



**Capacity for Risk Management of
Earthquakes & Health Emergencies**

Interim Technical Report

Reporting period 1 May 2024 – 30 April 2025

Capacity for Risk Management of Earthquakes
and Health Emergencies - IPA CARE



Preface

This document provides the Interim Technical Report for the first implementation year of the EU-funded Programme “Capacity for Risk Management of Earthquakes and Health Emergencies - IPA CARE”.

During the first implementation year of the IPA CARE Programme, we have witnessed the occurrence of wild fires and flooding in the region, as well as the tragic fire in a Night Club in Kočani, North Macedonia, killing 62 people and leaving more than 100 injured. Related to these developments we have seen the EU Civil Protection Mechanism (UCPM) being activated on several occasions during the year, highlighting the need for cross-border collaboration.

The year 2024 marked the highest damage from forest fires in the last decade in Albania and Kosovo*, according to data from the European Forest Fire Information System (EFFIS). In the Western Balkan region, the greatest damage from forest fires during 2024 was recorded in North Macedonia, where, according to the EFFIS system, 95,181 hectares were burned out while in Bosnia and Herzegovina 43,571 hectares were burned out, in Serbia 38,954 hectares and in Montenegro 23,544 hectares. In October 2024, flash floods and landslides in central Bosnia and Herzegovina left several people dead or injured, with towns and villages cut off and reports in some places of homes being almost submerged.

A World Bank development report for the six Western Balkan countries, published in November 2024¹, highlights that the region will see increased volatility and unpredictability in wildfires, flash floods, and landslides due to climate change. The variability in rainfall increases the potential for flash floods, which, along with other flood events, have caused significant damage and fatalities in recent years. Wildfires are on the rise, and warming temperatures, reduced precipitation, and unsustainable land management practices contribute to their frequency and intensity. Landslides are becoming more common. The earthquake risk, although unrelated to climate change, exacerbates climate hazards and poses substantial financial threats. These developments further highlight the increased need for strengthening preparedness and collaboration between different actors, including cross-border cooperation.

The IPA CARE Programme offers a channel to come together to strengthen the resilience to natural disasters and to be prepared to collaborate and support each other in times of crisis. Embedded in the Programme is the aim to increase beneficiaries' participation in and cooperation with the UCPM, including regional cross-border cooperation, to enhance institutional capacities and strengthen inter-

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

¹ <https://openknowledge.worldbank.org/entities/publication/ab6bfceb-9501-4587-a67a-b783dfa1ca6b>

institutional cooperation for disaster risk reduction and to increase prevention, preparedness and response capabilities.

During the first implementation year of the IPA CARE Programme, a range of mainly national activities of capacity strengthening started towards achieving the Programme objectives. National activities will continue into the second year of implementation, while focus in the next years will gradually change to activities at a regional level, involving exercises and culminating in a full-scale exercise where all work packages are included.

This report presents a comprehensive overview of the first implementation year of the IPA CARE Programme, describing its progress and challenges. The IPA CARE Consortium and our team of experts hope you find this report both informative and engaging.

Stockholm, 27/06/2025

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Abbreviations and acronyms

AFAD	Ministry of Interior, Disaster and Emergency Management Authority, Türkiye
CCI	Cross Cutting Issues
CPD	Ministry of the Interior, Civil Protection Directorate, Republic of Croatia
DBX	Discussion-Based Exercise
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DPC	Presidency of the Council of Ministers, Civil Protection Department, Italy
DSU	Ministry of Interior, Department of Emergency Situations, Romania
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EC	European Commission
EFFIS	European Forest Fire Information System
EMA	The Emergency Management Agency, of Kosovo*
EUCENTRE	Fondazione Centro Europeo di Formazione e Ricerca in Ingegneria Sismica (EUCENTRE) – established in Italy
EMT	Emergency Medical Team
FSX	Full-Scale Exercise
HNS	Host Nation Support
HR	Human rights
IGEO	Institute for Geo Sciences (of Albania)
INSARAG	International Search and Rescue Advisory Group
IPA	Instrument for Pre-accession Assistance
KI	Karolinska Institutet
M&E	Monitoring and Evaluation
MSB	Swedish Civil Contingencies Agency
NCPA	National Civil Protection Agency (of Albania)

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

PPRD East 3	Prevention Preparedness Response to Natural and man-made Disasters in the Eastern Partnership countries - phase 3
PRD	Protection and Rescue Directorate (of North Macedonia)
SEM	Ministry of Interior, Sector for Emergency Management (of Serbia)
SOP	Standard Operating Procedure
SC	Steering Committee
TL	Team Leader
TTX	Table Top Exercise
UCPM	Union Civil Protection Mechanism
UNDP	United Nations Development Programme
USAR	Urban Search and Rescue
WHO	World Health Organisation
WP	Work Package

1 Executive summary

This document provides the first Interim Technical Implementation Report for the Programme “Capacity for Risk Management of Earthquakes and Health Emergencies - IPA CARE”. The reporting period is 1 May 2024 – 30 April 2025.

This report has been preceded by an inception report that covered the inception phase from 1 March 2023 to 30 April 2024. The duration of the whole Programme is from 1 March 2023 until February 2029.²

The IPA CARE Programme includes the countries of Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Kosovo*, Serbia and Türkiye. The overall objective of the Programme is to contribute to increased resilience across the region with particular focus on earthquakes and health emergencies. The main stakeholders of the Programme include national civil protection authorities and Ministries of health, with additional stakeholders identified during the inception phase.

The Programme is aiming to ensure an approach tailored to specific needs of each partner country and in that sense has a national focus. However, it is also a regional programme with an objective to strengthen capacity in the region as a whole, support regional cooperation, as well as the cooperation with the European Union Civil Protection Mechanism (UCPM). So, the individual tailor-made parts need also to be part of the whole to find a common ground in order to achieve the objectives. In this sense, we see the Programme as a platform also for shared learning and capacity building.

During the year, work has progressed to implement the Action Plans of the partner countries. The first year of implementation started with activities after the approval of the inception report on 19 June, 2024. Some first activities could then take place already before the summer break. The Programme came up to more speed in the autumn and continued with several activities during spring 2025 and is now more or less on track with the Action Plans. During this first year of implementation, it has taken some time to ensure the right people are onboard and participating in the activities. This is expected to become more and more clear as the Programme proceeds and roles and expectations are set and calibrated. That said, the success of the Programme is dependent on the continuous engagement and commitment of all parties. It has been especially challenging ensuring the engagement of the health sector in most of the partner countries.

² MSB submitted a request for amending the Grant Agreement whereby the duration of the programme would be shortened to 66 months and end in August 2028. The proposal is pending approval by DG ECHO.

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Some highlights of the first implementation year include;

- A review of current capacities in specific areas involved in Urban Search and Rescue (USAR) was carried out, focusing on analysis of needs and identification of purchase possibilities to prepare for procurement of USAR equipment.
- The first web-version of the platform on seismic risk was made available to the partner countries and presented in February 2025.
- A regional course on exercise facilitation was organised in Durrës, Albania, in which experts from partner countries were trained in facilitation of national and regional exercises within the Programme.
- As part of the work on inter-institutional coordination, a first and second round of planning meetings for a Discussion-Based Exercise (DBX) were conducted with all partner countries, except Serbia and Türkiye. The aim was to further develop and clarify Standard Operating Procedures (SOPs) and procedures in major health emergencies.
- National workshops on strengthening the cooperation with the UCPM were successfully conducted with all partner countries, except Serbia and Türkiye. The workshop for Serbia and Türkiye will most probably take place in autumn 2025.
- The first Steering Committee meeting took place in Budva, Montenegro 5 November 2024, gathering all partner countries, consortium representatives, DG ECHO and one observer, to assess the first progress of the Programme.
- For the development of Medical Surge Capacity, scoping missions have been carried out in close cooperation with the World Health Organisation (WHO). Scoping missions took place with WHO in Albania, and Bosnia and Herzegovina. Missions are planned for Kosovo*, Montenegro and North Macedonia in May 2025.
- Reviews of current legislation and national disaster risk management frameworks were carried out in relation to civil protection volunteerism with all partners, except Serbia where a meeting is planned for May 2025 and Türkiye where a different programme of volunteerism is planned.
- A foundation for integrating cross-cutting issues (CCIs) in Programme activities has been established, including CCI policy and checklist.
- Reflection sessions have been held with all clusters and most partner countries, providing an opportunity to learn and assess progress towards results.

1.1 Disposition of report

The report is structured to guide the reader through the first year of implementation of the IPA CARE Programme.

The initial part chapter (2) gives a brief overview of the Programme through a programme description to set the context. The following chapter (3) summarises the implementation process during the reporting period. Chapter (4) describes the activities during the first year of implementation, followed by Chapter (5) which provides presentation of the technical results and deliverables achieved per partner country.

In chapter (6) the evaluation of the technical results and deliverables are presented, including the progress towards the programme objectives. Chapter (7) includes lessons learned and risk management. In the final chapter (8) of the report a description of the activity planning both on national and regional level for the next reporting period is provided.

2 Programme Description

2.1 Programme objectives and work packages

The IPA CARE Programme has three specific objectives:

Objective 1. To enhance institutional and legal frameworks and capacities of the IPA III relevant beneficiaries on disaster risk reduction related to earthquakes and health emergencies.

Objective 2. To increase prevention, preparedness, and response capability of the IPA III relevant beneficiaries at regional, cross-border, and local levels in relation to earthquakes and health emergencies.

Objective 3. To increase IPA III beneficiaries' participation in and cooperation with the Union Civil Protection Mechanism (UCPM), including regional cross-border cooperation.

Towards achieving these objectives, the following work packages were defined for the Programme, divided into three components corresponding to the three objectives:

Table 1. IPA CARE Technical Components and Work Packages

1: Institutional and legal framework and capacities in DRR	
1.1.a	Improved domestic and legal cooperation and institutional frameworks focusing on health risks
1.1.b	Improved domestic and legal cooperation and institutional frameworks focusing on seismic risk
1.2	Inter-institutional coordination
1.3	Civil protection volunteerism
2: Increased prevention, preparedness and response capacity	
2.1	Medical Response Surge Capacity
2.2	USAR development
2.3.a	Risk assessment and management focusing on health risks
2.3.b	Risk assessment and management focusing on seismic risk
3: Increased participation in and cooperation with UCPM	
3.1	Regional cooperation with UCPM
3.2	Operational cooperation with UCPM
3.3	Capacity strengthening cooperation with UCPM

2.2 Target group and stakeholders

The main beneficiaries of the IPA CARE Programme are the national civil protection authorities and ministries of health in the partner countries, with additional stakeholders identified during the Inception phase. The Programme aims to contribute to strengthening institutional frameworks and prevention, preparedness, and response capabilities in a way that enhances the resilience of

society as a whole. See further chapter 5 for more information on actors involved per country.

2.3 Programme approach

A strong partnership approach is essential to the IPA CARE Programme in order to ensure that the Programme activities will correspond to partner country priorities and to create ownership.

The implementation and sustainability of the Programme hinges on four pillars;

1. Flexible and iterative approach,
2. Active ownership and partnership,
3. Building on existing structures and capacities,
4. Mutual exchange and learning.

2.4 Organisation and implementation structure

The interlinkages and synergies between the technical work packages of the Programme are complex and manifold and require an integrated approach to the implementation (See 2.1 Programme Objectives and Work Packages). The implementation structure of the Programme has been shaped accordingly. Recognising the need for efficiency, enhanced coordination and collaboration between the technical experts of the Programme, the work packages have been grouped into six thematic clusters. Each cluster has a cluster lead with a coordinating function, ensuring smooth cooperation and communication with the Team Leader.

The Clusters and Work Packages for the implementation period of the Programme are:

Cluster 1 – Emergency Medical Teams (EMT): WP 2.1 Medical Response Surge Capacity

Cluster 2 - Seismic Risk: WP 1.1b Development of Institutional and Legal Frameworks Focusing on Seismic Risk, WP 2.3b Risk Assessment and Management Focusing on Seismic Risk

Cluster 3 - UCPM: WP 3.1 Regional Cooperation, WP 3.2 Operational Cooperation with UCPM, WP 3.3: Capacity Strengthening Cooperation with UCPM

Cluster 4 – Urban Search and Rescue (USAR): WP 2.2: USAR Development

Cluster 5 - Inter-institutional coordination: WP 1.2: Inter-institutional Coordination, WP 1.1a Development of Institutional and Legal Frameworks Focusing on Health Risks, WP 2.3.a Risk Assessment and Management Focusing on Health Risk

2.5 Cross-cutting issues: Environment, Gender and Human Rights

To achieve the IPA CARE Programme objectives, the integration of gender equality, Human Rights (HR), environment and climate change perspectives in the Programme is crucial. The approach seeks to ensure that the Programme contributes to strengthening institutional frameworks and prevention, preparedness, and response capabilities in a way that enhances the resilience of society as a whole, leaving no one behind. It is also about doing no harm, as a minimum.

The Programme is committed to contributing to the following effects:

1. Female participation and diversity among participants in IPA CARE Programme activities
2. Broad representation of actors, including those with gender, HR/inclusion, environment and climate change expertise, involved in prevention, preparedness and response to earthquakes and health emergencies
3. IPA CARE partners' prevention, preparedness and response capability to consider gender and HR/inclusion aspects during earthquakes and health emergencies
4. IPA CARE partners' prevention, preparedness and response capability to consider environmental and climate change aspects during earthquakes and health emergencies

The work is guided by and seek to contribute to the achievement of global, EU and IPA CARE partners' national frameworks, guidelines and standards for integrating gender equality, HR, environment and climate change considerations in civil protection. It also aims at building upon and strengthen existing initiatives and good practices within EU and the region.

The Programme has adopted a systematic approach and seeks to apply a gender, HR, environmental and climate change perspective as cross-cutting issues (CCIs) into all phases and parts of the Programme, including in the planning, implementation, and follow-up of programme activities within all work packages. The work serves as a common core value of the IPA CARE Consortium and is a shared responsibility for the Programme as a whole. All staff and experts involved in the Programme have an important role to play in realising the approach and work.

To operationalise the approach, the IPA CARE has adopted the *IPA CARE Policy for Cross-Cutting issues*³ outlining a number of key principles to be promoted in the implementation of the programme. For gender equality and HR, the principles of participation and inclusion, non-discrimination and equality, transparency and

³ The policy is available at <https://www.ipacare.eu/programme/work-packages/cross-cutting-issues/>

accountability and do no harm are promoted. For environment and climate change, the following principles are guiding the work; holistic approach to resilience, ecosystem-based approach, context awareness and do no harm (do more good than harm).

To further support the practical application of the CCI principles in programme activities, the *IPA CARE Checklist for integrating CCIs into programme activities*⁴ has been developed as a planning tool for staff and experts in the Programme. To monitor and evaluate results, indicators have been integrated into the M&E framework.

2.6 Monitoring and Evaluation (M&E)

The main purpose of the Monitoring and evaluation (M&E) is continuous learning for programme adaptability, steering and risk management. It also aims to promote results accountability, quality assurance and support communication.

2.6.1 Monitoring and evaluation approach

Planning, monitoring, and evaluation are not separated events, but are designed to be cyclic with one feeding into the other. Thus, the Programme M&E is regarded as an integrated part of the Programme management and implementation. The ultimate responsibility for M&E of the Programme lays with the Programme management and the consortium, as part of its responsibility to implement the Programme. The M&E approach is guided by the principle of participation, which implies that M&E activities are implemented in a participatory way. This means the involvement of national stakeholders from the partner countries to the extent possible, consortium members and the programme expert team.

2.6.2 Monitoring and Evaluation framework

The M&E framework guides the Programme's monitoring, evaluation and learning system. For monitoring of results, the Programme monitors outputs and immediate outcomes and their contribution to higher level outcomes by the use of two complementary methods. The Results Framework is the foundation for the M&E system of the Programme, whereby the outputs will be tracked and measured through indicators. Complementary, the Programme engages in periodic and systematic reflection exercises. The reflection exercises aim to support monitoring of change (intended and unintended, positive and negative, direct and indirect), the Programme's contribution to these changes, as well as risks and opportunities.

To learn more about the Programme's M&E Framework and the Results Framework see Annex 4 and Annex 5.

⁴ The checklist at <https://www.ipacare.eu/programme/work-packages/cross-cutting-issues/>

3 Summary of Programme implementation process

3.1 Activities during the Implementation period

The Programme has been guided by the Regional roadmap, as well as the Action Plans for each of the partner countries. Based on the country Action Plans, an activity plan for the first implementation year of the Programme was developed. Activities have taken place within all clusters of the Programme. All partner countries have made some progress.

The Action Plans for all partners, except Bosnia and Herzegovina and Türkiye, were approved in April 2024. For Bosnia and Herzegovina, the Action Plan has been sent for final approval by DG ECHO and for Türkiye the Action Plan is in its last stage of finalisation. The fact that two partner countries did not have approved Action Plans during the first year of implementation has had some impact (see more information under chapter 4 and 5). For Türkiye it has meant that no national activities within the Programme have taken place yet. However, Türkiye has participated in some joint meetings, conferences and a regional training. Bosnia and Herzegovina has participated more actively in initial Programme activities according to its draft Action Plan, which is fully in line with the activity plans of other partner countries and which was agreed at the technical level.

Work in all clusters has taken place during the implementation year. Most of the activities that have taken place have been at the national level, but there have also been some regional meetings. Below is a brief summary.

- The implementation year started with national online kick-off meetings with all partner countries with approved Action Plans.
- The first Steering Committee meeting was held in Budva, Montenegro, on 5 November, 2024. All partner countries participated.
- Back-to-back with the Steering Committee, a conference was held with all partner countries to introduce the planning of the exercises in the Programme over the whole programme period. The aim of the exercises is to enhance the capacity of the partner countries in responding to emergencies, as well as in organising exercises.
- As part of the work on regional cooperation, there was a regional training of facilitators during exercises where all partner countries, except Albania, participated.
- As part of the work on inter-institutional coordination, a first and second round of planning meetings for a Discussion-Based Exercise (DBX) were conducted with all partner countries except Serbia and Türkiye. The aim

was to further develop and clarify SOPs/procedure in major health emergencies.

- The activities for the development of Medical Surge Capacity have been carried out in close cooperation with the World Health Organisation (WHO). The set-up of this work is now fully aligned with the WHO and its EMT Initiative. A consequence of the cooperation is that the beneficiaries need to express interest in cooperation with the WHO, after which the first mission, a so-called scooping mission can take place. Scoping missions took place in Albania, and Bosnia and Herzegovina. Missions are planned for Kosovo*, Montenegro and North Macedonia in May 2025.
- The work on Seismic Risk has been focused on the development of the first version of the seismic risk platform. This is a platform, which visualises the impact of an earthquake (both actual earthquakes and fictional ones (used for disaster risk reduction and preparatory activities)). The first web-version was made available to the partners and presented in February 2025.
- During 2024 meetings took place with all partner countries, except Türkiye, on USAR capacity. These meetings were mainly focused on the procurement of equipment. Türkiye will, as they have extensive USAR capacity, not take part in national USAR capacity building, but only receive specific equipment within the IPA CARE Programme.
- Workshops on strengthening the cooperation with the UCPM were conducted with all partners, except Serbia and Türkiye. The workshop for Serbia and Türkiye will most probably take place in autumn 2025.
- Meetings were held during autumn 2024 to plan for procurement related to Civil Protection Volunteerism. These meetings took place in person with Bosnia and Herzegovina, Kosovo* and Serbia which are the partner countries that have chosen procurement for volunteerism. Furthermore, national meetings with five partner countries on reviewing of current legislation and national disaster risk management frameworks for civil protection volunteerism were held in 2025. The meeting with Serbia is planned to take place in May 2025. For Türkiye, tailored work on volunteerism, focusing on strengthening of volunteers working for AFAD (Turkish Disaster and Emergency Management Authority) is planned in the draft Action Plan. Implementation will take place after approval of the Action Plan and is expected to start in September 2025.

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3.2 Local presence

In order to scale up and facilitate the implementation of the Programme, local presence in the region was strengthened.

- The IPA CARE Team Leader (TL) was deployed to Albania in February 2024, with frequent travels to the other partner countries.
- Local coordinators have been recruited in Albania, Kosovo*, North Macedonia and Serbia.

The Team Leader has an overall operational responsibility for timely, sustainable and high-quality implementation of the Programme, ensuring fulfilment of Programme objectives. Responsibility for planning, coordinating and supervising all Programme activities, including monitoring and reporting is part of the role. The Team Leader furthermore has comprehensive collaboration and communication with partner countries, stakeholders, public authorities and representatives in all partner countries. He also leads, coordinates and supports the teams of experts to ensure delivery of results according to Programme plans.

The tasks of the local coordinators include providing technical support to the Team leader and Programme experts and ensuring administration procedures and documentation are followed according to IPA CARE Programme guidelines. They also assist in the logistical arrangements of experts' missions, the logistics of deliveries of material, organisation of trainings, workshops, and other Programme events taking place in the partner country where they are based. Primarily for the second implementing year, local coordinators are expected to provide administrative and logistical support to procurement processes in partner countries. Local coordinators may also draft communication materials for social media and other visibility platforms in close collaboration with the Team leader.

Contracting the local coordinators has been a time-consuming process during autumn 2024. We expect to have local coordinators in all partner countries, but a pre-requisite is that the Action Plan for the partner country is approved which has not been the case for Türkiye and Bosnia-Herzegovina. For Montenegro, despite prolonging the application period, we have had no bids that meet the requirements to work as a consultant and the search is ongoing for a local coordinator there.

3.3 Delimitations and challenges

The Programme is a multi-country action Programme expected to span up until 2028. The work of the Programme is defined through the Regional Roadmap, country Action Plans, yearly activity plans and the nine work-packages. It encompasses seven partner countries in the Western Balkan and Türkiye and two sectors – civil protection and health. This is thus a broad Programme

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encompassing multiple actors and many activities, yet within each work package there is a limited number of activities. One of the reasons for this is that a substantial part of the budget is dedicated to procurement, leaving less resources for capacity building than initially foreseen. The first two years of the Programme implementation will mainly focus on national capacity building before going into more regional capacity building. As the Programme is thematically and in terms of activities spread over several countries and thematic areas, it is very broad rather than going in depth into any one topic or one country. The Programme is expected to take steps towards its objectives, but additional efforts are expected to be needed in order to re-affirm and deepen the capacity at both the regional and national level and to continue moving towards the objectives.

The success of the Programme is highly dependent on the partner countries' engagement and on the availability of staff to participate in the Programme activities. It also depends on the ability and willingness of the partner countries to take ownership of the different thematic areas that are being covered. It has sometimes been challenging to ensure that staff that the activity is intended for in terms of technical and professional profiles are actually the ones participating in the activity, as well as staff with the mandate to take the issues forward within their respective organisations are present. Meetings have sometimes had to be rescheduled several times. This has meant that some activities have been delayed and postponed. Hopefully this will even out during the Programme period. During the first implementation year this has required additional time and efforts from programme management and cluster leads to request participation and rearrange logistics.

4 Implementation of the Action Plans

4.1 Work package (WP) activities

This overview provides information on progress of the Programme activities in each work package for all partner countries where implementation of the Action Plans has started. This implies that Türkiye is only mentioned when having taken part in regional activities.

Colour code:

Implemented activities during the reporting period – **light green**

Postponed activities – **yellow**

Table 2. IPA CARE Implemented activities during the first implementation period and deviations from the activity plan

Country abbreviations: ALB (Albania), BiH (Bosnia and Herzegovina), KSV(Kosovo), MNE(Montenegro), MKD (North Macedonia), SRB (Serbia), TUR (Türkiye)

4.1.1 WP: 1.1.a Improved domestic cooperation and institutional frameworks focusing on health risks				
4.1.2 WP: 1.2 Inter-institutional Coordination (Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia participating)				
Activities	Y/Q	Country/Countries (month and year)	Comments	Activity report (Annex 7)*
1.1.1 Planning meeting I for Discussion-based Exercise (DBX): Further develop and clarify SOP/procedure in major health emergencies	10-2024/ 4-2025	ALB 3-2025 BiH 3-2025 KSV 2-2025 MNE 2-2025 MKD 4-2025	SRB to be planned	X X X X X
1.2.3 Planning meeting II for Discussion-based Exercise (DBX) (see WP 3.1)	1-2025/ 6-2025	ALB 4-2025 BiH 4-2025 KSV 4-2025 MNE 4-2025 MKD 4-2025	SRB to be planned	To be reported as part of the planned DBX reports

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4.1.3 WP: 2.1 Medical Surge Capacity				
(Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia participating)				
Activities	Y/Q	Country/ Countries	Comments	Activity report (Annex 7)*
2.1.1 Participation in scoping missions for EMT Initiative with WHO	4-2024/ 3-2026	BiH 6-2024 ALB 10-2024	KSV, MNE, MKD all planned for 5-2025 SRB not planned yet	4.1.3.1 X X
2.1.2 Revision of current capacities in specific areas involved in medical surge capacity; systems, staff, equipment and current rapid response teams	4-2024/ 3-2026	Started in ALB and BiH		4.1.3.2 -
2.1.3 Report of priority areas for national emergency medical teams development	7-2024/3-2026		To be started	4.1.3.3 -
2.1.4 Draft technical specification of procurement and assist in assessing offers	10-2024/ 3-2026	Regional	To be started	4.1.3.4 -
4.1.4 WP: 1.1.b Improved domestic cooperation and institutional frameworks focusing on seismic risk				
4.1.5 WP: 2.3b Risk assessment and management				
(Albania, Bosnia and Herzegovina, Kosovo* and North Macedonia participate)				
Activities	Y/Q	Country/ Countries	Comments	Activity report (Annex 7)*
2.3.1 Provision of seismic risk tool with freeware data	4-2024- 12-2024	ALB, BiH, KSV, MKD	Delivered for all participating partner countries	X A joint report for the activities in 2.3 b has been delivered
2.3.2 Course and meeting	10-2024 / 12-2024	ALB 2-2025 BiH 2-2025 KSV 2-2025 MKD-2-2025	Delivered for all participating partner countries	X A joint report for the activities in 2.3 b has been delivered
2.3.2 Explorative mission about available national data	1-2025/ 10-2025		Missions planned, but have not yet taken place	-

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence

4.1.6 WP: 3.1 Regional cooperation				
Activities	Y/Q	Country/Countries	Comments	Activity report (Annex 7)*
3.1.1 Overall planning conference to explain exercise philosophy, focusing on health-civil protection cooperation.	2024- Q4 2025 Q2-	One Regional Meeting and follow-up national meetings with ALB, BiH, KSV, MNE, MKD, SRB, TUR	Regional conference on 5 th November National online meetings 2-2025	-
3.1.2 Training to create local exercise facilitators	01- 2025/04- 2025/	Regional	All partner countries took part except Albania	X
4.1.7 WP: 3.3 Capacity strengthening cooperation with UCPM (All partner countries take part in this work package)				
Activities	Y/Q	Country/Countries	Comments	Activity report (Annex 7)*
3.2.1 Workshop on the UCPM	10-2024/4- 2025	ALB 10-2024 BIH 03-2025 KSV 10-2024 MNE 12-2024 MKD 04-202	SRB and TUR to be planned	X X X X X
4.1.8 WP: 2.2 USAR development (Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia and Serbia take part in this work package, for Türkiye only equipment will be procured)				
Activities	Y/Q	Country/Countries	Comments	Activity report (Annex 7)*
2.2.1 Revision of current capacities in specific areas involved in USAR. Focusing on analysis of needs and identification of purchase possibilities	4-2024/ 10-2024	ALB 09-2024 BIH 10-2024 KSV 06-2024 MNE 10-2024 MKD 06-2024 SRB 10-2024		X X X X X X (Some country reports are combined)
2.2.2 Report of priority areas for national USAR team development	4-2024/ 10-2024	01/02-2025 All countries	Changed in a questionnaire on USAR equipment	2.1.2 and 2.1.3 in one report
2.2.3 Drafting of technical specifications and participation in assessment of offers wrt procurement of equipment	10/2024 /10-2025		Ongoing, expected draft final list Mid-May for decision making to partner countries.	2.1.2 and 2.1.3 in one report

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence

4.1.9 WP: 1.3 Civil Protection volunteerism (in this work package all partner countries participated)				
Activities	Y/Q	Country/Countries	Comments	Activity report (Annex 7)*
1.3.1 In-person workshop three countries + follow-up, desk study and a list of equipment for procurement.	10-2024/ 12-2024	BIH 10-2024 KSV 09-2024 SRB 10-2024	BiH, KSV and SRB are the countries choosing procurement for volunteerism	X The report is joint for the three activities.
1.3.5 Review of current legislation and national disaster risk management frameworks	10-2024/ 12-2024	ALB 02-2025 BIH 04-2025 KSV 02-2025 MNE 04-2025 MKD 02-2025	SRB 05-2025	X X X X X

4.2 Activities implementation and deviations from the action plan

The activities of the first year of the implementation phase started mainly in autumn 2024 due to several factors. The inception period of the Programme ended on 30 April 2024 and the inception report that followed was approved by DG ECHO on 19 June 2024. Action plans for Albania, Kosovo*, Montenegro and North Macedonia were part of the inception report. This implied that actual implementation in these partner countries could start as of 19 June. Although this was shortly before the summer holiday period, already two first activities (USAR workshops) were held in Kosovo* and North Macedonia before the summer break.

For Serbia, the participation in Programme activities took place after the approval of the Action Plan in July 2024. For Bosnia and Herzegovina, first activities took place as of December 2024, taking into account that by then an agreement on the main content of the Action plan had been reached. During spring 2025 the final aspects were agreed and the Action Plan for Bosnia and Herzegovina submitted to DG ECHO. Türkiye only took part in regional activities during this first year of implementation, as it did not yet have an approved Action Plan.

WP 1.1.a and 1.2: The activity focusing on improved domestic cooperation and institutional frameworks focusing on health risks and inter-institutional coordination were slightly postponed due to delayed engagement of experts who had the requested competence for the activity. Still, this activity is, after the first implementation year now on schedule, except in Serbia where the activity still has to start.

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

WP. 2.1: The activity with focus on development of Medical Surge Capacity is carried out in close cooperation with the WHO. The set-up of this work is now fully aligned with the WHO. A consequence of the cooperation is that the beneficiaries (the Ministries of Health) need to express interest to cooperate with the WHO, after which the first mission, a so-called scoping mission, can take place. These scoping missions took place in Albania and Bosnia and Herzegovina, while missions to Kosovo*, Montenegro and North Macedonia will take place around the end of May 2025.

WP 1.1.b/2.3.b: The work on seismic risk focused this year on the development of the first version of the seismic risk platform. The first web-version of the platform was made available to the beneficiaries and presented in February 2025 in an online workshop. On the request of partner countries, the menus in the Web-GIS tool will be translated into national languages. The work package is fully on track.

WP 3.1: Regarding the work package on regional cooperation, the first two activities took place according to plan. In November 2024, a presentation was given at the regional level to present the exercise programme to the partner countries. This was followed by national presentations in each partner country in December 2024/ January 2025, with more in-depth focus for the national exercises which are part of the WP 1.1a/1.2.

WP 3.3: The work package on the strengthening of the cooperation with the UCPM held five workshops on the UCPM. The workshops for Serbia and Türkiye will most probably take place in autumn 2025.

WP 2.2: The work on development of USAR capacity focused this year fully on the procurement of equipment. This process started with discussing the capacity to be developed in each partner country in an in-person workshop. After this workshop, the choice was made to follow up through a questionnaire based on the equipment list of a classified medium USAR team. All partner countries filled in this questionnaire in January/February 2025. The response in the questionnaires is now in the process of being analysed. A specific offer for each of the partner countries with a specific package of USAR equipment, based on their priorities, will be presented. This process is expected to lead to an agreement with each of the partner countries on the equipment to be procured and the actual start of the procurement of this equipment during the second half of 2025.

WP 1.3: The work on volunteerism started later than planned due to the time needed for the recruitment of an expert. The expert started work in January 2025. This resulted in a later than planned conduction of workshops with focus on reviewing the current legislation on volunteerism. The planned work is now mainly on track. As of May 2025, only one workshop in Serbia still had to take place. Procurement of equipment for volunteerism is on the table in three of the partner countries. For all three countries, list of equipment's have been produced

and the specificities are under discussion. Actual procurement will take place after the start of the actual procurement of the USAR equipment, which is the first priority seen the needed to follow up in USAR trainings.

WP 2.3.a Risk assessment and management focusing on health risks and **WP 3.2.** Operational cooperation with UCPM will start later in the Programme according to the Action Plans and are therefore not described further here.

4.3 IPA CARE meetings

During the first year of implementation of the Programme, planning and setting-up meetings in various constellations has been ongoing and efforts have been taken to calibrate the frequency of the meetings, setting and having the right people in the meetings.

Consortium Coordination Meetings

The Consortium aims to implement the Programme using an integrated approach, entailing continuously coordinating activities and project components to create synergies and capitalising on efforts made. The Consortium partners collaborate in an integrated manner and support backstopping with expertise and resources within and between components. At the same time, each consortium partner is responsible for separate work packages (WPs), even if we aim at ensuring coordination between these WPs.

The Consortium members are coordinated on a strategic level (relating mainly to budget related issues, reporting, monitoring and evaluation and planning of Steering Committee meetings and other issues that may arise on the strategic overarching joint level) through the Consortium Coordination Meetings and on an operational level through the expert group. The Consortium is responsible for backstopping the Programme by nominating Consortium Experts, replacing any loss of experts as needed, and by providing all technical support necessary for the Programme. The responsibilities for carrying out Programme activities, and also for organising the information collection needed for monitoring and evaluation, are divided between the members of the Consortium according to their mandate and experience.

Consortium coordination meetings were as a trial planned monthly during the start-up period of the implementation phase. Reflecting upon the meetings that had been held during the first months, it was concluded by the Consortium coordination meeting group that meetings would still be necessary but may not be needed as often as before (i.e., when the budget was to be set).

Expert meetings with clusters

In these meetings, representatives of each cluster of experts participate to discuss the operational work under the lead of the Team leader.

The purpose of these meetings is to:

- assure a coordinated and aligned implementation of the activities of the Programme work packages
- share best practices of implementation and discuss challenges arising
- contribute to a coherent Programme governance
- contribute to the strategic orientation of the Programme through a comprehensive understanding of the Programme's main aims and objectives.

The meetings take place fairly regularly, approximately once each two months. Besides these, regular meetings take place between the Team Leader and the cluster(lead)s to monitor the progress of the work within the clusters.

The team Leader and the clusters are in regular contact with representatives of the beneficiaries to discuss the activities to be conducted within the partner countries.

Steering Committee Meetings

The Terms of Reference for the Steering Committee (SC) were adopted at the first Steering Committee meeting 2024. The SC is a governing body of the Programme and a platform for exchange of information, views and reflections between DG ECHO, the partner countries and the Programme consortium. The SC has oversight responsibility for the implementation of the Programme and serves as an important function to ensure that the Programme activities are in accordance with the Programme's objectives.

Steering Committee Meetings are to be held regularly over the lifetime of the Programme and at least twice a year, and at least once a year in person. During the first implementation year, the first Steering Committee Meeting of IPA CARE took place 5 November 2024, in-person in Montenegro and as hybrid. The second Steering Committee Meeting will take place online, 23 May 2025.

4.4 Monitoring and Evaluation (M&E) activities

M&E activities are conducted continuously throughout programme implementation. This means all activities conducted are connected to an M&E activity, through the results framework, that measures the result of that particular activity. All data is collected and analysed and reflected upon in the annual reflection exercises. Reflection exercises are conducted with the clusters as well as the partner countries involved in the Programme.

4.4.1 Reflection sessions

Reflection sessions is a tool for structured dialogues between clusters/partner countries in the IPA CARE Programme and the MSB Programme management, mainly Team Leader and M&E expert. The purpose of the sessions is threefold;

1. To identify learnings in order to adapt Programme implementation, answering the question: What is working/what are the challenges?
2. To get an understanding of where we are and where we still need to go in relation to Programme objectives
3. To get an understanding of the progress on CCI implementation

In April 2025, reflection sessions were held with all clusters and four of the partner countries. Reflection sessions with Bosnia and Herzegovina and Türkiye were not carried out as they did not yet have their Action Plans agreed on, while for Serbia a too limited amount of work had been done for a useful reflection session.

The results of the reflection sessions have contributed to the content of this progress report. (For recommendations from these sessions see 7.1.1. specifically.)

Table 3. Partner country reflection meetings

Partner Country reflection meetings	
Reflection Cycle	1st
Albania	2025-04-23
North Macedonia	2025-04-30
Kosovo*	2025- 05-08
Montenegro	2025-04-23
Serbia	-
Bosnia and Hercegovina	-
Turkey	-
Work Package's reflection meetings	
Reflection Cycle	1st
Cluster 1	2025-04-28
Cluster 2	2025-04-16
Cluster 3	2025-04-16
Cluster 4	2025-04-22
Cluster 5	2025-04-22
Cluster 6	2025-05-07

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence

5 Presentation of the technical results and deliverables

5.1 Partner countries' progress

5.1.1 Albania

5.1.1.1 Action Plan and participation of Albania in the IPA CARE Programme

The Action Plan for Albania was approved by DG ECHO in June 2024 as part of the Inception report. Albania participates in all activities of the IPA CARE Programme. The National Civil Protection Agency (NCPA) is as national coordinating agency for civil protection responsible for the coordination in the country and delivers the focal point for USAR capacity development and the Seismic Risk to the Programme. The Institute for Geo Sciences (IGEO) is a scientific advisory institute assigned together with the NCPA as focal point for the seismic risk work package.

The National Emergency Medical Centre is as national agency responsible for the coordination of emergency medical service in the field and delivers the focal point for the Emergency Medical Team capacity development.

The Albanian Red Cross is as volunteer organisation assigned as focal point for volunteerism in the programme.

The current system for civil protection in Albania was established in 2019 through a new law on civil protection, a law which also established the NCPA. Since then, supported by an UNDP funded programme (RESEAL programme)⁵ the NCPA has developed rapidly. At the national level, a national plan for civil protection and a plan for disaster risk reduction has been established. Currently the focus is shifting a bit towards strengthening the organisation at the local level, as the local level is still rather weak and also forms the basis for a strong civil protection organisation.

The NCPA is a coordinating organisation complemented by operational pillars (emergency medical help, fire brigade, police). The capacity of these operational pillars is also crucial for a well-functioning civil protection system. Currently, for example, the capacity of the fire brigades is still limited.

Albania is participating state of the UCPM since the 1st of January 2023.

⁵ RESEAL project supports the efforts of the Government of Albania to improve the disaster risk management (DRM) system in the country. The overall objective of the project is to strengthen, Albania's DRM system and support country's efforts in becoming a fully-fledged member of the EU Civil Protection Mechanism.

5.1.1.2 Outputs in Albania based on implementation of activities

Table 4. Programme outputs in Albania in first year of implementation

Activity	Outputs
1.1.1 planning meeting SOP's	An overview of gaps and priorities for inter-institutional coordination and coordination within the health sector.
1.2,1 exercise planning conference	All organisations involved in the programme informed on the exercise programme.
1.2.2 training local exercise facilitators	No participation from Albania, due to overlap of the course with the final preparation for the exercise flood North Albania.
1.2.3 planning meeting II DBX	Agreement on the objectives and content of the exercise programme.
2.1.1 scoping mission EMT	Decision to develop an EMT I fixed. Decision communicated to WHO by the minister of Health.
2.1.2 revision current capacities	WHO mentors for the EMT development assigned
2.3.1 provision of seismic risk tool	Seismic risk tool as web version available for Albanian stakeholders. Menus of the tool translated into Albanian.
2.3.2 course on tool	Stakeholders familiarised with the tool through an online workshop
3.3.1 UCPM workshop	18 stakeholders from Albania informed on the UCPM mechanism and its tools
2.2.1 USAR workshop	A first overview of the USAR capacity to be developed in Albania was established
2.2.2 USAR questionnaire	A first priority list of USAR equipment to be procured for Albania compiled
1.3.5 workshop legal review	A legal review has been produced An advisory document on the forming of a register for volunteerism is handed over

5.1.1.3 Progress towards outcomes

Albania is actively participating in the IPA CARE Programme through all the work packages.

WP 1.1.a and 1.2: The exercise programme was introduced in a national meeting. In a workshop on Standard Operating Procedures (SOP's) the focus for the upcoming work in Albania was discussed and decided on: the coordination in the field and the information exchange between the field and the national level during a mass casualty event.

WP 2.1: Albania has set pivotal steps for the development of an Emergency Medical Team (EMT) by committing to the development of an EMT 1 fixed⁶ with the intention to certify it according to the WHO-EMT standard. The national emergency medical centre will lead the development while several hospitals (emergency rooms) and the Albanian Red Cross will be involved in the development of the team.

⁶ An EMT 1 fixed, is one of the types of Emergency Medical teams as described in the WHO blue book, It is a first line medical treatment post without surgery in the field in tents/a fixed location

WP 2.2: Albania has taken the first steps in the development of a USAR team. The team needs to be built more or less from scratch. NCPA and the fire brigades (professional and volunteers) will be involved in the development of this team. The ambition is to take the first steps within the Programme and then continue develop the team after the Programme, towards an INSARAG classified medium USAR team

WP 3.2: Through the participation of 18 experts in a national workshop on the UCPM the knowledge on the UCPM is further strengthened within Albania.

WP 1.1.b and 2.3.b: Albania has adopted the seismic risk platform. This platform will be hosted by IGEO and access will be granted to the relevant organisations within the civil protection sector. This is a first step in the improvement of the delivery of seismic risk information both before and after an earthquake.

WP 1.3: An analysis of the current legislation for volunteerism has been developed and an advisory document on the establishment of a register for volunteerism is established, which will strengthen the position of volunteerism in the Albanian civil protection system

5.1.2 Bosnia and Herzegovina

5.1.2.1 Action Plan and participation of Bosnia and Herzegovina in the IPA CARE programme

The Action Plan of Bosnia and Herzegovina was submitted for approval to DG ECHO on 13 May 2025. As the initial draft Action Plan for Bosnia and Herzegovina was in line with the Action Plan of other partner countries and there was agreement at the technical level, implementation of a line of activities began already ahead of the approval in April 2025 of the Action Plan by Bosnia and Herzegovina.

The Ministry of Security is the coordinating agency for civil protection at the state level in Bosnia and Herzegovina and is responsible for the coordination of the Programme in the country. The entity civil protection authorities from the Republic of Srpska, the Federation of Bosnia and Herzegovina and the Brcko districts are involved in the implementation within the country, such as the development of the USAR capacity.

At state level, The Ministry of Civil Affairs is responsible for the coordination of the health sector within Bosnia and Herzegovina. The Ministry of Health of the Federation of Bosnia and Herzegovina and the sector of Health from the Brcko district are involved in the implementation within their territory. The Ministry of health of the Republic of Srpska has chosen not to participate in the Programme. The Bosnian Red Cross is as volunteer organisation assigned as focal point for volunteerism in the Programme.

The hydro-meteorological institutes from both entities are assigned as seismic risk focal points and will host the seismic risk platform.

At the state level in Bosnia and Herzegovina, both related to civil protection and the health sector, the role is limited to the coordination between the entities and the coordination with the international organisations.

The main operational work on the prevention, preparedness and response to earthquakes and health emergencies actually takes place at the entity level. This implies that direct involvement of the entities in the work is arranged and leads to the choice of establishing EMT and USAR capacity level at the entity level. For EMT's this will only be done within the Federation of Bosnia and Herzegovina.

Bosnia and Herzegovina is member of the UCPM since the 1 January 2023.

5.1.2.2 Outputs in Bosnia and Herzegovina based on implementation of activities

Table 5. Programme outputs in Bosnia and Herzegovina in first year of implementation

Activity	Outputs
1.1.1 planning meeting SOP's	An overview of gaps and priorities for inter-institutional coordination and coordination within the health sector.
1.2.,1 exercise planning conference	All organisations involved in the programme informed on the exercise programme
1.2.2 training local exercise facilitators	Two persons from BiH are trained as exercise facilitator
1.2.3 planning meeting II DBX	Agreement on the objectives and content of the exercise programme
2.1.1 scoping mission EMT	Decision to develop a EMT I fixed by the federation of Bosnia and Herzegovina Decision communicated to WHO by the minister of Health of the federation of Bosnia and Herzegovina
2.1.2 revision current capacities	WHO mentors for the EMT development assigned
2.3.1 provision of seismic risk tool	Seismic risk tool as web version available for Bosnia and Herzegovina Menus of the tool translated into Bosnian.
2.3.2 course on tool	Stakeholders familiarised with the tool through an online workshop
3.3.1 UCPM workshop	37 stakeholders from Bosnia and Herzegovina informed on the UCPM mechanism and its tools
2.2.1 USAR workshop	A first overview of the USAR capacity to be developed in Bosnia and Herzegovina has been agreed on
2.2.2 USAR questionnaire	A first priority list of USAR equipment to be procured for Bosnia and Herzegovina has been established
1.3.1 equipment	A list of equipment to be procured for the volunteers of the Bosnian Red Cross is developed and in discussion with the IPA CARE programme
1.3.5 workshop legal review	A legal review has been produced and is validated in a workshop with Bosnia and Herzegovina.

5.1.2.3 Progress towards outcomes

Bosnia and Herzegovina is actively participating in the IPA CARE Programme through cooperation in all work packages.

WP 1.1.a and 1.2: The exercise programme was introduced in a national meeting. In a workshop on Standard Operating Procedures (SOP's) the focus for the upcoming work in Bosnia and Herzegovina is discussed and decided on: this will be coordination between the different levels of government both on the health and the civil protection sector during a mass casualty incident.

WP 2.1: The federation of Bosnia and Herzegovina has set pivotal steps for the development of an EMT by committing to the development of an EMT¹⁷ fixed with the intention to certify it according to the WHO-EMT standard. The Ministry of Health of the Federation of Bosnia and Herzegovina will lead the development, while the Emergency Medical Service of Sarajevo, the civil protection agency of the Federation of Bosnia and Herzegovina and the Bosnia and Herzegovina Red Cross will be involved in the development of the team.

WP 2.2: Capacity development of USAR will take place at the entity level in Bosnia and Herzegovina. This implies that the civil protection organisations of the Federation of Bosnia and Herzegovina, the Republic of Srpska and the Brcko District each have formulated an ambition and composed a list of priorities of equipment for procurement. For the Federation of Bosnia and Herzegovina and the Republic of Srpska this is expected to lead to deployable USAR teams in line with the set-up of an INSARAG light USAR team. The further work of IPA CARE will be done with the three entities' jointly to assure full alignment and inter-operability between the entities.

WP 3.2: Through the participation of 37 experts in a national workshop on the UCPM the knowledge on the UCPM is further strengthened within Bosnia and Herzegovina.

WP 1.1.b and 2.3.b: Furthermore, Bosnia and Herzegovina has adopted the seismic risk platform. This platform will be hosted at the entity level by the hydro-meteorological institutes of both the Republic of Srpska and the Federation of Bosnia and Herzegovina. They have agreed to purchase a server in each of the institutions and a full exchange of data between the institutions to assure that each institution can do the full impact analysis of an earthquake at any spot within Bosnia and Herzegovina. Access to the system will be granted to the relevant organisations within the civil protection sector. This is a first step in the improvement of the delivery of seismic risk information both before and after an earthquake.

¹⁷ An EMT 1 fixed is one of the types of Emergency Medical teams as described in the WHO blue book, It is a first line medical treatment post without surgery in the field in tents/a fixed location

WP 1.3: An analysis of the current legislation for volunteerism has been developed and a workshop was held, which was the first step into strengthening the position of volunteerism in the Bosnia and Herzegovina civil protection system.

A list of equipment for volunteers in the Red Cross of Bosnia and Herzegovina has been compiled, which is the first step in strengthening the response capability of the Red Cross in the response to an earthquake.

5.1.3 Kosovo*

5.1.3.1 Action Plan and participation of Kosovo* in the IPA CARE programme

The Action Plan for Kosovo was approved by DG ECHO in June 2024 as part of the Inception report. Kosovo participates actively in all activities of the IPA CARE programme. The Emergency Management Agency (EMA) is as state organisation the coordinating agency for civil protection. EMA is responsible for the IPA CARE Programme in the country and bears also responsibility for the development of the USAR capability. The Ministry of Health is involved in the coordination of the health sector within Kosovo. The emergency sector of the University Clinical Centre of Kosovo is assigned as focal point for the EMT development.

The Kosovo Red Cross is as volunteer organisation assigned as focal point for volunteerism in the programme. The Seismological Institute of Kosovo is the focal point for the work on seismic risk within IPA CARE Programme.

Until now, the USAR capability in Kosovo has been delivered by the Kosovo Defence Forces. In the coming years, the Emergency Management Agency (EMA) is expected to take over the responsibility. Through the IPA CARE Programme, the Defence Forces and after this EMA will take the first steps to develop a medium USAR team in Kosovo. This is a team for which Kosovo has the ambition to get classification according to the INSARAG standards after the Programme. For the establishment of the team EMA works together with the police forces and the local fire brigades.

Kosovo has a well-established national response plan. In the work on strengthening of the health and inter-institutional coordination, the national response plan will form the basis.

Kosovo has applied for membership of the Union Civil Protection Mechanism. IPA CARE will support Kosovo's further alignment with the requirements of the Union Civil Protection Mechanism.

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence. This applies to the whole chapter 5.1.3

5.1.3.2 Outputs in Kosovo* based on implementation of activities

Table 6. Programme outputs in Kosovo in first year of implementation

Activity	Outputs
1.1.1 planning meeting SOP's	An overview of gaps and priorities for inter-institutional coordination and coordination within the health sector.
1.2.,1 exercise planning conference	All organisations involved in the programme informed on the exercise programme.
1.2.2 training local exercise facilitators	Three participants from Kosovo were trained as exercise facilitator.
1.2.3 planning meeting II DBX	Agreement on the objectives and content of the exercise programme.
2.1.1 scoping mission EMT	A scoping Mission for the EMT is planned for 28th/29th of May 2025. Kosovo has the intention to develop an EMT.
2.3.1 provision of seismic risk tool	Seismic risk tool as web version available for Kosovo stakeholders. Menu's of the tool translated into Albanian.
2.3.2 course on tool	Stakeholders familiarised with the tool through an online workshop
3.3.1 UCPM workshop	26 stakeholders from Kosovo informed on the UCPM mechanism and its tools
2.2.1 USAR workshop	A first overview of the USAR capacity was developed in Kosovo.
2.2.2 USAR questionnaire	A priority list of USAR equipment to be procured for Kosovo was developed.
1.3.5 workshop legal review	A legal review has been produced and discussed in a workshop. Support is offered in the development of the registry of volunteer organisations in Kosovo.

5.1.3.3 Progress towards outcomes

Kosovo is actively participating in the IPA CARE Programme through cooperation in all work packages.

WP 1.1.a and 1.2 The exercise programme was introduced in a national meeting. In a workshop on Standard Operating Procedures (SOP's) the focus for the upcoming work in Kosovo was discussed and decided on: this will be the coordination within the health sector and the information exchange between the field and the national level

WP 2.1: Kosovo has set the first steps for the development of an EMT by sending a request for support to the WHO. A scoping mission is planned and will take place 28/29 May in Pristina. Based on this mission, the ambition and the cooperating organisations will be agreed upon.

WP 2.2: Kosovo has set the first steps in the development of a civil USAR team, which will take over the role of the USAR capacity of the Ministry of Civil Affairs.

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

The EMA leads this work with involvement of the Police and the fire brigades of Prizren and Pristina, who will take a role in the team. A list of equipment to be procured has been discussed and first priorities have been set. The ambition is to continue the development of the USAR team after the end of the Programme towards an INSARAG classified medium USAR team.

WP 3.2: Through the participation of 22 experts in a national workshop on the UCPM, the knowledge on the UCPM has been further strengthened within Kosovo.

WP 1.1.b and 2.3.b: Kosovo has adopted the seismic risk platform. This platform will be hosted by the Seismological Institute of Kosovo and access will be granted to the relevant organisations within the civil protection sector. This is a first step in the improvement of the delivery of seismic risk information both before and after an earthquake.

WP 1.3: An analysis of the current legislation for volunteerism has been developed and a workshop was held. The first steps in strengthening the role and position of volunteers within the civil protection system are set.

5.1.4 Montenegro

5.1.4.1 Action Plan and participation of Montenegro in the IPA CARE Programme

The Action Plan of Montenegro was approved in June 2024 by DG ECHO as part of the inception report. Montenegro participates in most activities of the IPA CARE Programme, but chose not to participate in the work packages on seismic risk. The Rescue and Protection Directorate of the Ministry of Interior is the agency for civil protection. It is responsible for the coordination of the Programme in the country. It involves the fire brigades in the work on USAR development. The Ministry of Health is responsible for the coordination of the health sector within Montenegro. It involves the emergency departments of the major hospitals both in the work on health coordination and the development of the EMT. The Montenegro Red Cross is as volunteer organisation assigned as focal point for volunteerism in the programme.

As Montenegro was hosting the European Forum for Disaster Risk Reduction in November 2024, which is a huge effort for the civil protection of a small state, the start of the Programme in Montenegro was postponed until after this conference.

Noting the well organised civil protection and a good scheduling of the activities, it was still possible to conduct most of the planned activities after November 2024 and catch up according to the planning during this first year of implementation.

5.1.4.2 Outputs in Montenegro based on implementation of activities

Table 7. Programme outputs in Montenegro in first year of implementation

Activity	Outputs
1.1.1 planning meeting SOP's	An overview of gaps and priorities for inter-institutional coordination and coordination within the health sector.
1.2.,1 exercise planning conference	All organisations involved in the programme informed on the exercise programme
1.2.2 training local exercise facilitators	Three experts from Montenegro were trained as exercise facilitators.
1.2.3 planning meeting II DBX	Agreement on the objectives and content of the exercise programme.
2.1.1 scoping mission EMT	Expression of interest was submitted. A scoping mission is planned for the 30th of May 2025
3.3.1 UCPM workshop	27 stakeholders from Montenegro informed on the UCPM mechanism and its tools.
2.2.1 USAR workshop	A first overview of the USAR capacity to be developed in Montenegro is established.
2.2.2 USAR questionnaire	USAR equipment to be procured for Montenegro. A first priority list has been established through a questionnaire, to be further consolidated in a list.
1.3.5 workshop legal review	A legal review has been produced. A workshop on the role and position of volunteers within civil protection has been held.

5.1.4.3 Progress towards outcomes

Montenegro is actively participating in the IPA CARE Programme through cooperating in most of the work packages, while there is no participation in the seismic risk work package.

WP 1.1.1 and 1.2: The exercise programme was introduced in a national meeting. In a workshop on Standard Operating Procedures (SOP's) the focus for the upcoming work in Montenegro was discussed and decided on: this will be the coordination in the field and the information exchange between the field and the national level.

WP 2.1: Montenegro has taken the first step towards the development of an EMT by sending a request for support to the WHO. A scoping mission is planned and will take place on the 30th of May 2025 in Podgorica. Based on this mission, the ambition and the cooperating organisations will be agreed upon.

WP 2.2: Montenegro has taken the first step in the development of a USAR team. The fire brigades will be involved in the development of this team. The ambition is to continue to develop this team after the Programme towards an INSARAG classified medium USAR team. A list of the USAR equipment to be procured has been developed.

WP 3.2: Through the participation of 27 experts in a national workshop on the UCPM the knowledge on the UCPM has been further strengthened within Montenegro.

WP 1.3: An analysis of the current legislation for volunteerism has been developed and a workshop on the conclusions of this report has been held in which the registration of volunteers was discussed. This is a first step in strengthening the position of volunteerism in the Montenegro civil protection system.

5.1.5 North Macedonia

5.1.5.1 Action Plan and participation of North Macedonia in the IPA CARE Programme

The Action Plan of North Macedonia was part of the inception report approved by DG ECHO in June 2024.

North Macedonia participates in all activities of the IPA CARE Programme. The Protection and Rescue Directorate (PRD) is the coordinating agency for civil protection in North Macedonia and it is responsible for the coordination of the Programme in the country.

PRD takes the responsibility for the development of the Urban Search and Rescue team and coordinates the work on volunteerism. Furthermore, PRD will involve volunteers within the USAR team among which will be the volunteers from the Radio Amateur Association.

The Ministry of Health is responsible for the coordination of the health sector within North Macedonia. The Ministry is leading the work on strengthening the health sector, while for the development of the EMT the Health Centre of Skopje is assigned as focal point. The North Macedonian Red Cross is as volunteer organisation involved in volunteerism. The Institute of Earthquake Engineering and Engineering Seismology, Ss. Cyril and Methodius University in Skopje (UKIM-IZIS) is assigned as seismic risk focal point and will host the seismic risk platform.

Shortly after the start of the implementation of the Programme, the director of the PRD changed due to a change of government. This slightly delayed the implementation of the Programme.

Meanwhile, the new government re-started the discussion to merge the PRD with the Crisis Management Centre. If and when this will happen is not yet clear, neither is the impact this could have on the Programme.

In March 2025, a fire took place in a night club in Kocani. This fire resulted in the tragic loss of 62 persons and more than 100 wounded. North Macedonia activated the UCPM for the transport of wounded patients to other European countries.

Based on this, the need for mass-casualty planning was once more emphasized. The Ministry of Health reached out on this to the IPA CARE Programme. As the ministry already (before the fire) was working, with support of WHO, on such a plan, it was agreed to postpone the planned IPA CARE Discussion Based Exercise for North Macedonia (DBX) until after the finalisation of the mass casualty plan. The DBX would then be used as a first test and follow up on the mass casualty plan.

Meanwhile, the fire resulted in an investigation of the licence of the night club and the inspection of the club by the government. As a consequence of this also the PRD became part of the investigation that is still ongoing. Until now this has had no impact on the Programme.

5.1.5.2 Outputs in North Macedonia based on implementation of activities

Table 8. Programme outputs in North Macedonia in first year of implementation

Activity	Outputs
1.1.1 planning meeting SOP's	An overview of gaps and priorities for inter-institutional coordination and coordination within the health sector. Specific support meeting to discuss the mass casualty planning.
1.2.1 exercise planning conference	All organisations involved in the programme informed on the exercise programme
1.2.2 training local exercise facilitators	Three experts from North Macedonia were trained as exercise facilitators
1.2.3 planning meeting II DBX	Agreement on the objectives and content of the exercise programme
2.1.1 scoping mission EMT	Expression of interest to develop an EMT A scoping workshop for the forming of and EMT is planned
2.3.1 provision of seismic risk tool	Seismic risk tool as web version available for North Macedonia stakeholders Menus of the tool translated into Macedonian
2.3.2 course on tool	Stakeholders familiarised with the tool through an online workshop
3.3.1 UCPM workshop	24. stakeholders from North Macedonia informed on the UCPM mechanism and its tools
2.2.1 USAR workshop	A first overview of the USAR capacity to be developed in North Macedonia was established
2.2.2 USAR questionnaire	A priority list of USAR equipment to be procured for North Macedonia is compiled.
1.3.5 workshop legal review	A legal review has been produced

5.1.5.3 Progress towards outcomes

North Macedonia is actively participating in the IPA CARE Programme through cooperating in all its work packages.

WP 1.1.1 and 1.2: The exercise programme was introduced in a national meeting.

In a workshop on Standard Operating Procedures (SOP's) the focus for the upcoming work in North Macedonia is discussed and decided on: this will be the mass casualty plan and incident command in the field. The conduction of the planned discussion-based exercise, first planned for May 2025 is postponed until the completion of the work with the WHO on the mass casualty plan.

WP 2.1: North Macedonia has taken the first step towards the development of an EMT by sending a request for support to the WHO. A scoping mission is planned and will take place on the 26th/27th of May 2025 in Skopje. Based on this mission, the ambition and the cooperating organisations will be agreed upon.

WP 2.2: North Macedonia will, in the IPA CARE Programme, re-organise their existing USAR team. Currently it has an established (non-classified) USAR team, but this team has no budget and capacity for the recruitment of new staff or replacement of broken or outdated equipment. The aim is to build a new team making use of the core staff of the existing team and training mainly volunteers. The Radio Amateur Society will be involved in the team. While also works need to be done to assure a sustainable team with a structural budget for training and maintenance. The ambition is to continue to develop this team after the programme, towards an INSARAG classified medium USAR team.

WP 3.2: Through the participation of 24 experts in a national workshop on the UCPM the knowledge on the UCPM is further strengthened within North Macedonia.

WP 1.1.b and 2.3.b: North Macedonia has adopted the seismic risk platform. This platform will be hosted by the UKIM-IZIIS⁸ and access will be granted to the relevant organisations within the civil protection sector. This is a first step in the improvement of the delivery of seismic risk information both before and after an earthquake.

WP 1.3: An analysis of the current legislation for volunteerism has been developed and an advisory document on the establishment of a register for volunteerism is established, which will strengthen the position of volunteerism in the North Macedonian civil protection system.

5.1.6 Serbia

5.1.6.1 Action Plan and participation of Serbia in the IPA CARE Programme

The Action Plan of Serbia was approved by DG ECHO in July 2024.

Serbia participates in most activities of the IPA CARE programme, except the seismic risk work package. The decision not to participate in the work packages on

⁸ Institute of Earthquake Engineering and Engineering Seismology, Ss. Cyril and Methodius University in Skopje

the seismic risk was taken due to the non-availability of staff within the Seismic Institute that would have taken a role in the IPA CARE Programme.

The sector for Emergency Management of the Ministry of Interior is the coordinating agency for civil protection. It is also responsible for the work on USAR and volunteerism and for coordinating the implementation of the Programme. The Ministry of Health is responsible for the coordination of the health sector within Serbia and for the work on the development of the EMT.

Due to elections in 2024 in Serbia, the contacts established with the Ministry of Health were replaced and a new relation needed to be established, which took some time.

5.1.6.2 Outputs in Serbia based on implementation of activities

Table 9. Programme outputs in Serbia in first year of implementation

Activity	Outputs
1.1.1 equipment	A list of equipment for inter-institutional coordination is available and being discussed.
1.2.1 exercise planning conference	All organisations involved in the programme informed on the exercise programme
1.2.2 training local exercise facilitators	Three persons from Serbia were trained as exercise facilitator
2.2.1 USAR workshop	A first overview of the USAR capacity to be developed in Serbia was established.
2.2.2 USAR questionnaire	A priority list of USAR equipment to be procured for Serbia is compiled.
1.3.1	A list of equipment to be procured for fire-fighting volunteers is established and in discussion.
1.3.5 workshop legal review	A legal review has been produced.

5.1.6.3 Progress towards outcomes

The Sector for Emergency Management (SEM) of Serbia is actively participating in the IPA CARE Programme. The participation of the Ministry of Health (MoH) in the IPA CARE Programme has not yet materialised. After the elections, a new focal point was assigned in the MoH for the IPA CARE programme. The team leader and local coordinator of IPA CARE have been actively approaching the focal point within the MoH and informed her on the programme. After a final meeting with her on the 29th of April 2025 it is expected that the final decision on active participation will be made in the coming period.

The non-participation of the Ministry of Health led to a diminished activity of the Programme in Serbia in the work packages related to the health sector. Only the work which falls fully under the competence of SEM was executed.

WP 1.1.a and 1.2: The workshop and preparation for the discussion-based exercise as part of the work packages on inter-institutional coordination and legal and institutional frameworks focusing on health, is postponed to Autumn 2025. Meanwhile, a list of equipment for inter-institutional coordination (command post facilities) is compiled with SEM. This list is at the moment in discussion to justify the fit of the equipment to the objectives of the Programme.

WP 2.1: Serbia has not yet made steps in the development of an EMT. It is agreed with the Ministry of Health that a decision to develop an EMT supported by the IPA CARE Programme has to be made in the coming months.

WP 2.2: Serbia has set steps in the development of an USAR capability. The existing capability of USAR consisting of forces of SEM will be strengthened. The ambition is to continue develop this capability towards an INSARAG classified medium USAR team. Besides this, Serbia strengthens the USAR capacity of the volunteer fire brigades. For this a list of equipment for procurement has been developed. With this equipment pilot training of volunteer fire brigades is planned to take place in 2026/2027.

WP 3.2: A workshop to enhance the knowledge of the UCPM in Serbia is planned for autumn 2025.

WP 1.3: An analysis of the current legislation for volunteerism has been developed while a workshop to discuss this and start the strengthening of volunteerism in emergency management in Serbia will be planned in May/June 2025.

5.1.7 Türkiye

5.1.7.1 Action Plan and participation of Türkiye in the IPA CARE Programme

On the 25th of April 2025 a final draft of the Action Plan for Türkiye in the IPA CARE programme was agreed between the Team leader and representatives of AFAD and the Ministry of Health. This draft Action Plan was officially approved within Türkiye in May 2025 and will be sent to DG ECHO for official approval.

Türkiye will, as they have extensive USAR capacities and EMT capacities only receive specific equipment and will not take part in national USAR capacity building within the IPA CARE programme.

The Ministry of Health and AFAD will both take part in the work packages on inter-institutional coordination and strengthening of the health sector, regional cooperation and operational coordination with the UCPM. Through this they will take part in the exercise programme within the IPA CARE programme. Besides this AFAD will take part with their seismic risk department in the seismic risk work package. In this work package a specific plan is made taking into account the high level of existing knowledge on seismic risk in Türkiye.

For volunteerism specific work is developed with the working group of volunteerism in AFAD. Capacity will be built through strengthening of the structure and content of the training programmes for AFAD volunteers.

The basis for the work on the inter-institutional coordination is the Turkish national Response plan (TAMP), strengthening will focus on operationalising specific elements of this plan in the case of mass casualty events, taking into account the lessons learnt from the 2023 Earthquake.

5.1.7.2 Produced outputs in Türkiye based on implementation of activities

Table 10. Programme outputs in Türkiye in first year of implementation

Activity	Outputs
1.2.2 training local exercise facilitators	Three representatives of AFAD were trained as exercise facilitators

5.1.7.3 Progress towards outcomes

During 2025 Türkiye participated only in the regional training on exercise facilitation. Other work will take place after the Action Plan is approved by DG ECHO. This is expected in June 2025 which implies that actual implementation can start in September 2025. The limited time period for implementation is taken into account in the Action Plan and communicated with Türkiye to assure that alignment with other countries is possible and timely delivery of the national capacity building will take place before the start of the regional thematic exercise. For the procurement of equipment meanwhile draft lists of equipment are developed to speed up this process and assure alignment with the overall procurement for the other countries.

5.2 Regional approach

The setup of the Programme is to focus in the first two years on national capacity building, while in the third and fourth year the implementation will shift into regional cooperation based on the capacities built nationally.

This implies that this first year of implementation the regional component of the programme was limited. However, the activities at the national level are taking into account the regional context:

- Capacity development of USAR teams is based on the INSARAG standards and capacity development of EMT's is based on the WHO standards to ensure that the nationally developed capacity is inter-operable with other capacities and can contribute to the response of a large-scale disaster at the regional level.

- The organised UCPM workshops are focused on the cooperation between countries within Europe and the region as six of the partner countries are UCPM participating states and the 7th (Kosovo*) asked for membership of the UCPM.

Furthermore, two activities that took place focused on the regional approach:

- The regional roadmap was presented in a regional meeting and discussed in each country, to explain how the national capacity building and the regional strengthening are linked in the Programme, mainly to regional exercises in the 3rd and 4th year of the implementation.
- A regional course on exercise facilitation was organised, in which experts from six of the seven partner countries were trained in facilitation of national and later regional exercises within the programme.

5.3 Cross-cutting issues

During the first year of implementation, the focus has been on establishing a solid foundation with supporting structures, processes and practical tools to enable the integration of CCIs in programme activities. Relationship building between the CCI advisors and the programme management and expert team has continued. The collaborative development of supporting documents for CCIs sought to establish a common ground and commitment of the programmes' approach for CCI among all experts. Much effort has also been on jointly identifying prioritised activities for the integration of CCIs, outline a clear plan for collaboration and support from the advisors ahead and agree on relevant indicators to monitor results. While some direct support to the planning and implementation of activities has been provided, this is expected to increase during the second year of implementation when more activities will be conducted.

5.3.1 Activities/Outputs

Below follows reflections on the steps taken and results so far including success factors and challenges, as well as the next steps ahead.

During the reporting period, the foundation for integrating CCIs in programme activities have been established, where supporting structures, processes and a number of practical tools have been developed including; the IPA CARE Policy for CCIs (CCI policy), the Checklist for integrating CCIs into programme activities (CCI Checklist) and an additional Checklist for the integration of CCIs in the role of local coordinators.

The processes to develop the CCI policy and CCI checklists were designed to ensure buy-in and endorsement of the programme's staff and experts. While all experts have endorsed the documents and it has been communicated that experts

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

are expected to make use of the documents and support provided from the advisors in their work, continued efforts are needed to advocate for and follow up the work. Extra targeted efforts will be made for the larger regional activities and exercises to support involved experts in applying the checklist and ensure CCIs are considered.

Planning for the establishment of routines and channels to prevent and respond to discrimination, harassments and sexual exploitation, abuse and harassment has been initiated during the reporting period. The plan is to activate the reporting mechanism for the regional exercises that will be arranged towards the second half of the programme.

The CCI advisors have during the reporting period supported the revision of the IPA CARE results framework and have provided input on how to strengthen CCI considerations in the monitoring of results. After dialogue with the clusters, the results framework now includes several additional indicators measuring the integration of CCIs into activities and capture the extent to which CCIs aspects are covered within other outputs. This will contribute to a more systematic follow up on the programme's progress towards contributing to the formulated effects for CCIs.

A successful strategy applied in the programme so far has been to schedule regular follow up meetings between the advisors and experts cluster wise. These forums have been important opportunities to touch base on the results of previous activities, including success factors and challenges, and jointly plan for upcoming one and identify needs for support. This approach is planned to continue also in the upcoming reporting period.

Exercises

Exercises offers a great opportunity to test and practice the capacity of agencies and stakeholders to consider gender equality, human rights/inclusion and environmental perspectives in disaster and emergency preparedness and response actions.

The IPA CARE CCI Checklist will constitute the main planning tool for integrating CCIs into the upcoming exercises.

The approach was presented to the IPA CARE partners during the Steering Committee meeting during the fall of 2024. Another output during the period was the Exercise facilitation course. This was seen as an important activity as it aimed at strengthening exercise facilitators among partners to themselves lead on the planning of integrating CCIs in the development of exercises. Through an effective collaboration between the advisors and the course facilitators, the CCIs were successfully integrated into the *DBX planning guide*, a targeted CCI session was carried out during the course along with a task to participants, which they presented during the last day of the course. Observations from advisors during the last day of the course indicated that CCI dimensions was to many participants a

new way of thinking, but they managed to present several practical ideas on how to operationalise this in their own planning ahead.

5.3.2 Progress towards outcomes

Below follows a summary of how the CCI's are considered within each cluster. The integration is expected to lead to progress towards outcomes.

Table 11. CCI Progress towards outcomes

Cluster	CCI integration
C1 –EMT, strengthening capacity of surge teams	The WHO EMT guidelines with strong principles and standards related to gender, HR and environment, constitute the main guiding documents to ensure capacities of partners' EMT's are strengthened in a way that considers CCI's. For certification of the partners' teams the "CCI principles and standards" has to be met and internalised. This fact has contributed to positive and productive first discussions with partners on the importance of including the CCI's in activities.
C2 – Seismic risks	An innovative work to develop the online seismic platform with the inclusion of social vulnerability and environmental parameters has been introduced. A first proposal of how these aspects could be integrated into the platform and suggested indicators was developed by the advisors after initial research and discussions between advisors and experts. The proposal is currently being evaluated. The availability of data has been identified as a potential challenge, which may then require a revision of the proposed parameters. Other important aspects are how to incorporate the CCI parameters in the platform in a way that makes the information user-friendly and useful as a basis for decision-making. Success factors in the work so far have been a fruitful and productive communication between CCI advisors and experts, as well as clear roles and responsibilities in the work.
C3 – UCPM knowledge	The integration of CCI's in capacity strengthening activities strongly connected to the different exercises in the IPA CARE and planning continues to ensure the CCI's will be included in upcoming exercises. A special focus will be on the upcoming TTXs and FSX, were requesting and receiving assistance from the UCPM will be tested.

	<p>For example, procedure for considering gender, human rights/inclusion and environmental aspects in Host Nation Support may be aspects to include in exercise scenarios and injects.</p>
C4 USAR	<p>The INSARAG guidelines with strong principles and standards related to gender, HR and environment, constitute the main guiding documents to ensure capacities of partners' USAR teams are strengthened in a way that considers CCIs. For certification of the partners' teams the "CCI principles and standards" has to be met and internalised. This fact has contributed to positive and productive first discussions with partners on the importance of including the CCIs in activities.</p> <p>Another focus has been supporting partners to consider gender needs and sustainability in the identification of equipment to be procured within the programme. A good collaboration between the IPA CARE advisors and USAR expert has been an important success factor in the work so far, which has contributed to building up a momentum for continued work with the CCIs.</p>
C5 – Interinstitutional cooperation	<p>IPA CARE experts in interinstitutional coordination have conducted a first round of workshops in which entry points for including CCIs has been further assessed. In line with the programme's overall strategy, the exercises will be utilized as key activities to let partners' practice and evaluate their capacity to consider CCIs in interinstitutional coordination in the management a disaster scenario</p> <p>CCI advisors and experts will work closely together on the planning of the exercises to ensure relevant aspects are included. Evaluation and lessons learned from each exercise will then continuously feed back into the revision and development of SOPs and operational documents to further strengthen considerations for CCIs in interinstitutional coordination among the partners.</p>
C5 - Volunteerism	<p>A more detailed plan for integrating CCIs in upcoming activities within the cluster for volunteerism has been developed. Prioritised activities identified are e.g., the development of a tool for assessing</p>

	capacities of volunteer organisations in the countries, including certain benchmarks for gender, human rights/inclusion and environment capacities. The results of the assessment will support the development of a road map and strategy for strengthening volunteerism among partners, including CCIs components.
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5.4 Communication deliverables

Communication and visibility efforts of IPA CARE Programme are aimed at specific target audiences. Key target groups include members of the IPA CARE Consortium, civil protection agencies and other governmental bodies, civil society organisations, and academic institutions mandated with disaster risk reduction and management in the IPA region. Additional target groups, including EU institutions, media outlets and the general public in the region and in the EU.⁹

5.4.1 Guiding principles

Visibility and communication activities rely on accurate and factual information. The communication strives for a people-centred approach, emphasising individual action as a cornerstone for cooperation. IPA CARE communication promotes the understanding of the aims of the programme, which is why messaging is focused around work package activities, outcomes and outputs and the role of the Consortium and Partners, always guided by the Programme’s objectives and principles.

All communication takes into account the programme’s cross-cutting issues: gender and diversity, and environment and climate; in both image and language. In addition, it aims for a linguistic style which is straight-forward and clear, as well as consistent and precise. The standards of the European Accessibility Act are considered in the use of all official digital communication platforms.

5.4.2 Communication activities

The following communication activities were conducted during the reporting period:

- **Website:** The IPA CARE website (www.ipacare.eu) was launched in June 2024 and acts as a hub for both static and continuous information about the programme and ongoing activities. It gives an overview of programme objectives, work packages, as well as consortium and partner organizations. The *News & media* section consists of articles about the programme and its activities.

⁹ A Visibility and Communication Plan was developed and shared as an annex to the Inception Report in April, 2024. For reference, see the IPA CARE Inception Report, Annex no. 7.

- **Facebook:** Social media is an important tool for IPA CARE communication. The official IPA CARE Facebook page was launched in June 2024. The purpose of the page is to share information and updates about programme activities, while simultaneously promoting engagement and dialogue, contributing to a sense of the IPA CARE community. The Facebook page also acts a means to direct the target audience to the website. Posts published during the reporting period include summaries and reflections from programme activities and other events attended by IPA CARE representatives.
- **LinkedIn:** The official IPA CARE LinkedIn page (www.linkedin.com/showcase/ipa-care) was launched in June 2024. While the aims of the LinkedIn page are somewhat similar to those of Facebook, focus is more on communicating professional gains and deliverables. Published posts include summaries from programme activities, as well as invitations to bid for consultancy assignments as local coordinators in the IPA CARE Partner countries.
- **Communication material:** To further support visibility, sets of promotional material – including rollups, pens and notepads – featuring the IPA CARE logo and graphical profile were ordered and distributed at programme activities and meetings.

6 Evaluation of the technical results and deliverables

6.1 Progress towards objectives

Program Objectives		
1. To enhance institutional and legal framework and capacities of the IPA III relevant beneficiaries on disaster risk reduction related in particular to earthquakes and health emergencies	2. To increase prevention, preparedness and response capability of the IPA III relevant beneficiaries at regional, cross-border and local levels in relation to in particular earthquakes and health emergencies	3. To increase IPA III beneficiaries' participation in and cooperation with the Union Civil Protection Mechanism (UCPM), including regional cross-border cooperation.

As 2025 is the first year of implementation of the IPA CARE Programme, it is slightly premature to draw conclusions to high-level objectives. Furthermore, and as previously mentioned, the Programme activities have in some cases been delayed or postponed due to various reasons, meaning a slight delay in output and outcome deliveries. Nevertheless, it is important for Programme quality assurance to be able to get a helicopter perspective of the progress towards the Programme objectives. The reflection session, contributed to that analysis through focusing the dialogue around the Programme objectives- an analysis that no doubt is going to get richer the further along the implementation process is. During the reflection session clusters and countries were asked to discuss the progress towards Programme objectives to get an understanding of where the Programme is and where it still needs to go, in order to achieve the objectives, set out. The analysis below is based on that reflection.

The contribution towards programmatic objectives differs largely on which cluster and implementing partner country is in focus, as described in the text on results from partner countries and clusters. A general comment from the clusters is that the success of contributing to the high-level objectives rests on *who* is in the workshops or training. If it is a person of influence, who has the mandate to push process' forward. This is a factor that will be important for the realisation of all objectives, but in particular objective 2 and 3. Furthermore, the clusters mentioned the importance of *ownership* by the partner countries. This was brought up as a success factor by some and an immense risk by others where ownership was lacking. Although a general takeaway from the dialogues, this was in particular a risk for the work on EMT implementation, where the engagement by partner countries is varying, which long-term could affect the chances of obtaining the high-level objectives the activities contribute to. This could potentially affect the sustainability of Programme objectives in the partner countries if not addressed. For other clusters, for example Volunteerism, it is exactly the engagement by partner countries that is contributing to the success of the work which is quickly moving forward, even though the contracting of the expert was delayed somewhat until December 2024 and started working in January 2025.

Another observation which is risking achieving programmatic objectives is the lack of engagement by some partner countries around capacity development. There has been a sense of requesting equipment but not being as keen on developing capacity around being able to use it. If continued, this could also become a larger issue for the Programme reaching Programme objectives especially as the Programme added value rests on capacity development. It is the partner countries' responsibility to commit to results, which is beyond the Programme management control.

6.2 The European added value

Partnership between the implementing consortium and partner countries, both on institutional and operational levels, is a central approach for the Consortium to ensure that the Programme is being implemented based on the right assumptions, existing priorities and that capacity development processes are owned by each partner country. It also ensures sustainable results. The mutual interest between EU Member States and IPA countries in exchanging knowledge and experiences and learning from each other is also key to find motivation and build long-term partnership through the Programme. This is expected to be beneficial both for the EU and the EU approximation of the IPA countries.

The European dimension is logically central in the Programme, and reflected specifically in the third objective of the Programme: *To increase IPA III beneficiaries' participation in and cooperation with the Union Civil Protection Mechanism (UCPM), including regional cross-border cooperation.*

The Consortium provides technical and functional assistance to support the development and improvement of the use of UCPM tools and services. For the UCPM services to contribute to capacity strengthening of the Partner Countries' and inversely, for the Partner Countries to contribute to overall UCPM capacity, the engagement with and role of UCPM services must be part of the Partner Countries' strategic planning processes. The Programme provides tools to assist in the engagement with UCPM in a useful way, to maximise the capacity and preparedness, ultimately to save lives.

As an example, UCPM workshops have been held with all partners, except Serbia and Türkiye, and as a consequence knowledge has increased while own capacities have been built e.g. to adopt seismic risk platforms in Bosnia Herzegovina, North Macedonia, Kosovo* and Albania. Ability to build national capacities not only reduces request for external support but is also expected to strengthen the UCPM eventually, as more countries will be able to contribute.

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

6.3 Effective Programme implementation and sustainability

By designing the Programme from a bottom-up perspective, where partner countries have had the mandate to decide themselves on what priorities they wish the IPA CARE Programme should meet, sustainability for holistic and lasting results is enabled. The Programme is convinced that sustainable results are fulfilled by strong ownership by partner countries, which is a core principle for the Implementation phase of the Programme.

Moreover, the Programme ensures a strong partnership by having frequent dialogue between National Coordinators, thematic focal points, Local coordinators and the Programme management team. The Programme furthermore emphasises continuity, mutual exchange and dialogue, and a comprehensive capacity development strategy.

The qualitative high-level result indicators in the results framework have been altered to ensure programme sustainability. This means to ensure that the impact of the Programme can live on after its done.

Strategy for Sustainable Results, often referred to as an “Exit Strategy”:

- Programme design enables ownership from the start by allowing partners to prioritise thematic areas they wish to focus on.
- Evaluating activity plans together with partners and Steering Committee on a bi-yearly basis to ensure that partners priorities are aligned with activities and are fulfilling its overall aim of the Programme.
- Using already existing structures among partners, i.e., working groups and platforms that are already operating.
- Close cooperation with other stakeholders and on-going EU programmes in the region, i.e., by having permanent representatives in the Programme Steering Committee.

In order to ensure the sustainability of the results, a mid-term review will be carried out by Programme management half-way into the Implementation phase with the purpose to investigate results and evaluate the overall strategy and structure of the Programme in relation to its aimed outcomes and outputs.

7 Lessons learned and risk management

7.1 Programme reflection

By prioritising the integration of health and civil protection sectors and incorporating lessons learned from the Inception Phase, the IPA CARE Programme seeks to address vulnerabilities, promote resilience, and foster sustainable development in the earthquake-prone region. Through collaboration, dialogue, and partnership, the Programme aims to build stronger, more resilient societies that are better equipped to mitigate the impacts of seismic disasters and health emergencies.

This first implementation year of the Programme builds upon the foundation of the Inception phase, aiming towards integrating the findings of the Inception Phase into activities to ensure a successful Programme.

Key components of the implementation include the country-specific Action Plans, the Regional Roadmap, an integration of gender and human rights, as well as environmental and climate into all activities and a coherent use of the logical framework approach (LFA) and monitoring and evaluation (M&E) framework as tools for the results and evaluation of the programme. Moreover, a visibility and communication plan guide the Programme in the area of communication. Key is furthermore the thematic working groups to comprehensively address seismic risks and health emergencies. All these elements collectively aim to track progress, ensure accountability, and maximise the impact of the Programme.

7.1.1 Reflection meeting recommendations

Reflection sessions have been conducted with all clusters and all partner countries (apart from Türkiye, Serbia and Bosnia and Herzegovina) in the first implementing year, with the main objective of understanding the programme progress towards objectives. The agenda was centred around three areas: Results, Learnings and CCI integration. As this was the first implementation year, the Programme did not expect to conclude major results. Due to different circumstances, some clusters have done more activities than others, so this was an opportunity for the programme management to assess the progress of the programme as it stands today, and then continue to build upon the learnings of the reflection sessions next year.

It's worth mentioning that the conclusions drawn in this text is from a helicopter perspective and aims to draw programme-wide recommendations. More specific results, learnings and CCI integration can be found in other chapters of the report.

Results

Although it is early to assess the results of the Programme on a qualitative level, activities conducted so far have created great engagement amongst stakeholders. There is a sense of what the programme is contributing with is important and needed. However, the level of engagement amongst stakeholders has varied with clusters and with countries. There have been great challenges for example for the EMT cluster. This has depended on external factors like political will, and difficulties to engage with certain ministries, requiring a large effort of advocacy. The objectives set out for the EMT cluster may be challenging. Specific scoping missions and other meetings have been planned to try to mitigate this risk.

The success of each activity, and at large of the Programme, is highly dependent on the partner country's ability and willingness to take ownership of the different thematic areas covered. One of the things that kept coming up is the importance of the right people being in the room of the activity conducted. If the right persons (with the mandate to implement the identified needed changes) are in the room and engaged, this was painted out as a success factor.

Learnings

In terms of learnings, the countries and clusters were asked what has worked well and to mention challenges they have encountered. One of the success factors mentioned amongst all clusters was the importance of well-functioning teams. It seems many attributes successful activities to internal collaboration and that different experts contribute with different strengths, highlighting the importance of good recruitment.

CCI integration

The main purpose of discussing the CCI integration in the reflection sessions was to go through the new and updated Results framework (Logframe) with indicators tailored for the purpose of ensuring qualitative CCI integration. All clusters agreed to the proposed indicators. It was also an opportunity to discuss challenges and best practices. One of the main challenges for some clusters is the participation and contribution of women in male dominating thematic fields. The recommendation moving forward in the Programme is a continued collaboration and support of CCI advisors in the Programme.

7.2 Reflections from Programme management

Prior to the first implementation year, some adjustments were made to the Programme, including changing the proportion of budget allocated for equipment, which reflects the Programme's commitment to consistently integrate the approach of capacity and priority needs expressed by partners. Due to the fact that a larger share of the budget has been allocated to procurement of equipment, the number of activities and the budget for the Programme management needed to be reduced. Despite this reduced budget the need for Programme management will remain high and have an important function. There might be a need for further dialogue with DG ECHO regarding this budget category.

The reduced number of activities also logically led to the proposal to shorten the Programme by six months, ending in August 2028. To this end, a request for a Grant Agreement Amendment was sent to DG ECHO for formal approval, in line with what was already discussed and endorsed by DG ECHO prior to the start of the implementation period. The re-allocation of funds between budget categories so as to increase focus on equipment was realised in close cooperation between all consortium partners, as it inevitably led to reduced budgets for activities for all consortium partners. It was decided that KI take a more focused role solely on EMT whereas MSB step in as leading the work package related to *Improved domestic and legal cooperation and institutional frameworks focusing on health risks*. The programme thereby started a bit differently than previously foreseen and due to several factors, it took some time to get the first activities running and thereby in practise the 1st year of implementation became shorter. For the second implementation year this is expected to be evened out. Some factors that played in on the fact that activities were not started immediately May 1st 2024 was the following:

- Inception report that was approved on June 19, 2024, and activities could not start before this.
- Furthermore, due to both the forest fire season and summer holidays there was also reduced availability of national experts, which contributed to the fact that it took some time until activities started running.
- Prolonged recruitment processes of experts for the WPs of inter-institutional coordination and volunteerism at the start of the implementation year also had some minor impacts on the starting date of activities of these WPs, yet these have mainly been caught up with once the experts were in place.
- In some partner countries there were specific reasons why the implementation of some activities could not start (For further information see chapter 5).

Despite the above, from September 2024 and onwards, more and more activities took place and currently the Programme is mainly on track according to plan.

The Programme is set up in a complex and complicated web of geopolitics, several countries, many different actors and stakeholders. In addition, adding two different sectors (health and seismic) to the Programme, to collaborate where collaboration is not always well grounded and developed has added to the complexity and is sometimes challenging. The Programme is impacted in various ways that can be difficult to foresee by developments in the world both in terms of for instance instances of mass casualties as well as political developments both in partner countries and beyond. During the first implementation year we have seen floodings and forest fires in the region that has to a varying degree also had some impact on the availability both of experts in the partner countries as well as with the cluster experts.

Despite a complicated, complex and sometimes challenging environment with a lot of stakeholders and work packages and an initial bumpy road during the first implementation year, the activities are on track and catching up according to the timeline of the Action Plan.

7.3 Contextual, programmatic and institutional risks

7.3.1.1 Partner Organisations' Capacity

One of the identified risks during the inception phase, that still remains, is linked to the internal capacity within the partner organisations, more specifically the number of staff working in each organisation in relation to the workload they are facing in connection to the up-coming years of the Programme implementation. As there is a high number of other projects and initiatives, funded by both the EU and other international stakeholders, that engage with the same partners as the IPA CARE Programme, there is a risk that the staff do not have enough time to manage all tasks we require them to engage with. A careful approach and support through the consortium experts and our local coordinators should minimise this risk.

7.3.1.2 Working with the Health Sector

As the Programme has reached the end of the first implementation year, one take-away is that the aim to engage the health sector of each partner country in the Programme and the inter-institutional coordination between the health and the civil protection sectors have been challenging in some contexts. The reasons behind this are manifold, one of them being the lack of previous experience in working in an integrated manner with the civil protection sector. Without an engagement and interest from the health sector in the partner countries, it will be challenging to fulfil the aims of the health-related work packages. By creating and revising the country-specific Action Plans contentiously, the risk of conducting activities without achieving any results will be mitigated by the Programme management.

7.3.1.3 A changing political landscape

Changes in politics and policy both within partner countries and also in other parts of the world may impact in various ways on the IPA CARE Programme. The changing political developments in the United States is one example where, for instance, the withdrawal of the US from the World Health Organization (WHO) could potentially have an impact on the work package of EMT in IPA CARE Programme. The withdrawal of US support to WHO means that WHO has to set new priorities. The IPA CARE Programme has had discussions with WHO to explore if it would have impacts on the current collaboration between WHO and IPA CARE on EMT. Currently it appears that the cooperation can still go on.

In Serbia, the Prime Minister resigned in spring 2025, in the face of mass protests over a deadly concrete canopy collapse at a newly renovated train station last November that killed 15 people. After the resignation a new Cabinet was formed. During the time period it has been difficult to get meetings with the Sector of Emergency Management at the Ministry of Interior, which is a contact point for the Programme. The social unrest and political change may have impacted the difficulties in getting meetings with Serbia for IPA CARE.

Within Bosnia and Herzegovina, the complex political landscape with the two entities and a district as well as state level authorities, meant that an agreement on common activities for all had to be preceded by numerous meetings and an extra investment in the dialogue between the parties. IPA CARE Programme is pleased to see that activities in Bosnia and Herzegovina will engage participants from both entities and the district in common activities.

In North Macedonia the devastating fire in a night club in Kocani on the 16th of March had a direct impact on our stakeholders as several government agencies including the PRD are under investigation. Until now this does not seem to have impact on the implementation in North Macedonia. Meanwhile, the fire stipulated the importance of mass-casualty incident preparedness which led to a more active participation of the Ministry of Health.

8 Planning for the upcoming period

8.1 Programme Action plans and Regional road map

On 8 May 2025 a request for a Grant Agreement Amendment was sent to DG ECHO, together with an updated budget and revised timelines for the country Action Plans and the Regional roadmap (Annex 6). The request was made based on a dialogue and preliminary agreement with DG ECHO that the Programme duration will be reduced with six months, from 72 to 66 months. This is due to increased budgetary emphasis on procurement of equipment, which also leads to changes in other budget categories and a reduced number of Programme activities. The implementation phase will then end 31st of May 2028. The consolidation phase will be three months, starting 1st June 2028 and ending 31st of August 2028. This will have no direct impact on the capacity development activities, but will only affect the timing of the thematic exercises and the Full-Scale Exercise. The Full-Scale Exercise (FSX) will take place in March/April 2028.

Furthermore, the set-up of the EMT work package is aligned with the WHO blue book approach. To that end, terminology and workflow have been aligned in the Action Plan according to the WHO blue book¹⁰.

IPA CARE Programme has developed a Regional Roadmap, which integrates the national Action Plans with the regional level and ensures that IPA CARE Programme achieves not only development of capacity on the national, but also on the regional level. Three regional exercises are included in the Programme: two thematic (seismic event, health emergency) and a full-scale exercise. These have been slightly more detailed in the updated regional roadmap. Instead of national exercises in each country, the plan is now to have one regional exercise where the focus will be on the UCPM procedures including Host Nation Support (HNS).

8.2 Activity plan for second year of implementation

In Annex 3 you can find the activity plan for the second year of implementation of the Programme (from May 2025 until April 2026).

This plan contains the activities of the Action Plans of the partner countries and also includes the activities for the first year of implementation which were, due to reasons mentioned in chapter 4, not executed.

¹⁰ <https://extranet.who.int/emt/sites/default/files/BlueBook2021.pdf>

Not mentioned in the activity plan is the work which will be done coming year on procurement:

- The preferences on USAR equipment to be procured will be set in June this year by partner countries and after that the actual procurement may start.
- The actual procurement of equipment for volunteerism (for Serbia, Bosnia and Herzegovina and Kosovo*) will take place based on the preference lists of the partner countries developed mainly in the first year of implementation.
- Servers for the seismic risk platform will be procured for the countries involved in the seismic risk work package.
- For the rest of the seismic risk cluster the procurement process will start this autumn with the aim to do the actual procurement early 2026.
- For the EMT cluster procurement will start after the self-assessment which is now taking place in Bosnia and Herzegovina and Albania.

* The designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

9 Annexes

- Annex 1.** **Action plan – generic with new timeline**

- Annex 2.** **Programme activity plan, first implementation year**

- Annex 3.** **Programme activity plan, second implementation year**

- Annex 4.** **Monitoring and Evaluation framework**

- Annex 5.** **Results framework**

- Annex 6.** **Regional roadmap**

- Annex 7.** **Activity reports**