

**Evaluation Report UNPRDP  
Project “Working bottom up-  
building a local model for  
deinstitutionalization”**

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## List of Acronyms

<b>Acronym</b>	<b>Description</b>
<b>BDE</b>	Bureau for Development of Education
<b>CBS</b>	Community Based Services
<b>CEDAW</b>	Committee on the Elimination of Discrimination against Women
<b>CIL</b>	Centre for Independent Living
<b>CM</b>	Case Management
<b>CSO</b>	Civil Society Organization
<b>CSW</b>	Centre for Social Work
<b>EC</b>	European Commission
<b>ESA</b>	Employment Service Agency
<b>GBV</b>	Gender Based Violence
<b>HRBA</b>	Human Rights Based Approach
<b>GE</b>	Gender Equality
<b>OECD DAC</b>	The Organization for Economic Co-operation and Development's Development Assistance Committee
<b>OPD</b>	Organization of Persons with Disabilities
<b>LGU</b>	Local Government Unit
<b>ICF-CU</b>	International Classification of Functioning, Disability and Health for Children and Youth
<b>IP</b>	Individual Plan
<b>ISA</b>	Institute for Social Activities
<b>MoES</b>	Ministry of Education and Science
<b>MoH</b>	Ministry of Health
<b>MLSP</b>	Ministry of Labour and Social Policy
<b>MTSS</b>	Multi-tiered System of Support
<b>PCP</b>	Person Centered Plan
<b>PwD</b>	Persons with disabilities
<b>SDGs</b>	Sustainable Development Goals
<b>SEI</b>	State Education Inspectorate
<b>SRH</b>	Sexual and Reproductive Health
<b>SSP</b>	Social Service Provider
<b>ToR</b>	Terms of Reference
<b>UNDP</b>	The United Nations Development Programme
<b>UNEG</b>	The United Nations Evaluation Group
<b>UNEG</b>	United Nations Evaluation Group
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	The United Nations Children's Fund
<b>UNRCO</b>	UN Office of the Resident Coordinator (UN RCO)
<b>UN WOMEN</b>	United Nations Entity for Gender Equality
<b>WB</b>	World Bank

This report on Evaluation of the UNPRPD project “**Working bottom-up -Building a local model of Deinstitutionalization**” in North Macedonia was prepared by external independent evaluator and has been facilitated by UNDP North Macedonia.

The content of the report does not necessarily reflect the policies or views of the UN agencies which implemented the project. The views expressed in this report are those of the evaluator.

Name of the project: Working bottom-up -Building a local model of Deinstitutionalization”  
Country of the project: North Macedonia  
Timeframe of the evaluation: December 2020-January 2021  
Timeframe of the object evaluated: June 2018- December 2020  
Location (country, region, etc.) of the evaluation object in North Macedonia: Strumica Region, Republic of North Macedonia  
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## Executive Summary

This report, commissioned by UNDP North Macedonia, seeks to evaluate the UNPRPD project” Working bottom up – building a local model for deinstitutionalization” which was implemented between June 2018 and December 2020 in Banja BANSKO, Strumica. This was the third joint programme intervention implemented by four UN Entities in North Macedonia<sup>1</sup>. This joint programme was implemented by UNICEF, UNDP, UN Women and UNFPA. The project was funded by the UNPRPD Global Fund with total budget of 400.000\$ (100.000\$ per UN Entity). The overall goal of the project was to support persons with disabilities to recognize and realize their rights to live independently and to be included in the community. The project focuses on the deinstitutionalization, as a lever of systemic change, supported by a multi-sectoral effort to strengthen the demand and the supply of gender-sensitive services aimed at realizing the rights of persons with disabilities to independent life in the community.

In assessing the ability of the four UN Entities to fulfil their commitments to this project, the evaluation aims to provide quality evidence and guidance to inform key stakeholders at national and local level (such as the Government, the country offices of the four agencies and the UN Office of the Resident Coordinator (UN RCO), among other partners, public authorities, Civil Society Organizations, Organizations of Persons with Disabilities and the persons with disabilities) in planning and delivering the joint programme intervention for development of integrated community based services for persons with disabilities in Banja BANSKO Strumica.

This evaluation’s objective was to assess the Development Assistance Committee (DAC) evaluation criteria (i.e., relevance, efficiency, effectiveness, sustainability, impact and coherence) of the project intervention. Additionally, it seeks to highlight the lessons learnt from the project intervention and with an emphasis on how to address the system barriers to independent living of persons with disabilities (i.e., enabling environment, supply, demand and quality).

The evaluation - based on an Evaluation Matrix - provided the main analytical framework according to which data has been gathered and analysed throughout all evaluation phases. The evaluation questions were developed for each of the 6 DAC evaluation criteria; Human Rights and Gender Equality perspectives were integrated in all evaluation criteria. Both thematic fields and geographical areas of the activities have been covered in the evaluation and the sample size has been based on the criteria of non-random sampling: geographical scope, method, and specific types of stakeholders to be sampled.

Data have been collected using methodological pluralism – desk reviews, focus groups, structured interviews, questionnaires and case study analysis – with the triangulation of information, providing findings in a convergent logic for the whole project intervention. The analysis of the collected information led to the identification of 6 key findings across the six evaluation criteria.

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<sup>1</sup> In the joint portfolio of the UN Entities prior to this joint programme were 2 others joint programmes related to inter-ethnic cohesion and domestic violence.

In terms of **relevance**, the programme intervention was aligned with the national priorities related to **social protection reform, deinstitutionalization process and establishment of community-based services**, non-discrimination, inclusive employment services, education, access to sexual and reproductive health services, gender-based violence and gender equality. Most important, the intervention was focused on the intended target group – **resettled children and adults with disabilities** from Banja Banske, Strumica and **meeting their needs for independent living**. The intervention fully supported and assisted the State in realization of deinstitutionalization and resettlement of persons with disabilities into community-based forms of care and assistance.

Regarding **effectiveness**, 4 key findings confirmed the successful accomplishment of the project intended results in effective and efficient way. Concerning **the set indicators, the achievements were above the expectations**. Only one of them - the expected number of resettled beneficiaries – was not fully completed due to the limited time. The project attained to all the objectives and **managed to develop a local model of deinstitutionalization that effectively responds to the situations and needs of persons with disabilities from the public institution Banja Banske Strumica**.

This local model results from a commitment to develop and maintain Public-Private-People Partnership for the provision of integrated community-based. The model ensures **comprehensive and tailored services** to the needs, situations and conditions of the resettled persons with disabilities. By provision of tailored made services was ensured that are addressed and satisfied the needs of the resettled persons with disabilities. **The project intervention enabled persons with disabilities to recognize and practice their social, human and rights on independent living**.

It succeeded in **strengthening the capacities of the duty bearers from both the public and private sector** in providing a non-discriminatory, gender-based social model of treatment, assistance and care for persons with disabilities on a daily basis by respecting and applying the provision of the UN CRPD.

Moreover, a significant work was done in order to **strengthen the capacities of professionals working in the area of inclusive education** for the creation of supportive school atmosphere for children with disabilities and learning difficulties.

Concerning **efficiency**, the proper management of resources has led to an efficient delivery of the project outputs and to their development into system level results. Moreover, it is important to underline the absence of overlapping with similar interventions or results reached with comparable financial resources.

Concerning the **coherence and the coordination**, the project intervention managed to ensure synergies and interlinkages with other interventions carried out by the same UN Entities in the area of social and labour market inclusion of persons with disabilities, inclusive education, healthcare prevention and protection, prevention of gender-based violence and gender equality.

**All stakeholders in the project assessed the coordination, communication, management and cooperation with UN Entities at good level**. The project reporting was coordinated on rotational basis among the UN entities involved. Starting from late 2019, UN RCO supported the entities in internal coordination and communication. Prior to this UNDP was coordinating the overall process.

There is no record of significant fluctuation in the project staff. The project team holds capacities to lead similar interventions. One of the lessons learnt for similar joint program is the essential role of an official coordinator.

Key stakeholders, partner organizations, NGOs and governments have seen the project as a **Role model in the deinstitutionalization of people with disabilities and in the development of Public-Private-People Partnerships**. It ensures the provision of comprehensive health, education, social and employment services for persons with disabilities. (A strong asset of the project is the developed partnership between Government, Non-Government, Business sector, local community and final beneficiaries-persons with disabilities).

As regards **sustainability**, the project introduced **essential policy changes and improved the capacities of existing services** that have paved the way for a sustainable enabling environment for provision of community-based services for independent living of persons with disabilities and inclusive education for children with disabilities.

In addition to this the **state ensured an exit strategy for the continuation of all the services**: independent living of adults with disabilities within the house units for living with support, small group homes for children with disabilities, provision of community-based services (foster care, personal assistance, home care and assistance and work-oriented rehabilitation). Further work is expected in relation to the expansion of work-oriented and vocational rehabilitation services at local and central level.

In addition to this, the inclusive education, personal and education assistants for children at school age were ensured through the resource centres of the regular schools.

With regards to Gender Based Violence and Sexual Reproductive Health Service, the Health System responses to Gender based violence and incorporation of the WAVE curricula within the regular programme for continuous education of health care professionals at Faculty of Medicine.

A certain continuation of the project activities is expected through the newly applied joint programme of the four UN Entities at UNPRPD funds.

As signs of **impact**, the programme intervention has generated significant **positive changes in the lives of the resettled persons with disabilities and as well changes in the way of thinking and acting of duty bearers related to acceptance, support, non-discriminatory and person centered approach in communication, support and assistance of persons with disabilities**.

It managed to create a positive climate for development and for maintenance of social, family and community-based services for persons with disabilities at local and national level.

The project has contributed to **slightly narrow the disparities between persons with disabilities and without disabilities** by ensuring access and participation to community-based services (social, health, education and employment) as well as showing indications towards an improvement in the preconditions for an upbringing and care of children and adults with disabilities in alternative forms of care based in the community.

Based on the **conclusions and lessons learnt** from the programme intervention, the evaluation derived to 2 groups of recommendations:

#### **Group one addresses the Government**

As key recommendations addressed are:

- **further continuation of the already started deinstitutionalization process,**
- **development and maintenance of network of service providers** which will provide comprehensive and integrated services at local, regional and local level.
- Most importantly, **providing system solutions that will follow the needs and requirements of persons with disabilities at local, regional and national level.**

#### **Group two addresses the UN entities**

As key recommendations addressed are:

- **to continue providing expert support to the State in the implementation of the reforms in the social protection, education and employment sector,**
- **provide support to increase the network of available service providers and increasing the awareness among persons with disabilities and their OPD's about UNCRPD principles and available opportunities and supports at local, regional and national level.**
- **also encourages agencies to undertake other similar joint interventions for support of other vulnerable groups.**

## 1. Background

### **National Context**

The process of deinstitutionalization in North Macedonia has started in 2000 and, passed through 3 main phases. The first phase was implemented between 2000-2007 and result in the deinstitutionalization of 30 children with disabilities residing at Demir Kapija institution, who were resettled to their biological families or foster care with the support of UNICEF<sup>2</sup>.

The second phase was implemented between 2008-2017, with the adoption of the National Deinstitutionalization Strategy 2008 – 2018. In this phase 123 beneficiaries were resettled, and 214 children (107 children with disabilities) were placed in foster families.<sup>3</sup> The resettlements in small group homes were the most frequent, with a share of more than two thirds (68%) of the resettlements, while the foster families are represented with less than one third (28%). At that time, the small group homes were seen as effective tool for relocation and transfer of beneficiaries from institutional care to community care. Until 2017, 105 children and 80 adults were placed in small group homes. This phase of deinstitutionalization also included children which were resettled in foster families.

In this phase of the deinstitutionalization, the optimal relocation options, closer to ordinary, regular living-similar to family atmosphere were not sufficiently exploited.

The option for beneficiaries to return to their original families has not been neglected and remained as the first choice in social work practice. However, moving a beneficiary to his/her original family required time and patience, complex and detailed work, as well as additional resources.

Within this phase, 81 beneficiaries from Demir Kapija were resettled in services for supporting independent living in the community. In addition to this, within the first phase

<sup>2</sup> E.Kocovska and K.Panayotova, 2020, **WORK ASSISTANCE AND SUPPORT FOR EMPLOYMENT OF PEOPLE WITH DISABILITIES LEAVING INSTITUTIONAL CARE**, pp.5

<sup>3</sup> Source: DI Strategy in North Macedonia pp 32

were established 61-day care facilities across the country. They played significant role in the process of deinstitutionalization and are still playing an important role in the deinstitutionalization. The day care facilities in combination with foster care and sometimes with small group homes in many cases provided the opportunity to relocate and thus are a necessary support for many beneficiaries, which prevents their institutionalization.

Shortly before the start of the second phase, some of the sub-services under category 2 of developed services in North Macedonia were developed: personal assistance and home care and assistance.

In general, during the first wave, the state has been the dominant provider of institutional care, as well of community services.

Decentralization and pluralism of service delivery initiatives were in their infancy, largely due to the lack of regulatory mechanisms that would encourage different actors to provide services in the community, including public funding of NGOs and private social service providers.

**The third phase of the deinstitutionalization process** started in 2017 when was adopted the new [Strategy for Deinstitutionalization 2018-2027 “Timjanik”](#) and its Action Plan.

So far, it achieved the following achievements:

**Needs: notable changes in perception and actions of professional and general population.** The sensibility and responsiveness to the needs in general – in the system – and in particular – in dealing with individual users has improved. **Persons with disability and other social care beneficiaries are recognized as people with unalienable human rights, including the right to live in and participate to the community.** This change of perception is supported by “live evidence” of the residents who have been resettled. Now they are seen in a new light, and changes in their immediate environment have uncovered a host of contingencies that were previously hidden by the fact of living in the institutions. Needs and wishes to be with other people, to improve the relationships with relatives, to be involved in various activities, to own things and to cope with a different kind of challenges to those when they were in an institution, have become uncovered and unmasked by the sheer shift of the life-situation.<sup>4</sup>

**Institutions:** there are no more specific institutions for children and no more children in institutions. There are just 200 residents with disabilities still in the institutions for adults left. Much better if compared to the situation of the previous phases of resettlement, although there is still a lot of work left behind in order to successfully complete the process. **All the social protection institutions for persons with disabilities have devised the transformation plans and settled on the path of transformation.** Since then, there were no new admissions or readmissions to these institutions, and no plan for major refurbishments of the institutional premises. In the next period it is expected establishment and complete reorganization of the institutions into variety of community-based services, including transfer the professionals from the institutions.

**Resettlement:** all the children from the institutions are resettled and this is the major achievement. At the end of 2019, the rate of resettlement as part of the deinstitutionalization process was 43.15%.<sup>5</sup>

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<sup>4</sup>Source: V.Flaker and N. Stanojkovska, June 2020, Initial achievements and gaps in the accomplishment of the National Strategy of Deinstitutionalization “Timjanik” and recommendations for further action- Policy analysis and Recommendations paper.

<sup>5</sup> Source: MLSP data

In particular, were established 19 small groups home where 93 persons/beneficiaries were accommodated. In the same year, 11 adults with disabilities left the special institute Banja BANSKO Strumica, two of them received support for returning in their biological families and 9 were accommodated in state owned apartments. All the 11 persons received appropriate support and personal assistance through the UNPRPD programme intervention in Strumica and in Gevgelija.

In addition, two new small group homes were opened (one in Skopje and one in village Koreshnica in Demir Kapija) for placing 8 adults with intellectual disabilities that were accommodated in Special Institute Demir Kapija.

The process of transferring children from institutions into community-based services was implemented in the same year. Further than placement in small group homes, in certain cases children were placed in foster families or returned in biological families. The number of foster families in October 2019 was 208 in which are placed 347 children<sup>6</sup>.

**Policies and services:** apart the strategy for deinstitutionalization in 2019 was adopted the new [Law for Social Protection](#). The law foresees a provision of community-based services and strengthens the role of the centres for social works, CSO's, and last but not least it is enhanced the role of the local government and provided mechanisms of funding the new activities. The act is supported by the crucial by-laws.

In the period between 2019-2020 the government developed by-laws and rulebooks for almost all services prescribed in the law. The state has developed [Methodology for determination of service price according to the norms and standards per services](#). However, based on the service provider's practices, it seems that the amount of money foreseen for each service per user is not sufficient to provide the beneficiaries with necessary and integrated multi-sectoral services.

The social contracting model is in initial phase of its implementation. When it comes to the level of service providers, MLSP according to the Law for Social Protection has established a Commission for Licensing of Service Providers and developed [Rulebook for licensing of service providers](#). However, the number of licensed service providers is still very low. According to the official register of MLSP, there are 13 licensed service providers in North Macedonia<sup>7</sup>.

The network of available service provider at local and regional level is not sufficient yet. Many donors provided support to different organizations and entities to support the transformation process and establishment of new services at local level but most of them are lacking exit strategies and sustainability.

**On the personal-life level:** The potential of receiving community care has increased in last years, there is more possibility of the continuity and coordinated care, but maybe not yet as tailor made as it should be. Although the awareness on injustice to the people with disabilities has substantially increased and system advocacy took place, insufficiency of advocacy service, of instances one could turn in the case of discrimination, neglect or misunderstanding, is apparent.

The overall deinstitutionalization process and the reforms in social protection was led by the Government of Republic of North Macedonia with strong support and assistance from national and international counterparts and in particular the UN Entities.

**In joint efforts they were focused on changing work approaches, mindset and behaviours of professionals working in the institutions, persons with disabilities,**

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<sup>6</sup> Source: MLSP data for 2019

<sup>7</sup> <https://www.mtsp.gov.mk/content/registar%2014.8.2020.pdf>

**their families, friends, local communities and wider population that each and every single individual gets to live independently and be included in the community.**

From the very beginning of the deinstitutionalization process, especially during the third phase of deinstitutionalization, UN agencies were the main government counterparts in:

- **Provision of preparational activities, guidance, mentorship support of professionals working in social protection institutions for providing new types of person-centered community-based and family-based services.**

For instance, UNDP supported preparation and delivered training programme for social service providers who deliver institutional care and to staff who work in institutions on preparation of Person Centered Plans for independent living into the community, working in the community, teamwork, key working, understanding decision making for people who lack capacity and associated topics. UNFPA delivered trainings for strengthening the capacities of professionals coming from CSO's, DPO's, healthcare institutions for GBV and SRH services for persons with disabilities. UNICEF worked on improving competences, skills and knowledge of educational staff from primary schools, State Educational Inspectors about the concept of inclusive education, its implementation, monitoring and evaluation. UN Women worked on strengthening the capacities of the professionals on ending all forms of violence against women in particular young girls and women with disabilities. In addition to this UN Women worked on empowerment, personal development and self-advocacy of persons with disabilities

- **Provision of personal and educational assistance services for children and adults with disabilities** in order to facilitate their functioning in the school and the community.

Firstly, they worked on development of legal provisions related to inclusive education and then on strengthening the capacities, skills and competences of the future assistants and enabling the beneficiaries to recognize and practice their rights on personal and educational assistance services. UNDP, in the last couple of years is strongly committed in the introduction and successful provision of personal and educational assistants all over the country. Through the Community Work Programme but as well through the active labour market measures, UNDP supported provision of personal assistance services and as well educational assistance support for children with disabilities all over the country. The Operational Plan for Active Labour Market Measures -Community Work Programme enabled at least 1071 personal and educational assistants support the children with disabilities and learning difficulties in order to attend mainstream schools. In addition to this, UNDP has engaged an international expert to conduct an assessment of the current activities of the personal and educational assistants in North Macedonia<sup>8</sup>, which served as a base of Ministry of Education and Science together with Bureau for Development of Education to develop the Rulebook on the norm, description of the competences and the work responsibilities of the personal and educational assistants<sup>9</sup>. This technical assistance and support from UNDP were used as well in the process of developing the concept for inclusive education.

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<sup>8</sup> Source: P.F.Hunt, UNDP North Macedonia, 2020, Education and Personal Assistants now and here-open perspectives

<sup>9</sup> Source: MoES

- **Work oriented rehabilitation, treatment, mentoring, guidance of persons with disabilities** while accessing the labour market.

Since 2017, UNDP is developing professional rehabilitation and work oriented services for supporting persons with disabilities to gain, strengthen employment knowledge, skills and competences all over the country. Most important, by providing comprehensive vocational rehabilitation and work-oriented services for persons with disabilities they managed to provide opportunities for employment and self-employment by means of entrepreneurship trainings and business mentor support for each individual.

In addition to this, UNDP supported establishment of Center for work - oriented rehabilitation and support for employment of persons with disabilities both in Strumica and in Skopje (as part of the commitments towards transformation of the public institution for rehabilitation of children and youth with intellectual disabilities-Topansko Pole-Skopje).

- **Provision of sexual and reproductive health care and gender-based services.**

UNFPA is supporting the Ministry of Health in developing mobile healthcare points, increasing the awareness and strengthening the capacities of healthcare professionals and other organizations about the need of non-discriminatory, gender based and social approach of work with persons with disabilities. A significant work is aimed to increase the awareness, empowerment and enabling persons with disabilities to recognize and practice their rights to equal access and participation to SRH and GBV services.

- **Provision of technical assistance and support for incorporation of gender-based aspects** and issues in all type of social, health, education and employment services at local and central level. UN Women is one of the main partners of MLSP, MoES and MoH concerning the introduction and the implementation of gender-based issues on regular basis in their programs and action plans.

## **Programme Intervention context**

The evaluated programme intervention is named Working bottom up – building a local model for deinstitutionalization. It has been implemented in Banja BANSKO Strumica between June 2018 and December 2020.

The programme intervention aimed to **develop and implement a local model for deinstitutionalization ensuring the provision of social, educational, health and employment services for resettled persons with disabilities** (7 children and 11 adults) from the Public Institution Banja BANSKO Strumica in North Macedonia.

The model bridged employment services for people with disabilities, ensure inclusive education for children with disabilities, strengthen models of alternative, community-based social care and family support and provide sexual and reproductive health services youth and adults with disabilities and in particular for young girls and women with disabilities. By building a community-level model, the UN team demonstrated how to:

- build bridges to employment for people with disabilities.
- ensure inclusive education for children with disabilities.
- strengthen models of alternative, community-based social care and family support
- provide sexual and reproductive health services for persons with disabilities and in particular to young girls and women with disabilities.

The programme ensured a safe transition and transfer of 7 children and 11 adults with disabilities from public social protection institutions into community-based services. It

enabled them to recognize and practice their social and human rights and: particularly the right for an independent living.

This programme intervention happened at the right time and responded to the needs and requirements of the state in the process of reforming the social protection, deinstitutionalization and establishment of family and community-based services at local and national level. In this respect the joint programme intervention made significant contribution in achieving the national deinstitutionalization agenda through a multi-sectoral effort.

The programme was focused on **strengthening the capacities, knowledge, skills and competences of professionals from public and private service providers** in the health, education, social and employment sector. It aimed to enable them to properly identify and assess the specific needs and situations, prior to design, manage and implement personalized services in accordance with the UN CRPD principles.

It managed to **increase the awareness, self-advocacy and strengthened the knowledge and skills of the right holders - persons with disabilities** - in different domains: empowerment, socio-emotional development, inter-personal skills, teamwork, gaining skills for independent living, strengthen their competences to recognize discrimination and violence and most important to recognize and advocate for their social and human rights. This approach of work has been welcomed and acknowledged by all responsible and relevant national stakeholders at central and local level, which ensures sustainability of the actions and nation-wide scaling-up.

By providing comprehensive services in different sectors and segments of the lives of the beneficiaries, the programme intervention significantly **assisted the state in its effort to prevent institutionalization and re-institutionalization of children and adults with disabilities at local and national level.**

Moreover, it made significant contribution in achieving other **national priorities related to inclusive education, sexual and reproductive health, gender equality and employment of persons with disabilities at local and national level.** For instance, the UN entities fully supported the state in the process of creating the New Law for Primary Education and the Concept for Inclusive Education, and the implementation of the National Strategy to promote health 2017-2020, the National Strategy (and Action Plan) for Sexual and Reproductive Health, the Gender Equality Strategy and the new Law on Prevention and Protection from Violence against Women.

Further to this the UN entities have made significant support in the **transformation process** of the existing social protection institutions in North Macedonia. For instance, UNDP engaged experts to prepare transformation plans of Public Institution for rehabilitation Banja Bansko Strumica and Special Institute Demir Kapija and UNICEF engaged experts for preparing transformation plans for the public institutions: Institution for babies and children without parents and parental care (0-3 years) “Majcin Dom Bitola”; Institution for children without parents and parental care (3-18years) “11ti Oktomvri”-Skopje, Public Institution for Children with Social Problems and Disrupted Behavior ’25 May; Rehabilitation Institution for Children and Youth Topaansko Pole.

In addition to this, the UN entities provided support in **preparation of the professionals and persons with disabilities for the transformation and resettlement process.**

UNDP has provided professional support for preparation of 66 adults from Public Institution in Demir Kapija for resettlement from institutional to community-based living and 70 persons from PI Banja Bansko out of which with the UN support 7 children and 11 adults were resettled into the community.

UNICEF has supported the resettlement of all children from social protection institutions into alternative forms of cares according to the needs and situations of the children. UNDP, UNFPA and UN Women provided financial support for adaptation, equipping and furnishing the apartments respecting the needs, situations and positions of each person with disabilities. During the preparation phase was ensured the self-reflection of each person with disabilities for its own resettlement into the community based on their individual needs, wishes, and desires for independent living in individual apartments. Specific attention was given on increasing the capacities of professionals to work on identifying/ designing personalized services, in line with the CRPD principles. This approach has been welcomed by the responsible national institutions, which made the prospects for sustainability and nation-wide scaling-up far better than in the past. Furthermore, special attentions were given in **increasing the awareness and number of alternative forms of care of persons with disabilities**.

UNICEF together with MLSP made significant effort to support biological and foster families in order to prevent further institutionalization of children with disabilities has been successfully initiated. A public outreach campaign was carried out and resulted with an increased number of foster families (+ 20%). In Strumica there are 12 children placed in foster families. Children from Banja BANSKO received particular attention and support for their inclusion in the regular schools in Strumica.

In this context, UN team provided **technical assistance, support and training of 10 school staff from the PI Banja BANSKO** about inclusive education, assistive technology, and e-accessible educational software. Moreover, specialized training support was provided to State Education Inspectors about inclusive education process in primary and secondary schools.

UNFPA has provided **rights-based, gender-sensitive training** to a range of professionals from the health and social sector directly involved with persons with disabilities. Moreover, UNFPA in particular, worked on **increasing the awareness and gaining knowledge and skills related to sexual, reproductive, and gender-based violence services available at local level**.

UN Women made significant work on **empowerment, personal development and self-advocacy of persons with disabilities**. By means of a variety of training programs and workshops, persons with disabilities were able to recognize and practice their social and human rights.

## **Project purpose and objectives**

The overall goal of the project was to support persons with disabilities to recognize and realize their rights to live independently and be included in the community. The focus of the project was on the deinstitutionalization, as a lever of systemic change, to be supported through a multi-sectoral effort to strengthen the demand for and supply of gender-sensitive services aimed at realizing the rights of persons with disabilities to independent life in the community.

During the implementation of the project intervention, the UN entities - in joint efforts with MLSP and other relevant local stakeholders - managed to build a community-level model which covers all areas: social, education, healthcare, housing, and employment for persons with disabilities resettled from the Public Institution Banja BANSKO Strumica.

Until the end of the project, in joint efforts the UN entities managed to support the State in the process of planning and implementing the resettlement of 11 adults with disabilities (8 women and 3 men) and 7 children in alternatives forms of care at local level. Through this joint effort the UN entities managed firstly to assess the individual needs of the persons with disabilities ready to leave the institution, then by working directly with them to develop resettlement person-centred plans, jointly to identify and select the future homes, to equip and adapt their homes based on their needs, situations and wishes.

**The process of development of a community level model** consisted of several key actions:

- **Provision of comprehensive assessment of the needs and situations at local level** by ensuring involvement of large number of local actors from different areas such as: Public Institution for Rehabilitation and Education Banja BANSKO-Strumica, Municipality of Strumica, Centre for Social Work, healthcare facilities, schools, Employment Service Agency, Disability Persons Organizations, Non-Government Organizations working directly with persons with disabilities and the persons with disabilities themselves.
- **Provision of an assessment of available social, sexual and reproductive health, gender based, educational and employment services at local level.**
- **Establishment and maintenance of Public-Private-People (PPP) Partnership** in provision of community and family-based services for persons with disabilities at local level.
- **Development of Resettlement Body within the Public Institution Banja BANSKO.**
- **Awareness raising and strengthening the capacities of members of the PPP Partnership** in order to ensure common understanding about the current situation and needs of persons with disabilities and common approach towards providing conditions for integration of persons with disabilities into society, their proper resettlement and access to variety of services at local level.
- **Awareness raising of the overall population about the need of integration of persons with disabilities and providing conditions and climate for resettlement of persons with disabilities in alternative form of care at local level.**
- **Assessment of the needs and situations of the persons with disabilities within the institution Banja BANSKO.**
- **Development of persons centered plans for the persons with disabilities** within the institution.
- **Gradual preparation of the persons with disabilities** to leave the institution and their resettlement in alternatives forms of care in the community.
- **Defining the scope of necessary community-based services** for smooth integration and functioning of the resettled persons with disabilities in the local community (according to the personalized plans for each of them).
- Selection of the **personalized gender-sensitive community-based services:** personal assistance, homebased care and work-oriented services for persons with disabilities.
- **Development of knowledge-based resources** such as manual, toolkits, guidelines and brochures for strengthening the capacities of professionals from different sectors: healthcare, education, social protection and employment for better understanding the concept of inclusion, non-discrimination, social model,

- gender-based and human rights approach in communication, treatment and care of persons with disabilities.
- **Strengthen the capacities of the professionals involved in provision of care, support and assistance** such as: personal assistants, caregivers and other service providers working with persons with disabilities based on the commitments within the UN CRPD.
  - **Introduction of UNCRPD to the business mentors** and strengthened their capacities in provision of mentor support to persons with disabilities in their employment process and support in establishment and running their own private businesses
  - **Strengthen the capacities of health care providers trained about Strengthening Health System Responses to Gender Based Violence.**
  - **Strengthening the capacities of Organizations of Persons with disabilities** and persons with disabilities to recognize and practice their social and human rights.
  - **Provision of individual support and psychosocial counselling of persons with disabilities.**
  - **Development of peer educators with disabilities and role models at local level.**

In particular, the programme worked on development of **models of education, employment, social and health services in order to facilitate independent living of persons with disabilities.** Through this approach, tailored models, addressing the needs of the targeted individuals in one institution, as representatives of persons with disabilities, were developed and were included in national policies. More specifically, by adapting protocols, guidelines, training modules to ensure accessibility and acceptability of services for persons with disabilities, barriers to existing services will be removed and the attainment of highest possible level of services will be sought.

In this way the programme sought **to improve acceptance and inclusion of persons with disabilities in their local community** by addressing stigma and harmful social norms and by promoting attitude changes, including at the level of families.

The UN entities worked towards recognizing and addressing the different needs and barriers women and men, girls and boys with disabilities face in accessing and using educational, social, health and employment services, as well as their perspectives to full integration as equal citizens in the society and labour market.

As recommended by the CEDAW, particular attention was given to gender-based discrimination among adults and children with disabilities, and the following specific levers of change were addressed in Legislative norms, Cultural norms, Capacity and Partnerships.

The multi sectoral, multi-partner and multi-level technical support of the project contributed to building stable collaborative arrangements among national state actors as well as encourage partnerships among state actors on one hand and the business community, PwDs and civil society on the other. In this way the project managed to develop and maintain Public-Private-People Partnership in provision of community-based services for persons with disabilities at local level.

The key **human rights principles** of participation, inclusion, equality, non-discrimination and accountability are the underlying principles which ensured sustainability of results. Both rights holders and duty bearers, girls and boys, women and men with disabilities, were active participants in planning, implementation, and monitoring of progress towards the fulfilment of rights.

The increased knowledge about CRPD rights and principles and the new partnerships contributed to positive change in both the process and contents of the public policies and services, while the enhanced views about the level of independence and equality that PwDs are entitled resulted in a positive change in cultural norms.

## Contextual deprivations and system barriers

The table below presents the key barriers that were identified during the project intervention and which the project through its activities tried to tackle:

<b>Barriers to the realization of independent living:</b>	
Enabling environment	Misconception and misuse of the concept for independent living between persons with disabilities, local authorities and local actors and general public.
	Presence of negative attitude, societal stigma and discrimination at local level
	Lack of support of the families
Supply	Prevalence and still strong influence of the institutional services- Presence of the institutionalization in the community and at home units for living with support->the power and impact of the institutional form of care (content and dynamics)
	Still strong prevalence of the medical model based on charity rather than social model.
Quality	Barriers related to community support services: Availability, accessibility and affordability of support. Lack of universal design Restricted access to services <sup>10</sup> Low level of presence of quality services at local level. Insufficient resources.
Supply	Barriers in Mainstream Services and Facilities
	Barriers to other CRPD rights that impact on independent living
Demand	Poverty and disability-specific costs
Supply	Lack of equal access to education and employment
Demand	Participation of persons with disabilities and DPO's
Supply	Lack of official data for persons with disabilities
	Lack of COVID-19 Disability Rights Monitor (COVID-DRM)- national survey for collecting information regarding the impact of the virus and state measures to respond to the pandemic on the human rights of persons with disabilities.
<b>Barriers to the realization of inclusive education</b>	
Enabling environment	Misconception and misuse of the concept of inclusive education
	Presence of negative attitudes and stigma about inclusion of children with disabilities and learning difficulties in the regular education system
	Barriers related to establishment of Support and Resource Centers to the regular schools

<sup>10</sup> [http://enil.eu/wp-content/uploads/2017/06/The-right-to-live-independently\\_FINAL.pdf](http://enil.eu/wp-content/uploads/2017/06/The-right-to-live-independently_FINAL.pdf)

	Lack of understanding about the meaning and use of personal assistants and educational assistants
Quality	Barriers related to educational services for persons with disabilities: -Availability, accessibility and affordability of support. -lack of universal design. -Restricted access to education facilities. -Low level of presence of quality services at local level. -Insufficient resources
Supply	Lack of official data about children with disabilities in the regular education system
<b>Barriers to the realization of sexual and reproductive health rights</b>	
Enabling Environment	Presence of stereotypes and prejudices at local level
Quality	Barriers related to sexual and reproductive health services for persons with disabilities (women and men): gynaecological services, perinatal services, SRH for men with quadriplegia and paraplegia -Availability, accessibility and affordability of support -Restricted access to services. -Low level of presence of quality services at local level - Insufficient resources
<b>Barriers to the realization of gender equality</b>	
Enabling Environment	Presence of discrimination, stigma and gender stereotyping
	Presence of ignorance attitudes towards gender-based issues and their incorporation on regular basis in the social, employment, education and healthcare programmes and actions plans

## Geographical scope of the project

The initial plan was to be implement the project in the municipality where was the Public Institution for Rehabilitation and Education. Based on the requirements and demands from the State actors the project intervention extended its geographical scope from local to national wide. However, most of the project interventions were focused and implemented at local level. The educational, sexual reproductive and gender-based violence components were extended and implemented at country level.

## Project main stakeholders and final beneficiaries

Within the project intervention were engaged different types of stakeholders from different sectors at central and local level and they are considered as duty bearers and the persons with disabilities and their parents/guardians/legal representatives as right holders.

Duty bearers	Right holders
Ministry of Labour and Social Policy	20 adults with disabilities from PI Banja BANSKO
Ministry of Education and Science	7 children with disabilities from PI Banja BANSKO
Ministry of Health	Parents/guardians and legal representatives of the children with disabilities
Municipality of Strumica	
Centre for Social Work	
Bureau for Development of Education	
State Education Inspectorate	
NGO "Open the windows"	
NGO "HERA"	
DPO "Polio Plus"	

NGO Red Cross Strumica	
Center for work-oriented rehabilitation and support for employment,, Izbor ,, Strumica	
Local Private companies	

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### The Theory of Change

The Theory of Change to this project is represented by a results framework which consists of one overall impact statement with two main outcomes. The overall project consisted of 10 specific objectives accompanied with 10 expected results which were planned to be achieved through the above-mentioned activities. Hence, the evaluation also looked at the project's performance throughout these distinct levels. In annex 1 is presented in detail the Theory of change.

## 2. Purpose and objectives of the evaluation

### Evaluation overall objective

The overall aim of this evaluation is to assess the overall progress, relevance, efficiency and effectiveness of the project, implemented in the period 2019-2020. The evaluation determines the extent of the implemented outcomes and sustainability of the project as well as the performance UN agencies in the process of the project implementation that will lead to recommendations for improvement and follow up actions. In addition, the evaluation results serve as bases for further joint initiatives and cooperation among the UN agencies.

### Evaluation specific objectives

According to the TOR, the evaluation has the following specific objectives:

- To assess the relevance of the project intervention to respond appropriately to the needs and priorities of the target group.
- To assess the **impact<sup>11</sup> and effectiveness** of the activities implemented in the programme intervention.
- To evaluate the **efficiency** of the project in relation to beneficiaries, costs and timeframe of the project.
- To assess the **sustainability** of the project (institutional, social and financial).
- To make **recommendations** for further development of future interventions.
- To assess how the target groups was involved in the project implementation, individual development process and monitoring.

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<sup>11</sup> Within the evaluation period, the impact was partially evaluated interventions and the timeframe is too soon after the project to assess impact level change.

- To assess the coordination and coherence among the entities in the planning and implementation of the programme and their coordination with other national and international agencies working in the same area.

### **Evaluation desired results:**

- To document the early signs of impact of the program<sup>12</sup> with special emphasis on the impact the project has had on persons with disabilities from Banja Banske Region.
- To critically examine the impact matrix and verifiable indicators found in the original proposal and provide post-project figures along with a narrative explaining the reasons for under/over performance achievement.
- To draw conclusions, make recommendations and state lessons learnt for future strategy and follow up actions.
- To provide commentary on the current political, social and cultural factors impacting the implementation of the project.

### **Geographical scope and thematic evaluation scope**

The evaluation was conducted on the territory of municipalities of Strumica and Skopje.

### **Expected users and intended use**

#### **Contents and target group scope:**

- Children and adults with disabilities and their families from the Public Institution for rehabilitation Banja Banske Strumica;
- Professionals working in the PI Banja Banske Strumica (teachers, caregivers, managers, specialists);
- Professionals from public authorities in Strumica, such as: Centre for Social Work, Local government unit.
- Ministry of Labour and Social Policy
- Ministry of Education and Science
- Ministry of Health
- Professionals (principals and teachers) from primary schools in Strumica;
- State Education Inspectors
- Professionals from the Bureau for Development of Education-BDE
- Mentors and professionals from private companies.
- Broader local community
- UN entities programme teams.
- CSO and OPD's as partner organizations such as: Polio Plus, Hera, Open the Windows, IZBOR Strumica and others.
- Strategic Management level
- Programme Management level

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<sup>12</sup> The impact of the project intervention comprises pieces of evidence on early signs of project contribution towards positive changes in the life of children and adults with disabilities targeted by the intervention.

**Timeframe: December 2020-January 2021**

**Evaluation Participants:**

- a) **Programme direct beneficiaries:** children and adults with disabilities and their families/legal representatives and professional from the institution Banja BANSKO Strumica
- b) **Programme staff from the UN entities:** UNICEF, UNDP, UNFPA and UN WOMEN
- c) **Direct stakeholders:**
  - Government representatives:** MLSP, MOES, MOH
  - Public authorities:** CSW, ISA, ESA, SEI, BDE, LGU and HCU
  - Private and public social service providers**
  - Local community representatives.**

### 3. Evaluation Methodology

#### **Evaluation Criteria**

As per the ToRs, the Evaluation Matrix formed the ‘spine’ of this evaluation, providing the main analytical framework against which data was gathered and analyzed throughout all evaluation phases. To this end, the Evaluation Matrix is designed as a first step in the inception phase – even before the desk review.

It included 6 evaluation criteria as stated in the ToRs, namely:

**Relevance**, defined as the extent to which the objectives of the intervention addressed the rights and needs of persons with disabilities, reduced inequities, and were consistent with equity-focused development priorities at national and /or local level.

**Effectiveness** refers to the extent to which intended results and system changes were met, and the extent to which UN entities contribution in meeting those results has been demonstrated.

**Efficiency**, or the measure on how economically resources/inputs were converted to system level results.

**Sustainability** understood as the likeliness of the continuation of intervention’s results after major development assistance is completed.

**Impact**, which comprises pieces of evidence on early signs of project contribution towards positive changes in the life of children and adults with disabilities targeted by the intervention.

**Coherence** understood as compatibility of the intervention with other interventions in the sector and in the country and the coordination how the project was coordinated, communicated and managed by the entities.

Evaluation questions were developed for each of the 6 criteria; furthermore, these were equipped with anticipated data gathering methods and judgement criteria to allow for the validation of the proposed evaluation questions. It should also be mentioned that Human Rights (HR) and Gender Equality (GE) dimensions were integrated into each of the

originally proposed evaluation criteria by following the UNEG guidance<sup>13</sup>, such as for example:

Table. Examples of HR and GE dimensions of the evaluation

Evaluation criteria	Evaluation question	Anticipated judgement criteria
Relevance	How was the intervention designed and implemented to align and contribute to HR & GE?	Extent to which the intervention is aligned with international instruments (e.g., CRC, ICERD, CEDAW, CRC), standards and principles on HR & GE and contributes to their implementation.
Effectiveness	Were results on HR & GE defined, monitored and achieved?	Extent to which the Theory of Change and results framework of the intervention integrated HR & GE.
Efficiency	Were the project interventions cost effective in reaching persons with disabilities (boys and girls alike)?	Extent to which management systems supported or hindered the realization of results. Timeliness of delivery of outputs.
Sustainability	What are people's resources, motivation and ability to continue advocacy on delivering messages of importance of CRPD?	Extent to which persons with disabilities and communities have gained knowledge and skills to better claim their rights in the areas of health care, education social welfare and employment.
Impact	To what extent is the realization and enjoyment of HR & GE by rights holders and capacity of duty-bearers expected to be long-lasting?	Whether rights-holders have been able to enjoy their rights and duty bearers have the ability to comply with their obligations.
Coherence	To what extent the intervention fit? To what extent was the intervention compatible with other interventions	

These items are included in the Evaluation Matrix which also includes all respective evaluation questions and can be found in Annex 2 -Evaluation Matrix.

In order to measure result achievement (effectiveness and impact), in the evaluation the reference are the indicators defined in the logical framework of the intervention. As for the rest of evaluation criteria (relevance, efficiency, sustainability and coherence), the anticipated judgment criteria were based in the content analysis conducted as part of the qualitative analysis. This process refers to the reduction and sense-making effort that converted a high volume of raw qualitative data into patterns, consistencies and meanings. Therefore, no specific indicators were designed for these criteria given the qualitative approach the evaluation gave priority to. Moreover, some of the findings under effectiveness and impact criteria (especially impact) were also based on the content analysis conducted. This is the reason why the anticipated judgment emphasizes the term "extent to", since there is no corresponding scale of assessment under this qualitative approach.

Subsequent to reviewing the available material during the desk review, the evaluator assessed which contents and data already provided answers to the proposed research questions for each evaluation criteria, resulting in the performance of information gap analysis. This analysis enabled the identification of those evaluation questions whose

<sup>13</sup> UNEG 2011, Integrating Human Rights and Gender Equality in Evaluation -- Towards UNEG Guidance. Available at: <http://www.uneval.org/document/download/1294>

answers were to be sought during the data collection phase. In addition, this also facilitated the selection of complementary research methods to obtain the remaining data (e.g., focus groups, interviews, field visits, case studies and additional desk reviews).

### **Data collection methods**

This is a non-experimental evaluation searching for the lessons learned in the implementation of the programme intervention. The evaluation looked at the relevance, effectiveness, efficiency and sustainability of the project. Additionally, it aimed to identify any existing impact pieces of evidence on early signs of project contribution towards positive changes in the life of children and adults with disabilities targeted by the intervention.

The four complementary methods were used during the evaluation:

**Desk review:** to gain an overall understanding of the project's context, design, implementation and monitoring during implementation as well as identifying crucial information gaps. It was conducted during the inception phase of this evaluation and formed the basis for further developing evaluation methods. It was based on secondary sources (project progress reports, other reports and information on the project, governmental policies, strategies and plans, statistics, etc.) including those listed in the ToRs together with additional relevant documentation submitted by the UN Agencies and their partner organizations. The entire list of documents reviewed for this evaluation can be found in Annex 7-Bibliography. The crucial information gaps identified were complemented by the below mentioned evaluation methods (i.e., focus groups, structured individual and group interviews and case study analysis) together with a complementary desk review of material gathered during the data collection phase.

**Focus groups:** to cover and contrast the opinions of different stakeholders and final beneficiaries involved in the project. Due to the Covid restrictions was difficult to organize focus groups with the final beneficiaries and state education inspectors as it was planned. They were replaced with online group interviews. Also a focus group with professionals providing personal assistance and homebased services for the resettled beneficiaries has been conducted online.

**Structured interviews:** to gather specific information on concrete aspects of the project and to validate the consistency of the project. This allowed for triangulating information, views and opinions of different stakeholders that were either involved in the project or able to report on its observed results or effects. Interviewed stakeholders included: Government representatives; civil society organizations, disability persons organization, representatives from local government unit and public authorities, schools' professionals, persons with disabilities, personal assistants and caregivers, specialists from the four UN agencies and professionals from the UN RCO.

**Case studies:** were analysed portfolios of the resettled beneficiaries, developed individual plans for resettlement of these beneficiaries the process of transition and the services offered to them.

**Questionnaire:** based on the evaluation matrix, it was developed a questionnaire that has been shared with professionals in order to collect comprehensive information about the project intervention.

A detailed list of interviewees and focus group participants can be found in Annex 3.

The data analysis was conducted in accordance with the questions in the Evaluation Matrix designed during the inception phase (see Annex 2). The information was regularly updated throughout the data collection process, allowing for the application of different analytical methods and techniques during the collection process.

The main method used was qualitative data analysis for which the collected data was coded and categorized using specific software (i.e., Dedoose) for qualitative and mixed methods analysis. The data was coded following the evaluation matrix structure, first by key evaluation criteria, sub-criteria and evaluation question. Other criteria were the validity of the data by giving greater weight to those pieces of evidence which were triangulated and confirmed through two or more of the data-gathering techniques. Therefore, the analysis presented in the next chapter (Evaluation Findings) gives priority to this type of information, but also considers recurrent pieces of evidence brought out by informants under the same data-gathering technique.

A quantitative data analysis was also applied to quantitative secondary data obtained through the data collection (e.g., statistics, databases); however, it should be noted that the interpretation of quantitative data also included qualitative elements allowing for the contrasting and comparison of both types of data collected during the evaluation.

Additionally, the following data techniques, suggested in the ToRs, were also used in order to ensure the reliability validity of collected data:

**Triangulation:** Both quantitative and qualitative data were analysed to assess evaluation questions and criteria. Findings based on qualitative data were triangulated across key informants, compared with available documentary evidence and validated in the focus groups (for applicable questions or criteria) before drawing conclusions and formulating recommendations.

**Complementarity:** Both qualitative and quantitative data were used to measure overlapping, but distinct, facets of the evaluation question and criteria.

**Interrogation:** In the case of detecting diverging findings by applying data triangulation or complementarity, the obtained data was re-questioned before any conclusions were drawn. Any conflicting findings were highlighted in the respective evaluation question or criteria.

## **Sampling**

Due to the conditions and time limits for the entire evaluation, the following criteria were defined in order to determine the sample size for this evaluation: geographical scope, method and specific types of stakeholders to be sampled.

After assessing the feasibility to apply the respective data collection methods in the local context, it was decided to cover the main direct and indirect beneficiary groups through focus group discussions.

In the inception phase was foreseen the provision of 3 focus groups but due to the Covid-19 restrictions and limited period, only 1 of them has been. However, the planned audience was involved in individual and group interview.

**Table: Determinants for non-random sampling score**

Determinant	Sampling scope	
<b>Geographical scope:</b>	Banja BANSKO Strumica and Skopje	Focus on the locations where the project took place and locations where the beneficiaries were resettled
<b>Method:</b>		Focus Groups (1) Individual Interviews (16) Group interview (5) Case studies (5) Questionnaire (1) Desk review and in-depth analyses of documents and draft proposals prepared by national and international experts
<b>Specific types of stakeholders to be sampled:</b>	<ul style="list-style-type: none"> <li>• UN Agencies: UNICEF, UNDP; UNFPA and UN Women</li> <li>• Government representatives: MLSP-Social Protection Department and Deinstitutionalization, MoES, MoH;</li> <li>• Professionals from public institutions: local government unit-Strumica, State Education Inspectorate, Bureau for Development of Education</li> <li>• Professionals from social protection institution Banja BANSKO Strumica: principles, teachers, caregivers;</li> <li>• Professionals providing care and assistance of resettled beneficiaries (Personal assistants and caregivers)</li> <li>• Professionals from the implementing organizations: DPO Polio Plus, NGO “HERA”, Open the Windows, IZBOR Strumica and Red Cross-Strumica.</li> <li>• Professional from Center for Continuous Education of Family Doctors</li> <li>• Final beneficiaries resettled and employed</li> </ul>	<p><u>Direct and indirect beneficiaries:</u></p> <ul style="list-style-type: none"> <li>• Public administration represented by officials or civil servants (national, regional, local) acting as either service provider and/or duty bearer MLSP, MOES, MoH, LGU);</li> <li>• Civil society organisations acting either as service provider, implementing partner (day care centres)</li> <li>• Foster parents and families</li> <li>• children and adults with disabilities</li> </ul>

As a result of the above-describe process, different sampling criteria need to be applied to the respective data collection methods in order to cover all of the specific types of stakeholders to be sampled. Therefore, the table below provides a brief overview of the sampling criteria to be used for each method.

Annex 4 provides detailed explanation of the evaluation process and work plan. Regarding the interviewed national stakeholders, it is important to note that this selection is the result of an interactive process of discussion between the Evaluation Team and the UN Agencies, ensuring that all stakeholder groups were covered within the constraints of the time available. Whilst drawing on UN Agencies knowledge and links within the sector, the Evaluation Team took the final decision on who to consult based on an assessment of their role and influence in the respective countries and relevant sectors.

## Methodological limitation to take into account

The proposed approach for the evaluation takes into account the requirements as set in the TORs. It is also aware of the potential constraints in the development of the evaluation.

Additionally, this project presents specific difficulties in its evaluation, as it needs to take into account:

- Potential difficulties in conducting field visits and focus groups with the final beneficiaries and some of the stakeholders such as professionals from the PI for social protection and rehabilitation of persons with physical impairments Banja BANSKO STRUMICA, school professionals and others of the project due to COVID-19 limitations. With some of the stakeholders were conducted online focus groups such as with the caregivers and personal assistance, state education inspectors and others. Due to this limitation the evaluation was mainly based on desk review, analysis of documents, re-use of transcripts and findings from other evaluations such as **The Evaluation of the United Nations Partnership for Development 2016-2020**, online interviews and discussions with key project counterparts.
- In order to assess the impact of the project intervention is necessary more time to pass since the intervention started and requires social impact assessment.
- For some of the expected results it may be difficult to identify what the effective contribution of the project has been or to what extent have they been influenced by external factors: as a consequence, the provision of evidence may be limited, however, in some cases sources of information will be triangulated.

The evaluation proposal intends to **solve these limitations by:**

- **Combining quantitative and qualitative data analysis:** quantitative data gathered by secondary sources (e.g., annual reports, records and data provided by the intervention of the project) can provide substantial information on the effectiveness and efficiency while data gathered through qualitative methods can provide meaningful information about all criteria, notably sustainability and impact (or potential impact). While quantitative methods can provide evidence based on results and outcomes to inform key stakeholders at national and county level in planning and delivering programmes/services, qualitative methods will provide better information in the identification of barriers and bottlenecks, lessons learnt and recommendations.
- **Using different and complementary sources of information:** The proposed approach will use different sources of information in order to fill the gap between the absence of information in some cases, and non-updated information or unreliable information. Data can be complemented by individual opinions (structured interviews), debates (focus groups), and field observations. Different sources will allow for triangulation of information especially when searching for lessons learnt and recommendations for the future.
- **Adapting the research tools** to the different countries, as the evaluation object is a unique project that follows both shared and common objectives in the different countries and develops different actions with both common and different results. The contents of the interviews focus groups, etc., will be adjusted accordingly.
- **Following an open and flexible approach.** The objectives of the evaluation (e.g., identification of lessons learnt, recommendations, barriers and bottlenecks,

potential impacts, evidence in the short term) requires open and flexible approaches that will be reflected in all three stages of the evaluation.

## **Ethical standards and safeguards**

During data collection, attention was paid to ensuring that the evaluation process is ethical and that participants in the process can openly express their opinions, protecting the confidentiality of their answers. The evaluator was sensitive to beliefs, manners and customs and act with integrity and honesty in their relationships with all stakeholders, ensure that their contacts with individuals are characterized by respect, protect the anonymity and confidentiality of individual information.

It is important to highlight that children were not directly interviewed during this evaluation, but the evaluation took a participatory approach by including the voices of parents (as representatives of children), teachers, and other stakeholders.

The evaluation guaranteed the classical standards and was conducted in full coherence with the UNEG Ethical Guidelines and Code of Conduct. Which implied:

- Respecting gender and human rights principles throughout the evaluation process.
- Maximizing the degree of participation of stakeholders.
- Ensuring that the evaluation matrix integrates the UN Convention on the Rights of the Child (CRC), UN Convention of the Rights of Persons with Disabilities (CRPD) and human rights commitments.
- Disaggregating data by gender, geography, and social groups where feasible.
- Ensuring that all outputs use human rights and gender-sensitive language.

Additionally, the evaluation was accountable, transparent and involve the stakeholders, following the principles of relevance, reliability, comparability and comply or explain.

## **4. Evaluation findings**

The following chapter presents the findings for each of the six evaluation criteria: relevance, effectiveness, efficiency, sustainability, impact and coherence. In each sub-chapter are elaborated the key criteria that were presented in the evaluation matrix.

### **4.1 Relevance**

The relevance was assessed according to the following five criteria:

Responds to the needs of persons with disabilities and local communities

- a) **Programme alignment with the needs of persons with disabilities and local communities.**
- b) **Programme alignment with country priorities** defined in national strategies, policies and programmes.
- c) Extent to which **UN contributions are valued by partners and beneficiaries.**
- d) **Alignment of intervention design to Human Rights and Gender Equity standards** and principles.

The target group of the project intervention were persons with disabilities (children and adults) resettled from the Public Institution for Protection and Rehabilitation of persons with physical impairments “Banja Bansko”, Strumica. It properly addressed and responded to their situations and needs for independent living by respecting the principles and commitments of the UN Convention of the Rights of Persons with Disabilities.

The **project intervention managed to respond to the needs of the final beneficiaries** by:

- Established **resettlement conditions and ensure provision of necessary services**, support and assistance for their daily functioning.
- **Provided and selected homes meeting the needs**, desires and conditions of each user individually by respecting their social and human rights.
- **Ensured provision of individualized services** (personal assistance, homebased care and support and work-oriented) based on the needs and situation of each beneficiaries through which was ensured quality social services assessing the beneficiary's satisfaction and their evolution.
- **Enabled 11 persons with disabilities for independent living and supported transition of 7 children with disabilities into alternative forms of care like small group homes, returning in biological families and foster care placement.**
- **Raised the awareness among persons with disabilities**, broader community and most important among professionals from different sectors about the need of providing conditions for equal access and participation of persons with disabilities to social, health, education and employment services.
- **Provided access to social, healthcare, education, sexual and reproductive, family planning, gender-based violence and employment services for the resettled beneficiaries and laid a foundation for these types of services for the rest of the persons with disabilities waiting to be resettled.**
- **Trained persons with disabilities to recognize, better understand and practice their social and human rights.**
- **Strengthened the capacities of professionals from the public institutions, Civil Society Organizations and OPD's for development of coaching and employment services for persons with disabilities.**
- **Strengthened the competences and skills of the professionals from health, education, social and employment sectors at local level how to treat people with disabilities without using the charity approach, being discriminatory, and underestimating them.**
- Strengthened the **advocacy and self-advocacy skills** of persons with disabilities and their organizations.
- **Enabled persons with disabilities to acquire employability skills** and competences in order to be competitive on the labour market.
- **Ensured employment of 5 persons with disabilities.**

*How I can feel, am very happy, after 43 years living in institution, I am finally in my own apartment-my own home, I have my own room-studio, where I can place my paintings and I have special space where I can paint freely, without any interruption. I am really happy that now by living in the urban zone, I can find more easy "potential buyers of my paintings" so I can earn money for myself and be independent.*  
(Roze-resettled person with disability).

## **Programme alignment with National priorities and developmental needs**

This programme is a "first seed" for family and community-based services that need to be further maintained, improved and enriched at local and central level.

The relevance and the role of the UN entities in achieving the set of outcomes and indicators within the **National Strategy for Deinstitutionalization and its action plan** is of the **utmost importance**. In particular, the Un entities made significant **contribution in achieving different goals:**

### **Pilar 1 Transformation of the institutions:**

-provided expertise for the transformation of the institutions for children and adults with disabilities. UNDP and UNICEF made significant contribution in transformation process of all social protection institutions in North Macedonia.

-supported the state in establishing new family and community-based services within the old premises of the institutions. For instance, UNDP supported the State in the establishment of Respite Center in the Public Institution Demir Kapija, and of Center for work-oriented rehabilitation and support for employment of persons with disabilities within the PI for rehabilitation of children and youth with intellectual disabilities -- Topaansko Pole. UNICEF supported the State in establishing Resource Centers for support of foster families in PI 11th October-Skopje and Majcin Dom-Bitola.

### **Pilar 2 Resettlement of the beneficiaries:**

- promoted resettlements to independent living and original families.
- ensured the resettlement to independent living to be viable and preferable.
- secured that the group homes are transitional solutions and prevent the stay of children in an institution or community residential facility or in foster family when adoption is possible.
- improved the resettlement methodology through which were enhanced the possibilities and effectiveness of resettlement.
- **resettled the residents in the way corresponding to their needs** (group homes and home units for living with support). Ensured involvement of various actor's service providers and final beneficiaries at local level.
- **assured that residents choose their home** and are involved in fitting it and the accommodation needs were personalized, residents had to have a right to reside, create domestic and socializing places.

### **Pilar 3 Development of community services:**

- provided direct support in development of **methodology for assessment of local and/or regional needs**, resource assessment and response planning with regards to social services.
- conducted local and/or regional needs assessment and resource mapping with regards to social services.
- provided technical support to variety of training, workshops, online events, mentoring, resources, funds to municipalities and/or regions for implementation of local and/or regional action plans for enhancement of social services provision.
- **supported establishment of mobile services and resources centers at local or regional level.**
- developed manuals, guidelines for provision of personal assistants, foster care, work-oriented and respite care services.
- developed methodology for cost analysis for independent living based social services provision, responsive to personal needs of users.
- developed personalized services such as home-based care, personal assistance, work-oriented rehabilitation and support for employment and self-employment of persons with disabilities.
- developed instruments for entitlement, assessment, planning, coordinating and monitoring of the care process.
- developed person centered plans for provision of family, social and community-based services.
- improved the capacities of the key local stakeholders in community services provision.
- strengthened capacity of relevant civic organizations, OPD's for provision of community-based services.
- strengthened the foster care system.

### **Pilar 4 Prevention of institutionalization:**

- ensured proper and safe life conditions for the resettled beneficiaries to start independent lives in the communities by receiving individual customized professional support and assistance according to the needs and situations of the resettled beneficiaries.
- increased the awareness among the general public and professionals coming from the health, education, social and employment sector about the need of integration of persons with disabilities into society and enabling them to have equal access to all services.
- **developed a network of family and community-based services for persons with disabilities and strengthened the capacities of all local actors** involved directly or indirectly in provision of personalized services for persons with disabilities at local and national level.
- UNDP is providing expert support and assistance in drafting the new Law for Employment of persons with disabilities.
- UNFPA is supporting the development of the new Law on Prevention and Protection from violence against women and domestic violence.

*This project has a big role and merit in changing the awareness and what that local model of deinstitutionalization should look like, how the overall living conditions for persons with disabilities need to be adjusted based on the individual needs of the beneficiaries. I was involved in the process of resettlement of the beneficiaries and providing sufficient number of support services and for these aspects, I can only say that the project was really relevant to the local needs and most important was successful....*

D.Tomsic -Ministry of Labour and Social Policy

*The resettlement process of the children and adults with disabilities from Banja BANSKO would not happen without UN Agencies support and involvement. The financial, technical and expert's logistic support and experience in this area was of a great value and importance for MLSP and the Government, although the state has great merit in the successfulness of process.*

V.Lazovski-Ministry of labour and social policy

### **The relevance and the role of the UN entities in the Education Sector-inclusive education** within this programme was as well of great importance.

Through the UN entities (UNICEF and UNDP) direct support and assistance, the Ministry of Education and Science in partnership approach with all relevant actors managed to:

- **adopt [New Law for primary Education](#)** (July 2019). UNICEF together with the other UN entities organized one training “Implementing the CRPD shift of paradigm for realizing the right to live independently and be included in the community” that advocacy efforts for changes in the law for primary education related to inclusion of children with disabilities and children with learning difficulties in mainstream schools.
- **adopt the [Concept for inclusive education](#)** - by adopting the new law for primary education and the concept for inclusive education, UN entities supported the state in avoiding the risk of institutionalization. After many years of separation and segregation children with disabilities through the concept of inclusive education have the right to study with their peers without disabilities. The UN entities supported the State in the promotion of the concept of inclusive education, its proper understanding and most important contributed to laying the foundations for a real and proper implementation of inclusive education in the Republic of North Macedonia. The concept is a result of a more comprehensive lengthy work of the UN entities in the area of inclusive education and provision of supportive services for better access, integration, well-being and development of children with disabilities and learning difficulties. In particular, UNDP through the Community Work Programme, managed to establish supporting and employment services. It has provided employment opportunities for at least 1071 personal and educational assistants for supporting the educational process of children with disabilities and learning difficulties.
- further than working on the adoption of the law and the concept for inclusive education, **UNICEF supported the work of the BDE, SEI and NGO “Open the Window” related to the promotion and proper understanding of the concept of inclusive education.**

They provided comprehensive training courses for strengthening the capacities of school professionals, teachers and principals about inclusive education (creation of inclusive climate in the school, creation of inclusive classroom, development of inclusive teams of the schools, inclusive teams for students) and training for use of assistive devices and tools in the daily work with students with disabilities and learning difficulties. The training component related to inclusive education was supported with a comprehensive manual for the work of the inclusive education teams in the schools.

- UNDP and UNICEF supported the **establishment of personalized services for children with learning difficulties and disabilities** such as personal assistants and educational assistants. They provided direct technical assistance in defining [The Rulebook on the norm, the description of the competencies and the work tasks for the educational and personal assistants](#).
- UNDP **advocated for the reducing the age limit for accessing and using personal assistance services**. Children with disabilities from 6 years old are now eligible for personal assistant service. Thanks to these efforts, nowadays larger group of persons with disabilities can benefit from the personal assistance.
- Another relevant area of intervention of the UN entities was in the **transformation of special schools and classes into resource center and learning support centers to the primary schools**. This process was accompanied with the issue of regulations and guidelines for [cooperation between primary schools with a resource center, learning support centers and other primary schools](#);
- supported the process of establishment of the **5 professionals' bodies for functional assessment of persons with disabilities based on the ICF at regional level**.

*Without UNICEF and other UN agencies commitments such as UNDP, MoES would not have been able to pass all these laws, by-laws, rulebooks and manuals and most important and most importantly to lay a real foundation for inclusive education. They are our supporters to all the steps and efforts focused on policy and system level when it comes to inclusive education. Their role was crucial and significant because only to open the topic about inclusion and to open the horizons about inclusiveness in the education it is difficult process.*

E.Ivanovska-Ministry of Education and Science.

The project intervention is as well alignment with **The National Strategy to promote health** (2017-2020) and its [Action Plan](#). In particular, UNFPA with their local partners made significant contribution in achieving the following goals.

**Goal 4 Promotion of the health:**

- worked on improving the capacity of the healthcare system for health promotion with intersectoral participation.
- Facilitated the process of development and update of national strategies and action plans with regards to sexual and reproductive health, and for the prevention and control of domestic violence.

**Goal 5 Promote prevention and early discovery of diseases for vulnerable groups:**

- worked on improving communication skills of health professionals for working with vulnerable groups in particular with persons with disabilities.
- strengthened the capacities of the patronage services for early identification of developmental disabilities (vehicles, education, equipment).

The project intervention alignment with The National Strategy (and Action Plan) for [Sexual and Reproductive Health and the Action Plan 2018-2020](#).

In particular UNFPA reached significant results in the following strategic areas: **family planning, sexual and reproductive health of adolescents and youth, gender-based violence**.

**Development of policies and regulations for family planning:**

- provided trainings and workshops for family doctors and gynaecologists, rural family planning doctors about how to communicate with persons with disabilities and how to ensure conditions for equal participation of persons with disabilities in health care services.
- developed educational materials and leaflets for family planning, organization of education for family planning (development of module, manual and trainings for professionals from CSW), and field education in the rural areas.
- incorporated the training curricula WAVE in the regular teaching program for continuous education of family doctors at the Faculty of Medicine.
- improved the access to information and education for adolescents and young people with disabilities regarding sexual and reproductive health and improved the access to services and quality of care for adolescent sexual and reproductive health and young people with disabilities who are friendly and tailored to their needs.

*Within the years we managed to establish long term partnership with the UN agencies, and they are our main partner in planning activities related to Sexual and Reproductive Health, Gender Based Violence and Family Planning. Their work for us is of a great value and this work needs to continue on regular basis.*

M.Kostovski-Ministry of Health

Last but not least, the **alignment of the project intervention to the gender equality**. UN Women through concrete project actions and activities made significant contribution in achieving the goals set out in:

- [National Strategy for equality and non-discrimination 2016-2020](#) related to:
  - Strategic goal 2 Capacity building**, improvement of work and coordination of institutional mechanisms for prevention and protection against discrimination and promotion of equal opportunities and
  - Strategic goal 3 Raising public awareness** on recognizing forms of discrimination and promoting the concept of non-discrimination and equal opportunities.
- It supported achievements of the results set out in the [National Strategy for Gender Equality 2013-2020](#) related to **promotion of human rights, gender equality in the field of health and social protection, economic empowerment and elimination of gender-based violence**.
- Significant support and alignment with the [Action Plan for implementation of the convention for prevention and fight against violence against women and domestic violence 2018-2023](#) - Specific goal 2-Establishment of services to promote the protection of victims of gender-based violence and victims of domestic violence and
- UNFPA and UN Women supported the development of the new **Law on Prevention and Protection from Violence against Women and Domestic Violence**.

### **Alignment with relevant International, National and Sectoral Policies**

On EU Level, the project intervention is aligned to the [European Disability Strategy 2010-2020](#), that identified eight main areas of action: Accessibility, Participation, Equality, Employment, Education and training, Social protection, Health, and External Action. It is also aligned with the [Council of Europe Disability Strategy 2017-2023](#).

The project activities and its design are fully in line with the recommendations and instructions from the [Common European Guidelines on the transition from institutional to Community Based Care](#). The project interventions are aligned with the [European Pillar of Social Rights](#), and as well with [the Council of Europe Recommendations on promoting common values, inclusive education and the European dimension of teaching](#).

In this context the project related activities for inclusion of persons with disabilities in regular schools align well with the recommendations and policies from the [European Agency for Special needs and inclusive education](#) i.e., Fostering collaboration for inclusive education. The

intervention is in line with the [Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence](#).

Last but not least, following the pandemic situation with COVID-19, the UN Agencies has developed policies and plans for responding to the pandemic in line with the EU Coronavirus response.

### **Alignment of intervention design to Human Rights and Gender Equity standards and principles**

The information available confirmed the alignment of the intervention with international instruments, standards and principles on HR & GE, and more specifically to:

- [UN Convention on the Rights of Persons with Disabilities](#) (UN CPRD), in line with articles 2,3,4, 5, 6,7,14, 9, 16, 19, 23, 24, 25a, 26, 27 and 28.
- the [UN Convention on the Rights of the Child](#) in line with article 23 makes clear that disabled children, regardless of the type or degree of their disabilities, have the right to live in the community. It requires States to: ‘...recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child’s active participation in the community’.
- the [European Convention on Human Rights](#) and [European Charter on Fundamental Rights](#).
- the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW, articles 1-16 with focus on 9,10,12 and 16)
- the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD).
- the [UN Agenda 2030](#) and achieving sustainable development goals (Goal 1: No poverty- End poverty in all forms and everywhere, Goal 3: Good health and well-being- Ensure healthy lives and promote well-being for all at all ages, Goal 4: Quality education- Ensuring inclusive and equitable education and promote lifelong learning opportunities for all, Goal 5: Gender Equality- Achieve gender equality and empower all women and girls, Goal 17: Partnership for the goals- Strengthening the means of implementation and revitalize the global partnership for sustainable development.

Concerning the application of the HRBA and GE crosscutting issues, implemented strategies focused on empowering persons with disabilities and communities (right holders) to better understand and exercise their rights as well as on build capacities of duty bearers (services providers) to deliver services that foster non-discrimination and provide access to services that promote gender equity at the community level, made significant changes in daily traditional practices and roles.

The four UN entities through their components worked on achieving substantive equality. They worked in joint efforts on redressing disadvantages and on empowerment of persons and girls and women with disabilities that were resettled within the context of social relations, health care status and improve their positions of a disadvantaged groups.

Furthermore, the project worked against discrimination, stigma, stereotyping, humiliation and violence of girls and boys, women and men with disabilities, including to access to health, social, education and employment services, which is directly aligned with the ICERD and UN CRPD.

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<sup>14</sup> Article 7 from UN Convention on the Rights of Persons with Disabilities highlights the importance of ensuring that children with disabilities are able to exercise their human rights and fundamental freedoms on an equal basis with other children

Through awareness raising activities and targeted communication interventions, the project addressed **traditional social norms** - like attitudes and behaviours of school professionals, health care professionals, professionals from social welfare, OPD's, CSO's persons with disabilities and their parents/legal representatives - to equally support and engage persons with disabilities in the community, society and labour market.

Finally, the intervention supported the development of the **legal framework for inclusive education, foster care, employment of persons with disabilities and protection of social and human rights of children and adults with disabilities.**

The joint intervention ensured that national policies provide a better framework for the protection of the rights of persons with disabilities, gender equality, non-discrimination, advocating for legislation changes, issuing legal documents, by laws, protocols in order to comply with CRC and CRPD principles, and developing administrative frameworks and institutional development support to provide an effective implementation of the programme.

**During the intervention, UN entities were the main Government partners with social protection institution, local authorities, local organisations, OPD's, civil society organizations, media, girls and boys and women and men with disabilities to:**

- Ensure safe and well-planned transition of persons with disabilities from Banja Basko;
- Ensure safe and protect conditions for independent living of 11 adults with disabilities and living with support of 7 children with disabilities by providing infrastructural adjustments based on the individual needs and situations of the beneficiaries;
- Ensured equal treatment between girls and boys and women and men with disabilities during the resettlement;
- Ensured equal participation of girls and boys, women and men with disabilities in all project activities;
- Empowered girls and women to get involved in activities in the society, education, training and employment;
- Empowered and educated girls and women on about sexual and reproductive healthcare issues, regular checks, reporting cases of sexual and family violence, and the right and choice to family planning;
- Advocated for effective policies and services to benefit persons with disabilities from Banja Basko;
- Developed local model for deinstitutionalization which encompass provision of social, educational, health and employed services for persons with disabilities and
- Ensured that policy makers and community representatives will encourage and facilitate the meaningful participation of persons with disabilities in their community.

### **Alignment of intervention design to UN Agencies objectives**

The key project objectives are fully in line with the outcomes of the Strategic Plans of the 4 UN entities in particular with outcomes in education, health, social inclusion, employment, gender equality and human rights.

**Education Outcome:** Supporting global efforts to provide access to quality education for both boys and girls through improved learning outcomes and equitable and inclusive education.

**Health Outcome:** Supporting global efforts to reduce under-five mortality through improved and equitable use of high impact maternal, new-born and child health interventions from pregnancy to adolescence and promotion of healthy behaviours.

**Social Inclusion:** Supporting global efforts to reduce child poverty and discrimination against children and adults from disadvantaged neighbourhoods and different socio-economic backgrounds.

**Gender equality:** Emphasize the empowerment of girls and women and address gender-related needs of girls, boys, fathers, mothers and communities.

**Employment Outcome:** Supporting the global efforts to provide access to vocational education, training and re-training for gaining employability skills and competences to girls and boys, women and men with disabilities and other special needs in order to be competitive and have equal access on the labor market.

Moreover, the intervention is also in line with each of **UNPRPD Strategic Operational Framework**, related to enabling legislation and policy frameworks, empowering cultural norms, capable and inclusive institutions, Access to services (mainstream and targeted), application of accessibility standards to products, environments and processes, access to rehabilitation and habilitation including assistive technology and adequate data and evidence.

#### **Alignment of the programme intervention with UN Partnership for Sustainable Development 2016-2020**

The programme intervention was fully in line with the key UN Planning Document and supported the achievement of the outcome 3 **Social Inclusion**, outcome 2 **Governance** and outcome 5 **Gender Equality**.

## 4.2 Effectiveness

This section provides comprehensive analysis and assessment of the project overall design, project achievements and objectives and overview of the UN contributions in both project outcome areas.

### **Project Overall Design**

The overall joint programme was well designed and provided in depth information about the situation in the areas covered within the intervention.

The intervention and its actions under each outcome area are described in clear terms and linked to the local and national context. The original and adjusted outputs were well formulated, broad in scope and reflective of UN agencies work contributing towards joint results. The document also provided a good overview of the overall process through which the joint programme intervention was formulated and adjusted. Furthermore, institutional arrangements for the implementation and monitoring of the project were described with clarity and mostly have turned out to be as designed in the document – including key structures such as the **Project Steering Committee**, **Technical working group**, **Resettlement Body** and variety of thematic experts' group.

The only drawback is the absence of official joint programme coordinator, who would coordinate and facilitate the work of agencies.

**The Results Framework** covers quantitative and qualitative indicators, although there were some challenges related to some unclear baselines at central level. Some of the indicators were clearly and well defined, other were inaccurate or ambiguous in their definition. Therefore, was more difficult to analyse of some of them.

For some of the indicators are presented results achieved not only within this project but through other joint ongoing interventions of agencies. For instance, the number of teachers and school support staff trained about inclusive education and use of assistive devices; 6000 teachers and school staff were trained about inclusive education, but it is not clear whether these numbers were reached only through this joint intervention or it was part of another broader activity of the UN Agency.

During the evaluation, interviewed professionals from UN RCO confirmed that UNPRPD is encouraging this and asking or requesting issue-based approach and want to achieve a kind of budget leverage as the fund has limited budget allocations.

*The relevance of this project is further increased by the portfolio approach of the UN entities that have implemented the project, which they have combined and complemented with other projects and interventions in their portfolios. If this would have been a project implemented as a stand-alone, it would have not achieved the same results and its sustainability would have been lower.*

J.B. Tasevska-UN RCO

## **Evolution of original intervention design**

The project intervention experienced challenges and changes at different levels and degrees of importance. **The UN entities proved to have capacities and competences to deal and properly respond to these challenges and changes, compensating to some extent with alternative strategies.** This was made by adjusting the content and scope of the project intervention, by increasing project targets, extending the scope of the activities and changing the budget allocations by adding costs for activities that were not planned in the project. These adjustments were based on a direct request of MLSP, and their priorities related to the deinstitutionalization process. Through these adjustments the UN entities additionally supported the ministry in achieving these priorities in duly manner.

In particular the following adjustments were done:

- has increased the target from 5 to 20 persons with disabilities.
- provided financial support for infrastructure costs for the four apartments and one house.
- covered the monthly costs for the personal assistants and caregivers.
- developed of methodology for defining the cost of disability (in order better to assess the costs needed for one person to live independently and receive all the required services and to make comparison between the costs related to the institutional and non-institutional care).

Moreover, adjustment of the content and scope of the activities was done:

- inclusive education (strengthening the competences, knowledge and skills of school's professionals and state education inspectorate).
- sexual and reproductive health (strengthening the competences, knowledge and skills of health care professionals and professionals having direct contact with persons with disabilities).
- non-discrimination and gender equality and gender-based violence (strengthening the competences, knowledge and skills of DPO's and other CSO directly working with persons with disabilities, the persons with disabilities themselves) from local to national wide.

On the other side, due to the Covid-19 and all the restrictions occurred (limitation of movements, limitation of grouping, regardless protection and safeties), certain number of activities (in particular to outcome 2) were transferred in online activities, some of them were postponed or replaced and some cancelled.

All these aspects were considered as main reason for requesting a non-cost extension of the project for 6 months (initial end dates was May 2020).

And last but very important, it was made an adjustment of the budget allocation of the project. Within the initial project proposal were not foreseen costs for infrastructural work-adjustment of apartments, equipping and furnishing the apartments.

In this respect the UN entities had difficulties related to approval of such costs from UNPRPD Global funds in which they were successful. However, at the end they managed to make proper and sufficient allocation of budgets for infrastructural works without harming other project activities.

Potential alternative and more efficient strategies could not be identified because this was the only project in that period that worked on resettlement and provision of comprehensive social, health, educational and employment services for persons with disabilities from the Public Institution Banja BANSKO Strumica. However similar interventions for supporting the process of deinstitutionalization on country level were carried out by other international and national agencies.

Presence of other national and international organizations in the area of deinstitutionalization of persons with disabilities in North Macedonia

<b>Supranational organizations</b>	European Commission- Pre technical Assistance Programme: service contracts and grant schemes. World Bank -Social Services Improvement Project
<b>International organizations</b>	British Council-inclusive education USAID-Inclusive education GIZ-Social Rights for vulnerable groups
<b>International foundations</b>	Pestalozzi Children Foundation Loza Foundation
<b>National</b>	Government of Republic of North Macedonia: Social Protection Programme and Deinstitutionalization Strategy and its action plan

#### 4.2.1 Programme achievements and objectives

The analysis of the programme achievements was based on control and analysis of the quantitative and qualitative indicators set in the result framework of the project, project progress report and cross check of the data collected during the data collection phases. In the table below are presented the planned and achieved project results by presenting the quantitative indicators.

**Table: Review of planned and achieved results through quantitative outcome indicators**

Indicator	Not Achieved	Achieved	Planned
<b>Outcome 1 Children and adults with disabilities benefit from improved system of support that enables them to leave closed residential institutions and pursue an independent life in the community with all the rights to which they are entitled</b>			
Number of adults and children with disabilities deinstitutionalized and permanently reintegrated in their biological families or moved to alternative support services	9	18	27
Number of developed training material for employment of persons with disabilities	0	1	1

Number of developed Curriculum for ToT on coaching and professional assistance services to integrate young persons with disabilities into the open labour market (WienWork)	0	1	1
Number of trained professionals from public institutions and Civil Society Organizations related employment of persons with disabilities	0	30	30
Number of trained professionals from Civil Society Organizations and DPO's for coaching and professional assistance services to integrate young persons with disabilities on the labour market.	0	30	30
Number of developed personalized plans for professional rehabilitation and employment of persons with disabilities	0	20	20
Number of blueprints developed for work-oriented rehabilitation Development of a model for establishing a Centre for professional and vocational rehabilitation in Macedonia	0	1	1
Number of established works – oriented rehabilitation and support for employment of persons with disabilities in Strumica region.	0	1	1
Number of Centre for work-oriented rehabilitation and support for employment of persons with disabilities in Skopje (as part of the transformation process of the PI for rehabilitation of children and youth with intellectual disabilities	0	1	1
Number of adults integrated in the local labour market in the Strumica region	0	5	5
Number of established alternative and independent living models of services (personal assistance, home care and support, rehabilitation, foster care and respite care services)	0	5	2
Number of supports for establishment of Respite Centre in North Macedonia	0	1	0
Number of assessments of current activities of personal and educational assistance in North Macedonia	0	1	1
Number of developed analysis for perspectives of educational and personal assistants in North Macedonia	0	1	1
Training Manual for Personal Assistants and other service providers of persons with disabilities according to the UN PRPD.	0	1	1
Standard for foster care	0	1	1
Foster Care Manual	0	1	1
Number of developed specialized training programme for foster care of children with disabilities			
Number of supports for establishment of Resource Centres for support of foster families	0	2	2
Number of health service delivery points capacitated to provide sexual and reproductive health (SRH) and gender-based violence (GBV) services for persons with disabilities	0	60	15
Number of Module for SRH and GBV (WAVE) integrated in the regular teaching programme for continuous education of family doctors at Faculty of Medicine	0	1	1
Number of Manual for treatment of health workers as a response to gender-based violence, including persons with disabilities	0	1	1
Number of Manual for sensitization of health professionals (family doctors) on sexual and reproductive health of persons with disabilities	0	1	1
Number of CSO's and service providers trained about SRH and GBV(WAVE)	0	175	15
Number of health care providers trained about Strengthening Health System Responses to Gender based violence (WAVE)	0	127	15
Number of training sessions for inclusive education and use of assistive devices for teachers and professionals from BB	0	1	1

Number of teachers and school support services strengthened in all primary schools in which the children from the Banja BANSKO Institute will be resettled.	0	10	10
Law on Primary Education	0	1	1
Concept for inclusive education	0	1	1
Rulebook on the norm, the description of the competencies and the work tasks for the educational and personal assistants	0	1	1
Manual for support of inclusive teams work in schools	0	1	1
Number of Post Covid-19 analysis related to inclusive education and distance learning in North Macedonia	0	1	1
Number of policy papers with recommendations for Teacher/Job Assistants as part of support provisions to Inclusion in North Macedonia	0	1	1
Guidelines for cooperation between primary schools with a resource center, learning support centers and other primary schools	0	1	1
Number of supports for establishment of Resource Centres for support of regular schools	0	5	0
Number of State Education Inspectors trained in support of the provisions of the Laws on primary and secondary education	0	63	45
Number of methodologies for defining the costs for the independent living in the community comparing the living costs in the institution	0	1	1
<b>Outcome 2 Persons with disabilities engage actively in the design and adoption of measures affecting them and claim their rights in the full scope provided by the CPRD (Capacity of key actors - right holders)</b>			
Number of parents of children with disabilities provided with online support through the online platform	0	210	70
Number of children with disabilities provided with online support through the online platform	0	140	140
Number of parents/caregivers supported with psychotherapy sessions		62	62
Number of persons with disabilities sensitized on their rights	0	50	17
Brochure on non-discrimination and human rights	0	1	1
No of professionals trained in UN CRPD	0	109	50
Number of trainings for Strengthening the foster care system in North Macedonia	0	1	1
Number of professionals with increased capacity to assess, train and support foster carers to improve the quality of care for children and adults with disabilities	38	22	60

Following the presented results, it possible to conclude that the project intervention made **fulfilment of the set indicators.**

Only one of the set indicators is not fully achieved: the number of the resettled beneficiaries is below of what expected by the end of the project.

During the desk review and data collection phase (in particular during the interviews with professionals with MLSP) was confirmed that this indicator was not fully achieved due to political changes at central and local level and the appearance of COVID-19. The political changes slow down the process and the COVID-19 blocked the process completely. It is expected this indicator to be fulfil as soon as the pandemic ends.

**For the other indicators, it can be noted that results were achieved above expectations.**

In such short period and with limited resources, the project managed to achieve excellent and long-term results at local and central level.

#### 4.2.1.1 Provision of capacity building activities of duty bearers

Children and adults with disabilities benefit from an improved system of support that enables them to leave closed residential institutions and pursue an independent life in the community, with all the rights to which they are entitled.

**Children and adults from the Banja Banske Institution to be deinstitutionalized and permanently reintegrated in their biological families or moved to alternative support services.**

Indicators of success for this outcome refer to the positive and successful resettlement of 11 adults and 7 children with disabilities; the equipment of 4 apartments and 1 house; providing conditions and personalized services for proper daily functioning of the resettled beneficiaries in the homes and the community; positive changes in the behaviours, moods and way of thinking of persons with disabilities for the concept of independent living; improved life situation, freeing persons with disabilities from the grip of institutional care and the freedom of the independent living.

The process of resettlement of the persons with disabilities was done in direct cooperation and coordination with the governing body of the institution, the established Resettlement Body, MLSP and the persons with disabilities themselves. It was done in couple of phases:

- assessment of the needs and situation of the persons with disabilities,
- assessment of the situation at local level in terms of available services and conditions for resettlement of the beneficiaries in urban zone,
- proper and comprehensive preparation of the persons with disabilities with informative and counselling sessions,
- discussion about the concept and meaning of independent living, explanation of the advantages and disadvantages of living outside the institution,
- creation of conditions of persons with disabilities voluntarily to decide when they will leave the institution,
- joint preparation of resettlement plan, development of person centered plans, joint visits for identification,
- selection and furnishing and adjustment of the future homes based on the needs, wishes and situations of the resettled persons and selection of the personal assistants.

These aspects were confirmed by the resettled beneficiaries during the interviews with them, however when it comes to the resettlement of the children in small group homes, certain contradictions arose in the statements received from the teachers in the institution Banja Bankso and the director of the institution. During the group interview with the teachers was stated that the children were not prepared and informed about the process nor the parent of one of the children knew that her child will be resettled in another city. Last but not least, upon request of MLSP, UN Women has engaged consultant to develop **methodology for cost benefit analysis of the living with support service for persons with disabilities**. The MLSP considers this study very relevant because it provides comparison between the costs for placement of persons with disability in an institution and costs related to living with support in home units in the community, and at the same time provides a clear picture that the community-based services on long term basis are more economically viable comparing to the institutional care.

## Employment of persons with disabilities

Indicators of success for this outcome refers to **proper preparation for employment** through provision of vocational rehabilitation treatment and vocational education training, mentorship support and guidance of 20 persons with disabilities.

The implementation of the vocational education training of the persons with disabilities was supported by engagement of **personal assistants for the transition process and assistance at the workplace**, regardless of the work engagement (internship, practice work or job occupation) and mentorship support during the employment phase. As result of this, **5 persons with disabilities were included on the labour market**: among them, 2 of the resettled beneficiaries within the home units for living with support. They were firstly involved in trainings for gaining knowledge, skills and competences for provision of Personal Assistance to other persons with disabilities in the community and then based on the completion of the trainings they obtained certificates for official personal assistants and received employment contracts. In addition to this, one of them is now following vocational rehabilitation treatment and work-oriented training within the Centre for work – oriented rehabilitation and support for employment of persons with disabilities in Strumica. After the treatment and work-oriented training, it is expected employment of this person. Also, the other 3 persons with disabilities prior to the employment and self-employment were involved in information, training, guidance and mentorship support for start-up of a business.

Within the Centre for work – oriented rehabilitation and support for employment of persons with disabilities-Izbor Strumica and as well activities of Red Cross Strumica, are organized additional vocational rehabilitation and occupational therapy services for 5 persons with disabilities.

Last but not least UNDP managed to advocate for changes in the entry criteria in the Employment Programme of the Employment Service Agency. In this way, persons with primary education would have the opportunity to apply for a particular program, gain knowledge and become competitive on the labor market. In this regard, UNDP has made a major contribution by providing possibilities for persons with disabilities to apply and benefit from numerous active measures for people with disabilities as part of the operational plane of the Employment Service Agency.

*Since I am working, I can say I am fully independent, I have my own money and I can decide what I want to buy without being control. I can by sneakers and perfumes that I want, I can go and eat pizza whenever I want with Suze.*  
Todorka resettled and employed person

## Development of community-based services to assist adults from the Banja BANSKO independent living and integration into society.

Indicators of success for this outcome refers to: successfully established **5 types of services** under 3 categories of services (**Home Services, Community Based Services and Outside Family Protection Services**) defined in the law for social protection in North Macedonia.<sup>15</sup>

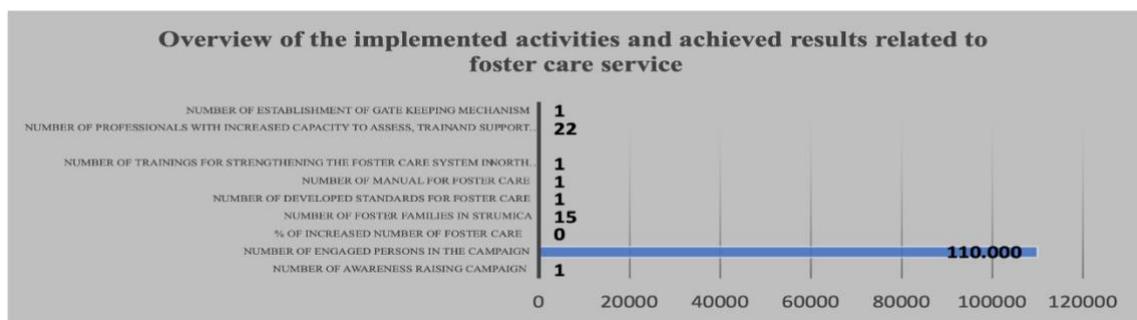
<sup>15</sup> Source: Law for Social Protection, pp.20

In particular within the project, were supported and implemented the following services: **foster care** for children with disabilities, **personal assistance, homebased care, work-oriented services and employment of persons with disabilities and respite care).**

Concerning the **foster care service**, the UN agencies made significant work by supporting the State in strengthening the foster care system by conducting one national wide awareness raising campaign that reached approximate 1 millions of people. Through the campaign was **increased the percentage of foster families** in North Macedonia.

In Strumica, according to the date of CSW in 2020 there were 12 children placed in foster families, that can be considered a progress since there were no foster families before.

In addition to this, UNICEF in direct cooperation with MLSP worked on development of **standards for foster care and thus related training materials for support of foster families.** It trained 22 professionals from social protection sector (ISA, former social protection institutions for children, MLSP and CSW) about assessment, planning and providing proper support to foster families to children with disabilities. In general, all the set indicators for these activities were fully achieved apart the one related to the number of professionals that increased capacities to assess, train and support foster families. This because UNICEF and MLSP agreed that this type of activity can be delivered as a consultancy work, as part of a larger technical support aimed at foster care system strengthening.



The **personal assistant service** is the second gender sensitive and home-based service developed and provided to the resettled beneficiaries at local level.

Through the years, UNDP has supported the state in establishing the personal assistance as a service, and through the Active Labour Market Measures ensured **involvement of at least 1071 personal and educational assistants.**

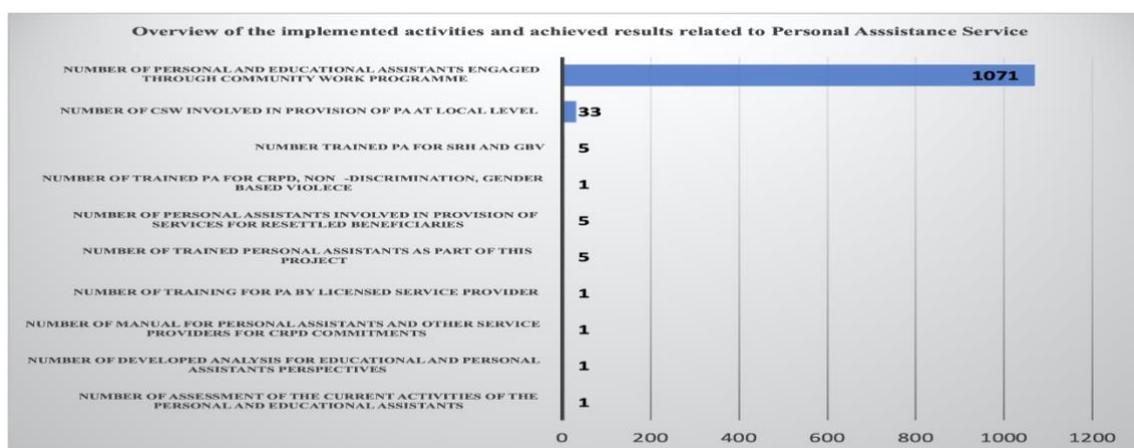
At the beginning of the programme intervention, was conducted an **assessment of current activities performed by the personal and educational assistants in North Macedonia.** Based on the findings, was prepared a **Manual for personal assistants and other service providers for a proper and profound understanding of the disabilities in the lines with the commitments of the UN CRPD.** In parallel to this, UNDP supported the development of analysis related to the perspectives of educational and personal assistants in North Macedonia.

Moreover, were ensured **training courses for personal assistants** by certified service provider for personal assistant – like Red Cross - from which they acquired certificates for work.

Within the programme, UNDP, UN Women and UNFPA **provided funds for 5 personal assistants (covering their salaries) for resettled persons with disabilities.** By the end of the programme, was ensured that these five personal assistants would be under the State Budget for social protection.

In addition to the mandatory training, the engaged personal assistants were involved in additional trainings organized by the UN partner organizations like: Training for CRPD provisions of independent living, Training for Person Centred Approaches, Techniques and planning methods – Voice, Choice and Control, Training for gender equality and prevention from discrimination and violence, but also on the needs, requirements and obstacles that PwDs face for accessing services, Training about Sexual and Reproductive Health and Gender Based Violence, Inclusive Education and etc.

This variety of trainings **strengthened the capacities and competences of the personal assistants**, and, in this way, ensured a high-quality service provided to the beneficiaries. The overall beneficiary’s satisfaction was assessed on regular basis through service evaluation and questionnaire for assessing the satisfaction of the beneficiaries, which was carried out by Centre for Social Work. The beneficiary’s satisfaction from the work of the personal assistants was confirmed during the data collection phase of the evaluation. On country level, 33 CSW’s (including Strumica) were involved through Community Work Programme in on-time provision of personal and educational assistance at local level.



*From the Municipality of Strumica point of view the establishment of the family and community-based services was more than needed and nowadays, the children, families and the community cannot function without providing personal assistance, home care and assistance and work-oriented services*

N.Masalkovska-Municipality of Strumica

**The third gender sensitive and community-based service** developed in order to support the independent living of the resettled beneficiary is the **homebased care and support service**. For this service, within the program were engaged 4 caregivers (2 caregivers were supported by UN Women and 2 by UNDP). For these caregivers was ensured provision of training courses in order to strengthen their knowledge, skills and competences for communication, care and assistance of persons with disabilities. In particular, they were involved in trainings *for Sexual and Reproductive Health and Gender Based Violence, Non-Discrimination, work with persons with disabilities in line with the CRPD commitments* and etc. The homebased care and support beside being implemented in Strumica, though the Community Work Programme was implemented on country level.

The level of satisfaction and usefulness of this service was confirmed by the interviewed persons with disabilities and by data provided in the reports from the implementing organizations.

**The fourth community-based service** supported and established within this project is the **Work-Oriented Rehabilitation**. UNDP with its local partner developed a **common framework for provision of work-oriented rehabilitation services for persons with disabilities**. The establishment of this service initiated within another project intervention of UNDP and then strengthened in this project.

The provision of this service covers:

- **needs assessment** of the institution, professionals and persons with disabilities related to employment,
- development of **person-centered planning** for all the beneficiaries who were ready and willing to leave the institution.
- Development of **training programme and manual for work oriented and rehabilitation services** for increasing employability skills of persons with disabilities.
- **strengthening the capacities of 60 professionals from public institutions, CSO's and OPD's** related to employment, coaching and professional assistance services to integrate persons with disabilities on open labour market and
- delivered comprehensive training programme for persons with disabilities to gain, **strengthened and maintained work-oriented and employment skills** within the Reha-Centre in Strumica.
- Additional employment services such as **guidance, mentorship and employment mediations were provided to persons with disabilities**.

As a result of this framework for work-oriented rehabilitation services, 1 person from the 11 resettled beneficiaries is already involved in the work-oriented and rehabilitation service for gaining employability skills and after completion of the training is ensured her employment. Moreover, within the Reha Centre were conducted assessment of the other resettled beneficiaries in order to assess their employability skills and competences and for some of them employment mediation activities already started. Last but not least, due to the Covid-19, the Reha-Centre ensured face to face, online and via phone individual and group counselling session and psychosocial support.

Based on the positive results achieved through the work-oriented rehabilitation, UNDP managed to advocate for changes in the Law for Pension and Disability insurance in which is foreseen the right to professional rehabilitation and the rights of adequate cash benefits.

**Overview of the implemented activities and achieved results related to Work Oriented Rehabilitation services**



*I passed really difficult period after the loss of my roommate, thanks to the Reha-Centre and the help they offered to me, I managed to get rid from the dark thoughts, to deal with my emotions and feelings and most important I am learning new skills.*

Suze-resettled and employed person with disability.

Finally, yet importantly, UNDP currently is supporting the State in development of the basis and conditions for **provision of respite care service**<sup>16</sup>. UNDP provides financial support for equipping the first Respite Centre in North Macedonia within the premise of the old social protection institution in Demir Kapija and as well other forms of respite care services in the household of the beneficiaries. In this context, UNDP is **supporting the state in setting up conditions for provision of long-term care and household assistance services in North Macedonia**<sup>17</sup>

<sup>16</sup> The service is piloted in 2 forms: respite care services in the household of the beneficiaries and respite care services in Center for respite care

<sup>17</sup> Source: Diana Chiriacescu, 2020“‘The Development of a Policy Recommendation and guidelines for Social Services Towards care. Economy”,

**Development and provision of right-based gender sensitive and non-discriminatory services for sexual and reproductive health and a multi-sectoral response to violence and abuse to persons with disabilities.**

Indicators of success for this outcome refers to:

- **assessment for SRH and GBV services** with a focus on persons with disabilities, in Strumica region,
- **development of training modules and delivered trainings for medical service providers** for GBV for persons with disabilities,
- strengthening the capacities of **175 service providers on SRH and GBV for persons with disabilities**,
- the system for continuous education of healthcare professionals at national level
- **peer education for 16 persons with disabilities** to become educators for SRH on other persons with disabilities at local level.
- **development of Curricula for Strengthening Health System Responses to Gender Based Violence for persons with disabilities.** This curriculum is integrated within the regular programme on the Faculty of Medicine for continuous development of family doctors, through which was strengthened. In this way, the future generation of family doctors would be acquainted with sufficient knowledge and skills about SRH and GBV and most important to know how to communicate, to ensure equal access and treatment of persons with disabilities when it comes to sexual and reproductive healthcare and gender-based issues.
- Through the **informative sessions, trainings and workshops**, UNFPA together with its partner organization HERA and First Family Centre managed to **raise the awareness among the health care professionals, strengthened their knowledge and skills for non-discriminatory, person centered approach of communication and treatment of persons with sexual and reproductive and gender-based violence issues.**

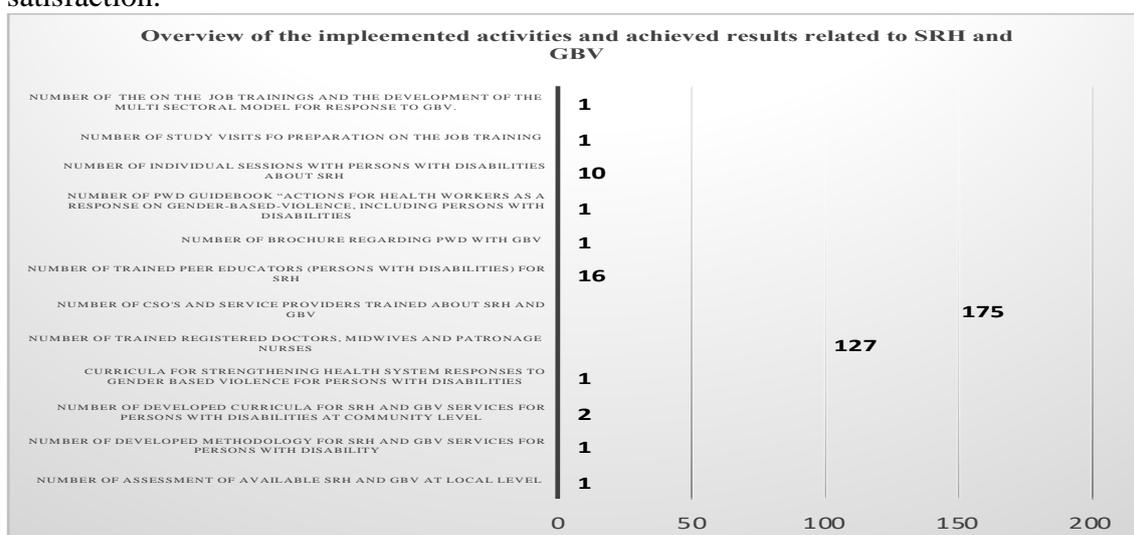
The level of improved knowledge, skills and competences of these professionals and their satisfaction from the provided activities could be confirmed through the shared findings from the post-training evaluation reports and analysis. During the evaluation and limitation due to Covid-19, was not possible to conduct interviews and focus groups with some of the healthcare practitioners.

Within the project intervention, apart working directly with the service providers, special attention and work was paid to **strengthening the awareness, knowledge and capacities of the persons with disabilities** about their rights to sexual and reproductive healthcare services, how to recognize and practice these rights and on their education (individual and group) about these topics on regular basis. For instance, were organized **peer education workshops** through which 16 persons with disabilities and service providers were trained for future educators for SRH and GBV for persons with disabilities. Also, was ensured access and participation of persons with disabilities within the non-formal platform for Sexual and Reproductive Health run by HERA. In addition to this, were organized individual sessions with persons with disabilities on which were addressed sexual and reproductive issues that matter young persons with disabilities.

For this purpose, HERA together with the First Family Centre developed a brochure regarding persons with disabilities with Gender Based Violence in easy-to-read format. This brochure was used during the individual and group sessions conducted with persons with disabilities from Banja Basko. Moreover, the brochure was disseminated through self-representatives of Persons with disabilities (SOLEM) all over the country. In this way, was ensured greater coverage and familiarity of persons with disabilities all over the country with the way of recognition and prevention of gender-based violence. Further to

this, HERA and the First Family Centre has developed a PWD guidebook “Actions for health workers as a response on Gender-Based-Violence based on which workshops on sexual and reproductive health and rights for persons with disability were organized. Through these kinds of activities was ensured sensitization of the overall community and population about need of inclusion and integration of persons with disabilities on one side, about the need of providing sufficient conditions for enabling them equal access and use of all the services available at local level on the other side.

Through these interventions supported by UNFPA and its partner organizations were **provided conditions for equal access to persons with disabilities to sexual and reproductive healthcare and gender-based violence services**, whereby equal and non-discriminatory treatments of these persons were guaranteed, respecting their identity, rights, needs and situations in which they find themselves. The evaluation reports provided from the implementing organizations confirmed the level of beneficiary satisfaction.



**Strengthen the capacities of Service providers (social workers, police officers, public prosecutors, NGOs) to design and provide a non-discriminatory, gender-sensitive multi-sectoral response to intimate partner violence or abuse experienced by persons with disabilities.**

Indicators of success for this outcome refers to developed training material and manuals related to UN CRPD compliance and **proper understanding of the concept for independent living**, implementation of **awareness raising** sessions and training courses for professionals from CSO’s OPD’s, Centre for Social Work, Local Government Units, Ombudsman, the Public Prosecution, Policy Officers, representatives from the business sector and the persons with disabilities themselves.

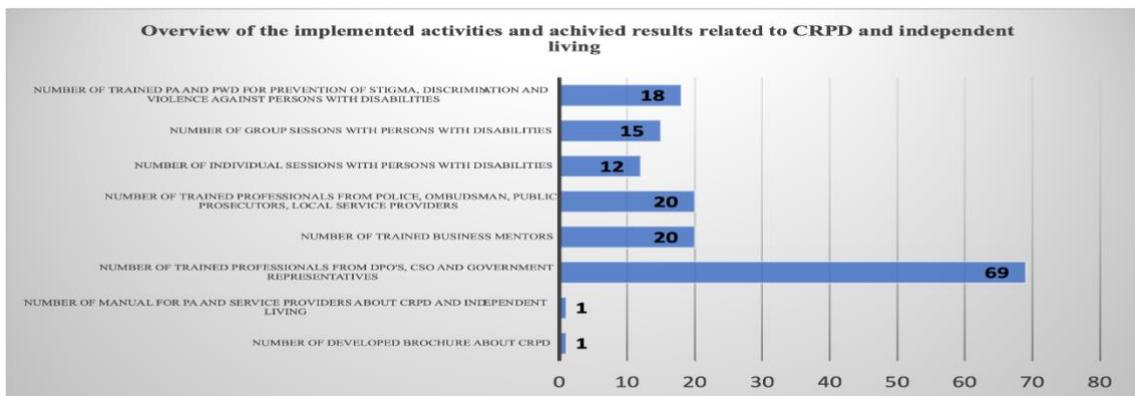
UN Women together with its partner organizations “Polio Plus” and HERA” managed to:

- increase the awareness and understanding among the stakeholders at local level about the meaning, the need of **proper understanding and application of the provision of the UN CRPD** in their daily work in different sectors. Only in this way could have expected them to understand their roles and responsibilities in creating conditions for accessibility and use of variety of community-based services at the local level.

- Strengthen the capacities of 60 professionals from public and private services providers, OPD's and CSO's for coaching and professional assistance services for integration of persons with disabilities on the labour market.
- **strengthen the capacities of 109 professionals coming from different sectors about CRPD provisions, the rights of persons, for prevention of stigma, discrimination and violence against persons with disabilities, and as well as to strengthen the partnership between persons with disabilities and service providers.**
- **on individual level-empowering persons with disabilities** to be proactive and self-advocate for their rights for inclusion and participation in the society as equal players.
- **implementation of informative and consultation meetings** with persons with disabilities and their OPD's, for assessing their needs and situations.
- Together with persons with disabilities developed a **brochure about non-discrimination and human rights of persons with disabilities** in easy-to-follow language.
- delivered **15 groups sessions and 12 individual sessions** about their personal development, recognition and practices their rights on daily basis.

The level of increased knowledge and skills of both stakeholders and persons with disabilities was assessed in different ways by the implementing organizations: pre- and post-training evaluation and assessment forms, discussions and feedbacks received from the participants and most important by the level of their involvement and commitments in daily life to provide non-discriminatory and supportive environment for persons with disabilities.

However, huge work is left behind when it comes to direct work and real participation of all stakeholders related to creation of supportive and accessible environment to persons with disabilities in order, they to feel accepted, valuable and active players.



*These are issues that require systemic solutions, through such interventions as ours we can only tackle and start the reforms but then it is necessary commitment of the state, the central and local authorities to fully implement these reforms and turn them into systemic solutions.*

E.Kocoska- OPD "Polio Plus"

**Provision of support for resettlement of education staff from the institution and children from the Institution into regular schools in Strumica Region and provision of support of educational officials at country level for providing quality inclusive education to children with disabilities on an equal basis with others**

This project outcome covered **activities related to inclusive education**. It covered provision of activities for strengthening the capacities of the teachers and schools' staff from the PI Banja BANSKO Strumica and as well strengthening the capacities of teachers and schools' staff from primary school all over the country.

Therefore, the indicators of success for this outcome refer to two main sub-activities:

**Activity One- provision of support for resettlement of children and educational staff from the Institution in regular schools within Strumica Region.**

Indicators for partial success of this activity refers to:

- assessment of the situation within the Institution Banja BANSKO (capacities for provision of educational activities).
- assessment of the overall situation in 9 primary schools in Strumica Region.
- assessment of the situation and needs of the children included in the education system within the institution.
- development of individual plans for the children that could be integrated in the education system.
- implementation of informative and training sessions with the teachers and professional team within the school (10) about the **concept of inclusive education and its forms of implementation**, use of assistive devices in their daily work with persons with disabilities and
- **assessment of the possibilities for transferring the children from the institution to the regular schools in Strumica.**

Bearing in mind the fact that almost all the children from the institution were resettled in alternatives care form outside Strumica, within the project was not possible to support the transfer of the children within the regular schools in Strumica.

While the process of transferring the teaching staff from the institution to other schools or services is still unfinished, based on the information provided by the director of the institution, the number of the teachers has been reduced to 4 teachers.

**Activity Two - provision of support for developing legal basis for better implementation of inclusive education and strengthening the capacities of the teachers and school staff about inclusive education on country level.**

Indicators for complete success of this activity refers to:

- **development and adoption of New law for primary education,**
- **development of Concept for inclusive education** and thus related rulebooks, manuals and protocols for supporting and better implementation of inclusive education.
- **developed a comprehensive Manual for the for work of the inclusive teams in the schools<sup>18</sup>,**
- **training program for strengthening the capacities of schools for inclusive education** and

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<sup>18</sup> It was developed by the Bureau for Education Development in cooperation with stakeholders coming from the Government and Non-Government Sector

- **implementation of tailored made training courses and assistance**, based on the individual needs of each school that requested support and assistance from BDE for inclusive education.
- **strengthening the capacities of 64 State Education Inspectors** (26 newly employed) about inclusive education, types of disabilities and their characteristics, scope of extraordinary inspection related to inclusive education and integral evaluation from inclusion aspect<sup>19</sup>.
- UNICEF is supporting the Ministry in the process of transformation of the special schools and classes into Resource Centres and Support Centres of the regular schools where the children with disabilities will be enrolled.

#### 4.2.1.2 Capacity Building of right holders

##### **Provision of support, assistance and empowerment of persons with disabilities to engage actively in the design and adoption of measures affecting them and claim their rights in the full scope provided by the CPRD**

The indicators of success for this outcome refer to:

- **in-depth assessment about the type and quality of support that parents and their children with disabilities may need** through the online platform,
- **development of the platform based** on the needs of the parents,
- provision of support and assistance of 140 children with disabilities and 210 parents.
- provision of **four types of services: individualized support for computer and Internet use, early development stimulation, speech therapy and consultative support for parents/caregivers.**
- **provision of face to face and online individual and group psychosocial support and therapy** to 62 parents.

For this activities UNICEF through its local partner Open the Window developed online platform for support of parents of children with disabilities in order to provide a way of communication, counselling and professional support during the COVID-19.

The services were tailored to the needs of the children and the parents, they followed person -centered approach, through which was emphasized the best interest of the child and his/her personal development.

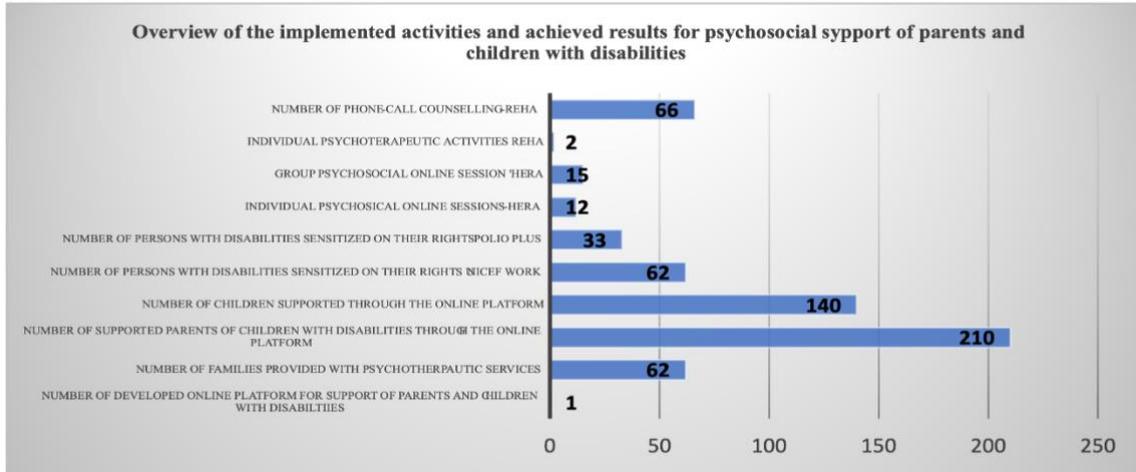
Individual and group psychosocial support and counselling services to the resettled persons with disabilities during the pandemic COVID-19 period (May-December) were provided as well from the other agencies and its partners. For instance, UN Women through their implementing organization HERA and Polio Plus delivered **12 individual and 15 group psychosocial sessions** with persons with disabilities resettled in Strumica and Miravci. Through these sessions, persons with disabilities had the chance to work on their personality, their personal development and how to deal with different situations, emotions, feelings and needs during the pandemic COVID-19.

The level of improvements and beneficiary's satisfaction from the provided services could be assessed through the findings presented in the reports shared by the implementing organizations. Also, UNDP through the Reha Centre provided **66 individual online and phone calls, counselling sessions and 2 individual psychotherapeutic sessions for the 11 resettled adults with disabilities and other persons with disabilities from the institution** (based on developed individual program for psychosocial support). The usefulness and the benefits from the provided psychosocial

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<sup>19</sup> This activity was conducted by the NGO Open the Windows

support services was confirmed by the interviewed resettled persons with disabilities and analysis provided within the reports from the implementing organization.



During the pandemic period, upon the request of the institutions in Banja Banske, Demir Kapija and Topansko Pole, UNDP has provided protective materials, disinfection liquids for all the persons with disabilities as well as disinfection materials and liquids for the institutional premises and the apartments on a monthly basis for period of 6 months. Further to this, between May-September 2020, UN Women through its partner organization HERA provided 99 emergency packages with long lasting food, vitamins, hygienic products and protective equipment to all 11 resettled beneficiaries. Additionally, were provided 33 packages not only for the resettled beneficiaries from Miravci and Dobrejci but as well for their caregivers and assistance. In total 22 persons (18 women and 3 men with disabilities and 11 personal assistants and caregivers benefitted from these packages). The usefulness and the benefits from these packages were confirmed and valued by the interviewed beneficiaries although they highlighted the lack of emergency packages and support during October-December when larger number of the resettled persons were positive on the virus. This information was confirmed as well by the personal assistants and caregivers of the resettled beneficiaries.

### **Sensitization of persons with disabilities about their rights**

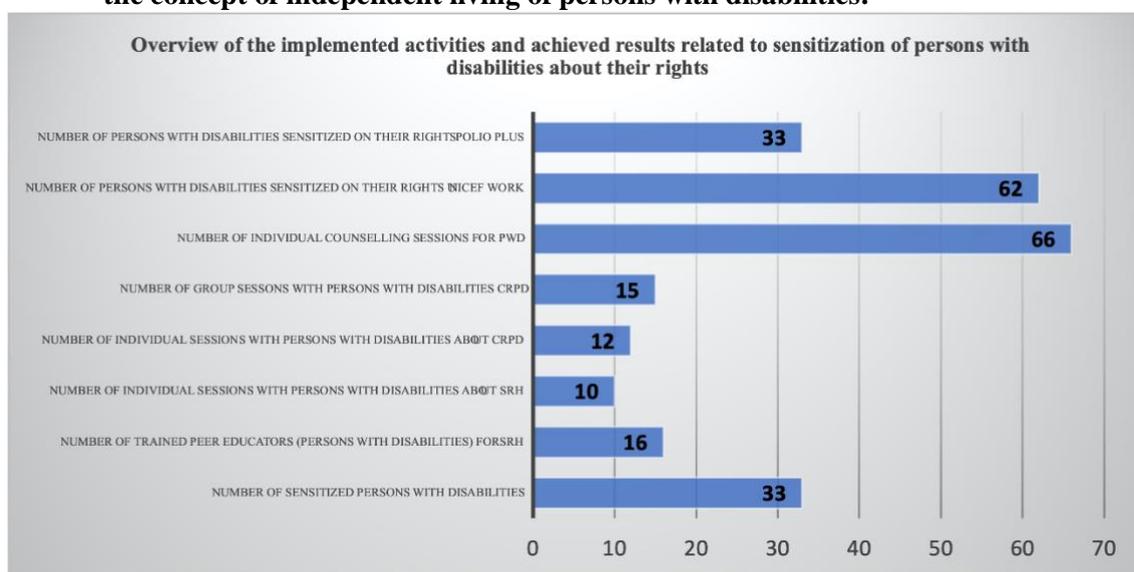
Within the overall duration of the programme and its components, the UN entities through their partners organizations **stimulated and ensured full inclusion and participation of persons with disabilities in identifying, formulation, designing, implementing and monitoring the project activities.**

The indicators of success for this outcome refer to:

- The overall joint program intervention focused on one side on **sensitization and strengthening the capacities of the duty bearers and on the other side on sensitization, empowerment and strengthening the knowledge, competences and skills of the right holders in order to be able to recognize and practice their social and human rights.** For instance, before the process of resettlement of persons with disabilities from institution to alternatives forms of care, they were sensitized about the meaning, purpose of the deinstitutionalization process, and informed about the types of

the resettlement the benefits from independent living, the rights of receiving support and assistants from professionals etc.

- UNDP with the representatives from the Ministry of labour and social policy has delivered **informative meetings** with the residents of the PI Banja BANSKO regarding Deinstitutionalization process and the individual informed decision making towards resettlement and the identification of the support that each one of them will need in the pre resettlement, in the resettlement period and their life in the community.
- Moreover, UNFPA through its implementing organization HERA supported provision of a **peer education of persons with disabilities** for Sexual and Reproductive Health through which a network of future prepared educators SRH educators with disabilities was developed. This activity is a good example in line with one of the proposals for development of peer support for independent living.
- In parallel to the direct work with persons with disabilities, the UN entities through their implementing organizations supported **provision of activities for strengthening the capacities of Organizations of Persons with Disabilities and other Civil Society Organizations working with persons with disabilities about CRPD compliance and the concept of independent living of persons with disabilities.**



- The UN entities during the overall duration of the project worked on **sensitizing service providers, communities and persons with disabilities about the challenges and obstacles that persons with disabilities are facing in daily life in the community and the need for respecting their social and human rights.**
- Through **different types of advocacy, awareness raising campaign and information sharing activities** managed to increase the awareness about UN CRPD, the need of active involvement of all actors at local and central level in enforcement and implementation of the convention on regular basis.
- When it comes to **the central and local authorities'** special attention and work was devoted to acquainting all stakeholders with the need to incorporate the convention into their day-to-day work and to develop collective responsibility for its full implementation.
- **Huge work was done in the area of empowering persons with disabilities** in Strumica and their OPD's to be proactive when it comes to the recognition and practicing of their social and human rights and fights against inequality, discrimination, non-human treatments towards them. For example, UN entities through their call for proposals on "Empowered persons with disabilities from Public Institution (PI) Banja BANSKO to be better prepared to claim their rights and benefit from increased access to gender sensitized professional support services" engaged Civil Society Organizations (CSOs) and/or

Disability Persons Organizations (DPOs) to promote the PwDs rights, gender equality and antidiscrimination.

In addition to this, UNDP organized a **public screening and discussion** with all stakeholders on the topic related with the opportunities for life in the community of persons with disabilities and the questions related with the support and recognition of the social rights of persons with psychiatric and mental health illnesses. Moreover, significant work was done in the area of promoting the UN CRPD among the overall population including service providers, local authorities and the persons with disability themselves. For this purpose, UNDP supported **production of several short videos** presenting the personal story of Vasil Jankula under the moto, “We are all the same”- each video represents one specific Article from the UNCRPD. Throughout his personal life and act he was promoting the UNCRPD, he was cycling 800km throughout the country in 7 days representing that every person has a unique capability to overcome the challenges in the environment prepared according to the individual needs. Following the ongoing public awareness activities and engagement of people with disabilities in designing and adoption of measures affecting them, **a series of 3 one-week module trainings focusing on the support toward employment and their inclusion on the labour market were organized by UNDP.**

### **Number of trainings professionals in UN CRPD**

The indicators of success for this outcome refer to:

- **development of training material and manuals related to UN CRPD** compliance and proper understanding of the concept for independent living, implementation of awareness raising sessions and training courses for professionals from CSO’s DPO’s, Centre for Social Work, Local Government Units, Ombudsman, the Public Prosecution, Policy Officers, representatives from the business sector and the persons with disabilities themselves.
- UN Women together with its partner organizations “Polio Plus” and HERA” **managed to increase the awareness and understanding among these stakeholders at local level about the meaning, the need of proper understanding and application of the provision of the UN CRPD** in their daily work in different sectors. Only in this way it was possible to expect from them to understand their roles and responsibilities in creating conditions for accessibility and use of variety of community-based services at the local level.
- **Provision of training courses, through which 109 professionals coming from different sectors strengthen their knowledge and competences about UN CRPD provisions**, the rights of persons, for prevention of stigma, discrimination and violence against persons with disabilities, and as well as to strengthen the partnership between persons with disabilities and service providers.

*The UN entities had great merit in ensuring participative and inclusiveness approach, they ensured is that the voice of the users/beneficiaries was always heard, and they were fully involved and consulted in the whole transformation/resettlement process. Everything that was done was done according to the users, their needs and requirements*

D.Tomsic-Ministry of Labour and Social Policy.

### 4.3 Efficiency

This section provides an assessment of the efficiency of the joint program intervention by focusing on key parameters closely associated with efficient management.

**The program intervention managed to attain the planned project objectives although certain delays due to the COVID-19 and political changes that occurred in the country.** The program has been flexible enough to respond to the emerging Government priorities and situations related to the dynamics and context of the social protection reform and deinstitutionalization process in the country.

The program selected strategies and methodologies for work were fully adjusted to the needs and situations at local and central level. Thanks to the long and extensive experience and strong expertise brought by the UN entities, it was possible to respond to the needs and demands at the national and central level but more importantly to the needs and interests of people with disabilities from Banja Banske Strumica.

By the end of the project intervention, the UN entities managed to achieve the initial and revised project planned results. Only one project results remain incomplete. The resettlement of 11 persons with disabilities although the requested target from MLSP was 20 beneficiaries.

The relation between the inputs of resources and the achieved results was more than appropriate and justifiable.

The same program results could not be achieved at lower costs because the content and the scope of the activities were extended from local to national level.

On the contrary, **UN entities have shown reasonable spending in carrying out major activities while taking into account the provision of quality services and results.** Informants could not provide alternative implementing strategies to accomplish the same results at lower costs because this was **unique intervention.**

In terms of coordination, almost all partners coming from the central and local level expressed their satisfaction with the joint work of the agencies. The **cooperation and coordination among** other stakeholders at the national and local levels was also considered successful. **No overlaps with similar interventions were identified.**

### 4.4 Coordination and coherence

This section provides an assessment of the complementarity, harmonisation and coordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.

#### Performance of the UN Agencies

The joint program intervention was implemented by the four UN Agencies covering different components of the project and working in specific aspects of the project intervention. For the project purposes were established: **a project steering committee** and a **technical working group** at central level, a couple of **different working groups** covering different aspects of the project at local level (composed of international and national consultants, service providers, OPD's and persons with disabilities) and **Resettlement Body** which was coordinated by MLSP.

Program oversight was provided by a **Steering Committee (SC)** composed of a Principal Coordinator nominated by the government, representatives of UN agencies, the UN

Resident Coordinator and NGO platform members. The steering committee was meet quarterly, review progress and decide policy-level issues.

**The Technical working group** was composed of technical specialists of participating UN agencies, and department-level representatives of the Ministries of Labor, Health and Education and DPOs. It was established to coordinate and monitor day-to-day project implementation. The group was meeting on monthly basis to review progress, find joint solutions to operational and management issues, and identify topics to be forwarded to the Steering Committee for higher-level decision-making.

**UN agencies were monitoring the implementation of the outputs for which they were responsible.** Each agency provided:

- Annual narrative progress reports on the project outcomes/outputs/activities;
- Meeting minutes of periodic coordination and thematic meetings among UN agencies, government and NGOs;
- Reports of regular SC meetings that will provide assessment of progress and guidance on revision/rescheduling of activities if and when needed;
- Annual financial reports as of 31 December each year regarding expenditures incurred during the year against the funds disbursed to them from the Joint Programme Account by the Administrative Agent.
- A final narrative report, cleared by the SC and a financial report, following the completion of the project;
- A final certified financial statement.

**UNDP served as Administrative Agent and was in charge for:**

- Receiving contributions from the Trust Fund;
- Administer and disburse received funds in line with MoUs signed with each managing UN agency.
- Compile agency financial reports into a consolidated report and share with the donor.
- Provide final reporting, including notification that the Joint Project has been operationally completed.

The management of the program output/activity by each of the four UN agencies as described in the joint program document was done in accordance with the regulations, rules, directives and procedures applicable to it.

Project monitoring activities were conducted based on the project's logical framework, for most of the project activities and action were set out indicators. For certain project actions were used some kind of baseline and end line surveys (language courses, ICT courses), moreover regular monitoring and periodic evaluation should be considered in nearest future.

Project monitoring and evaluation were conducted through detailed action plans developed for each project outcome in consultation with key stakeholders, including OPDs. Plans included general agreement of the participating UN organizations and their relevant counterparts on progress monitoring, key information that will be collected and shared with the Management Team and Steering Committee during scheduled meetings. Each participating UN entities selected a person for ensuring monitor of its activities.

The tracking was done through monitoring forms to be completed by local project stakeholders (to be agreed during project planning). In addition, local project stakeholders were involved in regular discussions and reflection sessions.

**Regular analysis of progress, data and learning were gathered into semi-annual and annual project reports.** Annual reviews of progress against plans were conducted, reported and analysed during annual meetings. At the end of the project, an evaluation report covering all project results was foreseen.

The project has developed and regularly updated the **knowledge management system.**

*“It was of paramount importance for us the openness and willingness of the UN agencies to adapt the project to our requirements and needs in the field, by reallocating their funds for equipment to the apartments and house and direct purchase funds for livelihoods of the resettled beneficiaries”*

D.Tomsic MLSP”

*“It was of great importance to us for the UN agencies to support us where the country is weak and has difficulty in providing funds for the purchase of equipment and funds for the daily functioning of persons with disabilities in the new housing units for organized living with support”*

V.Lazovski, MLSP

**Different working groups** set for different aspects of the project were having **regular consultations**, discussions and presentations of the progress achieved and challenges faces with officials from different ministries, **OPD’s, CSO’s, the Commission for implementation of the CRPD**, individual national and international consultants, professionals from the local authorities, **public and private service providers and the persons with disabilities**. Through these meetings, **active participation and involvement of persons with disabilities** in designing, managing and implementing different components of the project was **ensured**.

Also, the UNDP facilitated the establishment of the **Resettlement Body** of the Institution Banja BANSKO established in Strumica related to the **coordination of response to the needs of the resettled persons and the day-to-day needs**. At local level coordination meetings were conducted **with multi-stakeholder representation** (Municipality of Strumica, the City Hospital, Center for Social Work, the MoLSP, Banja BANSKO Institute and all involved UN Agencies. These meetings were organized in order to ensure higher representation and involvement of all the parties for **identification and provision of community support services (personal assistance and homebased caregiving-home care and assistance)** for the beneficiaries that were resettled from the institution.

The lack of official coordinator of the joint project was addressed by the UN agencies and as well from the MLSP Side.

All implementing partners stated that **project management was responsive to contextual and political changes in the country**. It was also highlighted that the overall coordination, communication and project management system was on a high level.

### **The role of the UN Resident Coordinator Office- UN RCO**

UN RCO had a supportive role in the process of sharing information, exchanging project related data, and, in general, was coordinating the communication among the entities during the latter part of the project implementation<sup>20</sup>.

### **Coordination with the Government and local actors**

**The 4 UN Agencies are well-established and long-standing partner of many government and non-government actors**. The agencies have provided important

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<sup>20</sup> The UN Resident Coordinator’s Office was established in 2019 and started supporting joint projects from November 2019.

contributions to their counterparts in a variety of areas. Agency representatives are involved in key policy processes, which has led to the establishment of **strong bilateral partnerships**. This was confirmed by interviews for this evaluation in which most of the government representatives stated that the partnership with the **UN Agencies had allowed them to achieve things they would have not been able to achieve on their own**. Overall, the UN Agencies have a certain good reputation and high visibility among government officials both at the national and sub-national level. Through this joint project intervention, they have proved to the Government and other key actors that **they can work as one UN through which they are capable to achieve better and more sustainable results at local and central level**.

**Coordination with local actors** was accomplished by organising coordination meetings and joint actions, which, as expressed by participants, helped to get a sense of ownership of the activities and therefore boosted results. The good coordination with the local actors has been seen as one of the key factors for the establishment of the local model of Public-Private-People Partnership, through which the agencies in joint efforts managed to achieve long term and sustainable results in different areas (social, health, education and employment). All the interviewed stakeholders highlighted the excellent cooperation with the individual agencies during the implementation of the project. Certain interviewed professionals stressed the **need to further improve inter-agency cooperation and acting as one UN**.

### **Timeliness**

Key stakeholders, partner organizations, NGOs and governments confirmed that, in general terms, project activities and outputs were delivered and achieved although the project was prolonged. The project received no-cost extension for period of 6 months.

Due to political implications in the country (elections, changes in the governing structure of MLSP) and the occurrence of the pandemic Covid-19, the project needed to make adjustment of the format, scope and content of certain activities that required to be put on hold, modified, re-shape, replace with other and in certain situation to be removed due to inability to carry them out with physical presence.

However, although there were significant and difficult challenges and obstacles, the project managed to achieve the planned goals and obtain continuation of the services afterward's.

### **Overlaps**

No specific information nor evidence regarding potential overlaps has been found. On contrary, this the project intervention is seen as unique one on country level and is seen as model that can be re-apply anywhere over the country where there is a need for it. This re-application depends on the political will, courage and speed of change. The speed of the changes is very important because the state is not capable to pay double processes.

### **Funding leverage**

Certain project activities were financed by joint budgets from current programs and projects of the agencies. A good connection has been made in order to ensure continuity and comprehensiveness in the implementation of activities.

## 4.5 Impact

This section provides an assessment of the **early signs of programme impact** of the intervention by focusing on key parameters at **central, local and individual level**. The following are the main questions examined:

- What has been the impact in line with the planned results of the project, in terms of changes brought about in the situation of beneficiaries and communities?
- What has been the impact beyond the planned results of the project, in terms of changes brought about in the situation of beneficiaries and communities? (positive and/or negative)

**On central level**, the program intervention made significant changes in:

- the national social protection system by supporting establishing and adding into the system new social, family and community-based services for persons with disabilities.
- development of transformation plans of the social protection institutions and provision of new community-based services within the existing buildings of the social protection institutions.
- development of the new law on primary education and the concept for inclusive education.
- strengthen Health System Responses to Gender based violence.

**On local level**, the program intervention made significant changes in:

- development of a **community model of social, health, education and employment services for persons with disabilities**.
- development of **gender sensitive and personalized services** mainly for persons with disabilities but as well for other vulnerable groups
- strengthening the knowledge and skills of local service providers coming from the social, health, education and employment sector regarding non-discrimination, person-centered and social model of acting and treating persons with disabilities.
- improvement of capacities and competences of the DPO's, NGO's and other public and private providers related to UN CRPD and independent living of persons with disabilities

**On personal level**, the program made the most valuable early signs impact:

- **positively changed the lives of 11 adults and 7 children with disabilities** who lived for many years under the saga of the institutional care.
- Creation of conditions for them to live closest to the family environment where they feel free, equal, respected and independent.
- Acceptance and integration of persons with disabilities in their community.

*"The biggest achievement of the program was to see the resettled beneficiaries happy and enjoying their new life. Fanka and Jonce were openly talking in front of 100 persons about the life changes that they experienced since they were resettled. This is the example about how the changes need to happen, how always the focus should be on the personal needs and opinions of the beneficiaries, their involvement in all phases/things in order to make proper changes and improvements in the lives of persons with disabilities"*

D.Tomsic-MLSP

*"This project was quite visible and gave concrete results. This is what makes it special and unique. Together with the UN agencies we managed to change the lives of the resettled persons! We managed to provide chances these persons to start to live in the community with other people, some of them returned in their biological homes. And we managed to improve and increase the public awareness about the need of resettlement of these persons not only in this community but in general".*

D.Tomsic-MLSP

Overall, the project made **great efforts and achieved substantive results in alleviating disparities between persons with and without disabilities at local level.**

The stakeholders considered that significant results were achieved in a relatively short period of time under the project framework.

The impact analysis is also limited to the qualitative information gathered during the fieldwork, since no baseline data, targets and primary quantitative data generated by the intervention was available. It will take time to see and assess the real impact of the project intervention at individual level.

### **Behavioural changes**

Another major area of the joint intervention is the provision of support for the organization of a range of **advocacy, information-sharing and awareness-raising activities.** Their main purposes were to change the behaviour and way of thinking of the key stakeholders from different sectors at central and local level and to strengthen the capacities and knowledge of the final beneficiaries empowering them to recognize, practice and fight louder for their social and human rights. Many of the interviewed professionals from the government and non-government sector confirmed that the project intervention and its activities made significant changes in:

- **introducing and properly informing the general public about the need for resettlement of children with disabilities in alternative forms of care closest to the family environment.** For instance, UNICEF through their national wide campaign for foster care “Every child needs family”<sup>21</sup>, managed to raise the awareness among the overall population about the need of every child to grow up in a family or in an environment close to a family, through which was promoted the foster care service.
- **sensitizing service providers, communities and persons with disabilities about the challenges and obstacles that persons with disabilities are facing in daily life in the community.**
- introducing and understanding the UNCRPD compliance among the overall population.
- through informative and awareness raising workshops, continuous dialogue and cycles of training sessions, UN Agencies through their local partners managed to **strengthen the capacities and knowledge to over 10.000 professionals from the social, health, education and employment sector.**

*“Through the training programme we managed to change their approach of work and finally to replace that medical model with a social model. In this respect we still have a lot of work to do, especially when it comes to raising awareness between the gynaecologists and other health care professionals”.*

K.Stavric-Faculty of Medicine

- Empowering persons with disabilities to recognize, practice and fight for their rights. The UN Agencies during the overall implementation of the project worked on full inclusion and participation of persons with disabilities on regular basis. Through variety of informative sessions, individual and group counselling, psychosocial support, workshops and trainings worked on empowering and educating persons with disabilities, their parents/legal representatives and guardians to be more proactive, persistent and to fight for their rights. In this direction, small but significant changes were done.
- **Enabling persons with disabilities to be the future leaders and peer educators.** UNFPA through its partner organizations HERA and Polio Plus ensured provision of peer-education programme for SRH and GBV for persons with disabilities.

<sup>21</sup> The campaign reached over 1 million and engaged over 110,000 people on social media, generating interest by hundreds and a 20% increase in the number of foster parents in the country, thus contributing to a two thirds reduction in the number of children living in large scale institutions.

- Creation of network trainers/educator who will educate their peers and broader community. In addition to this within this project one person with disabilities was engaged as a consultant in drafting documents, manual, conducting informative sessions and workshops with persons with disabilities. Although these are really a small number of cases, they should serve as an example and be a motivation for the duty bearers to think about possibilities how persons with disabilities can be part of their work and for the right holders for being proactive, lauder and to self-advocate for their rights.

All the above-mentioned advocacy, awareness raising and information sharing activities have had an impact on behaviours on duty bearers and right holders.

## 4.6 Sustainability

The UN joint program intervention's alignment with government policies and its responsiveness to the country's needs and priorities (related so social protection, deinstitutionalization, inclusive education, sexual and reproductive health and gender-based violence) ensures a degree of sustainability because the impact achieved by all agencies within this joint project intervention will last beyond the interventions.

Further, the **work on the development of policy framework and establishment of community-based services** supports the foundations of good sectoral policy making, which is an essential requirement for sustainability.

However, there are other aspects of sustainability that are less straightforward, but equally important. The ones that are more relevant to the joint program intervention and which will be reviewed below are:

### a) Policy Implementation

UN entities joint work in this program intervention had a significant focus on the **development of policies, laws, action plans, strategies, rulebooks in the social protection, education, employment, gender equality and sexual and reproductive health sector**. The table below presents the list of policies, laws, bylaws, rulebooks, action plans, programs and manuals that have been developed with the support of the four UN agencies during the implementation of the joint program.

The list is a prove of an incredible amount of dedication, commitments, energy, effort and resources expended of the UN entities in support of North Macedonia's policy framework.

**Getting changes embedded at the level of formal policies or laws is a crucial requirement for sustainability, because it creates obligations for public institutions and other actors to act following the prescriptions of those laws and policies.** What is more important is the pressure towards the central and local authorities to get those laws and policies implemented in an effective trend on regular basis.

The implementation of the certain legal and policy framework related to social protection, deinstitutionalization and sexual and reproductive healthcare at local level remains a serious challenge due to the lack of financial, human and technical resources and for the low awareness of the representatives of the local self-government in the importance of their involvement and work on the implementation of laws and bylaws.

For instance, within this joint UN program intervention were laid the foundations for the establishment of a number of community-based services for persons with disabilities, but what is lacking are systemic solutions related to ensuring adequate accessibility of all facilities at the local level.

During the evaluation, many project counterparts **recognized the work and valued the results achieved within the project but also expressed their concern about the continuation of what has been started, its upgrading, enrichment with additional integrated community-based services at the local level.**

This concern stems from the uncertainty about the existence of political will to continue this process, the lack of awareness among local authorities that this is a process that requires commitment, responsibilities and continuous work from all stakeholders at local level and not just demands and expectations from central authorities.

However, this project intervention managed to introduce community and family-based services that are now part of the social protection system. The provision of these services for persons with disabilities will continue to be delivered at local and central level.

**Table: List of policies, laws, bylaws, rulebooks, action plans that have been developed and implemented with the support of the four UN agencies during the implementation of the joint programme.**

- Law on Social Protection- UNICEF and UNDP
- Deinstitutionalization Strategy and its action Plan<sup>22</sup>-UNDP and UNICEF were part of the working group for developing the strategy but most important they made significant contribution in achieving the results and priorities set out in the Action Plan
- Rulebook for the criteria for selecting foster families, type and number of users who can be placed in one foster family,
- Standards for provision of Foster Care Service- norms and standards for performance of the activity of the Centre for Support of Foster Families- UNICEF
- Rulebook on the norms and standards for provision of home care and assistance
- Rulebook on the norms and standards for provision of the personal assistant service-UNDP
- Rulebook for the norms, description of work competences of personal and educational assistants, UNDP and UNICEF;
- Rulebook on the norms and standards for provision of the service living with support in home units- UNDP, UNICEF
- Law on prevention and protection from discrimination-UN Women
- Law on Primary Education
- Concept for inclusive education
- Recommendations for Inclusive Education based on already supported interventions by UNDP
- Law for internship- UNDP work on lowering the entry criteria by allowing people with disabilities to be able to get involved and benefit from it
- Law on employment of persons with disabilities- UNDP work on securing the right pf person with disability on work-oriented assistant
- National Action Plan on Gender Equality
- Action Plan for implementation of the Istanbul Convention
- National Strategy and Action Plan for Primary Health Care- UNFPA
- National Action Plan on Employment
- National SRH Action Plan -UNFPA
- New Law on Prevention and Protection from Violence against women and Domestic violence -UNFPA

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<sup>22</sup> The strategy and its action plan were developed through EU project "Technical Assistance for supporting the process of deinstitutionalization of the social sector (EuropeAid/ 132633/C/SER/MULTI)

## **b) Pilots, Replication and Institutionalization**

The UN entities ensured **sustainability of the following services at local level:**

**In the social protection sector** and thus related deinstitutionalization, the UN entities managed to support the State in establishment and provision of **5 types of social, family and community-based services** that belong to the 3 main categories of services in North Macedonia prescribed in the Law for Social Protection:

**Outside Family Support Services:** outstanding results were achieved through the provision of **living with support and foster care services**. The UN Agencies supported the state to resettled 11 adults and 7 children with disabilities from Banja BANSKO from institutional to community-based care by providing elementary and essential living conditions in **3 forms of outside family support services: placement in foster families, small group homes for babies and children and home units for living with support for the adults with disabilities**. The UN entities committed themselves to provide financial resources for infrastructural work and running cost (equipping, furnishing and adjusting) for 4 apartments and 1 house. In this way, they created conditions for a better and more humane life of people with disabilities that will last even after the completion of the project intervention. After a negotiation with the UN entities, the State took the responsibility for all costs associated with the homes upon completion of the project intervention.

**Services at home:** the UN entities provided resources for the establishment and the provision of: **Personal Assistance and Home care and assistance services at local level**. UN Women and partly UNDP provided funds for covering the monthly salaries costs for the personal assistants and caregivers engaged for supporting and assisting the resettled beneficiaries until certain period during the project. Also, in this case, after a negotiation with UN Agencies, the State took responsibility for financing these professionals with the state budget.

**Community Based Services:** the UN Agencies provided resources for establishment and provision of **rehabilitation service** within the center for treatment and rehabilitation of persons with disabilities and resocialization services. The resettled beneficiaries benefited from: counselling work, individual and group therapy, educational support, accompaniment, skills development education, recreation, creativity, support for acquiring work skills and employment skills and other resocialization services, depending on the needs of the resettled beneficiaries. In this respect, the UNDP lobbied at central level for: reforms and changes in the entrance criteria for vocational educational programme for persons with disabilities, adjustment of the entrance criteria for use of the employment measures from the State for persons with disabilities, use of the right of work-oriented assistants for persons with disabilities and etc. In this way, they ensured the continuation of this services and supports not only at local but as well at national levels since these changes and reforms are incorporated in the legal documents at national level. These changes apply to the fourth sector where the UN Agencies made significant results and ensured continuation: the employment sector and thus related work-oriented rehabilitation and employment of persons with disabilities.

**Resocialization services** for certain number of resettled beneficiaries were provided.

**Respite care services-** provision of respite care services in the household of the beneficiaries and in centre for respite care. UNDP provided expert support in defining the content and the scope of the services and as well provided financial support for equipping

the first Respite Care Centre within the premises of the PI Demir Kapija. In addition to this, UNDP is now preparing the ground for piloting the respite care services on country level.

**In the education sector** and thus related inclusive education.

The primary education is another significant sector in which the UN entities made significant long-lasting results. UNICEF provided **tremendous support and resources in the preparation and adoption of a new Law on Primary Education and the Concept of inclusive education.** The enactment of this law and the introduction of the inclusive education in the regular education ensured that all children with disabilities and learning difficulties at national level, will have access and benefit from high quality education system. Most important they will be able to use and benefit from high quality inclusive services within the schools through which will ensure their smooth functioning and proper development. By adopting the Law, the concept for inclusive education and thus related legal documents the State commit itself to ensure conditions and resources for proper implementation of the inclusive education at national level.

**In the healthcare sector** and thus related sexual and reproductive health and gender-based violence. The UN entities made significant changes and achieved long lasting results. UNFPA managed to Strengthen the Health System Responses to Gender based violence at national level by:

- **the incorporation of the WAVE curricula** into the regular teaching program for continuous education at the Faculty of Medicine ensure that future generations of doctors will be theoretically and practically prepared to provide person-centered sexual and reproductive health care services for persons with disabilities while applying the main principles prescribed in the UN CRPD.
- **the strengthen capacities of the existing healthcare and social professionals** all over the country ensures that the persons with disabilities will get non-discriminatory, gender equal, more humane and dignified services, by respecting their social and human rights.
- **the strengthen knowledge, skills and competences of persons with disabilities for recognition and prevention of SRH and GBV** ensures that these trained persons with disabilities will be the **future peer educators** in spreading the knowledge and information among their peers and beyond.
- the empowered persons with disabilities and their OPD enable them to self-advocate for their social and human rights.

#### **c) Possibilities for re-application and continuation of the joint programme intervention**

The UN entities through this intervention succeeded in development of a **dual local model with dual effect.**

First, they succeeded in **developing integrated services for persons with disabilities at local level** and then, they managed to **develop and maintain Public-Private-People Partnership in provision of integrated services.**

The UN entities together with their partner organizations develop a **network and partnership** between local stakeholders coming from the Government, Non-Government and Business sector on one side and on the other side they have the persons with disabilities as partners.

Within this intervention, the UN Agencies stimulated and found ways to **motivate and actively engaged persons with disabilities in designing, formulating, implementing**

**and monitoring the activities and services that were provided to them.** And this is one of the key factors for success of this project.

**Having persons with disabilities on board always creates more chances for success** because they are the ones detecting the problems but at the same time, they are the ones leading the process of changes and overcome those problems.

During the evaluation, **all relevant government and non-government counterparts highlighted the need of re-application of this dual model in the other regions and locations** where the process for deinstitutionalization has started, but also stressed the need to further maintenance of this model in Banja BANSKO STRUMICA as the process is not completed there.

**The benefits from the intervention are acknowledged as well on the community level.** Municipality of Strumica, in its Municipal Social Action Plan foreseen actions for maintenance of the existing community-based services and as well development of new services according to the needs of the population.

Last but not least, possibility for continuation of the work of the UN North Macedonia team strengthening the rights of people was confirmed as well from the UN RCO. The UN North Macedonia Team is now preparing a new joint programme which will be focused on with the UNPRPD Fund in this direction for continuation of further strengthening rights of persons with disabilities.

*Joint projects are very important, as they bring value added to the UN and to the country. Through joint projects, the country can get the maximum out of the various types of expertise we have in the UN family in one package, so that's helpful for the country to have a full product, especially when addressing complex multifaceted issues. Joint programmes also enable increased access to global funds redirecting additional funds to the development of the country on important topics. Through this joint project we also increased the visibility of the country's efforts to improve the lives of people with disabilities at the global level.*

L.Kandikjan - UN RCO

## 5. Evaluation conclusions and key findings

The following conclusions are drawn from the key findings elaborated for each evaluation criteria in the previous section.

### Relevance

**Conclusion 1:** The program intervention proved to be **fully aligned with the key national priorities** related to social protection reform, deinstitutionalization, inclusive education, sexual and reproductive health and gender-based policies at local and national level. It is as well aligned with **international instruments, standards and principles of HR & GE**. Finally, the project is aligned with UN Agencies country programs and as well with the UNPRPD Strategic Operational Framework. It managed to **address and to satisfy the crucial and most pressing need for independent living of 11 resettled adults** (8 female and 3 male) with disabilities and 7 children with disabilities through provision of integrated community-based services. In parallel to this, it managed to **respond to the local needs for development of community-based services** accessible for vulnerable groups with focus on persons with disabilities.

### Effectiveness

Conclusion 2: The intervention was based on **well-developed results-framework with defined indicators (quantitative and qualitative) per project outcomes**. It managed to achieve **excellent and sustainable results in short period**. The positive results in indicators referred to full commitment of the four agencies and engagement of stakeholders (central and local) in: **development of support system** through which beneficiaries were enabled to pursue independent life in their communities and engage actively in the design and adoption of measures affecting them and claim their rights in the full scope provided by the CPRD. It managed to ensure **safe, proper and adjusted conditions for resettlement of persons with disabilities** (children and adults) into alternatives forms of care in the community like small group homes, foster care and home units for living with support. It ensured **full participation of the persons with disabilities** in defining and arranging the new living conditions for them. It provided a **comprehensive personalized gender sensitive family and community-based services** like personal assistance, homebased care, foster care and work-oriented services. It created **conditions for access to health, social, educational and employment services** by primarily raising the awareness of non-discriminatory, non-degrading and gender-sensitive approach towards persons with disabilities, It developed a **social and human rights-based model** of treatment and strengthening the capacities of the professionals from the health, social, educational and employment sectors and the persons with disabilities themselves. These achievements and results were confirmed by different stakeholders at local and central level and by the final beneficiaries. The UN entities managed to ensure involvement of all relevant actors at local and central level and developed a **Public-Private-People Partnership for the provision of local model for deinstitutionalization on long term basis**. This partnership approach helped the UN entities to develop and implement a project strategy that responded to the urgent and specific needs at central and local level.

#### **Efficiency**

Conclusion 3: In view of the **successful achievement of intended system changes, the program is considered to have highest efficiently converted the invested resources into the planned results**. The project intervention had adequate and good quality planning. Moreover, there were **no overlaps with similar interventions nor alternative implementing strategies, that could have achieved the same results, were identified**.

#### **Coherence and coordination**

Conclusion 4: **The performance of the UN Agencies within this joint project intervention is on high level**. They have managed to establish effective management and coordination system. For the project purposes, different entities were established: project steering committee and technical working group at central level, couple of different working groups covering different aspects of the project at local level (composed of international and national consultants, service providers, OPD's and persons with disabilities) and Resettlement Body. These groups and entities ensured regular and timely information, data-sharing and coordination among all the relevant actors involved in designing, managing, and implementing of the project. It was confirmed **excellent work atmosphere accompanied with team spirit and full commitment to the project tasks**. **The UN entities hold capacities to lead similar interventions**. They have managed to coordinate the day-to-day project operation and ensured that the resources were used properly. **The overall satisfaction about the coordination, communication and cooperation with UN entities was assessed on highest level**.

The project is a **role model in provision of integrated community-based services** through which are met different needs of persons with disabilities. Most of the involved stakeholders stressed the **need of replication of this model in other regions and municipalities where the deinstitutionalization process is carried out**. The project intervention managed to make interlinks with other similar interventions implemented by the UN Agencies.

### **Impact**

**Conclusion 5: The project intervention made early signs of impact at central, local and individual level.**

**At central level** Changes and improvement within the **national social protection system** by supporting and establishing new family and community-based services was done. **The national education system was strengthened and improved** by developing and implementation of the new law on primary education and the concept for inclusive education. **The Healthcare System Responses to Gender based violence was strengthened** by incorporation of WAFE Curricula within the regular teaching programme at the Faculty of Medicine.

**At local level** UN entities **developed of a community model of integrated community-based services** for persons with disabilities. The model covers provision of **different gender sensitive and personalized services** such as: personal assistance, home care and support, rehabilitation, resocialization and employment services for the resettled beneficiaries from PI Banja BANSKO Strumica. It managed to strengthen the capacities and competences of the professionals from public and private services providers in the social, health, education and employment sectors related to UN CRPD and independent living of persons with disabilities. **At individual level** are the most valuable impacts and benefits from the intervention.

**This project intervention changed in positive way the lives of 11 adults and 7 children with disabilities who lived for many years under the saga of the institutional care. It created the conditions for them to live closest to the family environment in which they feel free, equal, respected and independent.** The beneficiaries are now accepted and integrated in the community, and are participating and contributing to their personal, professional, community development based on their choices and rights. It managed slightly to narrow the disparities between persons with disabilities and persons without disabilities by enabling access and equal participation in social, health, education and employment services at local level. The project intervention **made changes in the behaviour and way of thinking of the key stakeholders from different sectors at central and local level and strengthen the capacities and knowledge of the final beneficiaries empowering them to recognize, practice and fight louder for their social and human rights.**

### **Sustainability**

**Conclusion 6: The intervention's alignment with government policies and its responsiveness to the country's needs and priorities ensures a degree of sustainability because the impact achieved by all agencies within this joint project intervention will last beyond the interventions.** The UN entities managed to support the State in establishment and provision of 5 types of social, family and community-based services that belong to the 3 main categories of services in North Macedonia prescribed in the Law for Social Protection. **Through the project were introduced and piloted community and family-based services that are now part of the social protection system.** In addition to this, they have managed to **strengthen the Foster Care System** and ensured provision of foster care services for children without parents and parental care but as well for children and adults with disabilities at national level.

**In the education sector**, by adopting the Law for Primary Education and introducing the concept for inclusive education, **the provision of an inclusive and person-centered services for children with disabilities and learning difficulties was ensured at national level.** In this context the State commits itself to ensure conditions and resources for proper implementation of the inclusive education at national level.

**In the health care sector**, UNFPA made significant changes and achieved long lasting results related to Sexual and Reproductive Health and Gender Based violence. The continuation of the SRH and GBV services is ensured by the developed Health Responses System. The UN entities through the intervention succeeded in development of a **local model with dual effect**: first, they succeeded in developing integrated services for persons with disabilities at local level and then managed to develop and maintain Public-Private-People Partnership in provision of integrated services. This model was highly rated and accepted by all relevant stakeholders at central and local level. From their point of view, there is a huge need for reapplication of this model on local and national level.

## 6. Recommendations

The next section presents **5 key recommendations** arising from the lessons learned and challenges during the implementation of this project. The findings of lessons learned, and challenges are the basis for defining each recommendation. Also, some of the recommendations were developed based on the key priorities identified by stakeholders, they are the result of the analysis and interpretation of the information conducted by the evaluator.

**Recommendation 1: Further continuation of the already started deinstitutionalization process.**

**Recommendation 2: Further development of a range of community-based services and development of network of service providers.**

**Recommendation 3: Further capacity building of the duty bearers from the public and private education, health, employment and social sector.**

**Recommendation 4: Further awareness raising and capacity building of persons with disabilities and their duty bearers and**

**Recommendation 5: Awareness raising and continuous education about UN CRPD-obligation related to the convention and in particular the Concept for Independent living**

**Table: Brief explanation of the key recommendations**

**Recommendation 1: Further continuation of the already started deinstitutionalization process**

The UN entities **laid the foundations of serious reforms and changes in social protection, employment, healthcare and education sector and they require further commitment and work by central and local authorities.**

They have established variety of community-based services at local level that need to be further explore and expand all over the country. The provision of these kind of services requires strong commitment of the State and its actor. The State and other relevant actors mainly at central level committed to complete the deinstitutionalization process and to ensure proper and human living conditions for all persons in a need of care and assistance in the community and in particular persons with disabilities. The State should **secure budget allocations on regular basis and in continuations in order to ensure that the process of resettlement of beneficiaries and deinstitutionalization will continue.** Only in this way can be prevented the risk of stagnation i.e., disruption as the ones that happen during the first phase of deinstitutionalization. Before deciding for next deinstitutionalization steps, it is recommended the state and its key counterparts to make a **reflection about the lessons learned from the challenges, and the difficulties, the problems, the shortcomings, the failures and the successes they faced within the first cycle of resettlements as part of the third phase of deinstitutionalization.**

**Recommendation 2: Further development of a range of community-based services and development of network of service provider.**

Within this project intervention, the UN entities has developed a **network of local public and private service providers** from the social, health, education and employment sector. They have managed to put the basis for provision of certain number of community-based services for persons with disabilities. **The number of services should be deepened and increased in order to ensure a more comprehensive satisfaction of different needs and interests of persons with disabilities and their fully integration in the society.** In this context, there is a need of further work related to increase the number of available and licensed service provider at local, regional and central level. This could be supported by development and implementation of social mappings and municipal social action plans on regular basis. Among the others, there is a need for development of the following services:

- **centre for independent living** as a cross-disability organisation that would be controlled by persons with disabilities with a mission to promote social inclusion and mainstreaming of disabilities in all public policies.
- **Disability Occupational Support Centre**, which will facilitate the effective and efficient communication between disabled job seekers and potential employers.
- **peer Support for Independent Living** through which they will benefit from continuous empowerment and support on daily basis.
- **specialized emergency services** to support on individual and group basis to overcome a difficult situation, tension, agony, depression and which affected their well-being.
- respite care service in order to enable the primarily caregiver to rest for short period.
- **broader household assistance services and long-term care of persons with disabilities**
- **employment support and mentorship** prior and during the employment.

**Recommendation 3: Further capacity building of the duty bearers from the public and private education, health, employment and social sector.**

Within the programme was strengthened the capacities of duty bearers from the social, education, health and employment sector. In addition to this were strengthened the capacities from the local government units and other public authorities. But this process requires constant implementation of different type of capacity building activities at local, regional and national level.

For instance, in **the education sector**, further activities related to strengthening capacities of school staff related to inclusive education based on the new law and concept is needed all over the country and in particular in the rural and disadvantaged areas. Also, the concept for inclusive education requires continuous investment of financial, technical and human resources. Further intervention in preparation and training for work is especially needed for the Resource Centers and Support Centers for primary schools with children with disabilities.

In **the health care sector**-besides the fact that was developed health responses system, there is continuous need for strengthening the capacities and further awareness raising work with specialized health care professionals (gynecologists, dentists and etc) for acceptance and providing conditions for equal access and use of their services for persons with disabilities.

In **the employment sector**-the UN entities has laid down the foundation for work-oriented and employment services for persons with disabilities in Strumica and Skopje. These services need to be further extended in other municipalities and regions where is need for them. Also, the UN entities ensured more acceptable conditions for entry of persons with disabilities in educational and employment programs for persons with disabilities thus creating greater chances for their inclusion in the labor market. But this activity requires provision of promotion and awareness raising activities for these possibilities available for persons with disabilities.

**The local government units**- the UN entities managed to develop Public-Private-People Partnership Approach, that need to be further extended and re-applied all over the country. Moreover, there is a need for further work related to strengthening their capacities for preparation and implementation of social mapping, social actions plans and provision of more accessible services for persons with disabilities.

#### **Recommendation 4: Further awareness raising and capacity building activities of persons with disabilities and their duty bearers**

**The program paid special attention on strengthening the awareness, knowledge and capacities of persons with disabilities in several domains in order to enable them to recognize and practice their rights.** This type of activity needs to be performed constantly at system level. There is a need of a systematic intervention in this area- **comprehensive and continuous education of persons with disabilities and their parents/legal representative at all developmental stages.** It also entails another intervention aimed at **stimulating i.e., motivating persons with disabilities to be proactive**, and this can be achieved by **creating role models and peer education.** Within the programme these types of interventions were conducted and produced results, thus the professionals from OPD's and other providers indicated the need for reapplication of these interventions at country level.

#### **Recommendation 5: Awareness raising and continuous education about UN CRPD-obligation related to the convention and in particular the Concept for Independent living**

Within the program, were conducted activities related to increasing the awareness and proper understanding of the UN CRPD principles at local level. This should become

regular practice that will be implemented on local, regional and national level. There is further need of continuous education of the persons with disabilities and their families not only part of the social protection system but the general broader population.

**Table: List of Recommendations for the UN entities**

<b>At Operational level:</b>
<p>It is recommended that UN entities <b>continue to support the State in implementing social protection and deinstitutionalization reforms</b>. In this context further support is expected in all the above-mentioned domains of interventions. In particular to:</p> <ul style="list-style-type: none"><li>- <b>proceed with follow up joint programme interventions</b> in this area, by supporting the state and local actors for re-application of this local model for deinstitutionalization in other municipalities and national wide.</li><li>- <b>further extend the portfolio of joint interventions</b> in other segments and aspects of social protection reforms for other vulnerable groups.</li><li>- <b>support the State in extending the network of social, family and community-based services</b> at local, regional and national level and strengthening the capacities of the service providers at regional and local level.</li><li>- <b>provide support and expertise in defining programs and actions related to strengthening the capacities of duty bearers</b> in the social, education, health and employment sector.</li><li>- <b>provide technical and expert support to professionals from local government units in provision of social, family and community-based services.</b></li><li>- <b>support the state to develop an official data base of persons with disabilities.</b></li><li>- <b>initiate and support the state do perform COVID-19 Disability Rights Monitor (COVID-DRM) Survey</b> for collecting information regarding the impact of the virus and state measures to respond to the pandemic on the human rights of persons with disabilities.</li></ul>
<b>At Management Level:</b>
<p>Based on the lesson learned from this project, it is recommended to include in the future joint interventions, i.e., to <b>appoint an official person-coordinator who will coordinate the work of the project from all aspects.</b></p>
<p>In case of implementation of joint program, it is advisable to <b>develop standardized monitoring and evaluation processes</b> that will facilitate the collection, analysis, processing and presentation of data collected by the partner organizations in the project.</p>
<p>Strengthening the support from UN RCO during provision of future joint program interventions. It is important to note that since end-2019, the strengthened RCO has taken a proactive role in supporting joint project initiatives during the design phase (through seeking and sharing JP opportunities, coordination and convening, technical and procedural support during joint project development, liaison, etc.) and, if applicable, implementation phases (coordination, communications, follow up with internal and external stakeholders, etc.). Support provided differs from project to project; it depends on the involved agencies, subject matter, procedural considerations related to the funding source and other factors.</p>