IPA CARE

Capacity for Risk Management of Earthquakes & Health Emergencies

Interim Technical Report

Reporting period 1 May 2025 – 30 April 2026

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

IPA CARE | Capacity for Risk Management of Earthquakes & Health Emergencies

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Preface

This document presents the Interim Technical Report for the second implementation year of the EU-funded programme, titled - Capacity for Risk Management of Earthquakes and Health Emergencies - IPA CARE.

The IPA CARE Programme includes Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Kosovo*[1], Serbia and Türkiye.

The Programme offers a platform 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 EU Civil Protection Mechanism (UCPM), including regional cross-border cooperation, to enhance institutional capacities and strengthen inter- institutional cooperation for disaster risk reduction and to increase prevention, preparedness and response capabilities.

During the second implementation year (May 2025 – April 2026) of the IPA CARE Programme, we have continued to witness occurrences of natural disasters, with especially high occurrence of wild fires in the region. With some programme partners it has been the most extreme, or second most extreme season ever recorded by the European Forest Fire Information System (EFFIS). Related to these developments we have seen UCPM being activated on several occasions during the year, highlighting the need for cross-border collaboration.

During the second implementation year the IPA CARE Programme made significant progress, transitioning from initial planning and capacity-building efforts to full-swing implementation across all partner countries. All national Action Plans are now operational, and planned activities have been carried out across all work packages with overall alignment to activity plans and programme objectives.

National capacity building activities have, according to the structure of the programme, continued throughout the second year of implementation, while focus in the upcoming phase is to gradually lift focus to the regional level, involving exercises and culminating in a full-scale exercise where the different clusters will come together. The programme further strengthened its regional dimension by preparing for upcoming cross-border exercises, initiating further discussion across clusters and enhancing engagement with the EU Civil Protection Mechanism (UCPM). The first packages of equipment to be donated have been ordered and the planning for additional packages is underway. All equipment is planned to be tested and used in the upcoming trainings and the final full-scale exercise.

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[*] The designation is without prejudice to positions on status, and is line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence. Where there is an Asterix* throughout the report connected to Kosovo it relates to this.

Reflection sessions across all countries and thematic clusters provided updates on progress and challenges. The reflections provided input to the Mid-term review as well as to this report and a basis for reinforced learning and adaptability.

Communication activities of the programme have been intensified, enhancing the visibility and networking of the programme.

Overall, the programme has laid a strong foundation for further regional cooperation and operational capacity, while delivering initial results in terms of institutional strengthening, technical capacity building, and procurement of equipment.

This report presents an overview of the second implementation year of the IPA CARE Programme. Together with the Mid Term Review it provides a comprehensive picture of the evolvement, progress and challenges of the Programme. Special thanks to everyone that has provided input to the reporting, in various ways through reflecting on the progress of the Programme, documenting and commenting, including The Consortium, Cluster leads and experts, Partner countries, Local coordinators, Team leader, MCF Advisors and the quality assurance team, including the IPA CARE director.

The IPA CARE Consortium and our team of experts hope you find this report both informative and engaging.

Sofia Tapper and Karin Borovic

29/June/2026

Programme Managers IPA CARE

Swedish Civil Defence and Resilience Agency (MCF)

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Abbreviations and acronyms

AFAD	Ministry of Interior, Disaster and Emergency Management Authority, Türkiye
AFPRA	Albanian Fire Protection and Rescue Association
BSA	Basic Safety Assessment
ASB	Arbeiter Samaritaner Bund (German NGO)
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
EMT 1	Emergency Medical Team, Type 1 (A team for patient treatment in the field without surgery)
ERA	Emergency Response Albania
FSX	Full-Scale Exercise
HICS	Hospital Incident Command
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
MCF	Swedish Civil Defence and Resilience Agency

MoH	Ministry of Health
NCPA	National Civil Protection Agency (of Albania)
NICS	Next Incident Command System
PPE	Personal Protective Equipment
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)
Sida	The Swedish International Development Cooperation Agency (Sida)
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 presents the second Interim Technical Implementation Report for the programme, titled - Capacity for Risk Management of Earthquakes and Health Emergencies - IPA CARE. The second implementation year covers the period of 1 May 2025 – 30 April 2026 and has been preceded by the first implementation year and an inception phase. The duration of the whole Programme is from 1 March 2023 until August 2028.[2]

The IPA CARE Programme includes 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 a 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 and the cooperation with the European Union Civil Protection Mechanism (UCPM). So, the individual tailor-made parts need also to be preparing for and linked to cross-border activities of the programme, in order to achieve the overall objectives. In this sense, the Programme also serves as a platform for shared learning and joint capacity building.

During the year, work has progressed to implement the Action Plans in all the partner countries and within all work packages of the programme. The success of the Programme is dependent on the continuous engagement and commitment of all parties and continued progress will be dependent on further uptake of the work carried out so far and integration into the institutional context concerned.

Highlights of the second implementation year include;

- Action Plans are being fully operational in all partners countries.
- On UCPM, the country workshops have now been conducted with a tailormade approach in all Western Balkan countries and just after the ending of this reporting period, on the 6th and 7th of May 2026, also in Türkiye. This has successfully completed the series of national workshops. Participants have overall shown engagement in the work, laying the basis for increased capacity to engage with the UCPM tools and services for operational and strategic cooperation.

[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 amendment was approved by DG ECHO in July 2025.

- Preparations are underway for upcoming regional activities, especially linked to UCPM, thereby creating foundation for the partners to engage effectively in joint capacity building.
- Other achievements include the completion of the first cycle of inter-institutional coordination activities (including planning meetings, discussion-based exercises, and after-action reviews), expected to contribute to strengthened capacities to coordinate and communicate across the civil protection and health sectors for effective disaster risk management.
- In addition, volunteerism systems were strengthened through legislative reviews, organisational assessments, and advisory outputs.
- In parallel, all Western Balkan partners initiated the development of Emergency Medical Teams (EMT) in close collaboration with the World Health Organisation (WHO), while the pace of progress varies between the countries. Assignment of focal points for the medical teams resulted in most countries having good cooperation at the technical level.
- A study-visit on Emergency Medical Teams took place in Romania. In this workshop all beneficiaries were present with staff involved in the development of EMTs. The study-visit is expected to contribute towards empowering the assigned leads at the beneficiaries for the development of the EMT.
- The work on the seismic risk platform progressed in the four countries involved in this. In summer/autumn 2025 missions on national data availability were held in all countries. After these missions, the collection of national data started and is still ongoing. In March 2026, a regional online table top exercise to train the use of the platform for managing disaster response was held online. For Türkiye online meetings have been held and data has been exchanged to prepare for the comparison of the Turkish and the Italian seismic risk simulators
- The work on the Basic Safety Assessment (BSA) has started in 2026 with a questionnaire on the current state of damage assessment after earthquakes at the three participating beneficiaries (Bosnia and Herzegovina, Kosovo* and North Macedonia). Based on the results of the questionnaire a common standard BSA for the countries was developed.
- A milestone was the advancement of procurement of equipment for Urban Search and Rescue (USAR) capacity, with substantial investments in equipment. Approximately 1.7 million EUR worth of USAR equipment was procured, with deliveries planned for 2026, alongside ongoing development of Standard Operating Procedures (SOPs).
- Equipment lists for the other clusters were developed in dialogue with the partners and the quality assurance process with MCF experts to prepare for procurement has progressed.

- Local Coordinators were assigned or re-assigned during the year, for all partner countries, thereby optimising the potential for effective local implementation and communication.
- Communication activities were intensified, thereby enhancing visibility and networking, as well as the sense of community of the IPA CARE Programme.
- Reflection sessions across all countries and thematic clusters provided updates on progress and challenges and a basis for reinforced learning and adaptability.
- A Mid Term Review (MTR) of the Programme was conducted through a participatory design, leading to strengthened dialogue and learning within the programme, and developing a strategic guidance for the way forward.
- CCI Advisors have continued with keeping a close dialogue with the programme team to guide the integration of gender equality, human rights (HR)/inclusion, environment and climate change into the planning, implementation and follow-up of programme activities.
- Two Steering Committee Meetings were held during the implementation year. The first one online in May 2025 was followed by an in-person meeting in Skopje in November 2025, with continued enhanced dialogue with the partner countries on the progress of the Programme.

1.1 Disposition of report

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

The first part provides the Executive summary. 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 second year of implementation, followed by Chapter (5) which provides a presentation of the technical results and successful deliverables per partner country.

In chapter (6) an assessment of the technical results and deliverables are presented, including the progress towards the programme objectives. Chapter (7) presents programme reflection and various identified risks. 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 presented.

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. Please refer to 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 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 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 lead with a coordinating function, ensuring smooth cooperation and communication with the Team Leader.

The Clusters and Work Packages 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

Cluster 6 – Volunteerism: WP 1.3: Civil Protection Volunteerism

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 seeks 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 strengthening existing initiatives and good practices within EU and the region.

The Programme has adopted a systematic approach and seeks to apply gender, HR, environmental and climate change perspective as cross-cutting issues (CCIs) into all phases and parts of the Programme. The work serves as a 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 Programme has adopted the *IPA CARE Policy for Cross-Cutting issues*[3] outlining a number of key principles to be promoted throughout the implementation. For gender equality and HR, the principles of participation and inclusion, non-discrimination and equality, transparency and accountability and do no harm are promoted. For environment and climate change, the principles of holistic approach to resilience, ecosystem-based approach, context awareness and do no harm (do more good, than harm) are guiding the work.

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

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 on CCI integration have been included in the M&E framework.

2.6 Monitoring and Evaluation (M&E)

The main purpose of the Monitoring and Evaluation (M&E) approach in the Programme is continuous learning for programme adaptability, steering and risk management. Additionally, it aims to promote results accountability, quality assurance and support communication.

2.6.1 Monitoring and evaluation approach

Planning, monitoring, and evaluation are not siloed aspects, and are rather designed to be cyclical, 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 undertaken in a participatory way. This translates into an involvement of national stakeholders from partner countries, consortium members and the programme expert team in the M&E of the Programme as much as possible.

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 outcomes through 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. To strengthen the evidence on impact further, the Programme engages in periodic and systematic multi-stakeholder reflection exercises. These exercises aim to support early identification and primary analysis of the Programme's contribution to change, as well as any risks and opportunities that might surface during implementation. In addition to supporting an analysis on contribution to change, multi-stakeholder joint reflections are also a key tool for facilitating continuous programmatic learning, further amplifying the impact of the Programme and the potential to sustain the impact beyond the implementation period. To further support the monitoring and evaluation a Mid-term review is conducted, in addition to the yearly technical implementation reports on progress of the Programme.

[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 is guided by the Regional roadmap, as well as the Action Plans for each partner country. A request for amendment of the Grant Agreement was sent on May 8, 2025 to DG ECHO in order to increase the share reserved for equipment for up to 36% of the total budget of the action and at the same time decrease the duration of the programme by 6 months. The request was initiated based on previous dialogue and the recommendation to increase focus of the action on equipment, in response to requested priorities of the partner countries. At the same time the regional roadmap was updated and the timeline for the action was updated with the regional roadmap and national action plans to align with the shorter duration of the programme. The request was approved on July 16, 2025.

Based on the country Action Plans, an activity plan was developed and updated for the second implementing year, also guiding the Programme. Activities have taken place within all clusters of the Programme and all partner countries have made progress.

The Action Plans for all partners, except Bosnia and Herzegovina and Türkiye, were approved during the first implementing year in April 2024. For Bosnia and Herzegovina, the Action Plan was approved by DG ECHO on July 15, 2025. The Action Plan for Bosnia and Herzegovina comprises of two parts: the Action Plan for Republic of Srpska and the Action Plan for Bosnia and Herzegovina. The fact that the Action Plan for Bosnia and Herzegovina was approved later was related to a request and discussions on having two parts.

For Türkiye the Action Plan was approved on July 9, 2025, after several meetings and an intense dialogue to ensure that IPA CARE activities responded to the national plans and priorities of Türkiye.

Bosnia and Herzegovina had already participated more actively in initial Programme activities according to its draft Action Plan, which was fully in line with the activity plans of other partner countries in Western Balkan and which was agreed earlier at the technical level.

All activities that have taken place during the second year of implementation have been at the national level except an EMT-meeting that took place in Bucharest, Romania at the beginning of 2026 and a regional online table top exercise to train the use of the seismic platform with the partners participating in the seismic risk work package in Western Balkan. For the third implementing year the programme will be changing mode and going into more activities at the regional level.

Below is a brief summary of the implementing year:

- The cluster focusing on health risks and inter-institutional coordination has finalised the first cycle of activities consisting of an SOP meeting, a planning meeting, a Discussion Based Exercise (DBX) and an After Action Review (AAR) in all the partner countries. The second cycle of activities is now planned.
- Preparations for a webinar on COVID-19 lessons learned under risk assessment and health risk management began (planned for late 2026).
- Joint scoping missions with WHO have been held in Kosovo*, Serbia, Montenegro and North Macedonia during the second implementing year. For Albania and Bosnia Herzegovina, scooping missions had already been undertaken during the first implementation year. All Western Balkan countries except Serbia have by now formally expressed interest to WHO for the development of EMT in their countries. Now all countries are working on the self-assessments within EMT whilst the progress differs between countries.
- A regional EMT study visit in Bucharest to strengthen capacity and leadership for coming national processes in establishing EMTs took place in January 2026.
- The work on the seismic risk platform progressed in the four participating countries and missions on national data availability were held. After these missions, the collection of national data started and is still ongoing. In March 2026 a regional online table top exercise to train the use of the platform for managing disaster response was held online. The workshops on the intermediate version will be held as soon as the data collection is finished and are expected to take place later in 2026.
- Work on the Basic Safety Assessment (BSA) began in 2026 in Bosnia and Herzegovina, Kosovo*, and North Macedonia (Albania opted out due to overlapping efforts). A standard BSA framework was developed based on a questionnaire and will be refined after feedback. Preparations for training and procurement of equipment are also underway.
- For Türkiye, preparatory online collaboration and data exchange supported a May 5, 2026 workshop comparing Turkish and Italian seismic risk simulators.
- The first cycle of national workshops on UCPM was concluded with the final workshop in Türkiye in May 2026, just after the end of the second implementation period. Initial preparations have started on operational cooperation with UCPM to conduct a TTX on sending and receiving international assistance in autumn 2026.
- In May 2025, the final workshop to discuss the review of the current legislation on volunteerism took place in Serbia concluding the cycle of workshops with the 6 partners in Western Balkan. The next step started with the self-assessment of volunteer organisations. The received self-

assessments were reviewed and feedback with recommendations was given to the volunteer organisations while the results were combined with the legislative review used for the compilation of an advisory document to each of the civil protection authorities.

- For Türkiye the programme supports AFAD in strengthening and further development of the training curriculum of their system of AFAD volunteerism. The work was kicked-off in January 2026, followed by group discussions with volunteer coordinators and trainers in March 2026 and a survey with participation of 802 volunteers conducted in April 2026. Finally, a workshop on training methodology was held in April 2026.

- Procurement of equipment for volunteerism is under way for the four partner countries having prioritised equipment for volunteers. For all four countries an agreement on the list of equipment is in place.

- The work on development of USAR capacity focused on the procurement of equipment and the development of Standard Operational Procedures (SOPs). Workshops were held with all 6 partners in Western Balkan.

- Two Steering Committee Meetings were held to discuss progress within the Programme.

3.2 Local presence

In order to facilitate the implementation of the Programme, local presence in the region has been ensured in various ways.

- The IPA CARE Team Leader (TL) was deployed to Albania in February 2024 and has continued to work for the Programme during the second implementing year, with frequent travels to all partner countries, contributing both to the local presence, dialogue, and to linking partner countries to each other in preparation for regional activities.

- Local coordinators have been assigned in all partner countries, contributing to important preparations and coordination. In addition to previous local coordinators in Albania, Kosovo*, North Macedonia and Serbia, local coordinators for Montenegro, Türkiye and Bosnia and Herzegovina were assigned during the second implementing year.

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.

The Team Leader also leads, coordinates and supports the teams of experts to ensure delivery of results according to Programme plans, and ensures dialogue

with the partner countries relating to the procurement process for equipment ordered for the Programme.

The tasks of the local coordinators include providing technical support to the Team leader and Programme experts and ensuring administrative 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. For the second implementing year, local coordinators began engaging in administrative support to facilitate the reception in partner countries of planned donations of equipment from the IPA CARE programme. Local coordinators also play an important role in drafting communication materials for social media and other visibility platforms in close collaboration with the IPA CARE experts and Communication officer.

Contracting the local coordinators in accordance with procurement rules and at the same time finding the competence at local levels of each partner country has continued to be a somewhat complex and time-consuming process during 2025. As soon as the Action Plans were approved for Bosnia and Herzegovina as well as Türkiye, the process of finding local coordinators was initiated. Meanwhile the local coordinator in North Macedonia left the Programme due to other commitments and a new one was assigned. The first 3 local coordinators within the programme were assessed on the first year of their work and re-assigned for a second year. For Montenegro, despite prolonging the application period on several occasions, it was particularly challenging to find a suitable candidate but eventually a candidate was successfully recruited.

The Programme now successfully has local coordinators in all partner countries.

3.3 Delimitations and challenges

The Programme is a multi-country Programme running 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. Therefore, it is a broad Programme 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 agreed budget is dedicated to procurement of equipment (36% of the total budget), leaving less resources for capacity building than initially foreseen.

The first two years of the Programme implementation mainly focused on national capacity building before going into more regional activities. 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 will be needed in order to re-affirm and deepen the capacity at both the regional and national levels 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. Moreover, effective cross-sectoral engagement expected by the Programme in many cases depends upon enabling additional reforms and additional resources that are beyond the influence of the Programme. Effective implementation also depends on the ability and willingness of the partner countries to take ownership of the different thematic areas that are being covered. However, all clusters have seen progress over the reporting year.

Within the UCPM cluster, work has progressed without any major obstacles and with active engagement of the participants. On EMTs, the work has been initiated with all partners, according to the action plans. However, in EMT there are still many challenges when it comes to the process being nationally-owned and driven in most of the countries. This is especially challenging as it requires building something new. For USAR there has been the possibility to build on something existing with all partners and in that sense the work has been less challenging. At the same time there is also the need to follow-up on uptake of the recommendations made by the Programme also for USAR.

For inter-institutional and health coordination as well as for the seismic risk work, enhancing national ownership of the work processes will be necessary and further dialogue is expected to follow-up on uptake.

In some cases, meetings had to be rescheduled several times due to the unavailability of national partners. This led to some activities having been delayed. During the second implementation year this has required additional time and efforts from the Team leader, programme management and cluster leads to request participation and rearrange logistics. Despite these challenges, and through joint efforts and dialogue with all involved parties, programme activities are still largely in line with both Action Plans and activity plans and the majority of meetings planned for this year have been carried out according to plan.

4 Implementation of the Action Plans

4.1 Work package (WP) activities

This is an overview of the progress of the Programme activities in each work package for all partner countries. During this implementation year, Türkiye also started implementing activities, after having its action plan approved in July 2025, with a special focus on volunteerism, seismic risk and alignment with UCPM.

Türkiye has well developed capacity both in Urban Search and Rescue (USAR) and Emergency Medical Teams (EMT). Therefore, focus of capacity development

activities in Türkiye will differ from the other IPA CARE partner countries, as no specific capacity building activities on USAR and EMT will be included.

Colour code:
Implemented activities during the reporting period – **light green**
Partially Postponed activities – **yellow**

Table 2. IPA CARE Implemented activities during the second 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)

Work Package: 1.1.a - Improved domestic cooperation and institutional frameworks focusing on health risks **Work Package 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)***
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	SRB 09-2025 TUR 10-2025	Other countries in the 1st implementing year	X X
1.2.3 Planning meeting II for Discussion-based Exercise (DBX) (see WP 3.1)	1-2025/ 6-2025	ALB 04-2025 BiH 04-2025 KSV 04-2025 MNE 04-2025 MKD 04-2025 SRB 11-2025 TUR 12-2025	Combined reports with 1.2.4 , 1.2.5	X X X X X X X
1.2.4 Discussion Based Exercise	5-2025/ 9-2025	ALB 06-2025 BiH 03-2026 KSV 10-2025 MNE 10-2025 MKD 04-2026 SRB 11-2025 TUR 01-2026	Combined reports with 1.2.3 , 1.2.5 Instead of a DBX a workshop on mass casualty incidents was held in MKD	X X X X X X X
1.2.5 After action Review Discussion Based Exercise	7-2025/ 12-2025	ALB 06-2025 BiH 03-2026 KSV 11-2025 MNE 11-2025 SRB 12-2025 TUR 03-2026	Combined reports with 2.1.3 , 2.1.4 MKD planned for 05-2026	
1.1.2 Revision/ development of SOPs and further develop and clarify SOP/procedure in major health emergencies	7-2025/ 12-2025		Planning started, execution in Q2/3 2026	

1.2.6 Planning meeting I for National TTX	10-2025/ 3-2026		Planning started, execution in Q2/3 2026	
1.2.7 Planning meeting II for National TTX	1-2026/ 7/2026		Planning started, execution in Q3 2026	
Work Package 2.1 Medical Surge Capacity (Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia participating)				
Activities	**Y/Q**	**Country/ Countries**	**Comments**	
2.1.1 Participation in scoping missions for EMT Initiative with WHO	4- 2024/ 11-2025	KSV 05-2025 MNE 05-2025 MKD 05-2025 SRB 10-2025	BiH, ALB in 2024	X X 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 all countries, ongoing		-
2.1.3 Report of priority areas for national emergency medical teams' development	7-2024/3-2026	Started in all countries, ongoing		-
2.1.4 Draft technical specification of procurement and assist in assessing offers	10-2024/ 3-2026	To be started summer 2026		
2.1.5 Study visit EMT to Romania	4-2026	Regional 1-2025	Organised earlier	X
Work Package 2.3a – Risk assessment and management (health emergencies)				
2.3.1 Webinar on health risk assessment with aspects and lessons learned from the Covid-19 pandemic	1-2026	regional	To be organised in Q4 2026	
Work Package 1.1.b - Improved domestic cooperation and institutional frameworks focusing on seismic risk **Work Package 2.3b – Risk assessment and management** (Albania, Bosnia and Herzegovina, Kosovo*, North Macedonia and Türkiye participate)				
Activities	**Y/Q**	**Country/Countries**	**Comments**	**Activity report (annex)***
2.3.8 Explorative mission about available national data	1-2025/ 10-2025	ALB 06-2025 BiH 10-2025 KSV 07-2025 MKD 07-2025	Will be reported as part of task seismic. 2.3.8-9 and 2.3.1-2 as joint activity report.	X
2.3.9 Platform adaptation to the need of the partners	1-2025/ 10-2025	ongoing	Will be reported as part of task seismic. 2.3.8-9 and 2.3.1-2 as	X

			joint activity report.	
2.3.10 Uploading national data to the platform	7-2025/ 3/2026	ongoing	Will be reported as part of task seismic	
2.3.11 Workshop on the intermediate version of the risk platform	10-2025/ 3-2026	Will be conducted depending on data collection progress	Will be reported as part of task seismic	
2.3.12 Table top exercise seismic risk platform	10-2025/ 3-2026	Regional 3-2026	Will be reported as part of task seismic	
2.3.22. Examination of existing methodologies and procedures for post-earthquake safety and damage assessment	4-2025/ 9-2025	Conducted autumn 2025	Will be reported as part of task BSA. Joint report 2.3.22-24.	X
2.3.23 Design of national Basic Safety Assessment (BSA)	10-2025/ 12/2026	ongoing	Will be reported as part of task BSA. Joint report 2.3.22-24.	X
2.3.24 Development of SOPs and guidelines	10-2025/ 12/2026	Draft available Review and finalisation ongoing	Will be reported as part of task BSA. Joint report 2.3.22-24.	X
2.3.25 Table-top Exercise to test SOPs	10-2025/ 12/2026	To be planned 4th quarter 2026	Will be reported as part of task BSA	
2.3.1 TUR Workshop on comparison seismic risk simulators	1-2026/ 12/2026	Will be conducted on 5 May 2026 in TUR	Will be reported as part of task seismic. 2.3.8-9 and 2.3.1-2 as joint activity report.	X
2.3.2 TUR Regional Workshop on Post-earthquake damage and safety assessment	1-2026/ 12/2026	Will be conducted in the second half of September 2026	Will be reported as part of BSA. 2.3.8-9 and 2.3.1-2 as joint activity report.	X
Workpackage 3.1 Regional cooperation				
Activities	**Y/Q**	**Country/Countries**	**Comments**	**Activity report (annex)***
3.2.1 Receiving and Sending international assistance	4-2026-12/2026	Regional	Preparation for TTX in autumn	

Work Package 3.3. Capacity strengthening cooperation with UCPM (all countries take part in this work package)				
Activities	**Y/Q**	**Country/Countries**	**Comments**	**Activity report (annex)***
3.2.2 Workshop on the UCPM	10-2024/12/2024	SRB 10-2025 Preparation for workshop in Türkiye in May 2026	ALB, BiH, KSV, MNE, MKD in 2024 TUR 05-2026	X
Work Package 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)***
2..2.4 Drafting of technical specifications and participation in assessment of offers	10/2024 /10-2025	regional		X
2.2.5 Review current practices / 2..2.6 Workshops on the development of Standard Operating procedures	7-2025/ 3-2026	ALB 12-2025 BiH 12-2025 KSV 01-2026 MNE 12-2025 MKD 01-2026 SRB 12-2025	Joint report for all countries for 2.2.6. No report for 2.2.5.	X X X X X X
2.2.7 USAR trainings	1-2026/ 6/2026	Planned for Q4 2026		
Work Package 1.3. Civil Protection volunteerism (in this work package all countries take place),				
Activities	**Y/Q**	**Country/Countries**	**Comments**	**Activity report (annex)***
1.3.4 Drafting of technical specifications and participation assessment of offers	7-2024/ 6-2025	BiH, KSV, SRB	Ongoing	
1.3.5 Review of current legislation and national disaster risk management frameworks	10-2024/ 12-2024	SRB 05-2025	ALB, BiH, KSV, MNE, MKD conducted 2024.	X
1.3.7 Creating a forum for civil protection organizations and other stakeholders in sharing ideas, initiatives and responsibilities	4-2025/ 7/2025	ALB 04-2026 KSV 04-2026 MNE 04-2026 MKD 04-2026 SRB 04-2026	Advisory documents written, forums to be organised.	X X X X X
1.3.8 training of volunteers, Serbia USAR BIH, KSV Red Cross	1-2026/ 12-2026	BiH, KSV SRB	Preparation started, courses autumn 2026.	
1.3.6 Determination of support volunteer field operations	7-2025/ 12-2025	TUR	Ongoing	
1.3.7 Optimization of AFAD support volunteers	10-2025/ 6/2026	TUR	Ongoing	

1.3.8 equipment purchase	10-2025/ 7/2026	TUR	Ongoing	
1.3.9 training of trainers	1/2026/ 10-2026	TUR	Ongoing	

4.2 Implementation of activities and deviations from the action plan

Implementation of the action plans has taken up pace in all partner countries, and strong progress has been made.

WP 1.1.a and 1.2: The activity focusing on *Improved domestic cooperation and institutional frameworks* relating to health risks and inter-institutional coordination has finalised the first cycle of activities consisting of an SOP meeting, a planning meeting, a Discussion Based Exercise and an After Action Review in all the partner countries. The second cycle of activities now have a plan. Most countries have received a proposal of the content of the work for the second cycle. Execution of the second cycle will start in May/June 2026. The countries will for this cycle choose between a focus om mass casualty planning or information management.

WP. 2.1: The activity with focus on the development of Medical Surge Capacity is carried out in close cooperation with the WHO in line with international standards and practices. Joint scoping missions with WHO have been held in Kosovo*, Montenegro and North Macedonia end of May 2025 and in October 2025 in Serbia. For Albania and Bosnia Herzegovina scoping missions were held in 2024. All beneficiaries in Western Balkan decided to develop EMT type I.

Türkiye however has already well-established and certified EMTs. Therefore, in this cluster, Türkiye has played an important role in sharing experiences and inspiring other partner countries on how to initiate the processes in EMT.

For now, all Western Balkan countries except Serbia have formally expressed interest to WHO for the development of EMT in their countries. This implies that for those countries having expressed interest to WHO support through WHO mentors will also be available. The programme experts in EMT have in many cases been working closely with the WHO mentors to adapt the programme activities to the local EMT processes supported by WHO. Now all countries are working on the self-assessments within EMT[5]. The progress in the self-assessment differs between countries. Results should be achieved before September 2026 as the procurement process of equipment which is now in preparation will begin then. In January 2026, the regional study visit on the EMT development was held in Bucharest, Romania, ahead of plan (originally planned for autumn 2026) with the purpose to empower the assigned leads at the beneficiaries for the development of the EMT.

[5] The self-assessment is a formal step in the WHO blue book guiding the development of the Emergency Medical Team, an assessment which identifies the current state and gaps relevant for the development of the Emergency Medical Team

WP 1.1.b/2.3.b: The work on the seismic risk platform progressed in the second year of implementation in the four countries[6] involved in this. In summer/autumn 2025, missions on national data availability were held in all countries. After these missions the collection of national data started and is still ongoing, this includes specific data related to vulnerable people. Servers for hosting the platform at the beneficiary institutions have been selected and are awaiting delivery. In March 2026, a regional online table top exercise to train the use of the platform for managing disaster response was held online. The workshops on the intermediate version will be held as soon as the data collection is finished and are expected to take place in autumn 2026.
The work on the Basic Safety Assessment (BSA) started in 2026 with a questionnaire on the current state of damage assessment after earthquakes at the three participating beneficiaries (Bosnia and Herzegovina, Kosovo* and North Macedonia). It was decided that Albania will not take part in the Basic Safety Assessment part, despite that it is in their Action Plan, as a country programme funded by Switzerland included similar work. Based on the results of the questionnaire a common standard BSA for the countries was developed. The documents will be presented to the countries in May 2026 and, based on the feedback collected in the next few months, a second version of the documents will be issued. In the meantime, some preparatory work has begun on the training program. While an equipment package has been composed which will be presented to the beneficiaries in May 2026, after which decision making and procurement will start.

For Türkiye, online meetings have been held and data has been exchanged to prepare the workshop on 5th of May 2026 for the comparison of the Turkish and the Italian seismic risk simulators. The regional workshop on post-earthquake damage and safety assessment is planned to take place in September 2026.

WP 3.1: In this work package, activities will restart in autumn 2026 with the preparation of the thematic exercises.

WP 3.2. Operational cooperation with UCPM will conduct a TTX on sending and receiving international assistance in autumn 2026, and initial preparations have started within the consortium, with plans to be further developed in dialogue with the programme partners.

WP 3.3: The work package on strengthening the cooperation with the UCPM held a workshop in Serbia. The workshop had been preceded by corresponding workshops for all the other beneficiaries except Türkiye during the first implementing year. The final workshop takes place in May 2026, in Türkiye.

WP 2.2: The work on development of USAR capacity focused this year on the procurement of equipment and the development of Standard Operational Procedures (SOPs). In June 2025 a list of packages of USAR equipment was presented to the beneficiaries from which they could choose their priorities. Based on a dialogue with all of the beneficiaries, taking into account their needs, a

[6] Albania, Bosnia and Herzegovina, Kosovo* and North Macedonia take part in this activity

technical offer was made by MCF of logical packages and a detailed list of items to be procured was finalised in the first quarter of 2026. The USAR equipment was procured and ordered at the end of 2025 with delivery taking place during 2026, and approximately 80% of this equipment is expected to be delivered to the partner countries by summer 2026.

In December 2025 and January 2026, workshops were held with each beneficiary on the development of USAR SOPs. These workshops were the start of developing new SOPs for the teams or improving already existing ones. So far, Bosnia and Herzegovina, and Serbia have delivered a first draft of SOPs for review. The federation of Bosnia and Herzegovina has already received their first reviewed procedures. The other partners are currently drafting their SOPs which are expected to be delivered before summer 2026.

WP 1.3: In May 2025, the last workshop to discuss the review of the current legislation on volunteerism took place in Serbia. It had been preceded by workshops in ALB, BiH, KSV, MNE and MKD during the first implementing year. After the summer of 2025, the next step started with the self-assessment of volunteer organisations selected by the beneficiaries. The received self-assessments were reviewed and feedback with recommendations was given to the volunteer organisations while the results were combined with the legislative review used for the compilation of an advisory document to each of the civil protection authorities. The reports were sent for consultation to the civil protection authorities and as of May 2026, five reports have been approved.

For Bosnia and Herzegovina, the self-assessment was delayed as the programme first focused on the national authorities. Given the organisational set up of civil protection, the relation with the volunteer organisations is a responsibility of the entities within the country. A similar exercise started in April 2026 as with the other countries, with those entities.

For Türkiye, the programme has a separate workstream on volunteerism. This work is planned to be conducted fully between January 2026 and autumn 2026. The Programme support AFAD in strengthening and further development of the training curriculum of their system of AFAD volunteerism. This work started in January 2026 with a kick-off meeting with partners in Türkiye and IPA CARE experts. A focus group meeting consisting of group discussions with volunteer coordinators and trainers took place in March 2026 and a survey with participation of 802 volunteers was conducted in April 2026. Finally, a workshop on training methodology was held in April 2026.

Procurement of equipment for volunteerism will take place in the 4 partner countries that chose to include volunteerism equipment through the programme. For all countries, an agreement on the list of equipment is in place. Part of the equipment is procured together with the USAR equipment and delivery is expected to take place in 2026. For the Red Cross related items in Bosnia and Herzegovina, Kosovo* and the volunteerism department of AFAD in Türkiye, a local procurement has been initiated during 2026.

WP 2.3.a For the Risk assessment and management focusing on health risks, preparations started to plan for a webinar on the lessons learnt from the COVID pandemic. This webinar will be held in the last quarter of 2026.

4.3 IPA CARE meetings

During the second year of implementation, planning and setting-up meetings in various constellations has continued and efforts have been taken to calibrate the priorities and adapt activities to the contextual situation.

Consortium Coordination Meetings

The Consortium aims to implement the Programme using an integrated approach, entailing continuously coordinating activities and project components to create synergies across clusters and activities. 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 groups. 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.

Once the implementation of the Programme started in the first implementing year, in practice more or less from September 2024, the consortium had shorter online meetings, approximately once a month. After discussions on frequency and format, it was concluded to rather have the meetings on a need's basis (approximately quarterly). In November 2025, the Consortium had an in-person meeting back-to-back with the Steering Committee Meeting. This meeting was much appreciated by the participants recognising the added value of meeting in-person for more in-depth strategic joint planning. To continue these discussions the planning of a longer 2-day meeting was initiated by the programme management. The meeting was agreed to take place in person May 12-13 in Rome under the auspices of the Italian Civil Protection Department (DPC), with the aim to jointly discuss, on a strategic level, the recommendations on the next steps within the project and the sustainability of results as well as the planning of the joint exercises. The discussion will be based on the ongoing evaluation of the work of the first 2 implementing years and results from the mid-term review of

the programme, and looking forward on what needs to be done in the years to come.

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 in two months. Additionally, regular meetings take place between the Team Leader and the cluster(lead)s to monitor the progress of the work within the clusters.

M**eetings with partner countries**

The Consortium leads of each work package are responsible for the planning of their respective work package. 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 and to ensure the implementation of the activity plan. Activities have been reported on and annexed to this report.

Steering Committee Meetings

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 planned to be held regularly during the Programme implementation, which translates to at least twice a year, of which at least one meeting is in-person. During the second implementation year, the second Steering Committee Meeting of IPA CARE took place as an online half day meeting on 23 May 2025 and the third Steering Committee Meeting was an in-person and hybrid full day meeting in Skopje, North Macedonia on 12 November 2025. During the meeting in May 2025 the progress and implementation of the Programme was discussed and the activity plan for implementation year 2 was presented by the Team Leader and eventually agreed upon by all parties. During the meeting in November 2025 partner countries provided updates on their engagement in activities carried out in the IPA CARE Programme so far, work within each cluster was discussed further and it was expressed that in general it has progressed well and mostly according to the Action Plans.

Meetings with DG ECHO

Regular coordination meetings between DG ECHO and Programme management are held, approximately once a month to ensure anchoring of the progress and implementation of the Programme, alignment, involvement and exchange of information.

Procurement coordination meetings

Procurement coordination meetings have been conducted approximately once a month during the second implementing year. During these meetings the Team leader, Programme management, procurement experts, technical experts and logistics experts participate and sometimes the Programme Finance Officer. In between these meetings coordination and discussions with the partner countries took place on their priorities, technical specificities and on the practical arrangements that need to be carried out in each partner country to ensure a smooth reception of the IPA CARE donations of equipment.

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 the Programme M&E plan, through the results framework, that measures the result of that particular activity. Activities are reported through activity reports and surveys are conducted in connection to in-person meetings in order to collect both quantitative and qualitative data on the progress of the Programme.

Experiences, learnings and results of the programme are 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 Swedish Civil Defence and Resilience Agency Programme management, mainly Team Leader and M&E advisor. 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 March and April 2026, the second cycle of reflection sessions was conducted. The sessions were held with all clusters and also with all the partner countries, including for the first time with Bosnia Herzegovina and Türkiye as they now had their Action Plans approved as well as Serbia whom now also had conducted a

sufficient amount of work to hold a useful reflection session. The partner country reflection sessions in Western Balkan were in-person meetings and the reflection session with Türkiye was conducted online. The reflection sessions in this second implementation year contribute with content both to this report as well as to the Mid-term review [For general recommendations from these sessions see 7.1.1. specifically. For more in-depth recommendations read the Mid-term review report, Annex 3].

Table 3. Partner country reflection meetings

Partner reflection meetings	
Reflection Cycle	2nd
Türkiye	March 30
Albania	April 20
North Macedonia	April 21
Kosovo*	April 22
Montenegro	April 23
Serbia	April 24
Bosnia and Hercegovina	April 28
Work Package's reflection meetings	
Reflection Cycle	**2nd**
Cluster 1 Emergency Medical Teams (EMT)	March 16
Cluster 2 Seismic Risk	March 17
Cluster 3 UCPM	March 18
Cluster 4 Urban Search and Rescue (USAR)	March 18
Cluster 5 Inter-institutional coordination	March 19
Cluster 6 Volunteerism	March 20

4.4.2 Mid-term review

The Mid-Term Review (MTR) of the IPA CARE programme was conducted at the midpoint of the implementation period to assess initial progress, identify emerging results, and review the overall programme strategy and structure in relation to its intended outcomes and outputs. The MTR serves as a reflective and learning-oriented process, aiming to document best practices, key challenges, and lessons learned across all programme clusters, while also assessing the integration of cross-cutting issues - gender equality, human rights, environment, and climate change. Through participatory methods, including reflection sessions, complementary interviews, and an analysis of existing programme data, the review provides an evidence-based understanding of where the programme currently stands in relation to its high-level objectives. The findings and recommendations of the MTR are intended to support informed decision-making and guide necessary adjustments during the remaining implementation period, thereby strengthening effectiveness, sustainability, accountability, and transparency towards programme partners and stakeholders. See Annex 3.

4.4.3 Result of Surveys

Overview of Survey Findings

For the second implementation year, participant surveys were conducted in connection with a range of activities, with the aim of covering in-person activities within the work packages. The purpose of the surveys was to assess participants' perceptions of the relevance, quality, and usefulness of the activities, as well as to identify areas for improvement. Overall, the findings showed a generally high level of satisfaction among participants across countries and activity types, particularly regarding the relevance of the content, achievements of learning objectives, and practical applicability, with most responses concentrated at the upper end of the scale. The organisation and structure of the activities were also positively assessed, and the results indicate some recurring trends across activities and work packages. Furthermore, the content is generally perceived as clear, well-structured, and adapted to participants' needs, contributing to a positive and inclusive learning environment. To provide an overview of the implemented activities included in the survey collection process, the table below summarises the activities and indicates where survey responses were available.

The table below summarises the implemented activities during the second implementation year and the availability of corresponding survey data. The analysis is based on eleven surveys collected across different work packages and participating countries, which are marked with an "**X**" in the table below.

Table 4. Overview of the Implemented Activities and Conducted Surveys during the second implementation period

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

Work Package: 1.1.a - Improved domestic cooperation and institutional frameworks focusing on health risks

Work Package 1.2 - Inter-institutional Coordination
(Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia participating)

Activities	Country/Countries	Month / Year	Comments	Survey conducted
1.1.1 Planning meeting I for Discussion-based Exercise (DBX): Further develop and clarify SOP/procedure in major health emergencies	SRB TUR	09-2025 10-2025	Survey only conducted in SRB and TUR	X X
1.2.4 Discussion Based Exercise	ALB BiH KSV MNE MKD SRB TUR	06-2025 03-2026 10-2025 10-2025 04-2026 11-2025 01-2026	Survey only conducted in ALB and MKD	X X

Work Package 2.1 Medical Surge Capacity

(Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia participating)

Activities	Country/Countries	Month / Year	Comments	Survey conducted
2.1.1 Participation in scooping missions for EMT Initiative with WHO	KSV MNE MKD SRB	05-2025 05-2025 05-2025 10-2025	Survey only SRB, the other three were before the surveys began to be used	X
2.1.5 Study visit EMT to Romania	Regional 1-2025			

Work Package 1.1.b - Improved domestic cooperation and institutional frameworks focusing on seismic risk

Work Package 2.3b – Risk assessment and management

(Albania, Bosnia and Herzegovina, Kosovo*
and North Macedonia participate)

Activities	Country/Countries	Month / Year	Comments	Survey conducted
2.3.8 Explorative mission about available national data	KSV BiH ALB MKD	07-2025 10-2025 06-2025 07-2025	Only two conducted (part of Seismic)	X X

Work Package 3.3. Capacity strengthening cooperation with UCPM

(All countries take part in this work package)

Activities	Country/Countries	Month / Year	Comments	Survey conducted
3.2.1 Workshop on the UCPM	SRB	11-2025		X

Work Package 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	Country/Countries	Month / Year	Comments	Survey conducted
2.2.5 review current practices / 2.2.6 workshops on the development of Standard Operating procedures	SRB BiH ALB KSV MNE MKD	12-2025 12-2025 12-2025 01-2026 12-2025 01-2026		X X

Work Package 1.3. Civil Protection volunteerism (In this work package all countries take place,				
Activities	**Country/Countries**	**Month/ Year**	**Comments**	**Survey conducted**
1.3.8 training of volunteers	TUR	04-2026		X

Qualitative Analysis

A recurring theme across some activities was the need for more interactive and practice-oriented approaches with participants frequently requesting increased hands-on exercises, real-life scenarios, and active engagement, while reducing reliance on lecture-based formats. These requests were most prominent in **WP 1.2 and WP 2.1** within the available data. It should be noted, however, that for several of the activities within these work packages data is lacking. Minor challenges related to language and communication were also noted in a small number of responses.

Furthermore, the majority described the workshop conducted in North Macedonia related to **WP 1.2** as comprehensive, and applicable to their professional contexts. Some particularly appreciated the practical discussions, collaborative exchanges, and the opportunity to contribute to the development and improvement of SOPs and mass casualty management procedures. Some responses highlighted the value of integrating systems such as Next Incident Command System (NICS) and Hospital Incident Command System (HICS), strengthening institutional coordination, and improving interoperability between emergency medical services and other response actors. The workshop was also viewed as constructive and inclusive, with feedback highlighting knowledge exchange, practical applicability, and the importance of involving multiple institutions in future implementation processes. Additionally, one out of all the available surveys included responses from multiple activities or dates, limiting the possibility of directly comparing participant numbers and response rates for individual sessions.

The workshop in Serbia regarding **WP 2.1** was perceived as highly relevant and closely aligned with real-world professional needs. The activity received positive feedback regarding its practical applicability, with a few participants requesting additional practical exercises and group work. Activities under **WP 2.2** showed similarly positive results, with some requests for broader institutional integration, increased involvement from ministries, and fewer presentation-based sessions. Some variations in engagement and clarity suggests a need for further adaptation of delivery methods. However, it should be noted that the findings regarding **WP 2.1** are based solely on data from Serbia and may therefore not be representative of implementation across all participating countries. In contrast, the data from **WP 2.2** includes survey data from both Serbia and Bosnia and Herzegovina, providing a somewhat broader analytical foundation. This still indicates the need to ensure that surveys are systematically collected across all relevant countries where activities are implemented, in order to support a more comprehensive and representative assessment.

Moreover, activity **1.3.8** under **WP 1.3** in Türkiye was generally perceived as useful, clear and relevant to the respondent's professional work. Participants appreciated the opportunity to review and discuss the training modules, provide feedback on their applicability, and contribute to discussions on improving and standardizing volunteer training and methodologies. Some participants highlighted the value of the step-by-step explanations and the opportunity for exchange of perspectives throughout the sessions. A limited number of respondents suggested that some topics could benefit from more detailed discussions and further clarification of the existing training programme.

For **WP 2.3b,** the available data is limited; however, the findings remain consistent with the overall positive trends observed across the programme. The activities were described as well-planned, meaningful, and easy to understand, while also emphasising the importance of clearer information-sharing and improved clarification of institutional roles and responsibilities.

The differences between the responses do not necessarily reflect variations in effectiveness, but could rather be related to differences in participant expectations and implementation contexts. The survey results suggests that the activities are still effectively contributing to capacity building and knowledge exchange.

Survey Response Distribution

The comparison between the number of participants and completed survey responses reveals some variation in response rates across activities and countries. In some cases, relatively high response rates were observed, such as activity **3.2.1** in Serbia under **WP 3.3** where 25 out of 36 participants completed the survey, indicating comparatively strong participant engagement. In contrast, several activities display notably lower response rates, including **2.3.8** under **WP 2.3b** in Bosnia and Herzegovina with 1 out of 10 participants, 4 out of 27 participants in Kosovo* and 6 out of 17 total completed the survey in Albania, both under **WP 1.2**, activity **1.2.4.** These lower response levels reduce the representativeness of the findings and limit the possibility of drawing broader conclusions from the available data.

No consistent pattern can be identified between response rates and specific work packages, as variations occur both within and across them. While one activity under **WP 2.2** demonstrates higher response rates, the other activity within the same work packages shows substantially lower participation. Suggesting that differences in response frequency are more likely linked to country-specific survey implementation, distribution, and follow-up practices rather than the nature or effectiveness of the activities themselves.

Cross-cutting Issues

During the reporting period, there were plans to collect data to assess the participants' learning related to cross-cutting issues (CCIs), including gender equality, inclusion, and environmental considerations, in connection with the specific topic of each activity, as well as their experiences of safety and inclusion during those activities. However, these questions were not consistently included in all surveys conducted after activities. This inconsistency limits the ability to systematically assess these themes across activities and countries. Nevertheless, the

available responses rate these aspects very positively and suggest a strong perceived relevance and contribution to the activities. Work is currently underway to ensure that CCI-related questions are systematically included in all post-activity surveys for upcoming activities.

Conclusion

The overall reliability of the findings of the surveys used for monitoring the Programme should be considered in light of limitations related to the data collection. While the results show consistent positive trends, the data is unevenly distributed across activities, countries, and sample sizes. In some cases, responses are based on a very limited number of participants, and certain activities are represented by data from only one country. The variation in number of responses therefore indicates that the findings should be interpreted with some caution. However, it also highlights the need to strengthen survey follow-up mechanisms to ensure higher response rates and more representative data.

It should also be noted that the number of survey responses don't always reflects the total number of participants in each activity. In several cases, participation levels were significantly higher than the number of completed surveys. Several factors may have contributed to the uneven and, in some cases, limited number of completed surveys. The survey process was introduced gradually during the implementation period, meaning that a number of activities conducted before summer 2025 did not include a survey component.

It is recommended that the questions and the activities for which there should be surveys is to be reviewed by the Monitoring and Evaluation advisor in close dialogue with Team leader and Project Management to ensure consistency and planning for the up-coming period. Moreover, it should be considered how a frequent, comparative use is facilitated and ensured. Apart from assessing the overall responses with the technical implementation report, it should also be considered how results of individual activities will be communicated back to the leads of the activity. The planning should be anchored with the Consortium and aligned with the activity plan.

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 is expected to participate in all activities of the IPA CARE Programme. The National Civil Protection Agency (NCPA) is the national coordinating agency for civil protection responsible for coordination in the country and delivers the focal point for USAR capacity development. The Institute for Geo Sciences (IGEO) is a scientific advisory institute assigned together with the NCPA as focal points for the seismic risk work package.

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

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

In Albania, several other programmes aimed at strengthening the civil protection system in the country are taking place. Some of the most relevant are: UNDP is responsible for the project RESEAL Phase II, a project supporting further development of NCPA in risk management with a focus on the local and regional level in the country.

Together with NCPA, the Swedish Civil Defence and Resilience Agency is implementing the bilateral project REAGO (Rritja e Aftësisë për Gatishmëri dhe Organizim në Komunitet / Community Preparedness and Organisation Capacity Development, 2025-2028). It is financed by the Swedish International Development Cooperation Agency (Sida), and the Albanian Government. REAGO aims to increase household-level awareness of disaster risks and crisis preparedness. In the short term, the project seeks to strengthen NCPA's capacity to coordinate stakeholders and enhance crisis preparedness, with emphasis on public awareness and effective crisis communication.

UNDRR is conducting a multi-country programme on early warning and risk awareness in the Western Balkans. The Swiss Agency for Development and Cooperation is conducting a programme on Building Damage assessment focused on the Institute for construction and with the NCPA as one of the beneficiaries.

In 2025, an EU funded full scale exercise took place in Albania (Flood North Alb) while Albania was heavily hit by forest fires during the summer of 2025 for which it sought international assistance through the UCPM. In January 2026, they were impacted by flooding.

The organisation of fire brigades (one of the pillars of the civil protection system) is at the moment under discussion as strengthening of the system is needed. This could lead to a change in the organisational set up of the fire brigades in the country.

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

5.1.1.2 Outputs in Albania based on implementation of activities

Table 5. Programme outputs in Albania in the second year of implementation

Activity	Outputs
1.2.4 DBX	Conducted on the 5th of June 2025, with 17 participants from all relevant stakeholders
1.2.5 AAR-DBX	Conducted on the 25th of June 2025, conclusions adopted by Albania
2.1.3 Self-assessment	The EMT self-assessment within Albania is ongoing
2.1.5 Study visit	2 Albanian representatives participated in the EMT study visit to Romania
2.3.8 Mission on data	On the 24th of June 2025 a workshop was held with 7 persons from all relevant stakeholders
2.3.12 TTX seismic	On the 21st of March 2026 representatives of NCPA and IGEO took part in the regional online table top exercise
2.2.4 USAR technical specification	Albania agreed on the list of USAR equipment to be procured through the IPA CARE programme
2.2.5 USAR SOPs	Workshop held on the 15/16th of December 2025 with 7 participants from relevant stakeholders. SOP development in progress.
1.3.7 Civil protection volunteerism advise	An advisory document on volunteerism has been concluded and the assessment of three volunteer organisations was conducted

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: Based on the preparation in the first year of implementation a Discussion Based exercise with a focus on the coordination between health and civil protection was held on the 5th of June 2025. The After Action Review highlighted among other things the need for an incident command system and improvement of mass casualty planning. The incident command system development is addressed partially through the RESEAL project led by UNDP. In

the upcoming work of these work packages the IPA CARE programme will focus on the mass casualty planning.

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WP 2.1: The progress on the development of the Emergency Medical Team was limited in Albania during the reporting year. The idea of a set-up of the EMT by the Emergency Medical Service with inclusion of the Red Cross and NCPA did not materialise and the focus are now on a self-assessment within the medical sector. Two representatives of the emergency medical service participated in the EMT study visit in Romania.

WP 2.2: Albania has chosen a package of equipment for the USAR team, with support from MCF experts providing lists of relevant and available quality equipment, and this first batch of equipment will be delivered during 2026. The Albanian USAR team needs to be built more or less from scratch. The NCPA will be responsible for the team and the fire brigades (professional and volunteers) will be involved in the development of the team. The Ministry of defence will, with their knowledge on USAR, support the development of this civil team. Development of SOPs started after the workshop on SOPs in December 2025. A first version of the SOP is planned to be ready for review before the summer.

WP 1.1.b and 2.3.b: In June 2025, a workshop on the national data for the seismic risk platform was held with the relevant institutions present. After this the collection of national data was initiated and is still ongoing. The platform will be hosted by IGEO and access will be granted to the relevant organisations within the civil protection sector. A server to host the platform is under procurement and is to be ordered during 2026. Albania participated in an online TTX to learn working with the platform during emergencies in March 2026. Albania will not take part in the Basic Safety Assessment works as through the country programme of the Swiss development cooperation similar work already has been conducted in 2025.

WP 1.3: An advisory document on the volunteerism regulation and legislation has been compiled based on the legislative review of early 2025. In winter 2025/2026 self-assessment of four volunteer organisations within Albania was undertaken. The organisations that were assessed were; Emergency Response Albania (ERA), Red Cross Albania, Albanian Fire Protection and Rescue Association (AFPRA) and Volunteer Centre of Civil Emergency. A key output of the process was an advisory document which will be the basis for further work on volunteerism, in the third year of implementation. The advisory document was compiled by the cluster lead and reviewed by NCPA.

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 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 technical activities began ahead of the approval. The action plan, consisting of two parts, was approved by DG ECHO on July 15, 2025.

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 as well as the seismic institution 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 the 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. In March 2026, it was within Bosnia and Hercegovina decided that a representative of the Ministry of Civil Affairs will be involved for the coordination of the seismic work.

At the state level in Bosnia and Herzegovina, both related to civil protection and the health sector, the role is limited to 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 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.

This governance structure with the involvement of multiple government levels in the programme makes planning and agreement on activities more time-consuming.

Bosnia and Herzegovina are a member of the UCPM since the 1st of January 2023.

5.1.2.2 Outputs in Bosnia and Herzegovina based on implementation of activities

Table 6. Programme outputs in Bosnia and Herzegovina in the second year of implementation

Activity	Outputs
1.2.4 DBX	Conducted on the 6th of March, 2026, with 27 participants from all relevant stakeholders
1.2.5 AAR-DBX	Conducted on the 23rd of March, 2026, conclusions adopted by the participants of Bosnia and Herzegovina
2.1.3 Self-assessment	The EMT self-assessment within Bosnia and Herzegovina is ongoing
2.1.5 Study visit	3 FBiH representatives participated in the EMT study visit to Romania
2.3.8 Mission on data	On the 21st of October, 2025, a workshop was held with 10 persons from all relevant stakeholders
2.3.12 TTX seismic	On the 4th of March, 2026, representatives of the seismic institutes and the Civil Protection Authorities on entity level as well as the Ministry of Security took part in the regional online table top exercise
2.2.4 USAR technical specification	Bosnia and Herzegovina agreed on the list of USAR equipment to be procured through the IPA CARE programme
2.2.5 USAR SOPs	Workshop held on the 15/16th of December 2025 with 7 participants from relevant stakeholders. SOP development in progress. Draft of the SOPs delivered by the Federation of Bosnia and Herzegovina (FBiH) and the Republic of Srpska (RS) civil protection agencies for review.
1.3.7 Civil protection volunteerism advise	An assessment of the civil protection volunteerism is conducted for Bosnia and Herzegovina, follow up is under discussion

5.1.2.3 Progress towards outcomes

Bosnia and Herzegovina are actively participating in all the work packages of the IPA CARE Programme.

WP 1.1.a and 1.2: A Discussion Based Exercise (DBX) with 27 participants of the state level, the entity level, the Red Cross and international organisations took place on the 6th of March 2026. Main recommendations from the exercise were: development of a mass casualty plan, and structuring and strengthening the information flow and coordination between entities and within entities. In the After Action Review it was agreed to focus, if possible, on developing the mass casualty planning in the third year of implementation. At the moment the availability of relevant organisations for this work is being assessed.

WP 2.1: The Federation of Bosnia and Herzegovina is progressing in the development of an EMT 1[7] 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

[7] 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

and the Bosnia and Herzegovina Red Cross will be involved in the development of the team. They are progressing on the self-assessment of the team and are besides IPA CARE also supported by ASB Germany who has extensive experience in the development of emergency medical teams. Three persons from the federation of Bosnia and Herzegovina took part in the study visit to Bucharest.

WP 2.2: Capacity development of USAR takes 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 are further developing their existing USAR capacity. 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 medium USAR team. Further work under the IPA CARE Programme will be done jointly by the three entities 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 was further strengthened within Bosnia and Herzegovina.

WP 1.1.b and 2.3.b: Bosnia and Herzegovina have 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. A workshop on national data availability took place on the 21st of October 2025. As follow up, gathering of national data for the seismic risk platform is ongoing. On the 4th of March 2026, representatives of Bosnia and Herzegovina took part in the regional online TTX to learn to work with the platform during emergency preparedness and response.

WP 1.3: In April 2026, it was decided that further work on volunteerism policy will be conducted on the entity level. This will be executed in the coming months. Procurement of equipment for volunteers in the Red Cross of Bosnia and Herzegovina is ongoing. First delivery of the equipment is expected to take place during 2026. Additional equipment will be partly procured locally and all equipment is expected to have been ordered during 2026. Meanwhile the training of trainers for Red Cross volunteerism is planned for 2026.

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 the coordinating agency for civil protection. EMA is responsible for the IPA CARE Programme in the country and also bears 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* and the Ministry of Health are assigned as focal points for the EMT development.

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

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. A Peer review (through the UCPM) was conducted in 2025/2026. The report was published in April 2026 and provides adequate recommendations for strengthening of the Disaster Risk Management in Kosovo*.

A factor hindering the high-level decision making in Kosovo* is the fact that for most part of the implementing year Kosovo* had a care-taking government in place, which is still the case at the end of the second implementing year. Nevertheless, Kosovo* continues to actively participate in the programme.

5.1.3.2 Outputs in Kosovo* based on implementation of activities

Table 7. Programme outputs in Kosovo* in first year of implementation

Activity	Outputs
1.2.4 DBX	Conducted on the 9th of October, 2025, with 27 participants from all relevant stakeholders
1.2.5 AAR-DBX	Conducted on the 24th of November, 2025. The participants adopted the conclusions of the Discussion Based exercise.
2.1.1. EMT scoping	On the 28th and 29th of May, 2025, an EMT scoping mission took place organised jointly with the WHO. The representatives present advised to develop and EMT I
2.1.3 self-assessment	The self-assessment for the EMT development is ongoing
2.1.5 study visit EMT	Kosovo* participated with three persons in the study visit on EMT on 13-14 January, 2026, in Romania
2.3.8 mission on data availability	10 persons from relevant institutions took part in the workshop on national data availability for the seismic risk simulator on the 10th of July, 2025
2.3.12 TTX seismic	Kosovo* took part with representatives of EMA and the seismic institute in the TTX on usage of the seismic risk simulator
2.2.4 USAR technical specification	Kosovo* agreed on the list of equipment to be procured for the USAR team and the first batch of equipment will be delivered before the end of 2026
2.2.5 USAR SOPs	On the 19th and 20th of January 2026 a workshop on the development of SOPs for the USAR team was held with the participation of 13 persons from EMA, the Kosovo* police and the fire brigades
1.3.7 Civil protection volunteerism advise	An advisory document on the civil protection volunteerism was compiled and three volunteer organisations have conducted a self-assessment on volunteerism

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 A Discussion Based Exercise (DBX) with 27 participants from the different stakeholders took place on the 9th of October 2025. It was concluded that the mass casualty planning, the development of interinstitutional coordination SOPs and the information exchange between health and civil protection should be strengthened. A proposal for further work on this has been shared with the Emergency Management Agency and the Ministry of Health in April 2026.

WP 2.1: Kosovo* has taken the first steps towards the development of an EMT. A scoping mission of IPA CARE, jointly with the WHO took place on the 28-29 May, in Pristina. Based on this mission, the decision was made in Kosovo* to develop an EMT 1. An expression of interest on this has been sent to the WHO. The self-assessment is ongoing, led by the Ministry of Health. Kosovo* participated with three persons in the EMT study visit to Romania.

WP 2.2: Kosovo* has taken clear 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 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. The set-up of the team has been agreed upon and the first initial country training has started with the support of the Kosovo* security forces. The ambition is to continue the development of the USAR team after the end of the Programme towards an INSARAG classified medium USAR team. A workshop on the development of SOPs for the USAR team took place in January 2026. Based on this workshop, Kosovo* is developing SOPs for their USAR team. A first version of the SOPs is expected to be ready in May 2026. Kosovo* has decided on the USAR equipment to be provided through IPA CARE. They will receive the first batch of USAR equipment during 2026.

WP 1.1.b and 2.3.b: Kosovo* has adopted the seismic risk platform. This platform will be hosted by the Seismic Institute of Kosovo* and access will be granted to the relevant organisations within the civil protection sector. On the 10th of July a workshop was held in Kosovo* on national data availability for the seismic risk simulator. Collection of national data for the seismic risk simulator is ongoing work with Kosovo*. In March 2026, Kosovo* participated in the online Table Top exercise to train in the usage of the simulator in disaster risk management.

WP 1.3: An advisory document on the volunteerism regulation and legislation was compiled based on the legislative review of early 2025. During winter 2025/2026 a self-assessment was conducted by three volunteer organisations within Kosovo*: the Mountain Search and Rescue organisation, the Red Cross of Kosovo* and the Kosovo* Search and Rescue association. The advisory document will be the basis for further work on volunteerism in the third year of implementation. Procurement of equipment for volunteers in the Red Cross of Bosnia and Herzegovina is ongoing. First delivery of the equipment is expected during 2026. Equipment will be partly procured locally and all equipment is expected to be

delivered by the end of 2026. The training of trainers for the Red Cross volunteerism is planned and will also be delivered in 2026.

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 the volunteer organisation assigned as the focal point for volunteerism in the programme.

5.1.4.2 Outputs in Montenegro based on implementation of activities

Table 8. Programme outputs in Montenegro in second year of implementation

Activity	Outputs
1.2.4 DBX	Conducted on the 7th of October, 2025, with 27 participants from all relevant stakeholders.
1.2.5 AAR-DBX	Conducted on the 17th of November, 2025, conclusions adopted by Montenegro.
2.1.1 EMT scoping mission	An EMT scoping mission was conducted on the 30th of May 2026 in collaboration with the WHO and the participation of all relevant stakeholders.
2.1.3 Self-assessment	The EMT self-assessment within Montenegro is ongoing. A first Draft of SOPs has been submitted.
2.1.5 Study visit	3 Ministry of Health representatives participated in the EMT study visit to Romania.
2.2.4 USAR technical specification	Montenegro agreed on the list of USAR equipment to be procured through the IPA CARE programme
2.2.5 USAR SOPs	Workshop held on the 18/19th of December, 2025, with 15 participants from relevant stakeholders. SOP development in progress.
1.3.7 Civil protection volunteerism advise	An advisory document on volunteerism and the assessment of three volunteer organisations has been conducted

5.1.4.3 Progress towards outcomes

Montenegro is actively participating in the IPA CARE Programme through cooperating in most of the work packages, except for the work packages related to seismic risk which Montenegro has chosen not to include.

WP 1.1.1 and 1.2: A Discussion Based Exercise (DBX) with 27 participants from diverse stakeholders took place on the 7th of October 2025. It was concluded that the mass casualty planning, the incident command and the information exchange between health and civil protection should be strengthened. These conclusions were agreed upon in an After Action Review on the 17th of November 2025. A proposal for further work on this was shared with the civil protection Authority and the Ministry of Health in April 2026. The Ministry of Health has chosen to focus on the mass casualty planning for the follow up work in the third year of implementation.

WP 2.1: Montenegro has taken the first steps for the development of an EMT. A scoping mission of IPA CARE, jointly with the WHO took place on the 30th of May in Podgorica. Based on this mission, the decision was made in Montenegro to develop an EMT 1 mobile. An expression of interest on this has been sent to the WHO, who has assigned mentors to Montenegro to support the EMT development. Led by the Emergency Medical Service and the Clinical Centre of Montenegro the self-assessment is ongoing. Montenegro delivered a first version of the SOPs for the EMT in April 2026 and it will be reviewed by the IPA CARE experts. Three persons from Montenegro participated in the study visit of EMT to Romania in January 2026.

WP 2.2: Montenegro has taken clear steps in the development of their USAR capacities. The fire brigades are the basis for the USAR team. The ambition is to continue to develop this team after the Programme, towards an INSARAG classified medium USAR team. Montenegro has agreed on the equipment to be procured through the IPA CARE Programme. The first batch of USAR equipment will be delivered in 2026. On the 17th and 18th of December 2025 a workshop on development of USAR procedures took place in Montenegro. This was the start for the development of USAR SOPs in Montenegro. A first version of the SOPs is expected to be delivered in May 2026 to the IPA CARE programme for review.

WP 1.3: An advisory document on the volunteerism regulation and legislation has been compiled. Contents of which have been informed by a legislative review in early 2025 and a self-assessment of two volunteer organisations within Montenegro: The Red Cross of Montenegro and the Mountain Rescue organisation of Montenegro, which took place in the winter of 2025/2026. This advisory document will be the basis for further work on volunteerism in the third year of implementation.

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 is participating 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 is responsible 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 the volunteer organisation involved in volunteerism. The Seismic Institute is assigned as seismic risk focal point and will host the server for the seismic risk platform on behalf of North Macedonia as the Protection and Rescue Directorate has no adequate space for the platform at the moment.

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 were wounded, and had a huge impact on the civil protection and emergency medical health in North Macedonia.

It resulted among other things in the appointment of a new Director of the Protection and Rescue Directorate, renewed attention for the merger of the Protection and Rescue Directorate and the Crisis Management Centre and setting the strengthening of the mass casualty planning as a clear priority.

In fact, the incident contributed to strengthening the participation of North Macedonia in the IPA CARE Programme, as the fire made the objectives of the IPA CARE programme even more clearly relevant for North Macedonia.

A challenge in North Macedonia is the limited capacity of the organisations participating in the programme but until now it has not hindered their participation.

5.1.5.2 Outputs in North Macedonia based on implementation of activities

Table 9. Programme outputs in North Macedonia in first year of implementation

Activity	Outputs
1.2.4 DBX	Instead of the Discussion Based Exercise a workshop on mass casualty planning was held on the 22nd and 23rd of April 2026, with 33 participants.
2.1.1 scoping Mission EMT	On the 26th and 27th of May 2025, a scoping mission on the development of an EMT was held in collaboration with the WHO. Participants of all relevant stakeholders were present.
2.1.3 self-assessment	The EMT self-assessment of North Macedonia is ongoing.
2.1.5 study visit	3 representatives from North Macedonia participated in the EMT study visit to Romania.

2.3.8 mission on data	On the 9th of July 2025, a workshop was held with 13 persons from all relevant stakeholders.
2.3.12 TTX seismic	On the 4th of March 2026, representatives of PRD and IZIIS took part in the regional online Table Top Exercise.
2.2.4 USAR technical specification	North Macedonia agreed upon the list of USAR equipment to be procured through the IPA CARE Programme.
2.2.5 USAR SOPs	A workshop was held on the 21st and 22nd of January 2025, with 15 participants from relevant stakeholders. SOP development in progress.
1.3.7 civil protection volunteers advise	An advisory document on volunteerism and the assessment of three volunteer organisations has been conducted

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: Based on the impact of the Kocani fire, the development of a mass casualty plan was a priority. It was decided not to conduct a Discussion Based Exercise in North Macedonia, during the period that the mass casualty plan was developed. It was decided to instead organise a workshop on the implementation of the mass casualty plan with all relevant stakeholders from the health and other sectors in North Macedonia. This workshop took place on the 22nd and 23rd of April 2026. The follow up of the work in North Macedonia on inter-institutional and health coordination will be discussed in an After Action Review of the workshop that will take place in June 2026.

WP 2.1: On the 26th and the 27th of May, an EMT scoping mission, organised jointly with the WHO took place in North Macedonia as a first step towards the development of an EMT. Based on the conclusions of the workshop, North Macedonia has decided to develop and EMT 1 fixed. They have sent a letter of interest to the WHO. The WHO had assigned a mentor to support the EMT development. The EMT in North Macedonia will be a joint effort of the health sector and the Protection and Rescue Directorate, whereby the Health sector leads the medical part of the team and the Protection and Rescue Directorate supports the team logistically.

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. They will develop the team based on voluntary participation of staff, mainly from the fire brigades to the team. The Radio Amateur Society will be involved in the team. However, work also 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. North Macedonia has in December 2025 agreed upon the equipment to be procured through the IPA CARE Programme. The first batch of USAR equipment will be delivered during 2026. On the 21st and 22nd of January 2026, a workshop on development of USAR procedures took place in North Macedonia. This was the start for the development of USAR SOPs in North Macedonia. A first version of the SOPs is expected to be delivered in June 2026 to the IPA CARE programme for review.

WP 1.1.b and 2.3.b: North Macedonia has adopted the seismic risk platform. This platform will be hosted by the seismic institute and access will be granted to the relevant organisations within the civil protection sector. On the 9th of July 2025, a workshop was held in North Macedonia on national data availability for the seismic risk simulator. Collection of national data for the seismic risk simulator is ongoing. In March 2026, North Macedonia took part in the online Table Top Exercise to train the usage of the simulator in disaster risk management.

WP 1.3: An advisory document on the volunteerism regulation and legislation has been compiled based on the legislative review of early 2025 and a self-assessment (conducted in winter 2025/2026) of four volunteer organisations within North Macedonia; the Mountain Rescue organisation, the Rescuer volunteer organisation, the Radio Amateur Association of Macedonia (RAAM) and the Red Cross of North Macedonia. The advisory document will be the basis for further work on volunteerism in the third year of implementation

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 packages. The decision not to participate in the work packages on 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 also during the beginning of the second implementing year.

5.1.6.2 Outputs in Serbia based on implementation of activities

Table 10. Programme outputs in Serbia in second year of implementation

Activity	Outputs
1.1.1 SOP workshop	An SOP workshop on health emergencies was held on the 30th of September 2025, with 25 participants from all relevant stakeholders
1.2.3 planning workshop DBX	The meeting was held online on the 21st of October 2025
1.2.4 DBX	Conducted on the 25th of November 2025, with 35 participants from all relevant stakeholders

1.2.5 AAR-DBX	Conducted on the 15th of March 2026, conclusions adopted by Serbia
2.1.1 scoping mission EMT	The EMT scoping mission was held on the 23rd and 24th of October 2026, in collaboration with the WHO and the presence of representatives of all relevant stakeholders in country
2.1.5 study visit	3 Ministry of Heath representatives participated in the EMT study visit to Romania
2.2.4 USAR technical specification	Serbia agreed on the list of USAR equipment to be procured through the IPA CARE programme.
2.2.5 USAR SOPs	Workshop held on the 8th and 9th of December 2025 with 16 participants from relevant stakeholders. SOP development in progress. Draft delivered in April 2026.
1.3.7 Civil protection volunteers advise	An advisory document on volunteerism and the assessment of three volunteer organisations is conducted.
1.3.4 Volunteerism equipment	The Sector for Emergency Management agreed upon the list of equipment to be procured for volunteerism.
1.3.8 Volunteerism training	The preparation for volunteerism training has started and the training of trainers will be conducted in autumn 2026.

5.1.6.3 Progress towards outcomes

In June 2025 the new deputy Minister of Health agreed upon the further participation in the IPA CARE programme.

WP 1.1.a and 1.2: On the 30th of September, the workshop on procedures for inter-institutional coordination and the coordination with the health sector was held. This workshop focused on the cooperation between the SEM and MoH during a mass casualty event/earthquake. During this workshop it was identified that there is no clear command and control within the health sector and no clear incident safety protocol. This was further discussed in the Discussion Based Exercise on the 26th of November 2025. The conclusions of this exercise identified the need for a clear incident command also for the health sector and more coordination between health and civil protection on the local and national level. Those conclusions were confirmed in the After Action Review and gaps will be worked on in the upcoming workshops during the third year of implementation. In the meanwhile, a list of equipment for inter-institutional coordination (command post facilities) was agreed upon and will be delivered in 2026.

WP 2.1: On the 24th and 25th of October, a scoping mission on the development of an Emergency Medical Team (EMT) was held jointly with the WHO and all relevant stakeholders within the health sector as well as representatives from the sector for emergency management were present. The participants of the meeting concluded on the development of an Emergency Medical Team 1 fixed. Until now no follow-up on this has been done by the Ministry of Health. Serbia participated on the 13th and 14th of January 2026, with 3 persons in the study visit on EMTs, to Romania.

WP 2.2: Serbia has decided to strengthen the existing USAR capability of the Sector for Emergency Management, through strengthening of the existing USAR capacity spread over the country. The ambition is to continue to develop this capability towards an INSARAG classified medium USAR team. SOPs for the

current capacity are existing. On the 5th and 6th of December 2025, further development of SOPs was discussed and a new version meant for the medium USAR team to be deployed was delivered in April 2026 to IPA CARE for review. The list of equipment for the team procured through IPA CARE has been agreed upon in 2026 and the first batch of equipment will be delivered before the end of 2026.

WP 3.2: A workshop to enhance the knowledge of the UCPM in Serbia was held on the 27th and 28th of November with 36 participants from both, the Ministry of Health and the Sector for Emergency Management

WP 1.3: An advisory document on civil protection volunteerism has been compiled based on an earlier legal and regulatory review and the assessment of three volunteer organisations. The advisory document is agreed upon by the Sector for Emergency Management. Together with the three assessments it will be the basis for the establishment of a civil protection volunteers forum in the third year of the programme.

Serbia also decided to procure equipment within the programme for volunteerism. A list of equipment has been agreed upon for the volunteer fire brigades, focused on their role in USAR work. The equipment will be delivered in 2026. A train the trainer training for USAR work for volunteers is under development and is expected to be conducted before the end of 2026.

5.1.7 Türkiye

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

The action plan for Türkiye was approved in summer 2025.
Türkiye will only receive specific equipment and will not take part in national USAR and EMT capacity building within the IPA CARE programme. This is because they have extensive USAR capacities and EMT capacities.

The Ministry of Health and AFAD 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 volunteerism department in AFAD and the Programme has hired two experts to work on Volunteerism and Training Methodology on the request from 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 11. Programme outputs in Türkiye in the second year of implementation

Activity	Outputs
1.1.1 SOP workshop	On the 27th of October a SOP workshop was conducted with 17 participants
1.2.3 Planning meeting DBX	On the 1st of December an online planning meeting for the Discussion Based Exercise was held
1.2.4 DBX	Conducted on the 6th of January 2026 with 31 participants from AFAD and the Ministry of Health
1.2.5 AAR-DBX	Conducted on the 9th of March, conclusions adopted by Türkiye
2.1.5 Study visit	3 Ministry of Health representatives participated in the EMT study visit to Romania
2.2.4 USAR technical specification	Türkiye agreed on the list of USAR equipment to be procured through the IPA CARE programme
2.3.1 Seismic risk workshop	Preparation meeting held for the workshop to be conducted on 5th of May 2026
1.3.8 volunteerism kick of Turkiye	On the 6th of January a kick-off meeting was held at AFAD, with the volunteer department
1.3.8 planning workshop volunt.	On the 3rd of March a planning meeting was held with the volunteer department of AFAD
1.3.8 focus group meetings volunteerism	On the 28th of March a focus group meeting was held with 40 representatives of AFAD in Sapanca
1.3.8 training methodology workshop	On the 28th of April a workshop on training methodology was organised in Ankara with 15 participants from AFAD

5.1.7.3 Progress towards outcomes

Implementation of the IPA CARE programme in Türkiye started in autumn 2025.

WP 1.1.a and 1.2: On the 27th of October, the workshop on procedures for inter-institutional coordination and the coordination with the health sector was held. This workshop focused on cooperation between the Ministry of Health and AFAD during a mass casualty event/earthquake. During this workshop it was identified that the coordination between the Ministry of Health and AFAD during operations needs to be further detailed. This was further discussed in the Discussion Based Exercise on the 6th of January 2026. The conclusions of this exercise were that further strengthening of the coordination can be achieved by identifying which information each organisation needs from each other during field operations on the different levels of operation (field, provincial level, HQ level), and that clear SOPs on the exchange of this information are needed. These conclusions are adopted by Türkiye in the After Action review and will be the basis for the IPA CARE work on inter-institutional and health coordination in the upcoming year.

WP 2.1. Türkiye participated with 3 persons in the EMT study visit to Romania, where they contributed to the study visit through presenting their experiences in development of EMTs and the deployment of the EMTs during the 2023 Earthquake. The MoH delivered a list of specialised equipment to be procured through the IPA CARE Programme. Discussion of this list and finalisation is ongoing.

WP 2.2. Türkiye submitted a list of USAR equipment to be procured. The first batch of this equipment will be delivered after summer 2026.

WP 2.3 Preparation is ongoing for a workshop to compare the methodologies and results produced by the seismic risk assessment tools SEISMEC (used by IPA CARE) and DEHAS (used by AFAD). A comparison focusing on both input data and output products with the aim to improve both tools. This workshop takes place on May 5, 2026. Online meetings are held between the seismic experts of IPA CARE and AFAD to present the workshop objectives and modalities.

WP 1.3. In January 2026 an intensive programme of support to AFAD on volunteerism started with a kick-off meeting where the first draft of a workplan was discussed. This workplan was agreed upon in February and in a meeting in March the detailed planning of activities was agreed upon. Meanwhile the study of the AFAD volunteerism documentation by the Programme has been initiated. On the 28th of March, a stakeholder consultation with 40 participants (AFAD HQs, provincial volunteers coordinators, volunteer trainers) was held in Sapanca. In early April, a survey was held. 802 volunteers answered questions regarding their experience as an AFAD volunteer. On the 28th of April, a workshop on training methodology was held in Ankara with 15 participants. Based on the review of documents, the stakeholder consultation in Sapanca and the conducted survey, an assessment report was delivered on the current volunteer system with recommendations on strengthening the system of volunteerism further. Based on the recommendations the training curricula for volunteerism within AFAD will be further developed in the upcoming period.

5.2 Regional approach

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

This implies that in the second 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 to ensure that the nationally developed capacity is interoperable with other capacities and can contribute to the response of a large-scale disaster at the regional level. The USAR-SOP workshops emphasised this by providing the INSARAG guidelines

and examples of SOPs from INSARAG classified teams as a basis for the SOP development.

- The scoping missions for the EMT were held jointly with the WHO with the WHO standard for EMTs, the blue book, as guideline. The countries who are developing an EMT have also expressed their interest for development and certification of their EMT to WHO. WHO assigns mentors for the teams and they use the blue book as a reference.
- The procurement of equipment emphasises a regional approach working with a standard package of equipment from which the countries can choose. For USAR, the standard package is based on standard equipment needed for Medium USAR Teams. This is leading to identical or similar equipment for the countries, when countries choose a package programme. For USAR teams the equipment will be delivered in 2026. For EMTs IPA CARE is currently preparing the packages to choose from by the countries.
- The work on damage assessment will lead to teams with similar equipment and aligned SOPs to make it possible to deploy the teams to other countries for supporting damage assessment.
- The UCPM workshops (5 in the first year, 1 this year in Serbia and 1 in the third year, 5th of May in Türkiye) were 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*) applied for membership of the UCPM.

One activity that took place focused partly on the regional approach:

- On the 13th and 14th of January 2026 a study-visit on Emergency Medical Teams took place in Romania. In this workshop all beneficiaries were present with staff involved in the development of EMTs. On the first day they were presented with the development of Emergency Medical Teams in Romania. The second day focused on information exchange between the beneficiaries while networking between them was encouraged.

Furthermore, the preparations for the plans of the regional exercises started during the second implementation year, which will take place in the third and fourth year of the programme. The exercises will focus on working together on a regional level with the nationally developed capacities. The first regional TTX on sending and receiving international assistance will be held in October 2026 in North Macedonia. While also an agreement has been made to organise the final exercise in North Macedonia. Later this year this will be formalised in an agreement with programme partners on roles and responsibilities of North Macedonia and the IPA CARE consortium teams.

5.3 Cross-cutting issues

During the second year of implementation, CCI Advisors have maintained a close dialogue with the programme team to guide the integration of gender equality, human rights (HR)/inclusion, environment and climate change into the planning, implementation and follow-up of programme activities. It was jointly agreed with programme management and experts, to give special priority to supporting procurement processes and activities within the volunteerism and seismic risk cluster. A key area of engagement has also been on contributing to the mid-term review (MTR) to evaluate the programme's CCI approach, and the effectiveness and usefulness of adopted work methods and tools to reach formulated CCI effects (view 2.5).

5.3.1 Activities/Outputs

Overall summary of activities and outputs

The adopted strategy to focus the CCI support for programme's experts in the planning of activities, and less on direct involvement in the implementation of activities with partners, has continued during the reporting period. This approach was adopted to maximise the impact of the available CCI support and influence across all clusters and countries. Meanwhile, strategic decisions were made to provide more extensive support to some clusters where important entry points and momentum were identified. For other clusters, focus has been on establishing a solid foundation and direction for moving forward with the integration of CCIs in the upcoming period. View 5.3.2 for more details about progress for each cluster.

Regular follow-up meetings between the CCI Advisors and experts in each cluster have taken place throughout the reporting period. This is deemed an effective work format for advisors and experts to remain abreast of the on-going work, discuss results of previous activities, including success factors and challenges, jointly plan for upcoming work and identify needs for support from advisors.

Many partners express an appreciation of the integrated approach of the CCIs that add a further qualitative dimension to the activities. Many also stress that this work is in line with current legal frameworks and support to implement established commitments related to integrating CCIs into Disaster Risk Management at the country level. All partners foresee that on-going work in their country within the IPA CARE Programme is moving towards reaching formulated CCI effects. Despite this, many partners report that limited attention has been put on the CCIs in the actual implementation of activities at country level so far. This is to be expected as more explicit focus on the CCIs is foreseen in the upcoming period when operational documents will be developed/strengthened, equipment will be delivered, and more practical exercises will begin.

Exercises

The established plan to ensure that CCIs will be integrated into the regional exercises towards the second half of the programme prevails. The *IPA CARE CCI Checklist* will constitute the main planning tool for this work. Internal planning to tailor an effective approach and ensure available support to the integration of CCIs into the planning, implementation and evaluation of the

exercises will now intensify during the third year of implementation. Close and hands-on involvement from CCI Advisors is planned, alongside stronger engagement of partners in the planning process. This is expected to strengthen partner capacity and create a clearer pathway for more consistent and effective integration of the CCIs into all thematic areas of the programme.

Procurement of equipment
The MCF procurement and logistics department promotes gender equality, HR/inclusion, and environmental sustainability in all procurement processes. Framework agreements used for IPA CARE procurements during the second implementing year include basic sustainability requirements, and all products for the first shipment of USAR equipment were sourced from EU-registered companies complying with EU standards. Where possible, environmentally robust choices were made preferable. However, for some highly specialised USAR equipment, limited suppliers required accepting lower ambition levels. Future efforts will focus on supporting partners in environmentally sustainable handling and maintenance of the equipment. Gender equality and inclusion were especially promoted during equipment selection. Key considerations included appropriate Personal Protective Equipment (PPE) sizing for both women and men, and base camp arrangements ensuring gender-segregated accommodation and hygiene facilities. Although most partners ultimately did not order smaller PPE sizes due to the absence of women in their USAR teams, continued support will address inclusive use of base camp equipment to meet the needs and safety of all users. Further work on procurement of equipment will continue during the third implementation year.

Local coordinators
During the reporting period, local coordinators (LCs) took concrete steps to integrate cross-cutting issues (CCIs) into their work. The introduction of a tailored *Checklist for integrating CCIs into the role of local coordinators* and sustainability criteria for procurement of hotels and venues in 2025 has supported a more systematic approach for considering CCIs in the arrangements of programme activities in partner countries. The checklist is used as a practical reference to ensure accessibility, safety for female and male participants, and respect for cultural and religious diversity are adhered to. Environmental considerations have also increasingly been considered, including efforts to reduce printed materials, avoid single-use plastics, and optimise resource-efficient transportation. Capacity-strengthening activities with LCs further supported awareness, capacity, and more harmonised approaches among coordinators. That said, challenges remain. Hotels and venues often prioritise price and technical criteria and provide limited information on policies related to gender equality, inclusion, and environmental sustainability. Environmental aspects in particular were reported as more difficult to assess with potential suppliers often questioning its validity. Rather, it was often argued that prices should be the only guiding criteria. Moving forward, continued guidance, regular exchange among coordinators, and clearer and standardised integration of CCIs within procurement processes is expected to support further implementation and results.

Further analysis, conclusions and recommendations related to the strengthening of the integration of CCIs into the programme and among partner countries will be included in the MTR report launched later in 2026.

5.3.2 Progress towards reaching outcomes

Below follows a summary of progress towards reaching the programmes outcomes specified for the CCIs (view 2.5, effects for CCIs) in each cluster.

Table 12. CCI Progress towards outcomes

Cluster	CCI integration
C1 –EMT, strengthening capacity of surge teams	While technical EMT procedures and equipment integration are still at an early stage, gender balance has been maintained across programme activities, and climate-related disaster risks have been reflected in discussions and planning. Embedding gender and inclusion aspects, and environmental sustainability into operational documents, equipment procurement and future exercises, using the WHO EMT Blue Book as a reference, remain key priorities ahead. Practical and measurable elements will be focused on, such as inclusive infrastructure, equipment procurement standards, and waste mitigation.
C2 – Seismic risks	Work has focused on advancing the integration of social indicators into the seismic risks platform's model. A model for calculating a Social Vulnerability Index (SVI) has been developed and identification of relevant indicators and datasets at municipal level among partner countries is close to being finalised. Further progress on identification of environmental indicators and collection of relevant data is expected during the next reporting period, including defining a realistic scope. Overall, work during the year has established a solid baseline for integrating CCIs into damage assessments of seismic risks scenarios, setting the stage for more concrete implementation into the platform and capacity strengthening activities with partners during the upcoming period.
C3 – UCPM knowledge	The conducted UCPM workshops were used as an opportunity to introduce and discuss EU core values with partners, including the importance of integration of CCIs into the work of the UCPM. To strengthen integration going forward, the upcoming TTXs and FSX will serve as key practical opportunities to test how the CCIs can be embedded in operational planning and implementation e.g., related to requesting and receiving assistance from the UCPM. View 5.3.1 *Exercises* for further information about the integration of CCIs into upcoming exercises.
C4 USAR	USAR workshops conducted during the year supported partner dialogue on local capacities and equipment needs, where gender balance and environmental considerations were actively discussed. Positive engagement was noted in promoting mixed and diverse USAR teams, with recognition of the wide range of roles women can effectively contribute to beyond physically demanding tasks. Focus during the year has also been on supporting gender-sensitive, inclusive, and environmentally sustainable procurement of USAR equipment (view 5.3.1 *Procurement* for more details). Moving forward, the drafting of SOPs by partners, trainings and exercises will be key entry points to ensure alignment with INSARAG guidelines, including CCI considerations.
C5 – Interinstitutional cooperation	During conducted DBXs and AAR, gender equality and inclusive participation were actively addressed. An overall gender balance has been observed among participants. Positive examples of female leadership and increased assumed responsibility were noted in several partner contexts, alongside targeted efforts to encourage female voices and address non-inclusive behaviour when such arose. These experiences highlighted both, progress made, and the continued need for active facilitation to ensure a respectful and inclusive environment in programme activities. More limited integration of environmental considerations has been achieved so far

	as the scope of conducted activities has not yet offered relevant entry points. Moving ahead, environment and climate, as well as gender equality and inclusion aspects, will become increasingly relevant in upcoming exercises and AARs, particularly in mass-casualty scenarios. Overall, the work during the year has helped establish a stronger shared awareness of CCIs among IPA CARE experts, while underlining that sustained leadership engagement and clear guidance are essential for achieving lasting cultural and operational change among partners.
C5 - Volunteerism	**Western Balkans** Key achievement during the year includes the integration of CCI elements into the capacity assessment tools for volunteer organisations. This has supported to establish a robust baseline for assessed organisations where existing capacities and needs related to integration of CCIs were identified. Specific recommendations related to strengthening capacities to integrate CCIs into volunteer organisations were included in the final advisory documents to partners. The cluster expert expresses that CCIs has profoundly added detail to the quality values that are inherent in volunteering. Moving forward, recommendations will be followed-up on and activities tailored to support the further strengthening of partners' volunteer system, where the CCIs will also continue to be at the heart of the volunteering calling. Overall, the work package has laid strong groundwork for sustained integration of CCIs, with prioritisation and implementation activities planned for the next phase. **Türkiye** Türkiye volunteerism activities kicked off during the spring 2026. CCI advisors have worked intensively with cluster experts and the local coordinator in Türkiye to support the baseline study and analysis of AFAD existing volunteer system include CCI considerations and assess capacities to integrate these issues into the assessed areas. The Gender Advisor have supported to adapt the programmes vocabulary related to gender equality and HR/inclusion to the Turkish cultural context and to align with AFAD own terms and principles. The established IPA CARE CCI principles (outlined in the CCI policy) continue to guide the work in Türkiye, but slightly different wordings are used. This proved both useful and constructive resulting in a positive reception of international support to the local organisation. On the environmental side, this proved much easier. With the public authorities already displaying both climate and environmental agencies, the inclusion of environmentally robust and sound practices came naturally and was rarely debated. Following extensive interviews with key members of the AFAD personnel and a survey with volunteers, cluster experts have proposed a road map and measures to strengthen AFAD volunteer system within the framework of IPA CARE. The CCIs have been strongly embedded into the analysis, conclusion and proposed way forward. The work has laid strong groundwork for sustained integration of CCIs in the next phase of activities to strengthening AFAD's volunteering management and training architecture.

5.4 Communication deliverables

Communication activities were intensified over the reporting period, reflecting the full swing of programme implementation. Posts published on social media platforms of the programme (LinkedIn and Facebook) included majority of implemented activities, and strategic updates were communicated on the IPA CARE web page. Key target groups for the IPA CARE Programme communication and visibility efforts are 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.[8]

5.4.1 Guiding principles

In line with the IPA CARE communication strategy, the communication efforts of the programme strive for a people-centred approach, to enhance cooperation and partnerships. Moreover, the IPA CARE communication is to promote an understanding of programme aims and results, and is guided by the Programme's various objectives and principles.

The communication is also integrating the programme's cross-cutting issues: gender and diversity, and environment and climate. 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:** Strategic programme updates, such as summaries of implemented activities, key meetings, call for proposals for programme assignments., etc, have been published on the IPA CARE website (www.ipacare.eu). The website also provides an overview of programme objectives, work packages, as well as consortium and partner organisations. It's *News & media* section announces key programme updates.

- **Facebook:** Frequent and partner-oriented communication of the programme is channelled through social media. The purpose of the IPA CARE Facebook page is to share information and updates about programme activities, while simultaneously promoting engagement and dialogue, contributing to a sense of IPA CARE community. The Facebook page also acts as a tool to direct the target audience to the programme website.

  Posts published on Facebook over the reporting period covered majority of the programme activities that were implemented. A new feature over the reporting period has been the publication of short videos where programme partners present activities, objectives and results, of the programme.

  During the reporting period the number of followers on the IPA CARE Facebook page increased almost threefold, and the page is increasingly used for interaction and feedback amongst the programme partners.

- **LinkedIn:** Contributions to broader professional networks are published on the IPA CARE official LinkedIn page (www.linkedin.com/showcase/ipa-care). Programme updates on LinkedIn over the reporting period included

[8] 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 7.

strategic programme updates as well as calls for proposals for various programme assignments. More frequent updates as well as new formats like short informative videos have led to an increased interest in IPA CARE. The number of followers of the programme on LinkedIn has more than doubled over the reporting period.

- **Communication material:** To further enhance visibility, sets of promotional material – including rollups, pens and notepads – featuring the IPA CARE logo and graphical profile have been used at various programme activities and events.
- **Strategic Events:** In the context of preparing for handover of equipment to the partner countries of IPA CARE, the Programme is planning for formal handover events. These events are planned together with the Programme partners and the EU Delegations in each country, with the ambition to enhance the strategic communication and visibility in each targeted locality.

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.

After the second year of implementation the IPA CARE Programme is clearly progressing towards the programme objectives however the progress varies on the different topics.

The progress on the first objective, enhancement of the institutional and legal framework and capacities on disaster risk reduction, is connected to the activities of the cluster on health coordination and inter-institutional coordination. Whereas the activities are well appreciated by the beneficiaries, the uptake of the conclusions and recommendations of the exercises within the organisations is yet to be seen for most countries. An example of uptake is North Macedonia where the Programme replaced the Discussion-based Exercise with support in the implementation of their mass casualty plan. For the upcoming year the Programme will follow up on the priorities set by the countries and focus through workshops on the uptake of the conclusions and recommendations. For the volunteerism work package, also directly linked to the first programme objective, advisory documents have been compiled. In the coming year the Programme

management and cluster lead will discuss the recommendations with the beneficiaries as well as discuss the implementation of the recommendations.

The progress of the second objective, increase prevention, preparedness and response capabilities, gives a mixed picture of progress.
The development of Emergency Medical Teams started with interest from all of the 6 Western Balkan countries, however the uptake into development of the teams is not taken up actively in all countries. The progress on this is varying from good progress in Bosnia and Herzegovina to no real progress in Serbia.

The development of USAR capability is going well with all Western Balkan countries working on the SOPs as part of the development of the capacities. Sustainability of the developments needs still attention. The uptake of recommendations still remains to be seen.

In some of the countries (Albania and North Macedonia) the USAR capabilities are not yet formalised as part of the operational capabilities in the countries which is essential for a structural embedment of the teams. The uptake of recommendations still remains to be seen.

The implementation of the seismic risk platform within the organisations is still in the early stages and the insertion of national data in the system to optimise the system per country is progressing slowly. From programme consortium management the intention is to support enhancing the pace through giving support by the local coordinators for the data and by showcasing the added value of the platform (for example, by using it in exercises).

The progress of the third objective, i.e., engagement with the UCPM and enhanced regional cooperation has mainly been addressed through workshops on the UCPM in all six Western Balkan countries, with participation of different organisations in each country. This introduction is a basis for the other upcoming work. In the third year of implementation, the regional exercises will begin, which have a focus on the regional cooperation and the cooperation with the UCPM. During the second year, the regional activity that took place was a study visit on EMT to Romania. This was very much appreciated by the beneficiaries.

Based on the reflection meetings with the countries it is noted that determining factors for the progress towards the objectives are the engagement and ownership by the beneficiaries. Sustainable capacity-building requires the take up of ownership by the beneficiaries, their engagement, willingness and capability of undertaking the work on achieving the objectives.

Meanwhile the partner countries expressed in the reflection meetings, an eagerness for more regional activities to enhance the cooperation and mutual work with other countries.

6.2 The European added value

The partnership and close cooperation and dialogue between the implementing consortium with experts and staff from EU Member States (Croatia, Italy, Romania and Sweden) and partner countries of Western Balkans and Türkiye

eligible for EU IPA funding, both on institutional and operational levels, is a central approach to ensure the Programme is being implemented based on the right assumptions, values, agreed priorities and that capacity development processes are owned by each partner country. It also ensures sustainable results by providing recommendations for the final phase of the Programme and dialogue with the partners on how to sustain results. The mutual interest between EU Member States and IPA countries in exchanging knowledge and experiences and learnings from each other is also key to find motivation and build long-term partnerships through the Programme. This is expected to be beneficial both for the EU and the EU approximation of the IPA countries.

During reflection sessions held in March 2026 the EU added value was reflected upon with the leads of the 6 clusters. Alignment with EU and international standards, further advancement in the EU accession process and the interaction with international experts were mentioned as aspects of EU added value.

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 EU dimension is naturally reflected in the **UCPM cluster**. 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.

The programme builds national capacities, especially in **USAR** and **EMT**, this not only reduces request for external support but is also expected to strengthen the UCPM eventually, as more countries (6 of the 7 beneficiaries are participating states within the Mechanism) will be able to contribute to the voluntary pool of capacities.

Within the **USAR cluster** the capacities are developed according to the INSARAG guidelines for USAR teams. The EU module system, established in 2008, was based on INSARAG principles. Thus, as the programme is providing support to ultimately reach INSARAG standards with partner countries, it also contributes to harmonisation with standards applied within the EU.

Within the **EMT cluster,** capacities are developed according to the WHO standards (blue book) on emergency medical teams. Within the modules guideline of the UCPM the WHO standard is fully adopted. Thus, as the programme is supporting to ultimately reach WHO standards with partner countries, it also contributes to harmonisation with standards applied within the EU

Within the **Inter-institutional coordination cluster,** it was recognised that the program helps establish understanding also within the health sector on the possible role of the UCPM during mass casualty incidents.

Within the **Seismic risk cluster,** it was reflected that while specific EU seismic risk guidelines don't exist, the programme benefits from member states' expertise and technological approaches, particularly in areas like platform development and drone technology for building damage assessment.

Within the **volunteerism cluster,** best practices of volunteerism in EU countries are translated and used to advise the strengthening of volunteerism in partner countries.

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. A core principle for the implementation of the Programme is that sustainable results are fulfilled by strong ownership by partner countries.

Moreover, the Programme aims to ensure a strong partnership by having frequent dialogues 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 were altered during the first implementing year to ensure programme sustainability.

Moreover, the Mid Term Review that was initiated during the Second Implementation year, with reflection sessions held with all Programme partners and experts, provides an important opportunity for learning and strategic guidance for the continued implementation of the Programme.

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 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 has been carried out during spring 2026, with the purpose to investigate results and to provide recommendations for the continued management and sustainability of the programme. For further analysis see The Mid-term Review Annex 3.
- The Mid Term Review will have clear recommendations and provide action points to discuss with partners on how to enhance sustainability of the programme results.

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 previous phases of the programme and through the Mid-term Review, the IPA CARE Programme seeks to address vulnerabilities and challenges in order to promote resilience, and foster sustainable development in an earthquake-prone region. Through collaboration, dialogue, and partnerships, the Programme aims to build stronger, more resilient societies that are better equipped to mitigate the impacts of seismic disasters and health emergencies.

Key components of the implementation include the country-specific Action Plans, the Regional Roadmap, the Activity Plans, an integration of gender and human rights, as well as environment and climate change adaptation 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 follow-up and evaluation of the programme. Moreover, a visibility and communication plan guide the Programme. Key is furthermore the thematic working groups to comprehensively address earthquakes and health emergencies. All these elements collectively aim to track progress, ensure accountability, and maximise the impact of the Programme. To reach these objectives, the Programme has provided relevant expertise, training and learning activities that have resulted in important results in terms of improved standards, procedures and practices in all work packages.

In addition, managing and following-up on the details of the complex budget of the Programme, and the many work packages and actors covered by it requires careful management and a substantial amount of time of the programme management. The management of the budget of the second implementing year has been audited by an external auditor, Ernst and Young, contracted by the Swedish Civil Defence and Resilience Agency. Ensuring an independent, external auditor is also part of the risk management. Recommendations from the previous audit have been implemented during the implementation year, and the current audit will likewise be followed-up in a management response.

Moreover, as part of the support functions of the Programme, reflection sessions have been successfully conducted during the second implementing year, with all clusters and all partner countries. The main objective of the reflection sessions was to get an understanding of the programme's progress towards the objectives including the challenges and the adaptations that may be needed looking forward and the lessons learned. The reflection sessions took into account also the previous year in order to give a more comprehensive picture of the progress of the Programme as well as reflections on the integration and uptake of CCI. The reflection sessions with the partner countries were held with stakeholders of the thematic areas and included both the civil protection sector as well as the health sector, with the exception of Serbia where the Health sector was not available to participate. The reflection sessions have provided input both to this report as well as constituting a base for the Mid Term Review (MTR). The MTR will provide further recommendations based on lessons learned and the analysis on what is needed for further progress.

To provide further input to the monitoring, evaluation and learning of the programme, surveys were conducted for in-person meetings, as a pilot during the second implementing year. The system should be reviewed based on the learnings from the past months, to ensure consistency and best possible input of data (see further chapter 4.4.3).

Over the second implementation year, substantial time and efforts have been dedicated by MCF on quality assurance, procurement of local coordinators, interpreters and experts as well as procurement of equipment. These processes are further monitored by procurement, logistical and material experts, to ensure specific expertise and fulfilment of Swedish as well as EU standards. This is also part of the risk management.

Support has consisted in quality assuring proposals of equipment, making sure it is of relevant standards and of use for the programme, and in procuring equipment to the extent possible based on existing framework agreements to ensure cost efficiency. A complex process has been to assist partners in preparing for custom fee- and VAT exemption and depending on customs and VAT procedures, as well as global and regional developments when it comes to transport and fuel prices, the timing and delivery plans may be affected by factors beyond the control of the Programme management.

USAR equipment with a substantial number of items that have been negotiated and agreed with partners, quality assured by MCF and has been procured based on existing agreements to get the best value for the money, was successfully ordered by the end of 2025 for the partner countries. These orders of equipment are estimated to be made to a value of approximately 1,7 million Euros (the final value will be confirmed when all equipment items have reached the warehouse and re-packed into country packages). The first shipments are expected to be made in the coming months, pending delivery and re-packing in the MCF warehouse as well as determination of final value of all equipment in order to finalise the Donation Letter contracts and to clear the registration of the Programme to achieve VAT exemptions, and also customs clearances for all the partners. Programme

management have together with the beneficiaries planned the processes of shipment, including the registration of the Programme in the countries and to ensure VAT and Custom fees are exempted according to the framework agreements between the European Commission and partner countries for IPA III Programmes.

Further planning has also been undertaken for procuring equipment to the Volunteerism, Seismic, Inter-institutional Coordination and EMT clusters according to the priorities of the beneficiaries. The procurement of USAR equipment has during the year required a considerable amount of work on quality and relevance assurance, checking availability on existing agreements or adding on framework agreements in progress already for Sweden and other countries to ensure cost efficiency, availability and delivery in due time for use during the implementation phase of the Programme. Furthermore, visibility events are planned, jointly with EU-delegations. Ensuring all aspects of complying with EU, Swedish and partner countries rules, policy and processes as well as ensuring technical quality checks, anchoring with partner countries, checking priorities, discussing and assessing lists of equipment requested from the partners, have proven to be a rather time-consuming process.

Initial general reflection on risks were made for the inception report and MCF continued reflecting more in-depth internally on risks related to procurement. A more comprehensive risk plan is recommended to be shaped in connection to sustainability plans for each of the partner countries and as part of the continued monitoring and evaluation of the IPA CARE programme. This should also go beyond procurement.

Ensuring local presence through contracting and re-contracting local coordinators with the seven partner countries has been a rather time-consuming process during the year. However, it also leads to strengthening support for the programme implementation which will be beneficial in the years to come.

Although it has sometimes been challenging to progress on the integration of the CCIs it is an important backbone of the Programme and the integration should be continued to be encouraged to ensure sustainability.

Political challenges and institutional aspects sometimes made inter-institutional and health coordination difficult. Although there have been some challenges with coordination it should continue to be encouraged in order to achieve strong results. Moving forward, clusters are also expected to work more integrated, especially in the upcoming phase with regional exercises. It would be interesting to explore further and have an overview of interdependencies between sectors and clusters. Working more across would also enhance sustainability.

During the second implementation year, increasing engagement from countries has been seen on EMTs but some stay behind. It has been noted that the countries who made most progress on EMTs are countries where there is good cooperation between the health and the civil protection side. Not all partners are expected to be able to develop EMTs within the time frame of the programme but the programme can encourage inter-institutional coordination and preparing for

EMTs. Dialogue is to be held with the partners regarding the expected progress in EMTs and there may be a need to consider moving funds for equipment to other clusters if there is clearly no progress.

With USAR it is possible in all countries to build on something existing and in that sense work in progress has been less challenging whereas the establishment of EMTs is something new which requires a different approach.

On UCPM, the country workshops have now been conducted tailormade in all Western Balkan countries and just after the ending of this reporting period on the 6th and 7th of May 2026 also in Türkiye. Overall, the partners were proactive in the UCPM activities. As most partners are members of UCPM there is already experience of the mechanism and a good foundation to build further on. Moreover, the IPA CARE Programme did have some ripple effects leading to further collaboration and exchange of information. For example, after the UCPM Workshop in Belgrade (November 27/28, 2025) where a lot of questions about the 112 System were raised, the cluster lead (The Croatian Civil Protection Directorate, CPD) received an invitation to a conference in Serbia to present and discuss about the 112 System in Croatia which CPD responded positively to.

Within the Seismic Risk cluster, activities have continued. The need of further dialogue on the ownership of platforms has been highlighted by the cluster lead as well as the integration of the platforms into the partners' civil protection systems. The data collection and ownership are aspects that need to be nationally owned, including for sustainability and broader use of the platform. For damage assessment the inspectors will be trained in the coming year. Here there are also possibilities to interact more with the other clusters, including USAR.

In May 2025, the last workshop in Western Balkan to discuss the review of the current legislation on volunteerism was concluded. After summer 2025, the next step started with the self-assessment of volunteer organisations selected by the beneficiaries. For Türkiye there is a separate workstream on volunteerism which started a bit later due to the fact that the Action Plan was approved later. Whereas the activities are well appreciated by the beneficiaries, the uptake of the conclusions and recommendations of the cluster, within the organisations is yet to be seen for most countries.

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 mass casualties as well as political developments both in partner countries and beyond.

Despite a complicated, complex and sometimes challenging environment with multiple stakeholders and work packages, Action Plans are on track as well as most of the activities according to the activity plan of year 2. Whilst some of the

activities were carried out ahead of schedule, the few remaining activities of the initial activity plan of year 2 are expected to be implemented before the end of 2026.

7.2 Contextual, programmatic and institutional risks

7.2.1. 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, this refers to 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. Moreover, the staff and resources to ensure inter-institutional cooperation is particularly challenging and often depend on reforms enabling cross-sectoral cooperation. 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 the Programme requires them to engage with. A careful approach and support through the consortium experts and the local coordinators should minimise this risk. It also bears the risk of overlapping activities. This happened in Albania where the work planned on basic safety assessment was overlapping with a Swiss funded project with the Albanian NCPA as one of the beneficiaries

7.2.1.1 Working with the Health Sector

As the Programme has reached the end of the second implementation year, one take-away is that 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 continued to 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 in an EU funded programme 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 and ensuring continued dialogue the risk of conducting activities without achieving results will be mitigated by the Programme management. In countries where there is no progress or close to no progress in relation to the action plans it may be necessary to re-prioritise within the Programme, including on the donation of equipment.

7.2.1.2 A changing political landscape

Changes in politics and policy both within partner countries and also in other parts of the world impacts the IPA CARE Programme in varying degrees. 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) has had an impact on the work package of EMT in the IPA CARE Programme.

The IPA CARE Programme has had discussions with WHO to explore if it would have an impact on the current collaboration between WHO and IPA CARE on EMT. The cooperation still goes on but the level of engagement of WHO staff has been diminished, for example the scoping missions were shorter with less staff from their side whereas the IPA CARE engagement weighed heavier.

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 which delayed the final approval of the Action Plan. During this second implementing year the action plan was successfully adopted. The IPA CARE Programme management team is pleased to see that activities in Bosnia and Herzegovina have engaged participants from both entities and the district in most activities, while in the health-related activities the federation Bosnia and Herzegovina and the Brcko district were involved.

In Kosovo*, elections were held on the 9th of February 2025, leading to a composition of the parliament which was not able to select a speaker of the parliament leading to new elections in December 2025. After these elections a deadlock occurred on the election of a new president in March 2026, leading to new elections in June 2026. Effectively this implies that during most of the second year of implementation Kosovo* had a caretaking government with limited decision-making power. This led to delays in decision-making for example on the establishment of an EMT.

In North Macedonia, the devastating fire in a night club in Kocani on the 16th of March 2025 had a direct impact on the Programme's stakeholders. The fire stipulated the importance of mass-casualty incident preparedness which led to a more active participation of the Ministry of Health and IPA CARE retailoring the planned Discussion Based Exercise (DBX) to focus on the mass casualty plan for North Macedonia.

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 in November 2024 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 changes may have impacted the difficulties in getting meetings with Serbia for IPA CARE.

7.2.1.3 Procurement of equipment and donations

For the process of procuring equipment for the Programme, MCF has considered various risks and risk management measures. Among risk factors that were identified and discussed among the Programme management were for example:

- The risk of unstable contexts with lack of EU integration for sustainability of Programme results. Quick political shifts can happen in relation to will for further EU alignment and commitment to the programme.
- Partner countries lacking plans for sustainability for equipment use and maintenance after the IPA programme period.

- Corruption in different forms.
- Donated material not used for its intended purpose and/or not reaching the end users.
- Risk that VAT and custom fee exemption process is long and/or not achieving exemptions.
- Products are out of stock or long delivery times.
- The procurement is appealed, leading to delays.
- The complex nature of procurement due to the IPA CARE design with several thematic areas and sectors, 7 partner countries/contexts with specific requirement making the process complicated and taking a long time.
- Other projects at MCF competing for the human resources available, risking delays.

When discussing the procurement opportunities, strengths, and mitigation measures were also looked at. These included for example:

- Opportunity to support increased resilience and cooperation within the region and with EU: donation of equipment feeds into EU alignment objectives.
- Consortium partners with technical expertise which is positive for quality assurance based on thematical expertise.
- Procurement of equipment is a direct response to partners' request for donations, which is positive for commitment and ownership.
- Flexibility: IPA CARE and the European Commission have adapted to partners' own thematic priorities (lists of equipment), also positive for ownership on the country-level.
- Legal and Financial frameworks from EU to conduct procurement with flexibility.
- Using donated equipment within the programme and its activities, including in FSX end of programme: one way to follow up how application of donated equipment works.
- Positive promotion and visibility for EU cooperation.
- MCF is experienced within procurement and donations of materials and has established processes and procedures for procurement according to international/EU regulations.
- IPA Care has a dedicated MCF team to support the process, including access to MCF competence on logistics and equipment development which is a basis for making sure that the right kind of equipment is included in the "order" in relation to intended use.
- Donation Letter Contracts serve as agreements with specification of requirements/responsibilities/accountability for receiving partner and are signed by management level (MCF and partner organisation).
- Involved Team Leader and Local Coordinators functions as link between the partners and MCF Head Quarters (HQ).
- Available framework agreements to be used for some equipment (but not all) which may speed up the process.

8 Planning for the upcoming period

8.1 Programme Action plans and regional road map

On 8th 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. The request has been approved and 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 of 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 Book[9].

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 the 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 the third year of implementation

In Annex 2 you can find the activity plan for the third year of implementation of the Programme (from May 2026 until April 2027).

This plan contains the activities of the Action Plans of the partner countries for the coming year.

Not mentioned in the activity plan is the work which will be done in the coming year on procurement, neither the ongoing work on SOP development for USAR

[9] https://extranet.who.int/emt/sites/default/files/BlueBook2021.pdf

and EMT, neither the data collection for the seismic risk platform as these are process driven actions rather than activities with set dates.

With regards to the action plans the following deviations are part of the activity plan for the third year of implementation:

- In the cluster for inter-institutional and health coordination the second chain of activities start in June 2026. Based on the After Action Reviews of the first series of Discussion Based Exercises the activities will not be Table Top Exercises, instead workshops will be organised as those are more appropriate for the needed discussion on procedures. In the original planning were Table Top Exercises which would focus more on the testing of developed plans and procedures.
- For the EMT cluster, the trainings (2.1.6) will be held as regional trainings instead of national trainings, as this will be more effective and can lead to mutual learning between the teams.
- The webinar on the lessons learnt from the COVID-19 pandemic (2.3.1) was planned for the spring of 2026 and is now planned for November 2026.
- The workshop on the intermediate version of the seismic risk platform (2.3.11) was planned for spring 2026 but will be held in the autumn of 2026 as the upload of country data takes more time.
- The UCPM workshop in Türkiye (3.2.1) was planned for the autumn of 2026 but was held on the 6th and 7th of May 2026, ahead of schedule.
- The exercise on sending and receiving international assistance (3.2.2) was planned as a national exercise, but will be held as a regional exercise in October 2026 in North Macedonia as the first step in the preparation of the final exercise, which will take place in 2028 also in North Macedonia.
- Two steering committee meetings are planned, the first one online, June 12, 2026 and the second one in-person in autumn 2026.

9 Annexes