

AGREEMENT
BETWEEN
THE GOVERNMENT OF THE ITALIAN REPUBLIC
AND
THE GOVERNMENT OF THE REPUBLIC OF ALBANIA

For the implementation of the Project: “**Advancing Neonatal and Maternal Health in Albania (ANMA) – AID 013307**”, (hereinafter referred to as “the Project”).

The Government of the Italian Republic (hereinafter referred to as “GOI”) represented by the General Directorate for Development Cooperation (MAECI - DCGS) and the Government of the Republic of Albania (hereinafter referred to as “GOA”) represented by the Ministry of Health and Social Protection (MHSP) hereinafter individually referred to as the “Party” and collectively referred to as the “Parties”, have decided to enter into this Agreement (hereinafter referred to as the “Agreement”):

DESIRING to contribute to the achievement of the development objectives of Albania, as well as to contribute to the achievement of Sustainable Development Goals and to the alignment to the Acquis Communautaire.

REAFFIRMING the framework of the priorities outlined in the Albanian National Strategy for Development and European Integration (NSDEI 2022-2030) and the Albanian National Health Strategy 2021-2030;

RECALLING the Development Cooperation Framework Agreement between the Italian Republic and the Council of Ministers of the Republic of Albania done at Tirana on 2 December, 2008;

WHEREAS the Italian Agency for Development Cooperation (AICS) has been instituted by law 125/2014 as an autonomous agency, operational from 1 January 2016 and in charge of identification, formulation, implementation, financing and monitoring of development cooperation projects under the political guidance of the Italian Ministry of Foreign Affairs and International Cooperation (MAECI);

WHEREAS the Statute of AICS has been approved by inter-ministerial decree n.113/2015 and makes provisions for the financial means of the Agency (Art.13);

WHEREAS the Declaration of Intent between the Italian Agency for Development Cooperation – Tirana Office (hereinafter referred to as “AICS Tirana”) and the MHSP has been signed at Tirana on 10 March 2025;

WHEREAS the Memorandum of Understanding between the “Azienda Socio Sanitaria Territoriale Fatebenefratelli-Sacco” (hereinafter referred to as “ASST FBF Sacco”)

and the “MHSP” has been signed on 22 May 2025;

WHEREAS on 19 May 2025, MHSP submitted for the consideration of “AICS Tirana” a formal request of contribution to improve the neonatal intensive care in Albania with the Technical Assistance of the Italian ASST FBF Sacco;

WHEREAS the Joint Development Cooperation Committee of the MAECI has approved the financing of the Project “**Advancing Neonatal and Maternal Health in Albania – ANMA – AID 013307**” on 12 June 2025;

The Parties, in recognition of and with respect of the democratic principles and fundamental human rights, hereby agree as follows:

ARTICLE 1 SCOPE OF THE AGREEMENT

The present Agreement is aimed at:

- establishing the mutual obligations of the Parties concerning the implementation of the Project;
- defining management, crediting, disbursement, procurement, monitoring, evaluation, control and reporting procedures concerning the implementation of the Project.

The present Agreement shall be read and understood in accordance with the Development Cooperation Framework Agreement between the Government of the Italian Republic and the Council of Ministers of Albania done at Tirana on 2 December, 2008.

ARTICLE 2 COMPOSITION AND CONTENTS

This Agreement consists of 20 Articles as well as the following three Annexes:

- Annex I: Project Document, which contains a detailed description of the Project.
- Annex II: Ethical Clauses and General Principles for the procurement and execution of contracts.
- Annex III: Table of General Rules applicable to procurement procedures

The aforementioned Annexes form an integral part of the Agreement and establish the procedures and mechanisms for the use of funding and the implementation of activities within the framework of the “**Advancing Neonatal and Maternal Health in Albania – ANMA – AID 013307**.” In case of any discrepancy in interpretation, the text of the Agreement shall prevail over the Annexes.

**ARTICLE 3
PROJECT OBJECTIVES**

The **Overall Objective** of the Project is the reduction of maternal and infant mortality in Albania.

The **Specific Objective** of the Project is ensuring that newborns and mothers at Koço Gliozheni, Mbretëresha Geraldina, Diber, and Fier Regional Hospitals receive quality healthcare in modern, safe, and adequately equipped facilities that meet international standards.

**ARTICLE 4
FINANCIAL CONTRIBUTION OF THE PARTIES**

4.1 Contribution of GOI

MAECI shall grant the MHSP a total financial contribution of **EURO 4,000,000.00** (four million Euros), (hereinafter referred to as the "Grant") for:

- i) renovation works of the Neonatal Intensive and Sub Intensive Care Units at the University Hospital of Obstetrics and Gynecology "Koço Gliozheni";
- ii) the purchase of equipment to improve the neonatal intensive care in Albania for the University Hospital of Obstetrics and Gynecology "Koço Gliozheni", the University Hospital of Obstetrics and Gynecology "Queen Geraldine" and the Regional Hospitals of Diber and Fier. The grant funding is entirely untied.

4.2 Contribution of GOA

MHSP, acting on behalf of the GOA, shall ensure the maintenance and the correct use of the renovated facilities and the purchased equipment during the implementation of the Project and after its completion. This includes the provision of the necessary consumables and maintenance to allow the correct functioning of the equipment purchased with the Grant according to cost-effectiveness principles.

MHSP shall guarantee that the renovated facilities and the equipment provided under this Agreement shall be used exclusively for public purposes. Under no circumstances shall these facilities or equipment be utilized in a manner that benefits paying patients, and this commitment shall remain in effect in perpetuity.

The GOA shall ensure that all expenses incurred under this Agreement shall be exempt from the payment of all taxes, VAT, duties, and any other levies to be paid in Albania.

MHSP shall cover expenses related to any clearing and storage charges incurred during the implementation of the Project.

MHSP shall make sure that all equipment replaced by the Project at the University Hospital of Obstetrics and Gynecology "Koço Gliozheni" and the University Hospital of Obstetrics and Gynecology "Queen Geraldine" that is functional and in good condition shall be utilized to equip the Neonatal Intensive and Sub Intensive Care Units of selected Provincial Hospitals. The allocation of the mentioned equipment shall be approved by the Steering Committee.

**ARTICLE 5
INSTITUTIONS AND BODIES INVOLVED IN THE IMPLEMENTATION OF THE
AGREEMENT**

The main Institutions and Bodies involved in the implementation of the Agreement are:

5.1

For the GOI:

The Directorate General for Development Cooperation of the Italian Ministry of Foreign Affairs and International Cooperation (MAECI/DGCS), representing the GOI for the Agreement.

The Embassy of Italy in Tirana, acting locally on behalf of MAECI/DGCS.

The Italian Agency for Development Cooperation (AICS), the Italian Public Institution in charge of identification, formulation, implementation, financing and monitoring of development cooperation projects under the political guidance of the Italian Ministry of Foreign Affairs and International Cooperation.

AICS Tirana Office, representing AICS in Albania for the implementation of this Agreement and responsible for the supervision of the bilateral cooperation activity between Italy and Albania.

The ASST FBF Sacco, in charge of providing training to the MHSP personnel dedicated to neonatal and maternal-infant care and technical assistance to MHSP for capacity building of healthcare personnel, strengthening referral systems, defining medical equipment standards, ensuring that infrastructure investments align with a long-term, sustainable vision.

5.2

For the GOA:

The Ministry of Health and Social Protection (MHSP), representing the GOA as counterpart of the GOI for this Agreement, signatory of the Agreement and responsible for the execution of the Project.

5.3 For the Parties:

The Parties, having properly informed all the above-mentioned Institutions and Bodies, will provide them with a copy of the present Agreement. The Parties shall ensure that such Institutions and Bodies will fulfil, for what concerns to each of them, the obligations of the Agreement.

**ARTICLE 6
GOVERNANCE OF THE PROJECT**

6.1 Steering Committee:

A **Steering Committee** (hereafter referred to as "SC") shall be put in place. It shall be composed of one representative of the MHSP, one representative of AICS Tirana, one representative of ASST FBF Sacco and, as observers, the Directors of the University Hospital of Obstetrics and Gynecology "Queen Geraldine" and the University Hospital of Obstetrics and Gynecology "Koço Gliozheni", the two tertiary-level hospitals in Albania for intensive neonatal care, which serve as reference points for all hospitals in the Country. The SC shall be in charge of the overarching supervision of the Project. It shall meet at least every six months to evaluate the progress towards the achievement of objectives, the adherence/alignment with national sectoral policies and to endorse the Annual Operational Plan (AOP) proposed by the MHSP for the Grant. It shall meet, at the request of one of its members, or any time decisions are required. Costs associated with participation in the meetings, if any, shall be borne by the respective institutions.

The following documents shall be submitted to the approval of the Steering Committee:

- a) Procurement plan;
- b) Changes in the Procurement plan;
- c) Program progress and expenditure reports.
- d) Allocation of disused equipment from University Hospital of Obstetrics and Gynecology "Queen Geraldine" and the University Hospital of Obstetrics and Gynecology "Koço Gliozheni" to the Regional Hospitals.

The following documents shall be submitted to the approval of the Steering Committee, before being approved by AICS Rome:

- a) Budget reallocations and Program extensions;
- b) Annual and final certified financial reports;
- c) Completion report;
- d) Terms of references of the final evaluation, the intermediate and the final audits.

The Steering Committee decisions shall be approved unanimously.

6.2 Implementation of the Project

The implementation of the Project shall be under the responsibility of MHSP. The MHSP shall assign or recruit key personnel to involve in the Project implementation to establish a Project Management Unit, whose role and responsibilities are defined in the following paragraph.

The Project Management Unit (hereafter referred to as "PMU") shall be responsible for the execution of the Grant provided under the present Agreement. The PMU shall be supported by the personnel of the MHSP and shall be coordinated by a Project Manager. He/she shall sign all reports and requests for transfer of funds according to the relevant provisions of the Project and shall have towards the Parties the responsibility to ensure the full implementation of the Project. The PMU, under the overall guidance of the SC, shall also steer and coordinate the implementation of the training and the technical assistance provided to the Project by ASST FBF Sacco.

ARTICLE 7 GRANTING MODALITIES OF ITALIAN FUNDS

The GOI under this Agreement commits itself to provide financial resources as indicated in Article 4.1.

7.1 Bank Accounts

The financial resources provided by the GOI under the present Agreement shall be transferred to the “Project dedicated Account of the State Treasury of the Ministry of Finance”.

The funds shall be transferred to the Project dedicated Account of the MHSP that shall be used exclusively for the purposes of this agreement.

7.2 Instalments

Pursuant to the following clauses of this Agreement, upon the entry into force of the present Agreement, AICS shall transfer the funds, in three instalments:

I Instalment	II Instalment	III Instalment	Total
EURO 1,500,000.00	EURO 1,500,000.00	EURO 1,000,000.00	EURO 4,000,000.00

according to the following crediting procedures.

7.3 Crediting procedures

First instalment

Upon entering into force of this Agreement, the following pre-conditions shall have to be fulfilled prior to the startup of the disbursement procedure of the **first instalment**:

1. MHSP shall have established the PMU;
2. MHSP shall have informed AICS Tirana regarding the details of the “Dedicated Account”; the PMU shall submit a specific request for the disbursement of the instalment to AICS Tirana accompanied by the Annual Operational Plan.

Pre-condition for the disbursement of **following installments**

Second instalment

The second instalment shall be disbursed after the approval by AICS of the Financial Report related to the first tranche, certified by the audit firm, subject to the following conditions:

60% of the first tranche is spent and at least 80% is committed.

Third instalment

The third instalment SHALL be disbursed after the approval by AICS of the Financial Report related to the first and the second tranche, certified by the audit firm, subject to the following conditions:

1. 60% of the second tranche is spent and at least 80% is committed;
2. at least 90% of the first tranche has been spent.

7.4 Taxes

The Italian contribution, as detailed in article 4.1 of this Agreement, shall not cover taxes, VAT, duties, clearing and storage charges and any other levies to be paid in Albania. In case any of the above expenses are needed for the execution of the Project activities, they shall be covered by the GOA.

ARTICLE 8 ACTIVITIES AND FINANCIAL REPORTS

8.1 Annual Operational Plan

Within two (2) months from the receipt of each instalment, the MHSP shall prepare the Annual Operational Plan (AOP) relative to the entire amount of funds received. Each AOP shall be submitted by the PMU and approved by the Steering Committee.

8.2 Other activities and financial reports

The MHSP shall provide Financial / Administrative and Technical reporting to AICS Tirana every six (6) months (Semi Annual Report - SAR). The report shall analyze the utilization of the Project funds including procurement processes.

The SAR shall include two sections reporting the description of the activities carried out (first section) and the relevant financial, administrative, procurement information (second section). The first of such reports shall cover the first six (6) months of activity starting from the date on which the funds have been credited. The SAR may coincide with the Interim Request Report that has to be attached to the tranche request (except the first).

The MHSP shall provide a final financial / administrative and technical reporting to AICS Tirana within six (6) months from the end of the Project.

Day to day monitoring activities of the Project shall be responsibility of the MHSP in collaboration with ASST FBF Sacco and shall be performed in accordance with the Project Document.

The PMU is responsible for maintaining an updated accounting system that contains records to ensure the accuracy and reliability of Project financial information and reporting. The accounting system shall also ensure that supporting documents (statements of expenditure, bidding documents, contract documents etc.) are properly identified and that approved/amended budgetary lines are not exceeded. The original documents shall be kept in MHSP offices. The accounting system and/or record keeping

shall track the advances received and the expenditure records by the Project. Financial reports, statements of the executed expenses and contracts shall be presented to the SC whenever required.

ARTICLE 9 EXTERNAL AUDITING AND MONITORING & EVALUATION ACTIVITIES

9.1 Auditing modalities

Audits shall be performed by an independent auditing company. The independent audit company shall be selected following the Practical Guide on Contract Procedures for European Union external action (PRAG) regulations on public procurement and shall follow the international standards of auditing approved by the International Federation of Accountants (IFAC), the International Organization of Superior Audit Institutions (INTOSAI) or equivalent international institutions.

Audits terms of reference shall be submitted to the approval of the Steering Committee.

Any spent amount of funds which remain unaudited after completion of the Project activities shall be returned to the GOI.

The audit reports must also certify the legality of work contracts amounting to less than EURO 300,000,00 (three hundred thousand Euros) and contracts for the supply of goods and services amounting to less than EUROS 100,000,00 (one hundred thousand Euros).

Representatives of AICS shall have the right to:

- a) Carry out audits or inspections deemed necessary in regard of the use of the Project funds based on all relevant documentation;
- b) Inspect accounts and records of suppliers and contractors related to the performance of the contracts.

The Interim Request Report (IRR) shall be supported by an external audit that certifies the regularity of the expenses and of procurement disbursements. The audit shall also certify the compliance of procurement procedures in accordance with Annex III.

9.2 Information, monitoring and evaluation

The Parties shall fully collaborate to ensure that the purpose of this Agreement is accomplished. In this regard, the Parties shall exchange views, and provide each other with all data related to the implementation, documentation and information. The Parties shall also provide mutual assistance required in discharge of the Parties duties and shall provide all necessary support related to administrative issues, to facilitate the correct implementation of the Project.

The Project shall be monitored according to the Monitoring Plan described in the PD. Each Party has the right to carry out monitoring activities of execution of the Project whenever it deems it necessary. Each Party shall provide all necessary support related to monitoring activities to facilitate its implementation.

An External Evaluation of the Project shall be carried out at the completion of the Project. Internal Evaluations of the Project may be carried out upon request of both Parties. The Final External

evaluation shall be performed by an independent company/consultant. The independent company/consultant shall be selected following the PRAG regulations on public procurement and shall follow the international standards of evaluation.

Evaluation terms of references shall be submitted to the approval of the Steering Committee.

The parties shall have the right to perform, at their own expenses, all the monitoring and evaluation, control and auditing activities that shall be deemed necessary. Joint (ongoing, final and ex-post) evaluation activities shall be organized by MAECI/DGCS/AICS and/or AICS through their Tirana offices whenever deemed appropriate.

ARTICLE 10 USE OF ITALIAN FUNDS

10.1 Implementation period

The Italian Party shall provide, within the framework of the Project, a Grant of up to 4,000,000.00 (four millions) Euros over a period of thirty-six (36) months to finance activities to improve the neonatal intensive care in Albania.

10.2 Reallocation of funds

Budget lines reallocations in respect to the Project Budget in Euro, detailed in the PD, are allowed during the preparation of the AOPs. Requests for reallocation of funds not exceeding the 25% of the budget macro-line shall be approved by the SC and submitted by the PMU to AICS Tirana for its approval. No amendments are required.

Requests for reallocations of funds exceeding 25% of the budget shall be approved by the Parties through an amendment of this Agreement by means of exchanges of Notes Verbales which shall be an integral part of the Agreement and shall enter into force on the date of the Note Verbale of response.

10.3 Interests accrued and savings

The interest accrued on the Project or gain resulting from financial transactions dedicated bank account shall be used for the purposes of this Agreement following the procedures applied to the contribution, prior approval of the SC.

10.4 Procurement activities

Procurement activities, related with works, goods and services, shall be performed at local level by the MHSP, with the technical assistance of ASST FBF Sacco, according to the budget allocations and following the PRAG and the provisions contained in annex III. They must meet the eligibility criteria for contractors, eligible and ineligible costs, ethical clauses, contract general conditions. Works, goods and services acquired under this Agreement shall follow the regulations of the PRAG.

AICS hold the right to review MHSP procurement decisions in order to ensure that activities are conducted transparently and efficiently in conformity with established principles of the present Agreement.

In any case AICS Tirana reserves the right to participate in all the stages of the above-mentioned procurement processes as "Observer".

10.5 Withdrawing of funds

In the event of the unsatisfactory progress of Project as resulting from review missions performed by MAECI-DGCS and/or AICS, and of a consequent formal decision of withdrawal of funds from the Project notified to the GOA, the Italian funds disbursed and not spent including the accrued interest shall be made available to the GOI within three (3) months after the notification.

ARTICLE 11 OBLIGATIONS FOR THE ALBANIAN PARTY

GOA shall ensure that the Italian funds are properly and timely accounted within the budget for the due fiscal year.

MHSP shall communicate to AICS Tirana, upon the entry into force of the present Agreement, bank account detail according to what described in Article 6 of this Agreement.

GOA shall make sure that all the Albanian bodies and institutions involved in the Project implementation shall observe the provisions of this Agreement, with particular regard to the financial and technical reports, required for funds disbursements that shall be timely submitted to AICS according to articles 7 and 8 of this Agreement.

MHSP is responsible for ensuring the implementation of the Project in accordance with this Agreement and shall be responsible for requesting exemption from the payment of taxes and other customs duties.

MHSP shall allow AICS to carry out supervision, monitoring, and verification activities regarding the implementation of the Project, including granting access to the Project sites and the related technical and financial documentation.

MHSP shall retain all documentation related to procurement and contractual procedures (including the original tender documents, procurement files, and all related correspondence during the years following the implementation of activities) for a period of five (5) years after the completion of the activities.

ARTICLE 12 OBLIGATIONS FOR THE ITALIAN PARTY

GOI shall disburse the total amount agreed according to the procedures described in article 7 of this Agreement.

AICS shall accomplish all the required activities for the supervision and monitoring of the Project with particular attention to the efficiency of funds utilization and the effectiveness of Project implementation.

ARTICLE 13
APPLICABLE LAW

This Agreement shall be implemented in accordance with the Italian and the Albanian legislation, as well as the applicable international law and, as for the Italian Party, the obligations arising from Italy's membership of the European Union.

ARTICLE 14
PROTECTION OF PERSONAL DATA

Within the framework of the implementation of this Agreement, no information concerning individuals or allowing their identification shall be transmitted to third parties or processed in a manner incompatible with the agreed purposes, without the prior written consent of the data controller who provided this information.

ARTICLE 15
SETTLEMENT OF DISPUTES

Any dispute concerning the interpretation or implementation of this Agreement shall be settled amicably by negotiations and/or direct consultations between the Parties through diplomatic channels.

The MAECI/DCGS and AICS shall not be involved in any disputes between the Albanian Party and third parties arising from procurement processes or other activities carried out within the framework of the Project.

ARTICLE 16
IMPEDIMENTS AND FORCE MAJEURE

In case of impediments to implement this Agreement due to case of force majeure such as war, flood, fire, typhoon, earthquake, labour conflicts and strikes, civil unrest acts of any government, unexpected transportation difficulties and other cases which will be recognized by both Parties upon agreement as force majeure according to practice or in case of peril or unsafe conditions for the personnel, the following provisions shall apply:

- In case that the duration of the impediment to the implementation of the Project is less than six (6) months, the use of the funds shall be suspended until MAECI/DGCS authorizes resumption of activities.
- In case the duration of the impediment to the implementation of the Project is greater than

six (6) months, the Project shall be suspended, and the residual funds shall be maintained until the impediment finishes and MAECI/DGCS authorizes resumption of the Project activities;

- Ongoing activities being carried out in locations not affected by the impediments referred to in the previous paragraph of this Article shall continue until their completion.

ARTICLE 17 PREVENTION OF ABUSE AND ILLEGAL USE OF FUNDS

17.1 Prevention of abuse and illegal use of funds

The GOA shall ensure that the funds provided by GOI under this Agreement will be used strictly in accordance with the provisions of this Agreement. GOA commits itself to take all reasonable measures to ensure an efficient administration of the aforementioned funds and prevent any abuse and illegal use thereof. If the funds are used in a manner inconsistent with the methods and objectives outlined in this Agreement, GOA return the improperly used portion of funds to the GOI.

17.2 Eligibility of costs

Direct costs are eligible for GOI financing if they meet all the following criteria:

- a) they are necessary for carrying out the Project, directly attributable to it, arising as a direct consequence of its implementation and charged in proportion to the actual use;
- b) they are incurred in accordance with the provisions of this Agreement;
- c) they are actually incurred by the MHSP, i.e. they represent real expenditure definitely and genuinely born by the MHSP;
- d) they are reasonable, justified, comply with the principle of Sound Financial Management and are in line with the usual practices of the MHSP regardless of their source of funding;
- e) they are incurred during the Implementation Period with the exception of costs related to final report, final evaluation, audit and other costs linked to the closure of the Project which may be incurred after the Implementation Period;
- f) they are identifiable and backed by supporting documents, in particular determined and recorded in accordance with the accounting practices of the MHSP;
- g) they are covered by one of the sub-headings indicated in the estimated budget and by the activities described in Annex I;
- h) they comply with the applicable tax and social legislation taking into account the MHSP's privileges and immunities.

The following costs are ineligible for GOI financing:

- a) bonuses, provisions, reserves or non-remuneration related costs. Employers' contributions to pension or other insurance funds run by the MHSP may only be eligible to the extent they do not exceed the actual payments made by these schemes and that the amount provisioned does not exceed the contribution that could have been made to an external fund;
- b) full-purchase cost of equipment and assets unless the asset or equipment is specifically purchased for the Project and ownership is transferred;
- c) duties, taxes and charges, including VAT, that are recoverable/deductible by the MHSP;
- d) return of capital;
- e) debts and debt service charges;

- f) provision for losses, debts or potential future liabilities;
- g) costs incurred during the suspension of the implementation of the Agreement except the minimum costs agreed by the Parties;
- h) costs declared by the MHSP under another agreement financed by the GOI or other donors;
- i) costs of purchase of land or buildings.

ARTICLE 18 RESOLUTION OF THE AGREEMENT

The GOI reserves the right to resolve this Agreement in the following cases, due to severe fault by GOA and MHSP, i.e.:

- Unmotivated and prolonged delays in the use of the funds such to threat the achievement of Project objectives.
- The use of the funds for reasons different than those included in this Agreement and its annexes or its amendments.
- Severe mismanagement of the funds.
- In the event of failure to implement, or to report on, the Project consistently with the terms of this Agreement.
- In case of impediment or force majeure as per Article 16 of this Agreement.

In case of the above-mentioned severe fault, MAECI-DGCS shall notify the event in writing to MHSP, inviting it to take the measures necessary to solve the fault within maximum two (2) months from the date of the notification. Passed this time limit, MAECI/DGCS reserves itself the right to terminate immediately this Agreement. In this case, the provisions of Article 20.3 of this Agreement shall apply.

In all the above-mentioned cases, after the notification provided for by article 20.3, MHSP shall stop all activities of the Project, unless otherwise agreed between the two Parties.

ARTICLE 19 AMENDMENT TO THE AGREEMENT

This Document and its Annexes constitute the complete Agreement between the Parties. Any modifications or amendments shall be valid only if made in writing and agreed upon by both Parties. Subject to full compliance with its Articles, no Party shall be held to any express or implied term, representation, warranty or promise not expressly stated herein or established by law.

The Parties may amend this Agreement, at any time, by means of exchange of Notes Verbales. The amending agreement shall enter into force following the same procedure stated in Article 20.1.

ARTICLE 20 ENTRY INTO FORCE, DURATION AND TERMINATION

20.1 Entry into force

This Agreement shall enter into force on the date of receipt of the last of the two notifications by which the Parties shall have communicated each other the completion of their internal procedures necessary for its entry into force.

20.2 Duration

This Agreement shall remain into force until the expenditures are completed, the Completion Report and the Certified Final Financial Report is approved by the Steering Committee.

20.3 Termination

The Agreement may be terminated by either Party by giving a 3 (three) months written notice in advance, through diplomatic channels, of its intention to terminate the Agreement. Funds not spent or committed at the date of termination of the present Agreement shall be returned to the GOI.

If, for any reason, the execution of this Agreement cannot be completed in conformity with the provision of this Agreement, the Parties shall consult each other on the matter. The funds not yet credited and/or committed shall be utilized only upon a specific agreement between the Parties, otherwise they shall be returned to GOI.

20.4 Points of contact

For the purposes of this Agreement, the following addresses are specified for the official submission of documents:

For MAECI-DGCS
Ministero degli Affari Esteri e della Cooperazione Internazionale della Repubblica Italiana -
Direzione Generale per la Cooperazione allo Sviluppo
Piazzale della Farnesina, 1 Roma, Italia
dgcs5@esteri.it

For The Embassy of Italy in Tirana
Rruga Papa Gjon Pali II, n.2
Tirana, Albania
segramb.tirana@esteri.it

For AICS Tirana
Agenzia Italiana per la Cooperazione allo Sviluppo
Rruga Abdi Toptani, Torre Drin 5th floor
Tirana, Albania
segreteria.aics@esteri.it

For MHSP

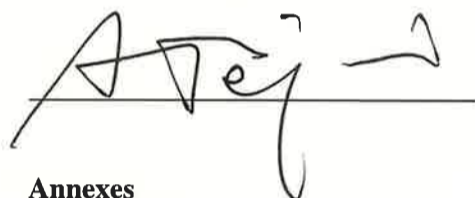
Ministry of Health and Social Protection
Kavaja St 25
Tirana, Albania
info@shendetesia.gov.al

In witness whereof the undersigned, being duly authorized by their respective Governments, have signed this Agreement.

Done at Rome on 13/11/2025, in two originals in the English language, both texts being equally authentic.

FOR THE GOVERNMENT
OF THE ITALIAN REPUBLIC

FOR THE GOVERNMENT OF THE
REPUBLIC OF ALBANIA





Annexes

Annex I: Project Document

Annex II: Ethical Clauses and general Principles for procurement and execution of contracts

Annex III: General rules applicable to procurement procedures



PROJECT DOCUMENT

ADVANCING NEONATAL AND MATERNAL HEALTH IN ALBANIA

FEBRUARY 24, 2025

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PROJECT PROSPECT

Title	Advancing Neonatal and Maternal Health in Albania - ANMA	
Cost of the project	Euro	4,000,000€
Duration	36 months Expected date of start: 01/06/2025 Expected date of closing: 31/05/2028	
Country	ALBANIA	
Area of intervention	Tirana, Diber, Fier	
OECD-DAC Sector	Social Infrastructure Services (120/121/122/130)	
SDGs (Sustainable Development Goals):	SDG 3: Good Health and well-being SDG 5: Achieve gender equality and empower all women and girl SDG 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	
Brief description	<p>ANMA (Advancing Neonatal and Maternal Health in Albania), led by MoHSP, focuses on infrastructure upgrades and medical equipment acquisition. It includes the rehabilitation of the NICU at Koço Gliozheni Hospital in Tirana and the refurbishment of NICUs in Koço Gliozheni, Mbretëresha Geraldina, Fier, and Dibër hospitals. These improvements aim to enhance service quality, reduce neonatal and maternal mortality, and minimize emergency transfers to Tirana.</p> <p>Whithin the broader programme MATHERNA (MATERNal and Neonatal Health Advancement in Albania), ANMA is complementary with the project titled PRISMA (<i>Potenziamento e Rafforzamento delle Infrastrutture e dei Servizi Materno-Infantili in Albania</i>), led by ASST FBFS. PRISMA complements ANMA by training healthcare personnel, strengthening referral systems, and defining medical equipment standards. PRISMA also contributes to the development of the Koço Gliozheni NICU master plan, ensuring that infrastructure investments align with a long-term, sustainable vision.</p> <p>Together, these projects create a coordinated framework aligned with Albania's National Health Strategy 2021-2030 and Sustainable Development Goals (SDGs 3, 5, 17). The Programme modernizes hospital facilities, enhances medical staff training, and strengthens referral systems, addressing critical gaps in maternal and neonatal care.</p> <p>As a pilot initiative, the Programme reinforces key hospitals to reduce emergency transfers and improve local access to neonatal and maternal care. Four hospitals were selected based on birth rates, strategic location, and ongoing initiatives, ensuring scalability for future national expansion.</p> <p>By implementing a structured, evidence-based approach, the project will guide future national-scale interventions, enabling the Albanian government to replicate and expand successful models. This Project Document focuses on the ANMA component, while PRISMA is detailed in a separate document.</p>	

ORIGINS AND CONTEXT

Context Analysis

In early 2024 the MoHSP formally requested support from the Italian Ministry of Foreign Affairs and International Cooperation (MAECI) to strengthen the national neonatal healthcare system. Following this request and to align to the National Albanian Strategy and to the Aquis Communautaire an assessment was carried out in July 2024, involving a joint team of Albanian and Italian experts from ASST FBF Sacco, as recommended by Italy, including neonatologists, clinical engineers, architects, and health system specialists, who evaluated 17 hospitals nationwide and the overall organization of the system.

The findings of this assessment¹ (Annex 1 of this proposal) confirmed that limited neonatal intensive care capacities, outdated equipment, inconsistent management protocols, and an underdeveloped referral system contribute to preventable neonatal deaths, particularly among preterm and critically ill newborns. These gaps are especially severe in regional and municipal hospitals, where fragile neonates often lack access to adequate respiratory support, neonatal nutrition, and emergency transport services.

Premature newborns under 27 weeks of gestation have extremely low survival chances outside Tirana due to the absence of non-invasive ventilation (nCPAP, high-flow nasal oxygen), parenteral nutrition, and standardized neonatal resuscitation protocols. Even for moderate preterm infants, access to essential medical air mixers, incubators, and neonatal monitoring equipment remains highly inconsistent.

The referral system between regional and tertiary hospitals was also identified as a critical weakness. NICU bed availability in Tirana is limited, and the transportation of critically ill newborns is severely hindered by the lack of properly equipped neonatal ambulances, leading to delayed transfers and increased health risks for neonates requiring intensive care and their mothers.

Furthermore, while some neonatal resuscitation training has been provided by neonatologists at Mbretëresha Geraldina Hospital, this training remains insufficient, non-standardized, and does not extend to all neonatal staff, particularly nurses and midwives. Additionally, neonatal respiratory distress has increased due to a rising percentage of cesarean deliveries, yet most peripheral hospitals lack non-invasive ventilation capabilities, further straining NICU capacities in Tirana.

Following these findings, a technical working group was formally established to define intervention priorities and formulate a structured response. The assessment identified Koço Gliozheni and Mbretëresha Geraldina in Tirana, alongside Diber and Fier Regional Hospitals, as priority intervention sites.

The selection criteria were based on:

- Annual birth rates, ensuring impact on a significant number of newborns.
- Existing neonatal care capacities, focusing on hospitals with basic infrastructure that could be effectively upgraded.
- Referral patterns, addressing major hospitals serving as regional neonatal care hubs.
- Staff receptiveness to capacity-building initiatives, ensuring that improvements are sustainable.

Diber and Fier Regional Hospitals were chosen due to their significant birth volumes and geographic importance, serving as key neonatal care centers for surrounding rural areas. Fier Regional Hospital acts as a major referral

¹ "The assessment conducted in Albania in July 2024 was a rapid evaluation, focused on providing an overall picture of the maternal and neonatal healthcare system across the country. Due to the extensive geographic scope and the broad range of facilities involved, the mission did not include a detailed analysis of each medical device present in all healthcare institutions. The assessment served primarily to identify critical structural and equipment-related gaps and to prioritize key hospitals for intervention. Only after the identification of the four target hospitals — Koço Gliozheni, Mbretëresha Geraldina, Diber, and Fier — a more targeted evaluation of existing equipment and infrastructure was conducted by MoHSP. This allowed for a refined understanding of non-compliances with WHO standards and the actual scope of needed improvements. "

center for southern Albania, while Diber Regional Hospital plays a crucial role in the northeastern region, where access to tertiary neonatal care in Tirana is severely constrained by distance and transport limitations.

Moreover, the selection process also considered ongoing and past international actions to avoid duplication and ensure synergy with existing programs. In particular, the German-funded project in Shkodra was taken into account, ensuring that investments complement rather than replicate efforts already underway.

The assessment findings laid the conceptual foundation for the design of this project, shaping its priorities and ensuring that interventions address the most pressing needs within Albania's neonatal and maternal healthcare system.

This project is fully aligned with Albania's National Health Strategy 2021-2030, which prioritizes maternal and neonatal health as a national concern, emphasizing investments in hospital infrastructure, workforce development, and service delivery improvements. Additionally, it contributes directly to the implementation of the Action Plan for Sexual and Reproductive Health (UNFPA 2017), which aims to reduce neonatal mortality and morbidity rates through standardized clinical protocols, improved neonatal intensive care units (NICUs), and enhanced referral systems.

By financing the restructuring of Koço Gliozheni's NICU, equipping four hospitals with modern neonatal technology the project provides a model for future national-scale interventions. The new NICU at Koço Gliozheni will be designed, staffed, and equipped to meet WHO standards, creating a highly specialized unit for the management of critically ill neonates and their mothers. This will not only improve survival rates for premature and at-risk newborns but also reduce the burden on existing NICUs, allowing for a more efficient distribution of neonatal and maternal care resources across Albania.

To further enhance the capacity of Albania's tertiary hospitals, the project will extend its intervention to Mbretëresha Geraldina Hospital, following its modernization and restructuring financed by MoH/SP. The hospital will receive the same advanced medical equipment procured for Koço Gliozheni's NICU, ensuring two state-of-the-art NICUs in Tirana capable of serving the entire country.

The project directly supports Sustainable Development Goals (SDG 3 – Good Health and Well-Being, SDG 5 – Gender Equality, SDG 17 – Partnerships for Sustainable Development). By ensuring that women have access to high-quality maternal and neonatal care, it reinforces gender equality (SDG 5) and contributes to reducing preventable deaths among newborns. Additionally, by implementing energy-efficient neonatal equipment and hospital infrastructure upgrades, it supports SDG 7 – Affordable and Clean Energy, improving hospital sustainability and resilience. Through its collaborative structure, the project strengthens SDG 17 by fostering international partnerships, enabling Albanian and Italian health institutions to exchange expertise and best practices in neonatal care.

Coordination with Other Public and International Initiatives

This intervention is designed to complement and integrate with existing neonatal and maternal health initiatives, ensuring a coordinated national strategy rather than a fragmented approach. The project aligns with ongoing UNFPA-led neonatal resuscitation training, which focuses on capacity-building for frontline healthcare workers, as well as the German-supported initiative in Shkodra, which has strengthened maternal healthcare services in northern Albania. By building upon these efforts, the project avoids duplication, leverages existing expertise, and enhances overall health system resilience.

The ASST FBF Sacco of Milan played a pivotal role in the design of the project, providing technical guidance, training curricula, and architectural expertise. With extensive experience in neonatal intensive care at Vittore Buzzi Children's Hospital in Milan, ASST FBF Sacco has been instrumental in suggesting preliminary designs of the new NICU at Koço Gliozheni, developing supporting Albanian professionals in drafting a preliminary list of needed equipment (subject to modification after the inception phase), and structuring the Training of Trainers (ToT) program (see in Annex 2 the Draft Plans for Gliozheni's NICU, Annex 3 the Draft Procurement Plan). This ensures that Albanian practitioners receive hands-on instruction in modern neonatal care techniques, guaranteeing long-term sustainability.

Finally, this project serves as a pilot intervention, with lessons learned informing future national-scale reforms. By testing and refining implementation strategies in high-birth-volume hospitals, it lays the foundation for scaling up neonatal care improvements nationwide. The insights gained will guide policy adaptations, budget planning,

and potential future investments, ensuring that Albania's neonatal health system evolves in a systematic, evidence-based manner. This project is not just about short-term infrastructure upgrades; it is a long-term strategy to transform Albania's neonatal care landscape, bringing it closer to European standards and ensuring better survival chances for the country's most vulnerable newborns.

NEEDS ANALYSIS, PROBLEMS AND BENEFICIARIES IDENTIFICATION

Critical Gaps in Neonatal Care and Emergency Response

The Koço Gliozheni University Hospital in Tirana, with about 4,000 births per year, one of the two tertiary referral centers for neonates, is overwhelmed, with only 16 NICU beds available, despite a demand exceeding 25 beds, leading to overcrowding. The facility does not meet WHO-recommended standards for neonatal care, particularly in spacing per infant, and respiratory support technology, necessitating an urgent expansion and renovation.

The Mbretëresha Geraldina Maternity Hospital, which manages over 5,000 births annually, faces similar limitations. With only 6 NICU beds, the hospital lacks the necessary infrastructure to adequately care for premature and critically ill newborns, many of whom are transferred from regional hospitals. Most of its neonatal equipment comes from various donations, resulting in incompatibility among ventilators, incubators, and monitors, which complicates staff training and maintenance. Additionally, non-invasive ventilation systems remain scarce, and there is a lack of trained personnel in advanced neonatal care techniques, including respiratory support and parenteral nutrition, which are essential for managing preterm infants.

Regional hospitals are even more vulnerable, particularly Diber and Fier Regional Hospitals, which were identified as priority intervention sites due to their high birth rates and strategic geographic importance, with about 500 and 1000 births annually. Diber Regional Hospital serves a mountainous northeastern area, where poor road conditions make it difficult for critically ill newborns to be transported to Tirana in time for advanced care. Similarly, Fier Regional Hospital serves a large population in southern Albania yet struggles with severe shortages of neonatologists and neonatal equipment. Both hospitals suffer from a lack of basic neonatal resuscitation tools, including infant warmers, CPAP systems, and medical air/oxygen mixers, making them ill-equipped to handle neonatal emergencies. The situation is further exacerbated by a shortage of neonatologists, with only 1 to 4 per hospital, making 24/7 neonatal coverage impossible. The high percentage of cesarean deliveries (35 and 72%) in these hospitals contributes to increased neonatal respiratory distress, yet non-invasive ventilation remains unavailable, forcing unnecessary referrals to Tirana and further burdening the capital's NICUs.

A critical weakness in Albania's neonatal care system is the absence of a structured neonatal transport and referral system. Long travel distances, poor road infrastructure, and a lack of properly equipped neonatal ambulances frequently lead to delayed emergency transfers, increasing neonatal morbidity and mortality risks. Many neonates requiring intensive care fail to reach Tirana in time, leading to avoidable complications and fatalities. The absence of standardized referral protocols and a centralized neonatal health registry further limits the ability to track and manage critical cases in real time, making coordinated interventions challenging.

To address these issues, a Technical Working Group was established within the Ministry of Health and Social Protection, bringing together representatives from the National Healthcare Operator, hospital directors, neonatologists, and policymakers. This group collaborated closely with ASST Fatebenefratelli Sacco of Milan, which conducted an in-depth assessment of 17 hospitals, including all regional maternity hospitals and the main NICUs in Tirana. The assessment followed a validated methodology (Penzias et al., BMC Pediatrics, 2023), analyzing infrastructure, equipment availability, neonatal staffing levels, and adherence to WHO neonatal care protocols.

In addition to on-site hospital visits and clinical evaluations, the directors of Koço Gliozheni and Mbretëresha Geraldina Maternity Hospitals conducted an internal review of their respective maternity and neonatal networks, creating an updated inventory of neonatal equipment, workforce capacity, and service gaps. This data-driven approach ensured that the project's design was aligned with WHO standards and Italian best practices. The repeated field missions by Italian neonatologists, architects, and engineers facilitated the development of a tailored

intervention strategy, including the restructuring of Koço Gliozheni's NICU, the procurement of essential neonatal equipment for all targeted hospitals, and a structured training program for healthcare professionals.

The project is considered a high-priority initiative by the Ministry of Health, as it will not only strengthen neonatal care in Tirana but also decentralize specialized services, allowing Diber and Fier Regional Hospitals to manage more complex neonatal cases locally. By expanding neonatal care in these regional centers, the project will reduce unnecessary emergency referrals to Tirana, decreasing the risks associated with long and hazardous journeys for critically ill newborns and high-risk pregnant women.

A crucial component of the intervention is the integration of gender-sensitive healthcare strategies, as women—particularly in rural areas—face higher risks due to limited access to specialized maternal and neonatal services. By ensuring improved neonatal and obstetric care across multiple levels of the health system, the project supports SDG 5 – Gender Equality, guaranteeing that mothers and newborns receive quality healthcare regardless of geographic location or socio-economic background. Additionally, the lack of a centralized digital health registry currently prevents a comprehensive gender and social analysis of neonatal outcomes, a gap that this project will address by supporting the development of a national electronic neonatal data system, essential for tracking disparities and improving healthcare planning.

Beneficiaries

The direct beneficiaries of the project are all newborns and mothers in Albania, as the upgrade of the two main hospitals in Tirana and two regional hospitals will improve neonatal care nationwide. Given that Albania records 23,617 births per year (INSTAT 2023), an estimated 70,000 newborns and 63,000 mothers (per Shylla et al. 2018, twin births account for approximately 1%) will directly benefit over the three-year project duration.

In addition, through the complementary project PRISMA, 150 between nurses and midwives and 40 between neonatologists and gynecologists will receive specialized training, strengthening Albania's neonatal workforce. Moreover direct beneficiaries will also be the fellowship students of obstetrics and gynecology department of the fourth year at the Medical University of Tirana. During the duration of the project 30 students will benefit from the training program.

The indirect beneficiaries include the families of newborns and mothers, which, based on Albania's average household size (4 members per family), amount to approximately 210,000 indirect beneficiaries over three years. The broader Albanian healthcare system will also benefit from the project, as reducing neonatal complications will lower long-term costs associated with preventable disabilities. Additionally, fewer families will need to travel to Tirana for neonatal care, reducing the economic burden on households due to out-of-pocket medical expenses and lost income from prolonged hospital stays.

The programme will also support healthcare professionals beyond the direct project scope, as the implementation of standardized neonatal protocols and training programs will establish a model for nationwide neonatal care improvements. Pediatricians, midwives, and general practitioners working in maternity hospitals and primary care centers will gain access to updated neonatal guidelines, improving their ability to manage newborn complications at earlier stages.

By addressing critical infrastructure, workforce, and neonatal transport challenges, this project lays the foundation for a more resilient neonatal healthcare system in Albania.

The initiative will not only bring Albania's neonatal care closer to European standards but also create a sustainable, scalable model for further expansion across the country.

INTERVENTION STRATEGY

The intervention strategy is grounded in Albania's National Health Strategy, ensuring alignment with national priorities and sustainability within the country's healthcare framework. It follows a participatory approach, actively engaging health authorities, hospital management, and healthcare professionals in both the planning and implementation phases. The MoHSP will oversee and define the implementation strategy facilitating the communication between partners and beneficiaries.

The MATHERNA Programme is composed of two strategically combined projects:

- ANMA – Led by the MoHSP, this component focuses on infrastructure rehabilitation and medical equipment acquisition, directly improving neonatal and maternal healthcare facilities.
- PRISMA – Led by ASST Fatebenefratelli Sacco, this component enhances training programs and revision of SOPs, ensuring the sustainability of the intervention.

While the MoHSP will oversee the structural and material improvements, it will also provide critical information and institutional support to ensure the successful implementation of the Italian-led capacity-building and governance reforms. This synergy ensures that all interventions are aligned with Albania's real healthcare conditions and priorities, maximizing impact and sustainability. Together, these projects create a coordinated framework to enhance the quality, accessibility, and efficiency of maternal and neonatal care, aligning with Albania's National Health Strategy 2021-2030 and key Sustainable Development Goals (SDGs). The Programme specifically addresses persistent gaps in maternal and neonatal healthcare by improving hospital facilities, modernizing medical equipment, training healthcare staff, and strengthening data collection systems. Targeted interventions are essential to overcoming resource limitations, reducing preventable deaths, and meeting international healthcare standards, particularly SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 17 (Partnerships for Sustainable Development).

The present document refers to the ANMA project.

As a pilot initiative, this project seeks to improve the quality and accessibility of neonatal and maternal care by reinforcing national referral hospitals and selected regional facilities. One of its key objectives is to reduce the need for emergency transfers from regional hospitals to Tirana, ensuring better local access to quality care. The Programme consortium (MoHSP and ASST FBFS) selected four hospitals, prioritizing those with high birth rates and strategic geographical locations, while also aligning with ongoing initiatives, such as the current project in Shkodra. This approach maximizes immediate impact while creating a scalable model for future national expansion.

By implementing a structured, evidence-based approach, the project will identify the most effective strategies for improving neonatal and maternal healthcare. Lessons learned will guide future national-scale interventions, enabling the Albanian government to replicate and expand successful models across the country. In coordination with the Italian-supported ASST FBFS projects, this project integrates infrastructure development, medical equipment acquisition, and capacity building into a comprehensive, sustainable, and scalable framework.

From Impact to Action

Reducing neonatal and maternal mortality requires addressing systemic deficiencies across multiple levels. The intervention follows a Theory of Change methodology, starting from the desired impact and working upstream to define the actions necessary to achieve it.

The renovation and expansion of the NICU at Koço Gliozheni Hospital will provide a modern, well-equipped, and efficiently designed neonatal intensive care unit (NICU) following Italian best practices and WHO standards. The new NICU will incorporate state-of-the-art isolation rooms, intensive care units (ICU), sub-intensive care spaces, sterilization areas, and parental support rooms, creating a comprehensive and controlled treatment environment. By increasing capacity and improving the clinical infrastructure, the hospital will be able to handle more complex neonatal cases, reducing the burden on regional hospitals.

The procurement and distribution of essential medical equipment for Koço Gliozheni, Mbretëresha Geraldina, Diber, and Fier Regional Hospitals will ensure that all targeted facilities have standardized, high-quality neonatal resuscitation units, incubators, mechanical ventilators, infusion pumps, patient monitoring systems, and emergency transport equipment. This process will follow WHO neonatal care protocols and the Italian Society of Neonatology (SIN) standards, ensuring uniformity in care delivery.

As part of the project's commitment to sustainability and maximizing impact, all functioning medical equipment replaced during the intervention will be carefully inventoried and reallocated to other hospitals in need. This redistribution strategy ensures a zero-waste approach, extending the lifespan of valuable medical resources and enhancing neonatal and maternal care beyond the directly targeted facilities. By optimizing the use of existing equipment, the project expands its outreach, strengthens healthcare services in underserved areas, and contributes to a more efficient and resource-conscious health system in Albania.

How PRISMA (training and SOPs) will complement ANMA (civil works and equipment)

To complement the infrastructural improvements and medical equipment acquisition carried out under ANMA, the PRISMA project will develop a series of targeted capacity-building, governance, and health system strengthening activities to ensure the sustainability and effectiveness of neonatal and maternal healthcare services. PRISMA will implement an advanced clinical training program for neonatologists, obstetricians, nurses, and midwives, equipping them with the skills necessary to operate new equipment and apply modern treatment protocols. A Train-the-Trainers (ToT) model will be adopted, enabling trained healthcare professionals to transfer acquired knowledge to colleagues across different hospitals. The program will cover neonatal resuscitation, non-invasive ventilation, infection control, maternal-fetal medicine, and emergency response, ensuring a standardized and evidence-based approach to neonatal and maternal care. Indirect learning methods, including job shadowing and hands-on clinical mentoring, will be integrated into the training process to reinforce practical skills and ensure their effective application in clinical settings.

A joint risk assessment will be conducted in the early phases of the project by a conjoint team of Albanian and Italian experts to identify logistical and procedural weaknesses in neonatal emergency transfers, particularly for premature and high-risk neonates requiring urgent care in Tirana. Based on these findings, PRISMA will develop and standardize inter-hospital referral protocols to improve coordination and efficiency in neonatal emergency transport. Additionally, in collaboration with UNEPA, the Albanian Agency of Civil Protection, and the EU-funded IPA CARE project, PRISMA will integrate Early Warning and Disaster Risk Reduction mechanisms, ensuring that neonatal emergency transfers are efficient, safe, and resilient to crisis situations.

To enhance the quality and consistency of neonatal and maternal healthcare practices nationwide, PRISMA will revise and develop Standard Operating Procedures (SOPs) and clinical protocols. These will be co-developed by Italian and Albanian experts, aligning with international best practices and ensuring that medical procedures across all facilities meet high-quality standards.

ANMA and PRISMA are designed as two interdependent and complementary components of a unified Programme, addressing both the structural and systemic weaknesses identified in Albania's neonatal and maternal healthcare system. While ANMA provides the physical infrastructure and medical equipment necessary for high-quality care, PRISMA ensures that healthcare professionals are properly trained to use this equipment effectively and that clinical and referral protocols are standardized to optimize patient outcomes.

PRISMA will also provide ongoing expert support to MoHSP throughout the design and implementation of infrastructural works at Këço Gliozheni Hospital. This includes the revision of architectural and engineering plans, provision of second opinions, and technical oversight to ensure the intervention aligns with international best practices and EU standards. Additionally, PRISMA experts will assist the Ministry in identifying suitable medical equipment, structuring procurements, and ensuring compliance with EU and Italian standards, keeping in mind Albania's ongoing EU accession process.

Lastly, the two projects aim to strengthen the bilateral partnership between Italy and Albania by supporting diagnostic and research activities. Experts from ASST Fatebenefratelli Sacco will assist the four hospitals by providing second opinions and advanced analyses for complex cases requiring specialized expertise and additional support.

The overall Programme framework is strategically designed to support Albania's alignment with EU healthcare regulations, working ahead of time to ensure that today's interventions meet the required standards of tomorrow. By combining infrastructure, equipment, training, and governance improvements, the Programme not only addresses immediate healthcare gaps but also lays the foundation for a resilient, high-quality neonatal and maternal healthcare system in Albania, fully integrated into the country's long-term development and EU integration strategy.

Implementation Approach and Synergies

The project will follow a structured, phased implementation approach, ensuring coordinated execution and sustainable integration within Albania's healthcare system. The overall Programme is embedded within strategic planning of MoHSP. The implementation plan has been built around activities, such as the recent renovation of the NICU at Mbretëresha Geraldina Hospital, to provide complementarity and support in the strengthening of neonatal and maternal care in the country.

All hospitals supported by the Project, whether for rehabilitation/reconstruction or replacement, shall: (i) incorporate the agreed health facility planning standards; (ii) comply with respective EU norms and safety provisions, as well as Albanian legislation on construction designs and anti-seismicity. The project will support a TA to review the architectural designs of Koco Gliozheni NICU. The overall quality control of the structural and construction designs will be carried out through: (i) review by qualified and experienced national and/or international seismic experts and structural civil engineers; (ii) relevant institutions of the Government confirming compliance with the respective policies and procedures; and (iii) a national construction supervision firm. A dedicated unit within the MoHSP will oversee and review the deliverables and approve them. Supervision of rehabilitation/reconstruction works at Project hospitals will be carried out by a firm with national experience. In addition to structural/anti-seismic and civil works contract management, the firm will provide expertise in health facility standards and environmental-social compliance, climate change impact, solid and water waste treatment when hospitals are under operation, energy efficiency and use of renewable energy, gender, and disabled sensitive facilities, etc.

Reconstruction and design. All facilities funded by the Project, whether reconstruction or replacement, should incorporate the latest health facility planning standards; reduce energy requirements through the use of passive climate control measures; maximize sustainability through the incorporation of renewable energy sources; reduce the risk of infection through the use of improved admission control procedures; and include gender and disability-specific considerations, such as universal accessibility standards, women's safety, compliant ramps, accessible toilet and bathroom design, and adequate lighting.

Non-eligible investments. There will be no land acquisition or involuntary resettlement under the Project. All buildings will be reconstructed in situ within the bounds of existing building footprints or on available publicly owned land.

Disaster and climate change resilience. The Project promotes the building-back-better approach, which comprises improvements in design standards, construction quality, and functionality. The integration of seismic, climate change and sustainability consideration into the infrastructure designs of investments will further enhance the resilience of infrastructure to future disaster and climate risks, contributing to climate change adaptation and mitigation efforts.

The Inception Phase (Months 1-3) will lay the foundation for the intervention. A detailed follow-up assessment will be conducted to refine baseline data for procurements, training needs, and structural interventions. Three technical working groups will be created to oversee civil works, procurements, and training programs, ensuring efficient coordination and adherence to national healthcare priorities.

From Months 3 to 6, the Tendering Phase will be launched for the selection of firms responsible for finalizing the architectural and engineering plans for the Gliozheni NICU and maternity ward. Simultaneously, procurements for medical equipment will be initiated, ensuring timely acquisition and distribution of critical neonatal care devices.

The Civil Works Phase (Months 6-30) will include multiple stages:

Finalization of the NICU design at Koco Gliozheni University Hospital (Months 6-9)

Civil Works (Months 9-24)

Once the necessary approvals are obtained, the renovation work will commence. This will include:

- Demolition and restructuring of outdated NICU infrastructure to create a modern, functional space.
- Installation of advanced hospital systems, including:
- HVAC systems to regulate air quality and maintain optimal temperature thermohygrometric comfort.
- Medical gas supply systems to provide oxygen and other essential gases for neonatal care.

- Electrical and backup power systems to ensure uninterrupted operation of life-supporting medical equipment.
- Construction and furnishing of NICU patient rooms, medical stations, and support areas.

The CWWG and ASST Fatebenefratelli experts will conduct routine site visits to monitor progress, ensure adherence to safety protocols, and verify compliance with construction standards.

Commissioning and Certification (Months 24-30)

Upon completion of the renovations, all newly installed systems will undergo rigorous testing and certification to verify:

- Proper functionality of HVAC, electrical, and medical gas systems.
- Compliance with WHO, MoHSP, and hospital safety regulations.
- Operational readiness for patient admissions and clinical activities.

MoHSP, in collaboration with independent auditors and technical experts, will conduct final inspections before the NICU is officially handed over for medical use.

Distribution and Installation of Medical Equipment (Months 6 - 20) will be carried out across all targeted hospitals, ensuring that staff are trained in the operation and maintenance of new devices.

Staff training programs (Months 6 to 34), conducted under the Italian twin project "PRISMA", will take place. Using the ToT model, trained Albanian professionals will progressively upscale capacity-building and know-how exchange efforts across other hospitals, ensuring nationwide knowledge dissemination.

Throughout the project, Monitoring activities will be carried out by the PMU and will oversee implementation. An independent mid-term evaluation (Month 18-20) will assess progress, allowing for adaptive management and adjustments where necessary. The final reporting and impact assessment (Months 34-36) will evaluate the project's overall effectiveness in achieving its objectives.

By following this structured, multi-component approach, the project will systematically address neonatal and maternal health challenges in Albania, ensuring that the improvements in infrastructure, technology, personnel training, and governance translate into long-term reductions in neonatal and maternal mortality. The integration of local institutional commitment, international expertise, and sustainable funding mechanisms guarantees that the project will leave a lasting impact on Albania's healthcare system, benefiting generations to come.

EXECUTING ENTITY AND INCLUSIVE PARTNERSHIP

The executive entity is MoHSP through the General Directorate of Health Policies which is herewith described:

The General Directorate of Health Policies

The directorate is structured into three specialized units:

1. Directorate of Primary Care and Public Health Policies
2. Directorate of Hospital Service Policies
3. Directorate of Pharmaceutical Policies and Medical Devices

The mission of the General Directorate of Health Policies is to develop and implement national healthcare strategies, coordinate inter-institutional efforts, and ensure the delivery of high-quality health services across Albania. The directorate is responsible for drafting and updating policy documents, national strategies, and legal frameworks in the fields of primary care, hospital services, and pharmaceuticals, ensuring that all reforms align with government priorities and international standards.

The Ministry of Health and Social Protection of Albania serves as the executing entity of the ANMA project, playing a central role in steering and institutionalizing the country's neonatal and maternal health reforms. As the highest national authority in the healthcare sector, the MoHSP is responsible for the development and implementation of policies that safeguard public health, promote equitable access to quality services, and ensure

alignment with international standards, including those of the WHO and the European Union. In the context of the ANMA project, the Ministry assumes overall leadership and coordination responsibility, ensuring that all components are integrated into Albania's national health strategy and regulatory framework. Through its institutional authority, the MoHSP guarantees policy coherence, facilitates inter-institutional coordination, and anchors the project within national systems for long-term sustainability. Specifically, the MoHSP will oversee:

- **Design and Execution of Civil Works:** Supervision of the renovation and functional requalification of the Neonatal Intensive Care Unit (NICU) at Koço Gliozheni Hospital, ensuring that the infrastructure complies with WHO standards for neonatal care and responds to the clinical needs of the Albanian health system.
- **Procurement and Equipment Distribution:** Coordination of the procurement process for medical devices and technologies, and their equitable distribution to all targeted hospitals (Tirana, Fier, Diber), aligned with national priorities and based on documented needs assessments.
- **Policy Integration and Protocol Standardization:** Promotion of clinical excellence through the adoption and institutionalization of updated neonatal and maternal care protocols, supported by regulatory reforms, budget planning, and capacity-building mechanisms.
- **Sustainability and Resource Planning:** Development of a national sustainability plan that includes the allocation of financial resources for the maintenance of equipment, the provision of medical consumables, and continuous training and support for the healthcare workforce.

Moreover, the MoHSP will ensure compliance with national regulations and AICS procedural standards, acting as the primary reporting authority for the initiative. It will facilitate transparent governance, provide strategic guidance to technical partners, and monitor progress toward the project's overarching goal: reducing neonatal and maternal mortality in Albania through strengthened health infrastructure and system-wide reforms.

The MoHSP will also ensure full compliance with national regulations and AICS requirements, acting as the primary reporting entity for project implementation.

INVOLVEMENT METHODS OF PARTNERS AND STAKEHOLDERS

The project brings together key national and international partners to ensure a coordinated and effective implementation. MoHSP will lead the implementation of the project supported by:

ASST Fatebenefratelli Sacco – Technical Partner

The ASST Fatebenefratelli Sacco will provide specialized technical expertise in neonatal care, hospital management, and procurement. ASST Fatebenefratelli will support MoHSP in drafting technical specifications for procurement, ensuring that only high-quality medical equipment aligned with WHO neonatal care standards is selected. Additionally, ASST Fatebenefratelli will:

- Monitor the execution of infrastructure works, ensuring alignment with international standards.
- Lead the revision of Standard Operating Procedures (SOPs) and support the integration of updated neonatal care protocols.
- Develop and oversee training curricula for neonatologists, nurses, and obstetricians.

Koço Gliozheni, Mbretëresha Geraldina and Diber, Fier Regional Hospitals – Beneficiary Stakeholders

The four hospitals will be both direct beneficiaries and active stakeholders, playing a central role in the project's implementation. Their responsibilities include:

- Facilitating data collection and needs assessments to inform infrastructure planning and procurement decisions.
- Actively participating in protocol revisions and training programs (implemented under PRISMA project) ensuring the adoption of new neonatal care standards.
- Providing logistical support for equipment installation and integration into hospital workflows.

- Ensuring the maintenance and sustainability of newly acquired equipment, preventing deterioration and maximizing the project's long-term impact.

PARTNERSHIP WITH ASST FATEBENEFRAPELLI SACCO

The ASST Fatebenefratelli Sacco, operating under Regione Lombardia, is the Italian partner supporting the project, bringing technical expertise in neonatal, obstetric, and gynecological care. Recognized as a center of excellence within one of Europe's leading healthcare systems, ASST Fatebenefratelli Sacco ensures high standards of care, knowledge transfer, and the adoption of best practices in Albania's neonatal healthcare sector.

Established on January 1, 2016, following the Lombardy Regional Law No. 23/2015, ASST Fatebenefratelli Sacco is part of the Lombardy Healthcare System (LHS), which was restructured to enhance service integration and efficiency. The institution includes four hospitals and 37 territorial healthcare facilities, each specializing in maternal and neonatal care:

- Ospedale dei Bambini Vittore Buzzi – One of Italy's top pediatric hospitals, managing 6,500+ births annually and providing advanced neonatal care.
- Ospedale Fatebenefratelli e Oftalmico – A facility specializing in general and ophthalmic healthcare services.
- Ospedale Luigi Sacco - Polo Universitario – A university-affiliated hospital focused on clinical research and specialized medicine.
- Ospedale Macedonio Melloni – A leading obstetrics and gynecology center, offering specialized maternal and neonatal care services.

ASST Fatebenefratelli Sacco operates within Lombardy's extensive healthcare network, which includes 200+ hospitals, 18 research centers (IRCCS), and over 130,000 healthcare professionals. This system is known for its efficiency, commitment to research, and use of cutting-edge medical technologies. Through this collaboration, Albania benefits from the expertise, research, and resources of one of Europe's most advanced healthcare ecosystems.

ASST Fatebenefratelli Sacco's Experience in Albania and Specific Contributions

ASST Fatebenefratelli Sacco has actively contributed to the project through high-level technical collaborations, focusing on key areas:

1. Technical Assessment and Expertise Exchange

A multidisciplinary team of neonatologists, obstetricians, biomedical engineers, architects, and procurement specialists worked with MoHSP and hospital directors to assess Albania's neonatal healthcare facilities. The evaluation identified gaps in infrastructure, medical equipment, and healthcare protocols, forming the basis for the project's strategic planning.

Key areas of expertise included:

- Neonatal Intensive Care (NICU): Clinical management, neonatal care protocols, and advanced pediatric interventions.
- Obstetrics and Gynecology: High-risk pregnancy management, labor and delivery care, and maternal-fetal medicine.
- Biomedical Engineering: Equipment evaluation, procurement, and maintenance strategies aligned with WHO standards.
- Hospital Architecture & Infrastructure: Designing and optimizing NICUs with a focus on infection control and patient flow.
- Healthcare Policy Development: Strengthening regulatory frameworks and institutional coordination.

This structured approach was based on validated assessment methodologies (Penziás et al., BMC Pediatrics, 2023) and WHO guidelines, ensuring scientific rigor in evaluating Albania's neonatal healthcare system.

2. Ongoing Bilateral Cooperation and Clinical Support

ASST Fatebenefratelli Sacco is already collaborating with Këço Gliozheni Hospital, providing remote consultations and second-opinion support for the treatment of two neonates currently in intensive care. This direct clinical collaboration is part of a broader institutional effort to establish a structured partnership between the Albanian and Italian healthcare systems, facilitating long-term knowledge exchange, mentorship programs, and hospital twinning initiatives.

3. Contributions to NICU Design and Equipment Procurement

ASST Fatebenefratelli Sacco has played a key technical role in shaping critical project components, including:

- Collaborating with Albanian engineers and hospital administrators on the preliminary design of Këço Gliozheni's NICU renovation (see annex).
- Providing a detailed Bill of Materials (BoM) for neonatal medical equipment, ensuring procurement meets WHO technical standards and best practices.
- Supporting MoHSP in drafting procurement documents, ensuring that equipment selection aligns with international biomedical standards.
- Contributing to the development of training curricula for the Italian-funded training component, aimed at building capacity among Albanian neonatologists, nurses, and obstetricians.

The collaboration between MoHSP and ASST Fatebenefratelli Sacco is not a one-directional transfer of expertise, but a bilateral effort aimed at co-developing sustainable healthcare solutions for neonatal and maternal care.

Through this partnership, MoHSP is actively working to strengthen its healthcare system, integrating Italian best practices and internationally recognized protocols into Albania's neonatal and perinatal care framework. ASST Fatebenefratelli Sacco, in turn, benefits from collaborating in an international healthcare setting, refining its own training methodologies, research collaborations, and policy development approaches.

By actively engaging in this Programme, MoHSP demonstrates its commitment to evidence-based healthcare improvements, continuous learning, and structured institutional cooperation. This partnership lays the foundation for a sustainable, high-quality neonatal care system in Albania, ensuring that newborns and mothers receive care in line with internationally recognized healthcare standards.

LOGICAL FRAMEWORK / RESULTS CHAIN 2

Correlation between Impact – Outcomes – Output

Impact (General Objective)						
Logic of the Intervention	Indicators	Initial Value (Baseline 2024)	Final Value (Target)	Sources of Verification	Hypotheses Assumptions	
Reduction of maternal and infant mortality in Albania						
Outcome (Specific Objective)						
Logic of the Intervention	Indicators	Initial Value (Baseline 2024)	Final Value (Target)	Sources of Verification	Hypotheses Assumptions	
Ensuring that newborns and mothers at Koço Gliozheni, Mbrejtëresha Geraldina, Diber, and Fier Regional Hospitals receive quality healthcare in modern, safe, and adequately equipped facilities that meet international standards.	<ol style="list-style-type: none"> 1. Decrease in neonatal mortality rate. 2. Percentage of high-risk maternal cases successfully managed at regional hospitals without requiring transfer to Tirana. 	<p>4.7 every 1000 births in 2023</p> <p>102 newborns treated in Diber and Fier RHs out of 1559 births</p>	<p>3 every 1000 births</p> <p>Increase of 20% the number of newborns that don't need transfer to Tirana</p>	<p>INSTAT</p> <p>Hospital reports, MoHSP reports.</p>	<p>Improved care quality will lead to higher survival rates.</p> <p>Strengthening regional hospitals' capacity will allow them to manage more high-risk pregnancies and maternal complications locally.</p>	/
Outputs (Intermediate Objectives)						
Logic of the Intervention	Indicators	Initial Value (Baseline 2024)	Final Value (Target)	Sources of Verification	Hypotheses Assumptions	
1. Upgraded NICU and maternity ward at Koço Gliozheni following	Completion of civil works according to	NICU infrastructure outdated and not compliant with	Fully operational, modernized NICU and maternity ward at	MoHSP audits	Civil works will be completed on time and	/

WHO and Italian best practices.	WHO neonatal care standards.	international standards.	Koço Gliozheni compliant international standards.	meet international specifications.	
2. Acquisition of state-of-the-art neonatal and maternal care equipment for Koço Gliozheni, Mbretëresha Geraldina, Diber, and Fier hospitals.	Percentage of required medical equipment procured and installed.	40% of equipment in NICUs does not meet WHO standards.	100% of necessary equipment installed and operational meet WHO standards.	Equipment procurement and installation will follow schedule and meet WHO standards.	
Outputs (Tools: Infrastructure and Equipment)					
Logic of the Intervention	Indicators	Initial Value (Baseline 2024)	Final Value (Target)	Sources of Verification	Hypotheses / Assumptions
1. Fully renovated NICU at Koço Gliozheni, designed and built according to WHO and international neonatal care standards.	Square meters of newly constructed or renovated NICU space.	Existing NICU is undersized, outdated, and non-compliant with WHO standards.	100% of planned NICU infrastructure completed and operational in compliance with WHO standards.	Architectural plans, site inspection reports, MoHSP audits.	Civil works will be executed on schedule and meet WHO and MoHSP technical requirements.
2. Approved architectural and engineering plans for NICU renovation.	Number of approved designs and engineering blueprints.	No updated designs in place for NICU infrastructure.	Finalized and approved architectural and engineering plans for Koço Gliozheni NICU.	Approved project designs, MoHSP regulatory approvals.	The design phase will be completed within the planned timeframe and meet international hospital construction standards.
3. Medical equipment procured and installed at Koço Gliozheni, Mbretëresha Geraldina, Diber, and Fier hospitals.	Number of neonatal incubators, ventilators, monitors, and phototherapy units installed.	Equipment is outdated, insufficient, and lacks uniform technical standards.	100% of planned neonatal and maternal care equipment procured, installed, and fully operational.	Procurement and delivery hospital reports, MoHSP monitoring reports.	Procurement follows technical specifications and timeline, and hospitals integrate new equipment into clinical use.

The baseline indicator value of 40% of non-compliant equipment in NICUs is the result of a follow-up technical assessment carried out after the identification of the four target hospitals. This in-depth evaluation provided a clearer and more accurate understanding of the existing gaps in relation to WHO standards.

<p>4. Redistribution of functioning equipment in other hospitals to Fier and Diber</p>	<p>Number of functioning equipment transferred to Regional Hospitals</p>	<p>Base indicator to be defined with inception report</p>	<p>100% of functioning equipment is transferred to Regional Hospitals</p>	<p>Hospital inventories</p>	<p>Functioning equipment from Gliozhien and Geraldina are transferred following inception phase avoiding financial loss and increasing capabilities in Regional Hospitals</p>
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ACTIVITIES

The following are activities that are going to be delivered by the ANMA project. The full list of activities delivered by the PRISMA project will be described in a separate document.

ACTIVITY 1 – INCEPTION PHASE

The Inception Phase lays the foundation for both Activity 2 and Activity 3, ensuring effective planning, coordination, and alignment with national healthcare priorities. This phase will include:

- Finalization of baseline assessments to determine the current state of NICUs in the four hospitals.
- Creation of technical working groups to oversee infrastructure, procurement, and will liaise with the training component implemented under the PRISMA project.
- Regulatory approvals and administrative planning to ensure compliance with national and international standards.
- Development of a project implementation timeline, ensuring synchronization between civil works and equipment procurement.

Furthermore, a comprehensive equipment assessment will be conducted at all four hospitals to:

- Identify outdated, insufficient, or malfunctioning medical equipment.
- Define the exact quantity and technical specifications of new equipment needed.
- Ensure compatibility between new equipment and existing hospital systems.

This assessment will serve as the basis for drafting the technical specifications for procurement.

Once the groundwork is completed, the project will transition to NICU renovations (Activity 2) and medical equipment procurement and installation (Activity 3).

This activity will be led by MoHSP in collaboration with ASST FBF Saeco which will provide technical support. A report will be shared and discussed with AICS at the end of this phase.

Output – 1 (Intermediate Objective 1): Upgraded NICU and maternity ward at Koço Gliozheni following WHO and Italian best practices.

ACTIVITY 2 – RENOVATION AND EXPANSION OF THE NICU AT KOÇO GLIOZHENI

The modernization of the Neonatal Intensive Care Unit (NICU) at Koço Gliozheni Hospital is a cornerstone of the project, ensuring that newborns requiring intensive care can receive treatment in a safe, fully equipped, and internationally standardized facility. This activity involves a complete overhaul of the existing NICU infrastructure, the installation of advanced hospital systems, and the implementation of WHO neonatal care standards. The entire process will be closely monitored to ensure quality, adherence to timelines, and compliance with international best practices.

2.1 – Procurement and Selection of Experts for NICU Design and Civil Works

A public tender process, following PRAG rules, will be launched to select highly qualified firms responsible for designing and implementing the NICU renovations. This includes:

- Architectural and engineering firm who will refine and finalize the NICU layout to meet WHO neonatal care standards and modern hospital infrastructure requirements.

- Construction firms that will execute the renovation, ensuring compliance with structural, sanitary, and medical safety regulations.
- Quality control experts who will monitor and assess each stage of the project, ensuring compliance with WHO and MoHSP standards.

MoHSP will oversee the entire selection process, ensuring compliance with national regulations and PRAG procurement guidelines. Experts from ASST Fatebenefratelli will provide technical support to MoHSP, ensuring that both the design and execution of civil works align with international neonatal care standards.

2.2 – Technical Site Assessments and Needs Analysis

Before renovations begin, a detailed technical evaluation will be conducted at Koço Gëlozheni Hospital to:

- Assess existing infrastructure and space limitations to determine the most efficient NICU layout.
- Identify deficiencies in ventilation, electrical supply, and medical gas infrastructure, which are critical for neonatal intensive care.
- Evaluate infection control protocols and patient flow to optimize movement within the unit and minimize contamination risks.

This assessment will form the basis for finalizing the architectural and engineering plans, ensuring that all required infrastructure improvements align with WHO neonatal care standards and best practices in NICU design.

2.3 – Technical Assistance on Planning and Design of NICU Infrastructure, Supervision and Verification of the Civil Works

Once the site assessment is complete, the selected architectural and engineering experts will finalize the NICU design shall: (i) incorporate the agreed health facility planning standards; (ii) comply with respective EU norms and safety provisions, as well as Albanian legislation on construction designs and anti-seismicity. The new layout will include in overall terms:

- A Level III NICU, equipped to provide intensive care for critically ill newborns.
- A Sub-NICU, designed for stable but high-risk neonates requiring specialized monitoring.
- Isolation rooms to prevent cross-contamination and infection spread.
- Family support areas to provide a comfortable space for parents and guardians.
- Sterile storage and medical supply management zones, ensuring that essential equipment and medications are available when needed.
- Latest health facility planning standards;
- Reduce energy requirements through the use of passive climate control measures;
- Maximize sustainability through the incorporation of renewable energy sources; reduce the risk of infection through the use of improved admission control procedures ;
- Include gender and disability-specific considerations, such as universal accessibility standards, women's safety, compliant ramps, accessible toilet and bathroom design, and adequate lighting.
- Appropriate licensing according to Albanian legislation.

During this phase, hospital staff, neonatologists, and infrastructure specialists will be actively involved, ensuring that the design aligns with operational requirements. The finalized plans will then be submitted for regulatory approvals, following Albania's health and construction regulations.

2.4 – Execution of Civil Works

Once the necessary approvals are obtained, the renovation work will commence. This will include:

- Demolition and restructuring of outdated NICU infrastructure to create a modern, functional space.

- Installation of advanced hospital systems, including:
 - HVAC systems to regulate air quality and maintain optimal temperature.
 - Medical gas supply systems to provide oxygen and other essential gases for neonatal care.
 - Electrical and backup power systems to ensure uninterrupted operation of life-supporting medical equipment.
- Construction and furnishing of NICU patient rooms, medical stations, and support areas.

The CWWG and ASST Fatebenefratelli experts will support with site visits to monitor progress, ensure adherence to safety protocols, and verify compliance with EU and WHO standards.

2.5 – Final Testing and Certification

Upon completion of the renovations, all newly installed systems will undergo rigorous testing and certification to verify:

- Proper functionality of HVAC, electrical, and medical gas systems.
- Compliance with WHO, MoHSP, and hospital safety regulations.
- Operational readiness for patient admissions and clinical activities.

MoHSP, in collaboration with independent auditors and technical experts, will conduct final inspections before the NICU is officially handed over for medical use.

Output – 2 (Intermediate Objective 2): Acquisition of state-of-the-art neonatal and maternal care equipment for Koço Gliozheni, Mbretëresha Geraldina, Diber, and Fier hospitals.

ACTIVITY 3 – PROCUREMENT, DISTRIBUTION, AND INSTALLATION OF MEDICAL EQUIPMENT

While the civil works are underway, the project will procure, deliver, and install cutting-edge neonatal care equipment at Koço Gliozheni, Mbretëresha Geraldina, Diber, and Fier Regional hospitals. The objective is to ensure that all NICUs are fully equipped with modern, high-quality devices that align with WHO neonatal care standards, enabling healthcare providers to deliver specialized and effective treatment.

3.1 – Preparation of Technical Specifications and Tendering Process

To ensure the selection of the best neonatal care equipment, experts from ASST Fatebenefratelli will assist MoHSP in:

- Drafting technical specifications that align with WHO and international neonatal care standards.
- Conducting market research to ensure cost-effective procurement without compromising quality.
- Reviewing tender documents to ensure compliance with PRAG procurement guidelines.

3.2 – Procurement, Delivery, and Quality Assurance

Following the tendering process, the procurement phase will begin, focusing on acquiring equipment for the four identified hospitals.

Each piece of equipment will undergo quality control inspections upon delivery to confirm compliance with technical standards. The inception phase will modulate the needs according to the capacity of staff to manage the new equipment, real needs and sustainability. The draft list of equipment assessed as necessary is annexed to this proposal.

3.3 – Equipment Installation and Operational Testing

Once delivered, biomedical engineers will install the equipment in each hospital, ensuring:

- Proper integration with hospital infrastructure.
- Functionality and safety checks before patient use.

3.4 – Distribution of Functional Equipment from Koço Gliozheni and Mbretëresha Geraldina to Regional Hospitals

Once the new medical equipment is installed at Koço Gliozheni and Mbretëresha Geraldina, a redistribution strategy will be implemented to maximize the use of functioning existing equipment.

- All equipment deemed functional by MoHSP experts will be relocated to hospitals in need, with priority given to Dibër and Fier Regional Hospitals.
- Additional beneficiaries may be identified by MoHSP based on service gaps and hospital capacity.
- Biomedical engineers will assess, recalibrate, and install the transferred equipment in recipient hospitals.

This strategy ensures optimal resource utilization, extending the project's impact beyond the primary intervention sites and strengthening neonatal healthcare across Albania.

3.5 – Final Testing and Certification

Before being officially deployed, all equipment will undergo a final certification process, verifying:

- Operational readiness.
- Compliance with safety regulations.
- Integration with hospital systems.

MoHSP and independent auditors will conduct final inspections and issue approval for clinical use.

Training on the use of the equipment will be conducted jointly by MoHSP and ASST I'BF Sacco. For further details on this please refer to the PRISMA project proposal document.

1. CHRONOGRAM

Define the chronogram of activities on a monthly basis, coloring the cells for the months in which activities and results will be carried out, pursuant

TIMELINE																						
	I YEAR			II YEAR			III YEAR			IV YEAR												
	1	2	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	1	1	1	
Output 1																						
Activity :	Inception Phase																					
1.1																						
Output 2																						
Activity :	Renovation and Expansion of the NICU at Koço Gliozheni																					
2.1																						
2.2																						
2.3																						
2.4																						
2.5																						
Output 3																						
Activity :	Procurement, Distribution, and Installation of Medical Equipment																					
3.1																						
3.2																						
3.3																						
3.4																						
3.5																						

RISKS AND MITIGATION MEASURES

Most significant risks indicated for the achievement of the project objectives, the level attributed to them (severe, medium, high) and the expected mitigation measures.

Risk Factor	Risk Level (Low - Medium - High)	Context / Justification of Probability	Risk Impact (Low - Medium - High)	Context / Justification of the Impact Assessment	Response to Risk
Contextual Risk: Political or Economic Instability	Low - Medium	Albania is currently stable, but economic fluctuations or policy changes could affect healthcare sector investments.	Medium	Budget reallocation or administrative delays could slow project implementation.	Regular engagement with MoHSP and government stakeholders to ensure alignment with national health priorities. Flexibility in project execution to adjust to economic or political shifts.
Programmatic Risk: Delays in Civil Works Execution	Medium	Bureaucratic procedures, contractor inefficiencies, or unexpected structural challenges could delay renovations.	High	Delays could postpone equipment installation, limiting the project's impact on neonatal healthcare.	Close monitoring by the Civil Works Working Group. ASST Fatebenefratelli will support MoHSP by conducting periodic site visits and ensuring compliance with international standards. Penalty clauses in contracts will enforce accountability.
Programmatic Risk: Supply Chain and Equipment Procurement Delays	Medium	Supply chain disruptions, global shortages, or delays in customs clearance could impact timely equipment delivery.	High	Delayed procurement would limit the operational capacity of NICUs, affecting newborn care.	Early procurement planning, engagement with multiple suppliers, and close coordination with customs authorities. ASST Fatebenefratelli will support monitoring tendering and procurement processes to ensure transparency and efficiency.
Institutional Risk: Sustainability of the Project after Completion	Medium	While MoHSP has committed to sustaining project outcomes, inadequate budget allocations for maintenance and consumables could limit long-term impact.	High	Without proper funding, new equipment and infrastructure may become underutilized.	MoHSP will enforce necessary reforms to ensure hospitals allocate sufficient budgets for equipment maintenance and operational costs. Regulatory agreements with stakeholders will be mandatory before receiving the equipment.
Institutional Risk: Coordination Challenges between Stakeholders	Low - Medium	The involvement of multiple actors (MoHSP, ASST Fatebenefratelli, hospitals, contractors) requires effective coordination.	Medium	Poor coordination could delay key project milestones, affecting both infrastructure works and medical equipment procurement.	A Steering Committee will oversee strategic decisions, while Technical Working Groups will manage implementation. Regular progress meetings and transparent communication channels will be maintained.

Programmatic Risk: Resistance to Adoption of New Protocols and Equipment	Medium	Some healthcare professionals may be resistant to changes in neonatal care protocols or unfamiliar with new technologies.	Medium	If not adequately trained, staff may struggle to implement best practices, limiting the effectiveness of infrastructure and equipment upgrades.	Capacity-building programs will include hands-on training. ASST Faeberefraili will provide technical support and mentorship to ensure effective adoption of new technologies.
Institutional Risk: Maintenance of Purchased Equipment	High	Historically, maintenance of medical equipment in Albanian hospitals has been inconsistent due to funding gaps and lack of structured maintenance programs.	High	Without regular servicing and repairs, newly procured equipment could become non-functional, reducing the long-term impact of the project.	MohSP will enforce regulatory agreements ensuring hospitals allocate necessary budgets for periodic maintenance. A maintenance framework will be developed and approved before hospitals receive the equipment. Suppliers will be required to provide training for biomedical engineers on maintenance protocols.
Contextual Risk: Economic Downturn Impacting Project Budget	Low Medium	External economic shocks could lead to budget cuts or reallocation of funds, impacting the project's financial stability.	Medium	A reduced budget could force scaling down planned renovations or limit the purchase of necessary medical equipment.	MohSP will ensure budget commitments are protected. The project design allows for prioritization of essential investments in case of financial constraints.

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SUSTAINABILITY

The sustainability of this project is rooted in a comprehensive and systemic approach, ensuring long-term impact across institutional, financial, social, and environmental levels. By strengthening institutional frameworks, securing financial commitments, and fostering professional networks, the project aims to establish a self-sustaining healthcare model that will continue to evolve beyond its initial implementation phase.

A key pillar of sustainability is the collaborative engagement between the Ministry of Health and Social Protection (MoHSP) and key stakeholders, including hospital management, regional health authorities, and international partners. A dedicated working group will be institutionalized to oversee the integration of best practices, policy adjustments, and long-term financial planning, ensuring that healthcare facilities remain adequately resourced and continuously improved.

To guarantee the financial sustainability of the intervention, MoHSP will see that hospitals allocate dedicated budget lines for equipment maintenance and consumables procured based upon cost-effectiveness principle. This will be formalized through budget planning agreements with the beneficiary hospitals, ensuring they assume responsibility for ongoing operational costs. Additionally, procurement procedures and civil works will align with EU standards and best practices, allowing Albania to approximate its healthcare procurement and infrastructure management processes to the EU *acquis communautaire*.

To ensure environmental sustainability, the project will incorporate energy-efficient medical equipment and hospital infrastructure, following Italian best practices in hospital design. This includes improved waste management protocols for neonatal care facilities, reducing the environmental footprint of medical interventions while ensuring compliance with international health and safety regulations.

Additionally, a formalized maintenance strategy will be implemented to ensure long-term equipment functionality. This will include supplier-backed maintenance contracts, as well as structured training programs for hospital biomedical staff, enabling them to conduct preventive maintenance and repairs without external reliance. These measures will help mitigate the common issue of medical equipment becoming non-operational due to lack of servicing and spare parts.

Institutional Sustainability and Policy Integration

The project aligns with Albania's National Health Strategy 2021–2030, reinforcing ongoing healthcare reforms and ensuring its integration into national policy frameworks. The intervention is also coordinated with other international efforts, including:

- The German-supported initiative in Shkodra Hospital, which focuses on maternal and child health infrastructure.
- UNFPA-led training programs, from which this project will draw best practices and complement existing capacity-building efforts.

Replicability of the Project

Once successfully implemented, the project sets the foundation for further expansions, specifically targeting:

- Improvements in obstetric and surgical delivery rooms, ensuring high-quality care during the transition phase for newborns in the first hours and days after birth.
- Scaling the intervention to additional maternity hospitals nationwide, using the Koço Gliozheni NICU renovation as a benchmark for further upgrades.
- Standardizing neonatal care procedures across Albania, allowing the approach tested in this project to be adopted as the national model for future healthcare investments.

By documenting the procurement, civil works, and operational procedures, the project creates a replicable model that can guide future NICU development, infrastructure upgrades, and equipment acquisitions, facilitating further improvements across the Albanian healthcare system.

Knowledge Management and Dissemination of Results

This activity will be conducted in synergy with the PRISMA project to grant an overall Programmatic strategy in favor knowledge transfer and of the widest possible dissemination of results. The MoHSP will facilitate institutional dissemination

The sustainability of knowledge and skills developed will be ensured through a comprehensive capacity-building strategy, integrating:

- **Technological Equipment Integration:** All newly procured equipment will be managed within existing hospital staff structures, with training cascaded through a lifelong learning process.
- **Standardization of Operating Protocols:** The adoption of new SOPs, developed in collaboration with ASST Fatebenefratelli, will raise the baseline standards of neonatal and maternal care nationwide. Given Kogo Gliozheni Hospital's role as a tertiary university hospital, these protocols will be further adapted and transferred to regional hospitals, enhancing their clinical and operational capacity.
- **Training-of-Trainers (ToT) Model:** The procurement of new medical equipment will be accompanied by specialized training programs, led by ASST Fatebenefratelli under the Italian-funded training component. Training will be delivered on-site and through e-learning modules, ensuring knowledge retention and replicability.
- **Scientific Collaboration and Policy Advocacy:** MoHSP, in partnership with ASST Fatebenefratelli, will mainstream the intervention through scientific publications in peer-reviewed journals, promoting evidence-based policymaking. Additionally, workshops and international forums will be leveraged to share project outcomes and lessons learned, positioning Albania as a regional leader in neonatal care reform.
- **Awareness-Raising and Public Outreach:** A key component of sustainability is public awareness, ensuring that mothers, families, and healthcare providers understand the enhanced neonatal care services available. Awareness campaigns will be delivered in collaboration with ASST Fatebenefratelli, focusing on:
 - Grassroots outreach to inform communities about improved maternity and neonatal services.
 - Institutional engagement to leverage project results for policy development and healthcare reforms at national and international levels.

FINANCIAL PLAN

The following is the financial plan of the ANMA project. MoHSP will not request additional HR costs as all staff involved in this project are civil servants operating within its institutional duties.

	Total cost in €	Y1			Y2			Y3		
		Output 1	Output 2	Extra Output	Output 1	Output 2	Extra Output	Output 1	Output 2	Extra Output
1. Human Resources	0	0	0	0	0	0	0	0	0	0
Subtotal HR	0	0	0		0	0		0	0	
2. Expenses for the implementation of activities										
2.1 Plants, infrastructures, civil works	1414000	452000	0	0	662000	0	0	300000	0	0
2.1.1 Civil works for the complete renovation of NICU facilities.	1240000	340000			650000			250000		
2.1.2 supervision to ensure quality execution of NICU renovations	39000	12000			12000			15000		
2.1.3 Technical assistance for architectural and engineering design of the new NICU ward.	100000	100000								
2.1.4 Technical verification and certification (kolauding) of completed works.	35000							35000		
2.2 Purchase or rental of goods, supplies, materials, equipment, equipment	2,388,000	0	1000500	0	0	772000	0	0	615500	0

MANAGEMENT AND EXECUTION METHODS

Organizational Governance and Management Structure

The Programme is structured as a unified initiative composed of two complementary and interdependent project components, each with specific responsibilities while operating within a common strategic framework.

- ANMA (Advancing Neonatal and Maternal Health in Albania) – Led by the Ministry of Health and Social Protection (MoHSP), this component focuses on civil works, procurement, and installation of medical equipment to strengthen neonatal and maternal healthcare infrastructure. The execution of ANMA will be fully managed by the Albanian implementing partner, ensuring national ownership and integration within Albania's healthcare system.
- PRISMA (Potenziamento e Rafforzamento delle Infrastrutture e dei Servizi Materno-Infantili in Albania) – Led by ASST Fatebenefratelli Sacco (ASST FBF), this component is dedicated to training, capacity building, referral system strengthening, and governance improvements. PRISMA is implemented independently by ASST FBF under Italian financing.

Although each component has separate financial and administrative structures, both projects are strategically coordinated to ensure coherence, synergy, and sustainability. The Italian-led component will be further detailed in a dedicated document prepared by the Italian partner, while this document focuses on the ANMA project and its integration within the overall Programme.

The overall scheme is subject to a framework agreement between MAICI and the MoHSP, the execution methods are herewith reported with the addition of contextual specifications of technical bodies which will support the implementation of both projects composing the MATHERNA programme.

Project Management Unit (PMU) – Operational Coordination

The Project Management Unit (PMU) will be responsible for the execution of the Grant, ensuring efficient coordination, implementation, and oversight of project activities. The PMU will be supported by personnel from the Ministry of Health and Social Protection (MoHSP) and will be coordinated by a Project Manager. The Project Manager will act as the main point of accountability towards all Parties, ensuring the full implementation of the Agreement.

The PMU, under the overall guidance of the Steering Committee (SC), will also steer and coordinate the implementation of training and technical assistance provided by ASST Fatebenefratelli Sacco (ASST FBF), ensuring that capacity-building activities are fully integrated into the project's framework.

The MoHSP will designate personnel for the PMU, ensuring that the unit has the expertise and capacity required for project execution.

The PMU's responsibilities include:

- Overseeing project implementation, ensuring adherence to timelines and agreed schedules.
- Coordinating technical and clinical aspects by facilitating collaboration between the Technical Working Group (TWG) and the Scientific Committee (SciCom).
- Ensuring effective stakeholder engagement, maintaining smooth collaboration between Albanian and Italian partners.
- Drafting reports and assisting auditors and evaluators, ensuring transparency and compliance.
- Managing budget expenditures to ensure financial accountability.
- Assessing risks related to project implementation and developing contingency plans.
- Communicating regularly with AICS Tirana, providing updates on project progress and addressing any challenges that arise.
- Monitoring the work of the Technical Working Group (TWG) and the Scientific Committee (SciCom), ensuring alignment with project objectives.

The PMU will ensure synergy between ANMA and PRISMA, streamlining processes, and maximizing the efficiency, impact, and sustainability of the Programme.

The PMU will be supported by a Technical Working Group and a Scientific Committee which activities are herewith described:

Technical Working Group (TWG) – Infrastructure and Procurement Oversight

A Technical Working Group (TWG) will be established under MoHSP's leadership to oversee infrastructure development and procurement processes under ANMA. ASST FBF Sacco experts will actively support MoHSP in both the design and implementation of the infrastructural works at Koço Gliozheni Hospital, including revision of plans, provision of second opinions, and technical guidance. This ensures that all works adhere to EU and WHO healthcare standards, supporting Albania's EU accession process.

The TWG's responsibilities include:

- Supervising planning and execution of civil works, ensuring compliance with safety, hygiene, and patient-centered design principles.
- Providing technical oversight for procurements, ensuring that medical equipment selection aligns with EU and Italian standards.
- Monitoring installation of medical equipment, ensuring compatibility with hospital infrastructure and optimizing operational functionality.
- Facilitating joint procurements, ensuring efficiency and compliance with international best practices.

Through this collaboration, the TWG guarantees that all structural and procurement decisions align with Albania's long-term healthcare goals, ensuring today's interventions meet the required standards of tomorrow.

Scientific Committee (SciCom) – Clinical Standardization and Capacity Building

To strengthen clinical practices and workforce capacity, a Scientific Committee (SciCom) will be established under MoHSP's leadership. The SciCom will support as a consultative body hosting experts from all the Programme partners. It will oversee the implementation of training curricula, the standardization of clinical protocols, and knowledge transfer initiatives to ensure that medical staff can effectively operate within the newly upgraded healthcare facilities.

The SciCom will maintain close coordination with the TWG, ensuring that training programs and knowledge transfer activities are fully aligned with infrastructure upgrades and newly introduced medical equipment.

Ensuring Compliance with EU Standards and Albania's EU Accession Process

Given Albania's ongoing EU accession process, the Programme is designed to support Albania's alignment with EU healthcare regulations. PRISMA experts will play a critical role in assisting MoHSP in identifying and procuring medical equipment and materials that comply with EU and Italian standards. The technical assistance provided under PRISMA will ensure that all procurements follow best practices and anticipate future EU regulatory requirements, enabling Albania's healthcare system to progressively integrate into the European framework.

By working ahead of time, this Programme ensures that today's investments meet the standards required for tomorrow, strengthening Albania's healthcare sector in preparation for full EU integration.

Steering Committee (SC) – High-Level Coordination and Decision-Making

To ensure effective governance, strategic oversight, and coordination of the Programme, a Steering Committee (SC) will be established as the primary decision-making body. The SC will oversee the alignment of project activities with national sectoral policies, facilitate joint planning, and ensure the harmonization of efforts between ANMA and PRISMA.

The SC will be composed of:

- One representative from the Ministry of Health and Social Protection (MoHSP)
- One representative from AICS Tirana
- One representative from ASST Fatebenefratelli Sacco (ASST FBF)
- As observers: the Directors of the University Hospital of Obstetrics and Gynecology "Queen Geraldina" and the University Hospital of Obstetrics and Gynecology "Koco Gliozheni", the two tertiary-level hospitals for intensive neonatal care that serve as national referral centers.

The SC will convene every six months to:

- Evaluate progress toward the achievement of project objectives.
- Ensure adherence and alignment with national sectoral policies.
- Endorse the Annual Operational Plan (AOP) proposed by MoHSP for the grant.
- Monitor financial accountability, sustainability planning, and risk mitigation.
- Facilitate coordination between ANMA and PRISMA, ensuring project synergy.

The SC may meet more frequently at the request of any member or when key decisions are required. All decisions must be taken unanimously.

Costs associated with participation in SC meetings, if any, will be borne by the respective institutions. Each project will retain its own financial and operational management, while the SC will ensure strategic supervision, coordination, and alignment with Albania's healthcare priorities.

Inception Phase – Preparatory Actions and Operational Planning

The project will commence with a three-month inception phase, a crucial period of preparatory work that will establish a strong foundation for implementation. During this phase, work plans will be finalized, ensuring that the activities of both projects are aligned. A comprehensive technical assessment of the four hospitals will be conducted to evaluate existing conditions, identify gaps, and refine intervention strategies. Additionally, procurement and civil works plans will be finalized, detailing the steps for acquiring medical equipment and carrying out necessary renovations in compliance with international standards. This phase will also mark the formal establishment of governance structures, ensuring that all stakeholders have clearly defined roles and responsibilities from the outset. By the end of this initial period, the project will have a clear roadmap for execution, reducing the risk of delays and ensuring a structured approach to implementation.

Procurement, Financial Oversight, and Transparency

Given the scale and complexity of the project, procurement processes will follow strict international and national regulations to guarantee fairness, transparency, and efficiency. All procurement under the MoHSP-led project will adhere to PRAG guidelines, ensuring a competitive selection process. Public tenders will be widely advertised, and bids will be evaluated by independent experts to guarantee an objective and fair selection process. Once contracts are awarded, financial oversight mechanisms will ensure strict monitoring of expenditure, preventing mismanagement and ensuring that funds are used efficiently.

Each project will retain separate financial oversight structures, ensuring accountability within their respective management frameworks. However, mechanisms will be in place to track overall spending efficiency, identify potential risks, and introduce adjustments when necessary. Monthly financial reports will be compiled and reviewed, providing ongoing oversight of budget execution. A mid-term financial review will be conducted between months 18 and 20, assessing the efficiency of spending and allowing for potential budget reallocations if needed. Finally, at the end of the project, an independent financial audit will verify compliance with financial regulations, ensuring transparency and accountability across all expenditures.

Monitoring, Evaluation, and Risk Management

To ensure that the project achieves its intended impact, a Monitoring & Evaluation (M&E) will systematically track progress, measuring the effectiveness of interventions and identifying any obstacles that could hinder implementation. The team will oversee infrastructure upgrades, medical equipment installations, and capacity-building programs, ensuring that all components are executed as planned and in accordance with established quality standards. Key performance indicators (KPIs) will be continuously monitored, providing real-time data on progress, while quarterly progress reports will allow for adjustments and corrective actions if necessary.

A mid-term independent evaluation will assess the project's overall effectiveness, identifying strengths, challenges, and areas for improvement. At the project's conclusion, a final and independent evaluation, selected according to PRAG rules, will measure long-term outcomes, particularly the sustainability of interventions and improvements in neonatal and maternal healthcare services. This evaluation will not only document the project's achievements but also provide valuable insights for future healthcare initiatives, ensuring that lessons learned can inform policy and practice beyond the project's duration.

Risk Mitigation Strategies

Given the complexity of the project, proactive risk management strategies have been developed to address potential challenges that may arise during implementation. One major risk is procurement and tendering delays, which will be mitigated through early planning, clear technical specifications, and independent evaluations to streamline the selection process. Ensuring quality assurance in civil works is another priority, with on-site monitoring and active oversight by the Technical Working Group (TWG) ensuring that renovations meet agreed-upon standards.

A critical long-term challenge is the sustainability of newly acquired medical equipment, as maintaining functionality over time is essential to ensuring continuous quality care. To address this, hospitals will be required to allocate dedicated budget lines for maintenance before receiving new equipment. Additionally, structured maintenance contracts with suppliers will be established, ensuring that equipment remains operational and that hospitals have access to necessary technical support. These measures will safeguard the long-term impact of the project, ensuring that neonatal and maternal care improvements remain effective well beyond the project's implementation period.

MONITORING AND EVALUATION

Relevance and Measurability of Indicators

The project's Monitoring and Evaluation (M&E) framework is designed to ensure that all activities, outcomes, and outputs are systematically tracked, measured, and adjusted where necessary to maintain efficiency and effectiveness. The indicators selected reflect infrastructure upgrades, equipment acquisition, and improvements in neonatal and maternal care, aligning with WHO standards, EU healthcare guidelines, and Albania's National Health Strategy 2021–2030.

Outcome-level indicators such as the percentage of NICU equipment meeting WHO standards and the reduction in high-risk maternal cases requiring transfer to Tirana measure the project's success in strengthening neonatal and maternal healthcare. Meanwhile, output-level indicators, including the square meters of renovated NICU space and the number of new neonatal incubators and ventilators installed, provide quantifiable and verifiable measures of project progress.

To ensure accuracy and transparency, the logframe will serve as the principal tool to support monitoring and review against measurable indicators while also facilitating learning and adaptation. The logframe and the implementation timetable will be periodically reviewed and updated to incorporate project advancements and necessary modifications.

Monitoring Activities

Monitoring will be integrated throughout the project lifecycle to ensure continuous assessment of progress, risk identification, and implementation of corrective actions. The project's monitoring framework will provide timely access to information for decision-making while ensuring accountability to donors and stakeholders.

Key monitoring activities include:

- **Baseline Assessment (Months 1-3):** Done during the inception phase, it will map existing NICU infrastructure, equipment conditions for the hospitals involved in the Programme, to establish reference indicators for progress measurement.
- **Progress Reports:** Regular updates (every 6 months) summarizing implementation progress, financial expenditure, and encountered challenges, reviewed by the Steering Committee for adjustments.
- **Site Inspections and Infrastructure Monitoring:** Field visits to verify that civil works and equipment installations meet technical specifications and adhere to the agreed timeline.
- **Procurement and Equipment Verification:** Independent audits to confirm that medical equipment deliveries align with technical and clinical standards, with technical validation by ASST Fatebenefratelli to ensure compliance with international neonatal care requirements.

The monitoring system will also support financial tracking, ensuring that procurement and budget allocations are managed transparently.

Evaluation Activities

Evaluation will measure the project's overall impact and effectiveness, ensuring that interventions lead to sustainable improvements in neonatal and maternal healthcare.

Key evaluation activities conducted by external and independent evaluators:

- **Mid-Term Review (Months 18-20):** An external assessment to measure progress, identify implementation gaps, and provide data-driven recommendations for improvement.
- **Final Evaluation and Assessment (Months 34-36):** A comprehensive review of project outcomes, improvements in neonatal and maternal care, and sustainability measures beyond the project timeline.

M&E Methodologies

The project will employ a mixed-method approach, combining quantitative and qualitative data collection for a comprehensive understanding of impact.

Quantitative Methods

- **Hospital Records & Health Indicators:** Tracking neonatal mortality rates, referral efficiency, and equipment utilization through systematic data recording.
- **Infrastructure & Equipment Monitoring:** Reviewing procurement records, delivery receipts, and installation reports to ensure compliance with planned targets.
- **Financial Tracking:** Monthly reports on expenditures, procurement status, and budget allocations, ensuring financial accountability.

Qualitative Methods

- **Stakeholder Consultations:** Interviews and focus groups with healthcare professionals, hospital administrators, and patients to gather feedback on project effectiveness.

- **Field Visits & Direct Observations:** On-site inspections to assess NICU functionality and the operational effectiveness of new medical equipment.
- **Patient & Family Surveys:** Collecting feedback on service accessibility and quality through satisfaction surveys.

Risk Management through Monitoring & Evaluation

The M&E framework will also function as a risk mitigation tool, ensuring that challenges are identified and addressed proactively. Adaptive learning will allow for real-time adjustments in project implementation.

- ASST Fatebenefratelli will oversee procurement processes, providing technical support to ensure quality materials.
- Routine site visits by ASST engineers and neonatologists will ensure NICU civil works and equipment installations meet international standards.
- Long-term sustainability of medical equipment will be safeguarded through mandatory hospital budget allocations for maintenance and supplier-backed service contracts.

INSTITUTIONAL COMMUNICATION STRATEGY

The communication strategy for this Programme will ensure transparency, visibility, and public engagement, in line with AICS Communication Guidelines. The project will adopt a multichannel approach, leveraging institutional visibility, media outreach, and digital engagement to highlight the impact of the intervention and the strategic partnership between Italy and Albania in strengthening neonatal and maternal healthcare.

Visibility of the Italian Contribution

To guarantee full recognition of Italy's role, all communication materials will prominently feature the AICS logo and branding, ensuring compliance with visibility regulations. This includes:

- **Institutional Branding:** Official reports, presentations, public documents, and training materials will carry the AICS logo and reference to Italian cooperation, following AICS visibility rules.
- **Signage and Marking of Equipment:** Infrastructural improvements at Koço Gliozheni and regional hospitals will include dedicated plaques recognizing the Italian contribution. Medical equipment purchased under the Programme will be labeled with AICS branding where possible.
- **Official Announcements and Events:** AICS representatives will be invited to public events, including project launch activities, infrastructure inaugurations, and scientific workshops, ensuring high-level recognition of Italy's commitment.
- MoHSP will organize a project launch event (following the inception phase) and a final conference where the results of the project will be displayed.

Media and Public Engagement

The Ministry of Health and Social Protection (MoHSP) will play a central role in mainstreaming project results through press releases and media outreach. By leveraging its institutional presence, MoHSP will ensure that frequent public updates are provided, reinforcing the project's relevance within the broader national health strategy.

- **Press Releases and National Media Outreach:** MoHSP will issue regular press releases to Albanian and international media, reporting on project progress, highlighting milestones, and ensuring high visibility of results.
- **Institutional Videos and Testimonials:** Short films, patient stories, and testimonials from medical staff will illustrate the impact of the intervention, reinforcing Italy's role as a strategic partner in Albania's healthcare development.

- **Scientific Publications and Conferences:** The project will contribute to the academic and policy dialogue, with MoHSP and ASST Fatebenefratelli co-authoring peer-reviewed articles and presenting findings at international neonatal care conferences.

Social Media and Digital Communication

The project will leverage digital tools to maximize outreach, using a coordinated social media strategy that engages institutions, medical professionals, and the general public.

- **Social Media Campaigns:** Using AICS-approved hashtags. **Infographics and Multimedia Content:** Before/after images of NICU upgrades, videos of equipment installations, and interviews with healthcare professionals will be shared to illustrate tangible progress.
- **Influencer and Expert Collaborations:** Engagement with healthcare professionals and maternal health advocates will help increase public awareness and trust in the enhanced neonatal care services.

Compliance with AICS Communication Guidelines

All communication materials will strictly adhere to AICS branding and messaging guidelines, ensuring a consistent and professional representation of the Italian contribution. MoHSP and ASST Fatebenefratelli Sacco will coordinate closely with AICS communication teams to review and approve materials before publication.

This structured approach will enhance transparency, maximize public engagement, and reinforce the sustainability of the intervention, positioning Italy and Albania as long-term partners in strengthening maternal and neonatal healthcare.

ANNEXES

Annex 1: Assessment report - Neonatal health care in Albania- July 2024

Annex 2: Draft Plans for Gliozheni's NICU

Annex 3: Draft Procurement Plan

ACRONYMS

Acronym	Definition
AICS	Italian Agency for Development Cooperation (<i>Agenzia Italiana per la Cooperazione allo Sviluppo</i>)
ANMA	Advancing Neonatal and Maternal Health in Albania
ASST FBF	Azienda Socio Sanitaria Territoriale Fatebenefratelli Sacco
EU	European Union
HVAC	Heating, Ventilation, and Air Conditioning
IPA CARE	EU-funded Instrument for Pre-Accession Assistance Civil Protection Project
KPI	Key Performance Indicator
MAECI	Italian Ministry of Foreign Affairs and International Cooperation (<i>Ministero degli Affari Esteri e della Cooperazione Internazionale</i>)
MATHERNA	MATERNnal and Neonatal Health Advancement in Albania
M&E	Monitoring and Evaluation
MoHSP	Ministry of Health and Social Protection (Albania)
NICU	Neonatal Intensive Care Unit
nCPAP	Nasal Continuous Positive Airway Pressure
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
PAR	Procurement and Acquisition Regulations
PMU	Project Management Unit
PRAG	Practical Guide on Contract Procedures for EU External Actions
PRISMA	Potenziamento e Rafforzamento delle Infrastrutture e dei Servizi Materno-Infantili in Albania
SciCom	Scientific Committee
SC	Steering Committee
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
TA	Technical Assistance
ToT	Training of Trainers
TWG	Technical Working Group
UNFPA	United Nations Population Fund
WHO	World Health Organization

Place and date:

Signature:



ANNEX 2

ETHICAL CLAUSES AND GENERAL PRINCIPLES FOR PROCUREMENT AND EXECUTION OF CONTRACTS

The present Annex contains the ethical clauses and fundamental principles on procurement, drafting and execution of works, supplies and service procurement contracts foreseen in the Intergovernmental Agreement. All matters not expressly mentioned in the present Annex shall be regulated by the applicable law established by the Agreement.

1. CONTRACTOR'S REQUIREMENTS

1.1 Unless differently stated in the Agreement, procurement procedures are open to EU economic operators, operators falling in the conditions set out by art. 25 of the EU/2014/24 Directive and operators fulfilling requirements and qualifications for contracts according to their National law.

1.2 The Contracting Authority may request all tenderers to fulfil one or more requirements to take part in public procurement, provided that such requirements are relevant and proportionate to perform the contract to an appropriate quality standard.

1.2.1 *Economic and financial capacity*: The Contracting Authority may impose conditions for participation to guarantee that economic operators possess economic and financial capacity to perform the contract. To that end, the Contracting Authority may request in particular that economic operators have a minimum yearly turnover. The Contracting Authority may not request a minimum yearly turnover exceeding the double of the estimated contract amount, except in cases duly justified by the special risks related to the nature of the works, services or supplies. Where a contract is divided into lots, this Article shall apply in relation to each individual lot. However, the contracting authority may set the minimum yearly turnover that economic operators are required to have by reference to groups of lots in the event that the successful tenderer is awarded several lots to be executed at the same time.

1.2.2 *Professional and technical capacity*: Contracting authorities may impose requirements ensuring that economic operators possess the necessary human and technical resources and experience to perform the contract to an appropriate quality standard. Contracting authorities may require, in particular, that economic operators have a sufficient level of experience demonstrated by suitable references from contracts performed in the past, including for the benefit of private parties. In procurement procedures for supplies requiring siting or installation work, services or works, the professional ability of economic operators to provide the service or to execute the installation or the work may be evaluated with regard to their skills, efficiency, experience and reliability.

1.2.3 *Qualifications for professional activities*: With regard to suitability to pursue the professional activity, contracting authorities may require economic operators to be enrolled in one of the professional or trade registers kept in their State of establishment.

1.3 Tender documents shall indicate the required conditions of participation which may be expressed as minimum levels of ability, together with the appropriate means of proof.

Handwritten signature or initials, possibly 'AF' and 'ES', in black ink.

1.4 Where an economic operator relies on the capacities of other entities with regard to criteria relating to economic and financial standing, the contracting authority may require that the economic operator and those entities be jointly liable for the execution of the contract.

1.5 In the case of works contracts, service contracts and siting or installation operations in the context of a supply contract, contracting authorities may require that certain critical tasks be performed directly by the tenderer itself or, where the tender is submitted by a group of economic operators, by a participant in that group.

1.6 Economic operators falling in one or more of the following conditions are excluded from participation in public procurement, and cannot be awarded a contract:

1.6.1 they have been the subject of a conviction by final judgment for one of the following reasons, as defined by art. 57 of the EU/2014/24 directive: participation in a criminal organization, corruption, fraud, terrorist offences or offences linked to terrorist activities, money laundering or terrorist financing, child labor and other forms of trafficking in human beings;

1.6.2 they have been the subject of a conviction by final judgment for any other crime having as a consequence the incapability of contracting with public Authorities, either in the country where they are established or in one of the country Parties of the Agreement;

1.6.3 they are in serious breach of their obligations relating to the payment of taxes or social security contributions because they have been the subject of a conviction by final judgment or a binding final administrative decision in the State of the Donor or of the contracting authority of in the country where they are established;

1.6.4 they are in serious breach, demonstrated by any appropriate means of their legal obligations on health and social security, environment, welfare and labor, in in the State of the Donor or of the contracting authority of in the country where they are established;

1.6.5 either they are subject of a proceeding to declare, or they are in one of the following conditions: bankrupt, or being wound up, insolvent, or are having their affairs administered by the liquidator or by the courts, or have entered in an arrangement with creditors, with or without suspending their business activities, or are in an analogous situation;

1.6.6 the contracting authority can demonstrate by appropriate means that the economic operator is guilty of grave professional misconduct, which renders its integrity questionable;

1.6.7 they, or the members of the group to which they belong, their partners in joint ventures or groups or their subcontractors, are in conflict of interest linked to their prior involvement in the procurement procedure, having provided consultancy to the contracting authority or having been involved in the preliminary phases of the procurement procedure;

1.6.8 they have been guilty of serious misrepresentation in supplying the information required for the verification of the absence of grounds for exclusion or the fulfilment of the selection criteria, they have withheld such information to one of the Parties of the Agreement or they are recorded in the register kept by the Observatory of the Italian Anticorruption Authority for submission of false documents or false information in order to obtain qualification for their professional activity;

1.6.9 they have been convicted by a judgement for terrorism, or participation to a criminal organization, having as a consequence loss, suspension or ban from participating in public procurement procedures;

1.6.10 they have been banned from being awarded a public procurement contract by a binding final administrative decision (as a consequence of a final judgement on a crime), in the State of the Donor or of the contracting authority of in the country where they are established;

1.6.11 they are in breach of their obligations related to prohibition of fictitious transfer of ownership to trustees on a fiduciary basis, regarding control of fictitious transfer of ownership to third parties either in the State of the Donor or of the contracting authority or in the country where they are established;

1.6.12 they are not compliant with their obligations concerning working rights of people with disabilities in the State of the contracting authority;

1.6.13 they are in control of any other tenderer participating to the same procurement procedure, or they exert a decisive influence on the other tenderer implying that their tenders are attributable to one and only decision making management structure;

1.6.14 they have hired, as employees or consultants, former employees of the contracting authority whose contract is expired form less than three years, in case those former employees, within the last three years, had decision-making powers on behalf of the contracting authority in awarding contracts to themselves.

1.7 An economic operator shall also be excluded when the conditions for exclusion set out in par. 1.6 concern a member of the administrative, management or supervisory body of that economic operator or a person therein with powers of representation, decision or control.

2. CHOICE OF CONTRACTORS

2.1 Award and execution of works, supply and service contracts and concessions shall guarantee performance quality and shall comply with the principles of result, trust, access to the market, good faith and protection of confidence, contractual autonomy, preservation of contractual balance, exhaustiveness of conditions for exclusion and participation. When awarding contracts and concessions, contracting authorities shall also respect the principles of cost effectiveness, efficacy, promptness and fairness, free competition, non-discrimination, transparency, proportionality and publicity. The principle of cost effectiveness may be subordinated, whenever allowed by the applicable law, to criteria expressly mentioned in the tender documents, inspired by social needs, as well as the protection of health, environment, cultural heritage and the promotion of sustainable development, including in terms of energy.

2.2 The design of the procurement shall not be made with the intention of artificially narrowing competition with the intention of unduly favoring or disadvantaging certain economic operators or certain works, suppliers or services.

2.3 Criteria for choosing participants to public procurement procedures shall not discriminate micro, small and medium enterprises.

2.4 Bidding documents shall specify the financial resources available for the contract to be awarded, and the maximum amount of the auction. Any offer above that amount shall be automatically excluded.

2.5 Award procedures shall be cancelled if there are fewer than three eligible candidates/bidders. Whenever objective market conditions reasons render highly unlikely submission of three valid offers, tender documents may allow award in presence of one or two valid eligible offers.

2.6 Each bidder may submit only one offer. When submitting their tender, bidders declare not to have any conflict of interest and not to have any specific connection to other tenderers or to other parties involved in the procurement procedure.

2.7 In the absence of express authorisation in the tender documents, variants of the tender are not authorised. Variants shall be linked to the subject-matter of the contract.

2.8 Whenever the Agreement requires a no-objection on procurement procedures by AICS, contracting authorities requests a bid guarantee amounting to 2% of the maximum amount of the auction. Guarantees may be issued by a bank or a primary insurance company, shall be effective upon complying demand of the contracting authority simply stating that the contractor is in breach of his obligations and must contain an express waiver to the right to enforce the prior payment of the original debtor. The guarantee shall be requested if the contract is not stipulated due to the fault of the contractor. The contracting authority may justifiably reduce the amount by up to 1%, or increase it by up to 4% in order to make the amount of the guarantee proportionate and appropriate to the nature of the services to be rendered and the degree of risk involved.

3. CONTRACT EXECUTION

3.1 Contracts awarded after a no-objection by AICS shall be guaranteed by a performance bond, normally equal to 10% of the contract price. Guarantees may be issued by a bank or a primary insurance company, shall be effective at first demand of the contracting authority and must contain an express waiver to the right to enforce the prior payment of the original debtor. Guarantees shall also be payable upon fraud or grave misconduct of the contractor. Performance bonds are progressively reduced during contract execution, and in any case up to maximum 80% of the amount of the guarantee. The remaining 20% shall be released upon verification of regular execution of the contract.

3.2 Contracts can be modified during their term with the prior approval of AICS, pursuant to art. 72 of the EU/2014/24 directive. In any case, any increase in price shall not exceed the total amount budgeted in the Agreement. The approval of modifications can be denied if they make impossible or highly unlikely completion of other activities of the initiative regulated by the Agreement. Contractors shall not be entitled to any payment or reimbursement whatsoever for expenses deriving from activities carried out without prior approval by AICS. Upon request by AICS or the contracting authority, contractors may be asked to restore, at their own expense, the original state before the unauthorized modification.

3.3 The contracting authority may ask, if it becomes necessary during the contract term to increase or reduce the total contract amount up to 20%, fulfillment at the same conditions of the original contract. Contractors shall not be allowed to terminate the contract.

3.4 Contracts shall not be assigned to third parties. In case of assignment, the contract shall be automatically terminated.

3.4 bis Assignment can be allowed, upon prior approval by AICS, only if the original contractor is replaced due to death, corporate restructuring, including takeover, merger, division, acquisition or insolvency, by another economic operator that fulfils the criteria for qualitative selection initially established, provided that this does not entail other substantial modifications to the contract and is not aimed at circumventing application of the present Annex.

3.5 The duration of the contract can only be extended during its term of execution, if an option to extend duration is expressly included in the original contract and in tender documents. In that case, contractors are bound to perform at the same prices and conditions of the original, or the most advantageous for the contracting authority.

3.6 Without prejudice to fulfilment of obligations regarding traceability of financial flows, as per the following par. 3.10, handover of credits deriving from a procurement, design contest or concession contract are considered effective by the Government of the Italian Republic only upon prior approval by AICS. In any case, the contracting authority reserves the right to object to the assignee all exceptions applicable to the original contractor pursuant to the works, supply, service, or design contract signed by the latter.

3.7 Contractors who have been awarded a design contract are responsible for damages caused to the contracting authorities for errors or omissions in their design. In case of design or works procurement contracts, contractors are responsible for delays and additional expenses caused by deficiencies in the original design.

3.8 Tender documents shall indicate conditions for subcontracting. Tenderers shall declare, in their bids, which supplies, services or works they intend to subcontract. Successful tenderers submit all subcontracts to the contracting authorities before the performance of the subcontract begins. Main contractors are fully responsible to the contracting authority for the entire contract. Subcontractors have to fulfill all requirements as per par. 1.2 in relation to the subcontract and must not fall under any grounds for exclusion under par. 1.6 and 1.7 above. Tenderers or main contractors shall replace all subcontractors incurring in any ground for exclusion.

3.9 Contract prices are expressed and paid in Euro, or in the currency otherwise expressly mentioned in the Agreement. Exchange risks and variations shall not be subject to any compensation whatsoever.

3.10 Payments shall be traceable, according to deadlines foreseen in the contract and taking into account the actual progress in performance. The Government of the Italian Republic makes payments to the other Party, as foreseen in the Agreement, exclusively on a dedicated bank account. In all contracts, a specific clause obliges the contracting authorities, main and subcontractors to use the dedicated account for all payments.

3.11 Contracts are automatically terminated if contractors are subject of proceedings for bankruptcy, for winding up, for having their affairs administered by the court, or are in an arrangement with creditors, or for any similar procedure provided for in their National law.

3.12 In case of willful misconduct or serious fault, contractors' liability may not be limited.

3.13 Contract execution shall be governed by the law of the contracting authority, unless differently foreseen in the Agreement or in this Annex.

3.14 Disputes arising between the contractors and the contracting authority shall not be subject to the jurisdiction of the Italian courts.

3.15 Tender documents must contain the above-mentioned principles.

4. ELIGIBLE AND NON-ELIGIBLE COSTS

4.1 The costs included in the contract(s) shall be eligible if they are actual, economic, and necessary for carrying out the Project pursuant to Project document.

4.2 In any case, the following items shall not be considered eligible:

4.2.1 voluptuary or luxury goods (e.g. perfumes, cosmetics, art objects, spirits, sports goods, etc.);

4.2.2 goods, services and civil works directly or indirectly connected to military activities;

4.2.3 non-income / non-profit taxes (including VAT) and import duties eventually due in the country of the contracting authority;

4.2.4 provisions for outstanding debts and future losses of the beneficiary or the final users;

4.2.5 interests owed by the contracting authority or the final users to any third party.

5. ETHICAL CLAUSES

5.1 Any attempt by candidates or bidders to obtain confidential information, enter into unlawful agreements with competitors or influence the contracting authority during the process of examining, clarifying, evaluating, and comparing tenders will lead to the rejection of his candidacy or tender and may result in administrative penalties;

5.2 Contractors and their staff or any other company with which the contractor is associated or linked may not, even on an ancillary or subcontracting basis, supply other services, carry out works or supply equipment for the Project.

5.3 Contractors must at all times act impartially and as a faithful adviser in accordance with the code of conduct of their profession. They must refrain from making public statements about the Project or services without the contracting authority's prior approval. They may not commit the contracting authority in any way without its prior written consent.

5.4 For the duration of the contract, contractors and their staff must respect human rights and undertake not to offend the political, cultural and religious mores of the beneficiary state. In particular, tenderers who have been awarded contracts shall respect core labour standards as defined in the relevant International Labour Organisation conventions (such as the conventions on labour unions and the protection of labour unions' rights, and on freedom of association and collective bargaining; elimination of forced and compulsory labour, as integrated by the 2014 Protocol; elimination of discrimination in respect of employment and occupation; convention on the protection of maternity, the convention on safety and health in agriculture, and the abolition of child labour).

5.5 The contractors may accept no payment connected with the contract other than that provided for therein. The contractors and their staff must not exercise any activity or receive any advantage inconsistent with their obligations to the contracting authority.

5.6 The contractor and their staff are obliged to maintain professional secrecy for the entire duration of the contract and after its completion. All reports and documents drawn up or received by the contractor are confidential.

5.7 The contractors shall refrain from any relationship likely to compromise their independence or that of their staff. If contractors cease to be independent, or in case a conflict of interest arises, they inform the contracting authority with no delay. The contracting authority may terminate the contract without further notice and without the supplier having any claim to compensation.

5.8 The Government of the Italian Republic reserves the right to suspend or cancel Project financing if corrupt practices of any kind are discovered at any stage of the award process and if the contracting authority fails to take all appropriate measures to remedy the situation. For the purposes of this provision, "corrupt practices" are the offer of a bribe, gift, gratuity or commission to any person as an inducement or reward for performing or refraining from any act relating to the award of a contract or implementation of a contract already concluded with the contracting authority.

5.9 All tender documents and contracts for works, supplies and services must include a clause stipulating that tenders will be rejected or contracts terminated if it emerges that the award or execution of a contract has given rise to unusual commercial expenses. Such unusual commercial expenses are commissions not mentioned in the main contract or not stemming from a properly concluded contract referring to the main contract, commissions not paid in return for any actual and legitimate service, commissions remitted to a tax haven, commissions paid to a recipient who is not clearly identified or commissions paid to a company which has every appearance of being a front company.

5.10 Contractors shall provide, upon request by AICS, supporting evidence regarding the conditions in which the contract is being executed. The competent Italian authorities may carry out whatever documentary or on-the-spot checks it deem necessary to find evidence in cases of suspected unusual commercial expenses or suspect corruptive practices.

5.11 Contractors found to have paid unusual commercial expenses on Projects funded by the Italian Republic are liable, depending on the seriousness of the facts observed, to have their contracts terminated or to be permanently excluded from receiving funds from the Government of the Italian Republic.

5.12 Failure to comply with one or more of the ethics clauses may result in the exclusion of the candidate, bidder or contractor from other Italian-funded contracts, and in penalties foreseen in the contract. The individual or company in question must be informed of the fact in writing.

5.13 It is the duty of the contracting authority to make sure that procurement procedures are executed in a transparent manner, based on objective criteria and disregarding any possible external influences.

Two handwritten signatures in black ink, one on the left and one on the right, positioned at the bottom center of the page.

ANNEX III
to the Agreement
between
THE GOVERNMENT OF THE ITALIAN REPUBLIC
and
THE GOVERNMENT OF THE REPUBLIC OF ALBANIA
for the implementation of the Project
Advancing Neonatal and Maternal Health in Albania (ANMA) – AID 013307*

GENERAL RULES APPLICABLE TO PROCUREMENT PROCEDURES

SCOPE OF APPLICATION	THRESHOLD (in EURO)	REFERENCE GUIDELINES	AUTHORITY (procurement procedure)	PUBLICATION OF THE CALL FOR TENDERS	PRIOR APPROVAL BY		SUBSEQUENT AUDITING REVIEW (Yes/No) Contract
					Tender Documents	Awarding Decision	
Works	>1.000.000,00	PRAG	MHSP	International tender advertising websites / AICS website / Albanian Institutional websites	AICS	AICS	NO
	>300.000,00		MHSP	National tender advertising websites / AICS website / Albanian Institutional websites	-	AICS	NO
	<= 300.000,00		MHSP	Albanian Institutional websites	-	-	YES
Supplies and Services	>300.000,00	PRAG	MHSP	International tender advertising websites / AICS website / Albanian Institutional websites	AICS	AICS	NO
	<300.000,00		MHSP	National tender advertising websites / AICS website / Albanian Institutional websites	-	AICS	NO
	<=100.000,00		MHSP	Albanian Institutional websites	-	-	YES