, Disability and Health) within a participative process developed by a number of expert work groups and adopted.

Result 2. Institutional rightsizing reorganization – by downsizing of current 26 Commissions (with about 120 remunerated expert associates) to one unique Commission.

Outputs:

- Employment of full-time professionals and administration with the new Commission.
- 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 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.

This is the key national strategy that should ensure enforcement of the Convention on The Rights Persons with Disabilities and the UN Committee's recommendations (2017) on necessity to shift from medical to social disability determination model and to develop Register of Persons with Disabilities. Furthermore, the

project is fully harmonized with and directly contributes to the enforcement of other national strategic documents, most notably the national Strategy for the Development of Social and Child Protection System 2018-2022 and Employment and Social Reform Programme, Montenegro 2015 -2020. The project also refers to the provisions of Chapter 19. Social policy and employment i.e. EU strategic objectives aimed at ensuring social cohesion and to Chapter 23. regarding the fundamental rights area.

3.1.2 Geographic area to be covered and duration

Project activities will be implemented in Montenegro. The Project duration is 36 months.

3.1.3 Target groups

The main target groups of the Project are children and people with disabilities and their family care givers. According to the national 2011 census, 11% of the population are persons with disabilities. This figure corresponds with WHO data that estimates that there are 10% of the population with disabilities. This data must be multiplied at least by two if we take into account the caregivers' family members who are directly affected by disability.

It should be noted that spite of the Strategy for the Integration of Persons with Disability envisions the need for data, Montenegro does not have any national registry of persons with disabilities (that this Project will develop). Therefore, hereby we can only state available data on the number of beneficiaries' cash transfers and public services of the following sectors: pension system: 27.498 (21.374 disability pensions + 6.124 other disability entitlements), war veterans: 3.650, social cash transfers: 16.847, employment about 6.000 and education about 3.000 what makes a total of about 55.000 current disability beneficiaries.

The main stakeholders are decision makers, professionals and civil servants engaged in disability assessment and determination, as well as associations of persons with disabilities who will be crucial actors in the reform process and trusted to undertake this Project essential support activities, as grant beneficiaries. Disability determination is under jurisdiction of three-line Ministries: Ministry of Labor and Social Welfare (sectors: Social protection, Employment, Pensions and War Veterans), Ministry of Health and Ministry Education and line national level Institutions such as Pension and Disability Social Insurance Fund, national Employment Agency, Public Health Institute, local authorities and in total there are 30 Commissions for disability determination for all these sectors. Following the principle "Nothing About Us Without Us", persons with disabilities representatives role, engagement and constructive contribution is essential and will be ensured throughout the process. The national Ombudsperson Office has been also urging for this reform, so the Project also counts on them as valuable ally and one of the key stakeholders.

III RESULTS AND PARTNERSHIPS

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 Project taking, situation analysis, Project 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.
- Development and adoption of Comprehensive list of medical conditions and illnesses.
- Development and adoption of new functionally based Unified national criteria for determining functional capabilities.

The Expert Task Force Group in charge for development of Comprehensive list of medical conditions and illnesses and Unified national criteria will be officially created by the Government. The Expert Task Force Group will be composed of renowned professionals from all relevant fields: experts from the existing assessment and determination system; medical doctors from various fields of medicine relevant for the care for persons with disabilities (ophthalmologists, audiologists, internists, neurologists, orthopaedics, gynaecologists, psychiatrists, paediatricians, occupational medicine, surgeons, physiatrists); representatives of other occupations involved in the care for persons with disabilities (psychologists, social workers, physiotherapists, work therapists); representatives of persons with disabilities, that is, associations (NGOs) of persons with disabilities.

It is envisaged that the Expert Task Force Group will analyse the existing list of medical conditions and illnesses, identify gaps and missing elements, and draft a new Comprehensive list of medical conditions and illnesses and Uniform national criteria according to which all future work on assessment and determination will be carried out. Both documents would be aligned to available international documents and recommendations in the field, including the WHO International Classification of Functionalities, Disturbances and Health that would serve as a reference framework. Special attention would be paid to mental and intellectual disabilities, which are not properly recognized and included in the lists, to ensure appropriate coverage and protection of persons with mental and intellectual disabilities by the new system.

The following deliverables will be obtained:

- Decision on the creation of the Expert Task Force Group.
- New, unique comprehensive list of medical conditions and illnesses.
- Uniform criteria for determining functional capabilities.

Activity 1.3. Creation and adoption of new normative framework, encompassing laws and bylaws

- Establishing Expert Legal Task Force Group in charge of the analysis of existing and drafting of the new normative framework and engagement of a legal expert.
- Impact-assessment of the introduction of the new assessment and determination system.
- Analysis of the existing legislation with gaps identified and amendments proposed.

- Drafting and adoption of new legislation.

Within the framework of the Project, a comprehensive impact assessment of the introduction of the new system will be performed. It will include cost-benefit analysis and Regulatory Impact Assessment (RIA). Only after the Uniform Criteria for Determining Functional Capabilities is adopted by all departments and its effects are tested within the pilot phase, it would be possible to 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 cost-benefit analysis and regulatory impact assessment documents.
- 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 disability assessment and determination, to avoid loss of knowledge and expertise and ensure institutional memory.

Once set in place after the piloting, the new system will still be facing numerous challenges. We assume they would still involve some of the issues that would be resolved in the piloting phase, as well as other that cannot be envisaged at this point. Having this in mind, but also having in mind the sheer complexity of the system and the innovative and transformative character of the new concept of disability it brings, we foresee a need for an intensive and constant support to the new system in the initial period of its official operation. The support would include conceptual, procedural and technical level and would be targeting primarily newly established Commission, professionals from various sectors, as well as representatives of relevant CSOs. The

precise scope and content of the support will be designed based on the pilot phase assessment as well as staff/civil servants' needs assessment and requests and inputs.

The following key deliverables will be implemented:

- By-law on the establishing of the Commission (organization/institutional setting, norms, work-places systematization with ToRs, etc.), ethic codex and development of other internal establishing legal documentation,
- Professional and administrative staff recruited,
- Close monitoring and initial operation support activities for the new disability determination system

Activity 2.2. Adaptation and equipping of the premises of the Commission

Besides providing support for overall system reform, including legal establishing, staffing of the Commission and its capacity development, the Project needs to provide the Commission with adequate and PWD fully accessible premises and necessary equipment. The Government is supposed to allocate free of charge premises for the central office in Podgorica and optionally one regional for the Northern region to be located probably in Bijelo Polje. UNDP will contract the design (bill of works), adaptation and construction works supervision works that would be executed in accordance with the PWD accessibility construction standards. Adaptation works would be followed by procurement the necessary specialized medical instruments for assessment and equipping with the office furniture.

- Premises adapted, refurbished, and equipment procured. The ref. budget lines are lump sum estimates that depend on actual bill of works and the equipment specification to be delivered through the Acton.
- Support to initial operational functioning of the Commission.

Activity 2.3. Development and implementation of Training Program

The new Commission will implement a radically changed disability assessment and determination paradigm, the one that shifts attention from medical conditions and disabilities to functional 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 Project. 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.

This reform introduces structural changes for all the national social security network (social, health, education, employment, etc.). Thus, it is also of utmost importance to communicate with the present beneficiaries and future persons with disabilities applicants, how new procedural rules for exercising rights to social security network, will work in practice. Wide information dissemination is necessary to be communicated, for ex.: where and how to apply, referrals processes (for ex. an applicant referral from the new Commission to Pension Fund), time frames for individual decisions issuance by the line sectors, information on entitlements, payments details, complaint procedures to second and third instance (Administrative court)), etc.

The following deliverables will be obtained through competitive grants allocation process:

- Tailor made public promotional and information campaigns implemented.
- Tailor made educational campaigns tailor made trainings for other non-Commission staff professionals (six sectors) implemented.

Activity 2.5. Development and implementation of the new Information System and PWD E-Registry

The custom-made Information System (IS) will be designed, developed, tested and implemented to support the overall business process, for all citizens' applications for disability determination would be processed through it. The business process implies application, to issuance of unified assessment findings and personal records and their automatic (no need for citizens to resubmit them when applying) referrals to all the sectors (social, pension, etc.), monitoring, and generation of the national E-Registry of persons with disabilities. The IS would release persons with disabilities applicants from administrative burden and ensure them savings on direct and indirect application related costs (travel and administrative charges for papers issuances).

The IS ensures interoperability (automatic data exchange) with the E-Social Card - ISWIS that gathers information on services and cash benefits provided by the social welfare sector. The IS will support cost-effective and efficient process of assessment and determination. The applicative software will contain the new criteria and line support scaling methodology to facilitate and guide experts for quality disability determination. Just like the ISWIS, the new IS will cover all business processes in unique Commission, including citizens application, assessment and determination, issuing decisions and findings, generation of personal records, referrals to all the other sectors (social, pension, etc.), monitoring and second instance complaint procedure. The IS would generate a national E-Registry of the persons with disabilities (consisting of those applicants who have been assessed as persons with disabilities). The Social Card will be upgraded to enable automatic referrals processing from the new Commission i.e. decision of eligibility on the social cash transfers and services could be made the same day as application.

Aside of the integration of the E-Social Card, the IS would have interoperability module six national ISs: E-health national IS, E-Central Registry of Population (Ministry of Interior), IS of Ministry of Education (MEIS), employment IS and pension IS. The project would also provide full technical infrastructure: structural cabling system, local and external networks, servers 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 endeavour. 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 Project 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 and exclusion errors, financial/budgetary impact of the measures, administrative procedures and functioning of the new Information System, as well as other relevant issues. The results of the piloting exercise will inform, feed into the final set of procedures and legislation.

The following deliverables will be obtained:

- Sample size, monitoring indicators for the piloting of the system developed and adopted.
- Piloting conducted.
- Monitoring report produced with recommendations with envisioned interventions/changes of the system.
- Findings translated into legislative framework.
- Commission capacities defined.

3.2.3 Result 3. Management and coordination of the project ensured.

Under Result 3, overall project management and administration, for smooth project implementation, including financial accountability, production of quality assessed deliverables, reports prepared according to the requirements, and submitted in due time, strong cooperation between the stakeholders will be ensured. Under this result, the following activities are planned:

Activity 3.1. Organizing project coordination meetings

As part of the regular and day-to-day management of the project, the project team will organize inception workshop, Steering Committee Meetings and numerous ad hoc operational and technical meetings with the various project partners. Relevant background documentation will also be produced. Continuous support will be provided to the Intersectoral Taskforce Group that will steer the overall process. Specific support will be provided also to the group for the legislative changes and to the group for development of new unified

criteria. Development of IS is a project per se within the overall project and it takes demanding management and operational set of support measures and activities.

The following deliverables will be obtained:

- Inception workshop.
- At least 12 meetings of the Intersectoral Taskforce Group facilitated, background documents prepared, and meeting report prepared and distributed.
- At least 4 Project Steering Committee meeting held, reports and background documents prepared, meeting report prepared and distributed.

Activity 3.2. Coordination with other relevant projects and institutions

This complex initiative will be challenged by multisector coordination and inadequate commitment. The highest risk of any system reform process is inadequate commitment and support 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 Project.
- 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 Projects. The purpose of the Plan will be to support the smooth implementation of the Project, 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 Project 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 Project 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 campaign in all media, including advertising and campaigning on social media, portals, etc.
- Organization of initial and closing public events with all the relevant stakeholder and massive participation of PWD.

Activity 3.4. Preparation of regular reports

The project team will in quality and timely manner prepares and submits for adoption to the Steering Committee, the following documents:

- Initial and evaluation assessment,
- Regular Progress Updated (bi-annually) and a Final Briefing,
- Provision of information on project progress, upon ad hoc requests.

Progress reports and a final report will be presented to the EU annually and within the six (6) months following the end of the implementation period, respectively, in line with Article 3 of the GCs.

Stakeholder Engagement

This Project is a joint effort of the government, UNDP and civil society organizations. Our approach is to ensure the participation of relevant professionals from government, public services, international organizations and academia that are dealing with the disability issues. All activities of the project are based on an extensive consultation among relevant stakeholders, seeking for the 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.

Having recognized utmost relevance and urgency of this Project, Ministry of Labour and Social Welfare in cooperation with the Ministry of Education and Ministry of Health, officially established the official 14 members Work Group tasked to endorse this Project proposal preparation and beyond. The proposed Project is designed through the consultative process with these key stakeholders' representatives of all the six sectors, under jurisdiction of the Ministries of Labour and Social Welfare, Health and Education, along with persons with disabilities NGO representatives selected through an official open call. The scope of the Project is communicated and consulted with the line international actors: EUD, World Bank, UNICEF, WHO, ILO and UN Human Rights Committee.

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 Project, that beyond this EU support.

It is an imperative that the Project 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 catalyse and coordinate reforms and provide an efficient delivery vehicle for change in areas that require a systemic overhaul of current practices. Through providing a short-term injection of expertise for new legislative frameworks, different practices established and facilities constructed to deliver better services, UNDP brings added values in the following ways: (1) It is an efficient vehicle for channelling good regional and international practice through established channels expertise, exchange visits and country to country collaboration is key to UNDP's work; (2) UNDP maintains strong and effective working relationship with the line Ministries and was instrumental in

establishing the legal framework and implementation for reform of the Social Welfare System through two key projects: Social Welfare Reform and E-Social Card – Social Welfare Information System; (3) UNDP has track record in capacity development and implementing complex change agenda with Ministry of Foreign Affairs, Ministry of European Affairs, Ministry of Justice, Ministry of Labour and Social Welfare. In each case, following initial years of engagement, UNDP staff are withdrawn and Ministry staff with enhanced capacity continue their role; and (4) UNDP is marked by operational capacity and transparency of organization.

Risks and Assumptions: Pls., referred to ANNEX no. 3. Risk Analysis

South-South and Triangular Cooperation (SSC/TrC)

N/A.

Knowledge

The intervention is designed in such a manner to ensure proper learning throughout the process. Learning will not be just an exercise; it will be an approach. Learning and knowledge management is built in the foundations of this intervention, as it was substantially informed and shaped by experiences and lessons learnt from other countries that share a similar institutional background. This approach will be further implemented as our own intervention goes on. Throughout the implementation, we will monitor, evaluate and assess impact of our measures to ensure that the intervention and the new system optimally develops. Learning will take place across sectors, so that the lessons learnt are not restricted to a single sector, entity or group of people.

The project team will ensure active networking for synergy with other relevant EU funded and other projects and all relevant international actors. Collaboration inter alia with WHO, on designing the Unified national criteria and Comprehensive list of medical conditions and illnesses, based on WHO International Classification of Functioning, Disability and Health, being a reference framework for the design of national assessment and determination system. Cooperation with the World Bank experts, including but not limited to the cost-benefit analysis for the introduction of the new system, that will be conducted at early project implementation stage.

Lessons learnt

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 Project and the citizens' – end beneficiaries' quality of life.

This complex reform will be implemented by well-planned and coordinated joint efforts of all the stakeholders, the representatives of the end beneficiaries and other stakeholders involved. UNDP assumes full responsibility and accountability for the overall management of the Project, including monitoring and evaluation of the interventions, achieving the objectives and specified results, and the efficient and effective use of resources.

The most applicable are lessons learnt on capital reform project: Social Card – ISWIS based on which proven track record success this funding is granted. On the other hand, the project envisages two study visits to the other countries with the reformed systems for learning on other countries experiences.

Sustainability and Scaling Up

The project could be observed as scaling up of Social Card – ISWIS project for national social reforms process completion. 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.

IV PROJECT MANAGEMENT

The Project will be implemented by indirect management through a Contribution Agreement between the EU and UNDP. The project costs are subject to direct project costing of operational services, in line with Article 18 of the GCs and as per the UNDP procedures by applying the principles of Quality Management, by streamlining all internal working procedures, organizational structures and establishing standardized feedback and improvement mechanisms.

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 Project Program Manager will be directly reporting to the Steering Committee which has the overall supervision role upon the Project.

For the project planning and progress monitoring the following reports will be prepared:

- Initial and evaluation assessment
- Regular Progress Updates (bi-annually) and Final Briefing,
- Provision of information on project progress, upon ad hoc requests.

In the proposed project UNDP has the expert, technical and administrative capacity to assume the responsibility for mobilizing and applying effectively the required inputs in order to reach the expected outputs. UNDP assumes overall management responsibility and accountability for Project implementation.

Depending on specific eligibility criteria, it is planned to engage the following type of organizations as the responsible parties:

- Civil society organizations / NGO local associations;
- Private companies;
- The Government agencies i.e. state funded research institutions, academic and education institutions, such is Institute for Public Health.

Call for proposals and procurement processes in place

The identification and selection of entities, which can act as Grant Beneficiaries and providers of specialized services necessary for successful project implementation, will be based on the project call for proposals and UNDP procurement procedures and mechanisms.

Calls for proposals

The calls for proposals will be used within the activities related to the implementation of promotion and educational campaigns. The preparation of the call for proposals will require detailed planning of activities. The call announcements will be published in local media, UNDP websites and social media and relevant EU communication channels, such as websites and Facebook accounts of EU Delegation. Besides the preparation of the technical specification of calls, launching, evaluation, 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,¹ 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.

This Project 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:

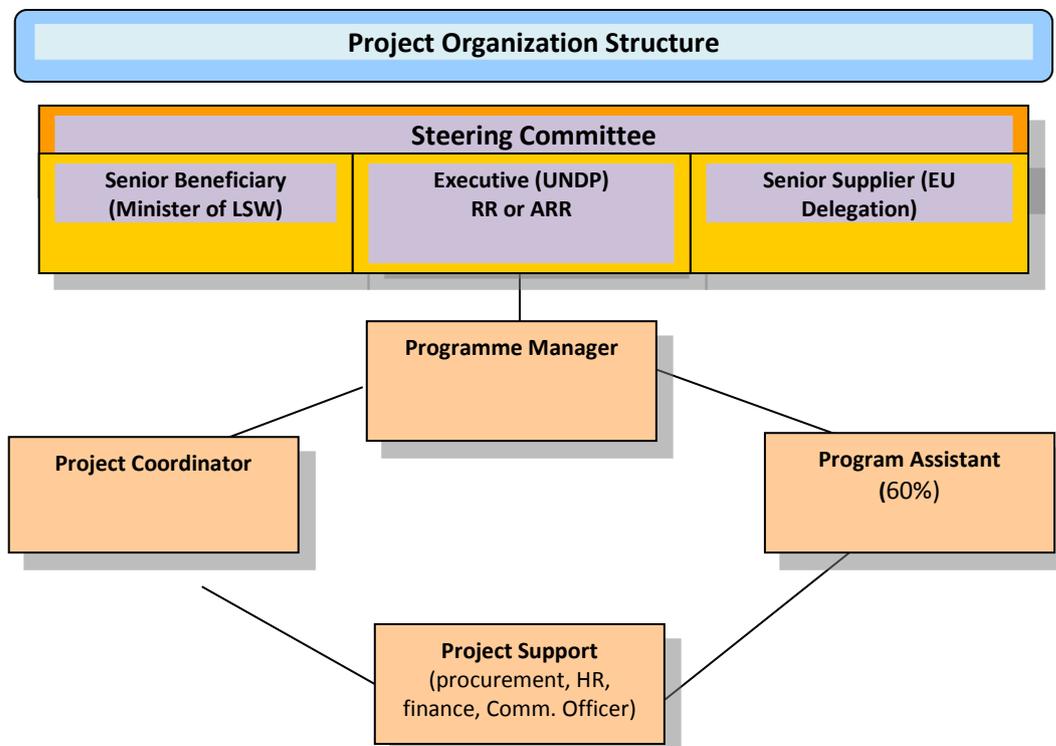
Team Leader for Social Inclusion Cluster and Assistant Resident Representative will provide oversight over the programme implementation. He will be responsible for providing strategic advice and internal project management quality supervisory in place.

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 Project implementation.

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



¹[https://popp.undp.org/ layouts/15/WopiFrame.aspx?sourcedoc=/UNDP_POPP_DOCUMENT_LIBRARY/Public/PSU_Procurement%20Overview_Procurement%20Overview%20and%20Principles.docx&Project=default&DefaultItemOpen=1](https://popp.undp.org/layouts/15/WopiFrame.aspx?sourcedoc=/UNDP_POPP_DOCUMENT_LIBRARY/Public/PSU_Procurement%20Overview_Procurement%20Overview%20and%20Principles.docx&Project=default&DefaultItemOpen=1)

In addition, the Project will be charged Project Support costs arising from services provided by the Country Office in the implementation of the project and include: (1) Payments, disbursements and other financial transactions; (2) Recruitment of project personnel and consultants, (3) Procurement of services, works, goods, shipment, custom clearance (3) Travel authorizations, visa requests, Communication Officer services and ICT common services. In this regard, the salaries of the following UNDP staff will be partially charged to the Project as stipulated below.

Procurement Associate (Grade GS7): Responsible for providing support in identification of procurement modalities, facilitating quality, transparent, effective and fast procurement processes; supporting the project in the launch and publicity of procurement processes; advising in project procurement evaluation processes; supporting in negotiations with potential contractors (as needed); assisting in the process of contracting. The Procurement Associate will be charged through direct project costs for the time spent directly attributable to the implementation of the Project, not exceeding 5% of the working time.

Finance Associate (Grade GS7): Responsible for payments disbursement and other financial transactions for supporting the overall financial monitoring and reporting. The Finance Associate will be charged through direct project costs for the time spent directly attributable to the implementation of the Project, not exceeding 2% of the working time.

Human Resources Associate (Grade GS7): Responsible for the recruitment of project personnel and consultants and contracts for the Project. He/she will provide advice on conditions of services and carry labour relations activities as appropriate. The Human Resources Associate will be charged through direct project costs for the time spent directly attributable to the implementation of the Project, not exceeding 5% of the working time.

The Communications Officer will support the implementation of the Project Communication and Visibility Plan for the Project, 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 Project, not exceeding 10% of the working time.

In addition, the Budget for the Project 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 Project to deliver specific tasks supporting the overall project enforcement. They will work under direct supervision of the Programme Manager.

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 Project 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 Sectorial Programs for Transport, Competitiveness, Environment, Employment, Education and Social Welfare.

In this context, the Project will be in line with its objectives, contribute to gender mainstreaming in all its aspects and the interventions, ensuring that the Project would equally benefit both women and men with disabilities. Regarding recruitment of other local and international consultants, UNDP corporate requirement includes gender mainstreaming competences. Likewise, all the communication products and training modules developed during the course of the project should integrate gender mainstreaming aspects, such as use of gender sensitive language, disaggregated data production from the IS, gender aspect in analyses, briefings, etc.

V MONITORING AND EVALUATION

UNDP has introduced results-based management which represents an approach to business management in which performance is systematically measured and improved at the level of development objectives and results. In this sense, monitoring and evaluation are key factors for the improvement of performance and achieving results. Monitoring and evaluation are carried out by analysing the results based on quantitative and qualitative indicators listed within the expected Program results and budget allocation table.

Goal of monitoring at the Project level is to provide a systematic assessment of performance and course of activities aimed at achieving the desired results. For this reason, UNDP will document the achievements through periodical activity implementation status reports. Key control points of the Project will be defined in cooperation with the Steering Committee, and Programme Manager will be responsible for making regular reports on their implementation.

Basic 'tools' for monitoring include a series of central documents that define target qualitative and quantitative success indicators – or more precisely as follows:

- The Results and Resources Framework), and
- The Annual Work Plan – AWP, which is checked through UNDP monitoring tools, including the quality assessments e-platform.

In line with the present UNDP practice, the Project will produce semi-annual, and if necessary ah hoc reports to show all achievements and results of the Project and define objectives for the following period. In addition to the narrative part, the reports will also offer an overview of the activity plan realisation level (by components), as well as an overview of budget spending.

With regard to Project evaluation, UNDP will monitor efficiency, effectiveness, sustainability and relevance of project objectives in the context of this Project. In order to improve quality of activities, collection of qualitative results is an important reflective task of UNDP. This analysis enables recording of achieved quantitative results and practical experiences and building up on the lessons learned, to repeat successful initiatives and avoid making the same mistakes.

UNDP may conduct periodic evaluation of the Project for the purpose of analysing efficiency, effectiveness, sustainability and relevance of project objectives. This analysis will ensure that quantitative results and achievements of the Project are not forgotten, and that the Project relies on knowledge and experience gained so far, to maintain positive results and replicate successful initiatives. During the implementation of the Project, formal evaluation of the Project that will include all stakeholders will be conducted and results will serve the Project Steering Committee to adapt and adjust Project activities for the purpose of more efficient and more complete implementation of the given Project components.

Monitoring Plan:

Monitoring Activity	Purpose	Frequency	Expected Project	Partners (if joint)	Cost (if any)
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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.	Biannually, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project Steering Committee.	UNDP	
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management Projects 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.	Biannually	Risks are identified by project management and Projects are taken to manage risk. The risk log is actively maintained to keep track of identified risks and Projects taken.	UNDP, Steering Committee	
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.	Annually	Relevant lessons are captured by the project team and used to inform management decisions.	UNDP	
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.	UNDP	
Review and Make Course Corrections	Internal review of data and evidence from all monitoring Projects to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project Steering Committee and used to make course corrections.	UNDP and MLSW	
Project Report	A progress report will be presented to the Steering Committee ,	At least annually, and at the		UNDP and the Government	

	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.	end of the project (final report)			
Project Review (Project Board)	The Steering Committee 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 Steering Committee 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.	Twice a year	Any quality concerns or slower than expected progress should be discussed by the project Steering Committee and management Projects agreed to address the issues identified.	UNDP and the Steering Committee	

Indicative overview

	Activities	Implementation arrangements
	Result 1. Development and adoption of new criteria for disability determination.	
	Activity 1.1. Establishing Intersectoral Working Group to lead/steer the overall process	Project team, government
	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	Individual consultants, Institutional agreement, government
	Activity 1.3. Creation and adoption of new normative framework, encompassing laws and bylaws	Individual consultants, government
	Result 2. Institutional right-sizing reorganization – downsizing of 28 commissions to one Commission/the Institute for disability determination.	
	Activity 2.1. Overall legal establishing the Commission, professional staff recruitment, and support to the initial functioning of the Commission	Individual consultants, government

	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	



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VI RESULTS FRAMEWORK

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework: By 2021, population has improved access to quality, equitable, inclusive and mutually reinforcing systems of health, education, protection and decent work promotion.											
Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets: Number of people accessing new disability determination system.											
Applicable Output(s) from the UNDP Strategic Plan:											
1. Growth and development are inclusive and sustainable, incorporating productive capacities that create employment and livelihoods for poor and excluded people.											
Project title and Atlas Project Number: REFORM OF NATIONAL DISABILITY DETERMINATION SYSTEM, Output ID: 00107389											
EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)						DATA COLLECTION METHODS & RISKS
			Value	Year	Year 2020	Year 2021	Year 2022	Year 2023	Year ...	FINAL	
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.	1.1 Number of persons with disability in position to access new disability assessment and determination system.	Project progress reports and MLSW reports	0	2020	0	0	0	45.000		45.000	Project progress reports and MLSW reports
	1.2 Number of disability assessment and determination Commissions	Project progress reports and MLSW reports	32	2020	32	32	32	1		1	Project progress reports and MLSW reports
	1.3. Number of sectors served by the new Institute for Disability Assessment and Determination	Project progress reports and MLSW reports	0		0	0	0	5		5	Project progress reports and MLSW reports
	1.4. Introduction of new social, human rights-based model in line with the UN CRPD – based on unified national criteria for disability assessment and determination.	Project progress reports and MLSW reports	0	2020	0	0	0	1		1	Project progress reports and MLSW reports

Budget:

REFORM OF NATIONAL DISABILITY DETERMINATION SYSTEM Output ID:00107389						
Activity	Budget description:	Budget - All years- USD	Budget USD - Year 1.	Budget USD - Year 2.	Budget USD - Year 3.	Description:
Project Management	71400 Contractual Services-Individ	186,000	62,000	62,000	62,000	Programme Manager and Project Coordinator - full time basis.
	61200 National Personnel	110,200	36,733	36,733	36,733	Project Finance and Administration assistant (part time -55%); Procurement Associate (5%), Finance Associate (2%), Human Resources Associate (5%) and Communication Officer (10%) will be charged through direct project costs for the time spent directly attributable to the implementation of the Project.
	71600 Travel	4,600	2,000	1,500	1,100	Official travel expenditures.
	73400 Rental & Maint of Other Equipment, supplies	19,000	6,333	6,333	6,333	Internet, water supply, telephones, security, reception, building maintenance and cleaning, pertaining from the project management, office supplies refer to the project team.
	72200 Equipment and Furniture	3,100	3,100			Hardware procurement for the two project staff - two laptops and two PC monitors.
Total:	sub.total:	322,900	110,167	106,567	106,167	

Development and adoption of new criteria for disability determination	71200 International Consultant	40,000	20,000	10,000	10,000	Expert Chief Advisor (Act. -1.1, 3.4). Financial expert for cost-benefit analysis, RIA and input for fin. evaluation (1.1., 1.3.). Expert for development of new unified criteria for disability determination (1.2.)
	71300 Local Consultants	21,000	10,000	4,000	7,000	Legal expert/s (Act. 1.3.); Final project evaluation (Act. 3.4)
	71300 Local Consultant for Communication	20,000	6,000	7,000	7,000	Communication expert (Individual Contractor) - as per the Communication and Visibility Plan & 2.4. Activity
	74200 Audio/visual and print prod.costs	4,075	2,000	1,000	1,075	Visual design products - logo, slogan (Communication and Visibility Plan)
	75700 training, workshops and conferences	17,100	8,000	5,000	4,100	Trainings organisation related charges (Act. 1.1. & 1.3.)
	71600 Travel	7,000	5,000	2,000		Knowledge transfer study group and individual visits for members of the Task-Force Team (1.1.).
	Institutional Agreement (IA) with Institute for Public Health of Montenegro	35,779	15,000	20,779		Institutional agreement with the Institute for Public Health - to organize broad, constructive process of development of new Unique List and new criteria for disability determination. (1.2.).
Total:	sub.total:	144,954	66,000	49,779	29,175	
	71200 International Consultant	27,000	8,000	11,260	7,740	Expert Chief Advisor (Act. 2.3, 2.6,3.4). Financial expert for pilot phase cost-benefit

Institutional rightsizing and reorganization						analysis, RIA and input for fin. Evaluation (2.6).
	71300 Local Consultants	65,000	10,000	36,900	18,100	Two ICT engineers - to deliver: development of technical specifications (hardware, servers, software), knowledge transfer and expert supervision of IS development stages and implementation (Act.2.5.). Legal expert (Act. 2.1., 2.3. & 2.6.). Consultant for specification for procurement of medical equipment (2.2.). Engineer fee for furniture specification /design (Act. 2.2.).
	72100 Contractual Services-Companies	222,000		50,000	172,000	Applicative software procurement (Act. 2.5.).
	71600 Travel	11,000		11,000		Knowledge transfer study group and individual visits for members and new Commission management and professionals (2.3).
	74200 Audio Visual & Print Prod Costs	5,098	3,000	1,000	1,098	These costs refer to translation and interpretation services. UNDP has long term contracts with a number of selected interpreters with negotiated fees. (2.4.).
	72600 Grants to institutions and other beneficiaries	116,000	30,000	30,000	56,000	Grants for NGOs (Activity 2.4.).
	72400 Communication and visibility	4,600	1,500		3,100	Initial promotional public presentation and project closing events (2.4.).

	72200 Equipment and Furniture	104,000			104,000	Procurement of the equipment (hardware, servers, furniture and medical devices) for new Disability Commission. (Act.2.2.).
	72100 Contractual Services-Companies	91,000	7,000	79,000	5,000	Comission premises adaptation/reconstruction works (Act. 2.2.); Adaptation project design, bill of works and supervision charges (Act.2.2.)
Total:	sub.total:	645,698	59,500	219,160	367,038	
Eligible direct costs	Eligible direct costs	1,113,552	235,667	375,505	502,380	
Eligible indirect costs (7%)	Eligible indirect costs (7%)	77,949	16,497	26,285	35,167	
Total eligible cost of the Project	Total eligible cost of the Project:	1,191,500	252,163	401,791	537,546	
For the purpose of interpreting clause 11.3 of the General Conditions, the budget heading is understood as 'subtotals" 1, 2 and 3.						
https://ec.europa.eu/info/funding-tenders/how-eu-funding-works/information-contractors-and-beneficiaries/exchange-rate-infoeuro_en September 2020 exchange rate						



VIII GOVERNANCE AND MANAGEMENT ARRANGEMENTS

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).

The Project Steering Committee provides overall guidance and is responsible for overall supervisions and management decisions for the Project. The Committee members will be appointed immediately upon the Project 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 Project 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 Project 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.

IX LEGAL CONTEXT AND RISK MANAGEMENT

Select the relevant one from each drop down below for the relevant standard legal text:

1. Legal Context:

- Country has signed the Standard Basic Assistance Agreement (SBAA)**
- Country has not signed the Standard Basic Assistance Agreement (SBAA)

- Regional or Global project

2. Implementing Partner:

- Government Entity (NIM)
- ✓UNDP (DIM)**
- CSO/NGO/IGO
- UN Agency (other than UNDP)
- Global and regional projects

Or [click here for the MS Word version of the standard legal and risk management clauses.](#)

I. ANNEXES

- 1. Project Quality Assurance Report**
 - 2. Social and Environmental Screening Template**
 - 3. Risk Analysis.**
 - 4. Capacity Assessment:** Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)
-

ANNEX 3.: Risk Analysis

Assumptions:

Multisector coordination challenge and inadequate commitment of some stakeholders, continuous and substantive support from all the engaged sectors along with issue of human resources factor is the major risk in this Project.

The highest risk of any system reform process is inadequate commitment and support 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 over 200 professionals and activists. The complexity of the stakeholder landscape, the ability of the team to successfully engage at all levels is a factual risk to successful implementation of the Project.

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 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 accordingly mitigated.</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 Project 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></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 Project taking. Pending on the reconstruction/adaptation and accessibility investment requirements, the</p>

	<i>Risk type: financial and organizational</i>	funds allocated from the Project, would probably not be enough, due to the Project budget limitations. The risk mitigation option is probably to seek missing funding from the Gov.
7.	<p>NGO and persons with disabilities public resistance to the reform. Unfortunately, the current outdated and unfair system provided that a percentage of persons with disabilities exercise certain disability related rights with questionable justification. Once re-assessed by the new System, it is likely that certain persons, might lose their current scope of benefits and that would therefore try to oppose and politicize the reform in public and impose pressure on decision makers to give up with the reform.</p> <p><i>Risk probability: medium</i> <i>Risk type: political</i></p>	To prevent and mitigate this potential risk, the project Project allocates substantive resources and substantive project team engagement for design and implementation of tailored, intensive awareness raising and information campaign and line grants programmed.

Contents

I.	DEVELOPMENT CHALLENGE	2
II.	STRATEGY	3
2.1.	Current state of affairs - The existing disability assessment and determination system	3
2.2.	Information system and registries – administrative data sources	5
2.2.2.	Related programs, projects and other donor activities	6
2.3.	Objectives and expected results	6
	Overall objective.....	6
	Specific objectives	6
	Results and key outputs:	6
	Outputs:.....	7
	Outputs:.....	7
	Outputs:.....	7
3.	Scope of the work – project activities	7

3.1 Relevance of the proposed project	7
III RESULTS AND PARTNERSHIPS	8
3.2 Specification of the project activities:	8
Activity 1.1. Establishing Intersectoral Working Group to lead/steer the overall process.....	8
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	9
Activity 1.3. Creation and adoption of new normative framework, encompassing laws and bylaws	9
3.2.2 Result 2: Institutional rightsizing and reorganization	10
Activity 2.1. Overall legal establishing the Commission including institutional setting, professional staff recruitment, and support to the initial functioning of the Commission.....	10
Activity 2.2. Adaptation and equipping of the premises of the Commission.....	11
Activity 2.3. Development and implementation of Training Program	11
Activity 2.4. Promotion, information sharing and education	11
Activity 2.5. Development and implementation of the new Information System and PWD E-Registry	12
Activity 2.6. New system piloting phase	13
3.2.3 Result 3. Management and coordination of the project ensured.....	13
Activity 3.1. Organizing project coordination meetings.....	13
Activity 3.2. Coordination with other relevant projects and institutions.....	14
Activity 3.3. External communication and visibility	14
Activity 3.4. Preparation of regular reports.....	15
Stakeholder Engagement	15
Risks and Assumptions: Pls., referred to ANNEX no. 3. Risk Analysis	16
South-South and Triangular Cooperation (SSC/TrC)	16
Knowledge	16
Lessons learnt.....	16
Sustainability and Scaling Up.....	16

IV	Project management	17
	Gender mainstreaming.....	19
V	Monitoring and evaluation.....	20
VI	RESULTS FRAMEWORK	24
	Budget overview:	Error! Bookmark not defined.
VII	Multi-Year Work Plan	26
VIII	GOVERNANCE AND MANAGEMENT ARRANGEMENTS	32
IX	Legal Context and Risk Management.....	32
I.	ANNEXES.....	33
	ANNEX 3.: Risk Analysis	33