

DAY CARE CENTERES FOR CHILDREN WITH SPECIAL NEEDS

Findings of an external evaluation

DAY CARE CENTERES FOR CHILDREN WITH SPECIAL NEEDS IN FYR MACEDONIA *

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* The United Nations provisionally refers to the country as "the former Yugoslav Republic of Macedonia". For simplicity, herein after, the country is referred to as "Macedonia".

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EXECUTIVE SUMMARY

Since 2000, UNICEF has been working closely with the Ministry of Labour and Social Policy (MoLSP) to foster a de-institutionalization of practices, focusing on children with disabilities. Between 2000 and 2005, with UNICEF's support and in cooperation with other agencies, the knowledge and practices of a wide range of professionals from the social, health and education sectors have been upgraded, which has subsequently resulted in the provision of higher quality services for children in public care. Further, new community-based services have been established and the existing family-based care services, such as foster care, have been strengthened.

Over the past few years Macedonia has taken important steps towards de-institutionalization, thanks to the commitment of the Ministry of Labour and Social Policy (MoLSP) and the pledge of UNICEF in supporting interventions to promote child care system reform. Important progress has been made, although there is still much to be done. The ongoing decentralization process started in July 2005, with the transfer of responsibilities from central to local authorities, involving the social protection and child care sector, poses additional challenges.

METHODOLOGICAL APPROACH

The main **goal of the evaluation** is to provide a quantitative and qualitative analysis of the functioning and the quality of services of the 17 Day-Care Centres (DCCs) for persons with moderate and severe disability in Macedonia. The instruments developed for the purpose of this evaluation were used for the following groups of respondents: DCC beneficiaries and their families, DCC staff, representatives from LS, NGOs and MLSP.

A **purposive sample** was applied for the assessment of the functioning and the quality of services of the Day-Care Centre (DCC),

The **quantitative evaluation**, containing the structure of beneficiaries, families, professional staff and equipment in DCCs, encompassed all 17 existing DCCs in Macedonia (see annex 1).

The **qualitative evaluation** is an in-depth analysis of the situation in the DCCs. It was conducted on an adequate sample of 7 selected DCCs (annex 1). The evaluation merges results of the questionnaires conducted with parents/foster families (satisfaction with the quality of services provided, communication between parents and staff, positive changes among users and families, satisfying family needs, key areas for improvement of the work of DCCs) and the similar inquiries with the professionals employed (instruction plans and programmes - curricula and work related difficulties).

RESULTS OF THE EVALUATION

The **results of the quantitative analysis** show that, at the moment, there are 317 beneficiaries of the services provided by DCCs and 92 professionals engaged. The analysis shows that there are, on average, 18.4 users of services per DCC, and 3.7 beneficiaries per employed professional. The legal stipulation from the Rule book on the Norms and Standards for Establishment and Operation of the Work of Social Welfare Institutions DCC for Persons with Intellectual and Physical Disability, (*Official Gazette 110, 2006*), (here after *Rule book*) concerning correlation of the number of professionals with the number of users of services (one professional worker per four users, depending on the

type of clients), is fulfilled. Future employment of additional staff in DCCs should be carried out in accordance with the number and type of disabilities typical for people residing in the municipalities.

The existing 17 DCCs are the only service providers that cover both children and adults. DCCs are most commonly providing services for people over 18 years of age, which is 35.6% (113) of the total number of users. The reason for this is the lack of alternative services in the local communities for people over 18. There is a need for development of criteria for discharging beneficiaries from the DCCs in addition to the establishment of alternative services for adult people within the community.

The quantitative analysis also involves the structure of families whose members are users of the DCCs services in Macedonia. The data evidence that the largest number of DCCs beneficiaries live with their biological parents 285 (89.9%), whereas 30 (9.5%) of the total number of beneficiaries reside with foster families.

A total of 232 staff members took part in the conducted professional trainings, which indicates an average of 2.5 training events per professional (92 professionals in total). Concerning the quality of training, the results reveal that in the majority of cases (116 or 50%), the training was found sufficiently adequate to their profile and sufficiently applicable in their daily work (123 cases or 53%). They also consider that the training has sufficiently contributed to the advancement of their professional work in the DCCs (115 cases or 49.5%). For the advancement of the professional work of the DCCs staff, further training should be organised on regular basis, following identification of the staff's training needs.

The insight and check up of all equipment in the DCCs allow us to conclude that the equipment is largely accessible to all users. However, the *Rulebook* criteria for purchase of equipment for the needs of DCCs should be more strictly respected and consistent equipment should be available for all DCCs.

A qualitative analysis was used to obtain comprehensive and in-depth knowledge concerning several indicators of importance to this evaluation. The qualitative evaluation encompassed

parents of the DCC's beneficiaries, as well as the professional staff employed in the 7 DCCs selected for extended qualitative analysis.

Parents and staff have observed a great deal of positive change among users, such as increased communicability, considerable inclusion in the programmes taught by the professionals in accordance with the level of disability, independence, weaning off the use of dippers and within the families as a result of their referral to the services of the DCCs. The quality of communication between parents and staff is at a satisfactory level.

Despite the fact that the DCC have been primarily established to provide daily care, work and production activities, work therapy, psychosocial rehabilitation, re-education, gaining of elementary skills and socialisation, the professionals of the DCCs are also engaged in individual preparation of the users for their inclusion in the mainstream school system, once the assessment is made that this is feasible. As a result of the professional work of the staff, 14 children had been successfully integrated in the mainstream schools.

INTRODUCTION

In 2000, UNICEF and the Ministry of Labour and Social Policy embarked on a project on deinstitutionalisation of persons with special needs. The project resulted in the establishment of 17 DCCs for persons with moderate and severe disability throughout the entire territory of Macedonia. In addition to provision of support for the DCCs as a form of protection for this category of children, UNICEF has been actively working on introduction of alternative forms of protection, such as foster families and protection through community-based social services. Namely, it appears that the number of interested foster families who are willing to accept a person with physical and intellectual disability has been increasing in Macedonia. The DCCs serve the purposes of prevention from institutionalisation by strengthening the potentials of the natural family to undertake or continue with the care for its helpless members.

The support provided by UNICEF in the opening of the DCCs for persons with moderate and severe disability comprises of reconstruction of the premises of the DCCs and provision of equipment, covering the operational costs and provision of training for the professionals in order to ensure high quality day care, labour-production activity, work therapy, psycho-social rehabilitation and other activities such as re-education and gaining skills for independence and socialisation of the beneficiaries of the DCC.

With the adoption of the *Law on Social Welfare* (2004), along with the other decentralisation laws, a portion of the central level competences were transferred to the local level. The Law stipulates that a municipality may establish social welfare institutions (except for *Centres for Social Work* (CSW) and Institutions for children and youth with educational and social problems and problematic behaviour), i.e. to set up and manage centres for daily and provisional care for its citizens. Although the Law provides for the transfer of the DCCs to the local level by

means of a direct agreement between the Ministry of Labour and Social Policy (MLSP) and the municipal bodies, the DCCs continue to function as non-institutional forms of care and remain organisational units within the relevant CSW (the exception being the DCC in T. Pole, which is an organisational unit of the *Institute for Rehabilitation of Children and Youth*- Topansko Pole and DCC Kriva Palanka, which is under MLSP).

Since the opening of the first 5 DCCs in 2002 of a total of 17 DCCs existing nowadays in Macedonia (with the exception of the DCC in Kriva Palanka which was opened in 1994), there has been a notable success in their work, but also room for improvement of certain aspects of operation. In 2005, the *Institute for Social Activities* (ISA) in Skopje undertook an initiative to prepare an analysis of the work of the DCCs for children with moderate and severe disability. The resulting report contains useful data about the DCCs and provides an overview of their work.

Notwithstanding this report, an in-depth qualitative evaluation of the operation of the DCCs has never been undertaken to include the channels and modus of coordination of activities, let alone the quality of services provided to the ultimate beneficiaries.

For that reason, this evaluation has been initiated with the aim to assess the functioning and the quality of services provided by the DCCs. The evaluation exercise was envisaged to include also the foster and biological parents of the recipients of the services.

I. METHODOLOGY

1. SUBJECT AND GOAL OF THE RESEARCH

Subject of the evaluation is the functioning and the quality of services of the 17 DCCs for persons with moderate and severe disability in Macedonia. The main **goal of the evaluation** is to provide quantitative, but also qualitative, analysis of the subject of the evaluation. The specific goals derived from the overall (main) goal are focused on the assessment of:

- 1) Satisfaction with the services provided by the DCCs on the part of the receivers and their biological and foster families;
- 2) Adequacy of the current beneficiaries of the DCCs;
- 3) Success of the DCCs in terms of preparation of the recipients of the services for their integration in the mainstream schooling system;
- 4) Channels and quality of communication between biological/foster families and the DCC staff;
- 5) Number of trainings provided to the staff of the DCCs, contentment with the trainings and further training needs;
- 6) Proper utilisation and accessibility of the equipment to the DCC clients.

2. SAMPLE

For the assessment of the functioning and the quality of services of the DCC, a purposive sample was prepared.

The **quantitative evaluation** included all 17 existing DCC in the following cities in Macedonia: Berovo, Bitola, Veles, Skopje - Zelezara, Skopje - T. Pole, Tetovo, Stip, Gevgelija, Kriva Palanka, Kumanovo, Probistip, Delcevo, Gostivar, Kicevo,

Kavadarci, Prilep and Manastirec, which, unlike the others, holds a status of a children's centre. This analysis resulted in quantitative data about:

- 92 professionals of the DCCs by professional profile;
- 92 professionals of the DCCs, by conducted trainings, and their assessment of the quality of training and the training needs;
- 317 beneficiaries of the DCCs by age, ethnic affiliation and type of disability; and
- 317 beneficiaries of the DCCs, by family structure.

The qualitative evaluation, based on an in-depth analysis of the situation in the DCCs, was conducted on an adequate sample of 7 selected DCCs (the criteria for selection was made upon: geographical coverage, rural/urban locality, ethnicity of beneficiaries, duration of operational activities and extend of UNICEF support to DCCs), as follows: Berovo, Bitola, Veles, Manastirec, Zelezara, Tetovo i Stip. The qualitative evaluation included:

- 17 interviews with the DCCs coordinators;
- 10 interviews with representatives of other relevant organisations/institutions: 6 from the LS, 2 representatives of NGOs, 1 representative from the MLSP and 2 from the ISA;
- 14 focus groups discussions (7 focus groups for the DCCs beneficiaries in which a total of 32 parents participated and 7 focus groups for 39 professionals of the DCCs);
- 95 beneficiaries of the DCCs who were met during the visits and examined by application of participative observation (Berovo - 12 beneficiaries, Bitola - 18 beneficiaries, Veles - 17 beneficiaries, Manastirec - 11 beneficiaries, Zelezara - 12 beneficiaries, Tetovo - 14 beneficiaries and Stip - 11 beneficiaries);

- 4 families were studied as a case study: (2 families with members who were successfully integrated in the educational system following their visits to the DCCs; and 2 families with members who were accommodated in the Special Institute in Demir Kapija, and then de-institutionalised and are currently utilising the DCCs services).

Location of DCCs in Macedonia and type of carried out evaluation are presented in Annex 1. Annex 2 provides the list of visited DCCs as well as the list of coordinators of the DCCs and representatives of other relevant organisations/institutions who were interviewed for the needs of the evaluation.

3. METHOD, TECHNIQUES AND INSTRUMENTS FOR EVALUATION

A combined **qualitative-quantitative methodology** has been applied for the purposes of the evaluation. Several **techniques** have been used for collection of data, as follows: polling, interviews, focus groups, participative observation, case analysis and content analysis.

The following **instruments** had been prepared:

- *Polling* : a questionnaire for professionals on conducted trainings by subject and profile of participants (Annex 3), a questionnaire for professionals about the quality of conducted trainings and trainings needs (Annex 4); a questionnaire for coordinators of DCCs on the implementation of the work plans and programmes (Annex 5).
- *Interviews*: a plan for interview with representatives of NGOs (Annex 6), MLSP (Annex 7) and the local self-government (Annex 8);
- *Focus groups*: a plan for discussion in focus groups with parents (Annex 9) and professionals (Annex 10).

II. RESULTS OF THE EVALUATION

1. QUANTITATIVE ANALYSIS

The quantitative analysis embraced all 17 existing DCCs in Macedonia. This analysis was made with the aim to collect data to support the in-depth qualitative analysis and due to the absence of summary databases by indicators relevant for assessment of the functioning of the DCCs in Macedonia. Since the qualitative analysis is the primary aim of the evaluation, the quantitative data will only be presented through the table given below.

1.1. Structure of Beneficiaries of the DCCs

The structure of DCC beneficiaries will be presented in 2 tables. The table below contains data on the number of beneficiaries by ethnic affiliation, which is also indicative of the current utilisation of the DCC capacities.

The table indicates that the largest number of DCC beneficiaries are ethnic Macedonians, i.e. 69.4% (220) of the total number of beneficiaries, although the number of ethnic Albanians -19.2% (62) as well as the ethnic Roma 8.2% (26) is not negligible either. The DCC with comparatively predominant Macedonian users

Table No. 1 Number of DCCs beneficiaries by ethnic affiliation

D.C	Ethnic affiliation					Total
	Macedonian	Albanian	Roma	Turkish	Serb	
Berovo	13	2	/	/	/	15 (4,7 %)
Bitola	17	/	4	/	/	21 (6,6 %)
Veles	19	/	1	/	/	20 (6,3 %)
Gevgelija	23	/	1	1	/	25 (6,7 %)
Gostivar	3	10	2	/	/	15 (4,7 %)
Delcevo	15	/	2	1	/	18 (5,6 %)
Kavadarci	17	/	1	/	/	18 (5,6 %)
Kicevo	7	8	2	3	/	20 (6,3 %)
K. Palanka	29	/	/	/	/	29 (9,1 %)
Kumanovo	11	9	1	/	/	21 (6,6 %)
Manastirec	9	1	3	/	/	13 (4,1 %)
Prilep	16	/	7	1	/	24 (7,5 %)
Probistip	14	/	/	/	/	14 (4,4 %)
Skopje T.Pole	5	3	/	1	1	10 (3,1 %)
Skopje Zelezara	10	4	1	/	/	15 (4,7 %)
Tetovo	/	25	/	/	/	25 (7,8 %)
Stip	12	/	1	1	/	14 (4,4 %)
Total	220 <i>(69,4 %)</i>	62 <i>(19,6 %)</i>	26 <i>(8,2 %)</i>	8 <i>(2,5 %)</i>	1 <i>(0,3 %)</i>	317 <i>(100 %)</i>

is Kriva Palanka, with 13.1% (29) of the total number of Macedonian users. The highest percentage of ethnic Albanians are found in the DCC in Tetovo, 40% (25) of the total number of beneficiaries of all DCCs in Macedonia.

As regards the utilisation of the capacities of the DCCs, according to the Rule book the capacity should be for 25 users, the most optimal utilisation of the envisaged capacities of the DCC is in Kriva Palanka with 29 users, whereas the DCCs with fewest users is Topansko Pole with 10 and Stip with 14 users.

Table 2 contains data on the DCCs users in Macedonia by age and type of disability.

accepted as beneficiaries of the services provided by these Institutions.

In terms of the disability, the largest number 43.2% (137) of the total number of beneficiaries are with moderate intellectual disability. At the same time, the number of people with profound disability is not small either - 4.1% (13) of the total number of beneficiaries, particularly taking into account that this type of disability requires the engagement of special professionals and individual work and care for the users by the DCCs personnel.

Table No. 2 Age of beneficiaries and type of disability

Age	Type of disability				Total
	Moderate disability	Severe disability	Profound disability	Combined disability	
5 - 9 yrs.	26	16	2	21	65 20,5 %
10 - 14 yrs.	29	30	4	22	85 26,8 %
15 - 18 yrs.	27	12	4	11	54 17 %
> 18 yrs.	55	30	3	25	113 35,6 %
Total	137 43,2 %	88 27,7 %	13 4,1 %	79 24,9 %	317 100 %

The data presented indicate that the DCCs are most commonly providing services for people over 18 years of age, which is 35.6% (113) of the total number of users. The recipients of services from the first 3 age groups (from 5-18 yrs) are relatively evenly represented. The reason for this situation is the lack of alternative services in the local communities for people older than 18 years, such as DCCs, centres for interim care, small group homes, independent living etc. In other words, the existing 17 DCCs are the only service providers which cover both children and adults. Given that majority of the users are well adapted in the DCCs and as a result of the positive integration in the group, they contribute to group cohesion and animation of other users, this situation in terms of numbers is not perceived as a problem or difficulty that needs to be overcome. The beneficiaries have learned to visit the DCC regularly and are fully

1.2. Structure of Families - Beneficiaries of the DCCs

The quantitative analysis includes the structure of families whose members are users of the DCC services in Macedonia. The structure is presented against two basic indicators: form of parenthood: biological parents, foster parents and adoptive parents, and type of families: single, nuclear and extended families (see Table No.3).

Table No. 3 Structure of Families by Type of Family and Form of Parenthood

Form of Parenthood	Type of Family	Beneficiaries	Total number of Beneficiaries
Biological	Single	31 10,9 %	285 (89,9 %)
	Nuclear	175 61,4 %	
	Extended	79 27,7 %	
Foster	Single	6 20 %	30 (9,5 %)
	Nuclear	16 53,3 %	
	Extended	8 26,6 %	
Adoptive	Single		2 (0,6 %)
	Nuclear	2 100 %	
	Extended		
Total:			317 (100 %)

The data above show that the largest number of DCCs beneficiaries live with their biological parents 285 (89.9%), whereas 30 (9.5%) of the total number of beneficiaries reside with foster families. This category of beneficiaries is accommodated with 15 foster families. Of the total number of 30 foster families, 12 beneficiaries are in the village of Manastirec, 10 in Prilep, 3 in Skopje and 5 in K. Palanka.

It is worth noting that foster families frequently accommodate several children-beneficiaries in one family in contrast with biological families which take care of only one child from the category of children with special needs. It is assumed that apart from the human reasons, another motive for accepting persons with special needs is the financial compensation for foster families, which influences their interest for accepting several children (this is especially noticeable in the village of Manastirec). Notwithstanding, the field visits have led to the conclusion that foster families with several children provide foster care of relatively high quality.

Concerning the type of family, the largest number of beneficiaries - 193 (60.9%) of the total number of beneficiaries live in nuclear families.

1.3. Structure of Professional Staff at the DCCs

The applied procedure for employment of professionals in the DCCs has largely followed the guidance provided in the *Rulebook*. However, despite the fact that the *Rulebook* is very accurate in defining the professional profiles required for the DCCs' employees, the actual situation is not fully reflective of the legal stipulations.

The DCCs engaged the following professional profiles to perform the services: social worker, defectologist, psychologist, pedagogue, nurse, physiotherapist, cook, driver, and even a teacher (DCC Kumanovo), although such a profile is not envisaged with the rules. Table 4 shows that the largest portion of employees consists of nurses and carers (23 in all 17 DCCs, i.e. 25%). Such practice of increased incidence of employment of this particular professional profile, as compared to the other profiles, can be explained with the necessity to meet the needs of the beneficiaries of the DCCs in terms of hygiene and acquiring elementary hygienic skills.

The aforementioned *Rulebook* also stipulates the number of professionals for performing the activities of the DCCs. According to the *Rule-*

book, the number of professionals is co-related with the number of users of services and is set at one professional worker per four users, depending on the type of clients. The analysis has shown that in average there are 18.4 users of services per DCC, and 3.7 beneficiaries per employed professional. It is worth noting that in the DCCs in Berovo, Stip, Probistip and Zelezara, the average number of users per professional is significantly lower than the foreseen number (4). Due to this under-utilisation, potential users of services should be encouraged to refer to the DCCs for services. By contrast, the DCCs in Kriva Palanka, Manastirec and T. Pole should be strengthened with more professionals because the average number of recipients of services per professional ranges between 5 and 6, which is above the foreseen number (although during the visit to the DCC in Topansko Pole, only two children were present, the DCC provides services to 10).

1.3.1. Conducted Trainings and Training Needs

The quantitative analysis pinpoints the profile of participants in trainings (Annex 11). The initiator and organiser of those trainings was the ISA. Also, the professionals had an opportunity to evaluate the quality of the conducted trainings (Annex 12) and identify the areas in which further training would be required (Annex 13) -- which will be analysed hereinafter.

The data on the topics of conducted trainings and number of participants by profiles were provided by the coordinators of the DCCs in cooperation with the professionals. A total of 232 participants took part in trainings, which indicates that the 92 professionals underwent 2.5 trainings each. As regards the training topics, the majority of the professional attended trainings on: 1) Basic training for work in DCCs; 2) Work with persons with autism hyperactive behaviour and 3) Team work. In terms of professionals who underwent the largest number of trainings,

Table. 4 Number and Profile of Professionals in the DCCs in Macedonia										
Day Centre	Total employed	Average number of users per employee	Personnel							
			Social worker	Defec-tologist	Peda-gogue	Psychol-ogist	Nurse	Physio-therapist	Cook	Driver
Zelezara	6	2,5	1	2		1	1	1		
Kumanovo	7*	3,0	1	1	1	1	1	1		
K.Palanka	5	5,8	2	/			1		1	1
Probistip	6	2,3	1	1	1	1	2			
Delcevo	5	3,6	2	1			1		1	
Veles	6	3,3	2	2			1	1		
Manastirec	2	6,5	1				1			
Tetovo	6	4,1	1	1	1		2			1
Gostivar	5	3	2	1		1	1			
Kicevo	5	4	1	1	1		2			
Gevgelija	6	4,2	1	1		1	2	1		
Bitola	6	3,5	1	2		1	1	1		
Stip	6	2,3	1	1	1	1	2			
Berovo	6+1**	2,1	1	2	1		2			1
Kavadarci	6	3	1	2	1		1	1		
Prilep	6	4	2	1	1		2			
T. Pole	2***	5	1	1						
Total	92 100 %	3.7	22 23,9 %	20 21,7 %	8 8,7 %	7 7,6 %	23 25 %	6 6,5 %	2 2,2 %	3 3,3 %

* In Kumanovo, there are 7 employees, of whom one is a teacher.

** In Berovo, there are 7 employees; one of the nurses is paid by the municipality.

*** In T.Pole the number of employees is 3, but only 2 professionals were present during visit, the nurse was engaged by the Institute for rehabilitation of children and youth.

defectologists are on the top of the list with 61 trainings, followed by social workers with 52 and nurses with 43.

The quality of the conducted trainings was examined by means of indicators pertaining to: adequacy of the training provided to particular profiles of professionals, applicability of the training in the daily work and the significance of the trainings for advancement of the professional work in the DCC. For this purpose, a four-point Likert scale was applied, as follows: 1 - fully, 2 - sufficiently, 3 - insufficiently and 4 - not at all. The results show that in the majority of cases (116 or 50%), professionals declared that the trainings were adequate to the profile - sufficiently adequate to the profile, sufficiently applicable to the daily work (123 cases or 53%). They also maintain that the training sufficiently contributed to advancement of professional work in the DCCs (115 cases or 49.5%).

The questionnaire on the quality of trainings also solicited proposals for topics for trainings that the professionals deem beneficial. Of a total of 92 respondents, majority agreed (24) that the topic "Sexual Education" would be of interest. A significant number of surveyed (22) indicated that they would appreciate additional training in working with persons with autism.

1.4 Equipment in the DCCs

1.4.1 Utilisation, Accessibility and Quality of Equipment

The inspection of all DCCs has led to the conclusion that the equipment is largely accessible to all users. Some of the clients have even been trained to handle technical equipment, play music and operate with a TV and a DVD. Essentially, the equipment and the toys are adequately utilised.

In all DCCs, the toys are available for the users at all times. Depending on their disability, the clients can independently use them or with assistance from the employees. In certain DCCs, however, (for example Gostivar), some of the toys are packed and not available because the DCCs are in possession of several samples of identical toys. Therefore, only some of the toys are available, while the rest are kept in reserve.

The most serious lack of toys has been noted in the DCCs in Zelezara, T. Pole and Manastirec. Various donors have tried to provide additional supplies of toys for those DCCs, but generally the toys are of poor quality and fail to meet the age and adequacy requirements of the users. In addition, a conclusion has been drawn that in certain DCC, such as the one in Zelezara, there is second hand equipment which poses a high safety risk for the users. Particular attention should be paid to the quality and size of the toys that need to be adapted to the age and type of disability of the clients.

During the visits to the centres, the equipment was inspected in 6 randomly selected DCCs, on the basis of Consignment note provided by the DCC. Below is an overview of the equipment reported along with a note whether the equipment was present during the inspection in the DCCs.

Figure No. 1 Inspected items as per Consignment noteto UNICEF, DCC Veles

DCC	Consignment note No. CN/MCDA/2002/CNSPM/6-1				
	Video camera	Chicco logic	Pop up pirate (Tomy)	Exercise bike	Trampoline
Veles	Yes	Yes (out of order)	Yes	Yes (out of order)	Yes

On the basis of inspection of the delivery report (Annex 14), it was concluded that the items are located in the Day Centre in Veles and are available and accessible for the beneficiaries.

As noted in Figure No. 1, some of the toys and equipment have already been damaged or out of order, which necessitates procurement of new equipment.

Figure No. 2 Inspected items as per Consignment note to UNICEF, D.C, D.C T. Pole

DCC	Consignment note No. CN/MCDA/2005/CP/01		
	Computer, (tower, monitor, keyboard, mouse)	Balls for physiotherapy x3	Mattress x3
Topansko Pole	no	Yes	yes

Comparing against the Consignment note (Annex 15), it has been noted that the DCC was no longer in possession of the computer previously supplied by UNICEF. The employees informed that the computer was taken by the Administration of the *Institute for Rehabilitation of Children and Youth - T. Pole*, under whose competency is the DCC. Also, the DCC was given a notice that the fax machine donated by UNICEF would also be taken away by the same Institute with the explanation that the fax machine of the Institute had been out of order.

The DCC in T. Pole is very poorly equipped. There is no TV, or DVD, only a music player which is immovable and placed in the office of the employees. Hence, the player cannot be used for music therapy in the classroom next door. Unlike the other DCCs that are already in possession of technical equipment and have also received a New Year gift from the Government (TV and DVD), such equipment has not reached this particular DCC.

In the event of the staff needing to consult with the parents or seek assistance in case of aggravation of the situation of the clients, they need to go the upper floor accommodating the Administration in order to use the telephone. Since the opening of the Centre (February, 2004) when it was promised that a telephone line would be installed until the day of the visit, the DCC never received such a telephone line.

The two figures below contain data on the equipment found on-site in the DCCs in Gostivar and Zelezara, based on personal observation as there were no Consignment notes readily available from the DCCs. The staff maintained that they were not responsible to keep an inventory list, but did keep one nevertheless on their own initiative (DCC Gostivar). Therefore, a comparison could not be made between the delivered and available items.

Figure No. 3 Inspected items in the DCC Gostivar

DCC	Consignment note : none					
	Computer (tower, monitor, keyboard, mouse)	Domino (type of game) x 7	Wooden bricks x 22	LEGO bricks x 10	Fax machine	TV, DVD
Gostivar	Yes	yes	yes	Yes	yes	yes

The on-site inspection showed that the DCC Gostivar is well equipped and the equipment is used in a reasonable manner.

Figure No. 4 Inspected Items in the DCC Zelezara

DCC	Consignment note: none			
	Computer tower, monitor, keyboard, mouse)	Printer	Balls	Boiler
Skopje - Zelezara	Yes	Yes (out of order)	Yes (torn apart)	Yes (Out of order)

The impression by the inspection of the DCC in Zelezara was that the Centre was very poorly equipped. Also, three tables have been re-painted and adapted from a café bar and are not adequate for persons with special needs. Namely, the tables are very high, with high chairs. The high chairs cannot be mounted easily by the beneficiaries and even if they manage to climb on them with assistance of employees, they are at risk of falling down and hurting themselves. In addition, the tables in the dining hall have sharp edges that are not protected. The heating devices are also not secured and the recipients of services frequently stumble over them, which again poses a risk for injuries. There are no toys except for some remains of broken ones.

The DCC does not have any hygienic items for maintenance of the Centre nor for personal hygiene. There are no paper towels or wet napkins. The boiler and the vacuum cleaner have been out of order for a long time, which of course impedes the maintenance of the hygiene in the DCC.

There is no bell at the entrance door and it frequently happens that visitors, often with

beneficiaries, have to wait outside because the staff cannot hear them during music therapy sessions.

Furthermore, the DCC is short of office supplies, pencils, paper etc., which cannot but influence the professional work and the monitoring of the users.

DCC Gevgelija and Kicevo did not possess Consignment notes, and subsequently no comparison of available equipment could be carried out

1.4.2 Needs for Equipment

During the interviews, the coordinators and the professionals employed in the DCCs listed the equipment that they deemed necessary for advancement of the work of the DCC. Also, reference was made to the written requests submitted by the DCCs to ISA whereby the equipment needs were itemised. Taking the information from these two sources, along with the on-site inspection in the DCCs, the equipment needs is summarised in Annex 16.

2. QUALITATIVE ANALYSIS

A qualitative analysis was applied to obtain comprehensive and in-depth knowledge against several indicators deemed important for this evaluation. The evaluation included the parents of the DCCs' beneficiaries, as well as the professional staff employed in the 7 existing DCCs. The main techniques consisted of interviews and focus groups organised in two target groups separately. The results of the evaluation are presented in two chapters, namely: results of the evaluation conducted with parents and results of the evaluation conducted with professionals. Within these two chapters, a large number of indicators was analysed, as follows: 1) evaluation with parents/foster families: satisfaction of users with the quality of DCC services, method of communication between parents and DCC staff, positive changes among users and their families resulting from the professional work of the DCC, identified problems, meeting the needs of families, and proposals for advancement of the work of DCC and 2) evaluation with professionals: implementation of the curricula (plans and programmes) and related difficulties.

The results will be presented for each chapter separately.

2.1. Results of the Evaluation with Parents/Foster Families

2.1.1 Satisfaction with the Quality of Services of the DCCs

The satisfaction of the parents with the DCC services was examined through three basic indicators, namely: willingness of the user to visit the DCC, communication with the staff, i.e. acceptance of the staff on the part of the clients and regular visits to the DCC.

During the 7 focus group discussions with parents, positive opinion about these indicators was expressed. No significant difference between the positions of biological and foster parents was noted. Given that these indicators are closely related, the expressed willingness for paying a visit to the DCC leads to the inference that users are well accepted by the staff, hence, regularly stay at the DCC. It also emerged in the discussion that certain users were so enthusiastic about their visits to the DCC that they were eager to get ready in the morning either on their own or insisted for their parents to prepare them as they looked forward to see the pick-up vehicle to take them to the DCC.

In addition, parents stressed that they faced difficulties in terms of the wish of the users to visit the DCC during weekends, i.e. it was difficult for them to explain why it was not possible. Overall, majority of the users regularly visit the DCC while the failure to do so is usually linked with certain objective reasons, such as illness. The field visits in the DCC also showed that few (2-3) of the total number of registered users was not in attendance (the most alarming being the case of DCC T. Pole where of 10 registered clients, only 2 were present during the visit).

2.1.2 Communication between Parents and Staff

The regular and quality communication between parents and staff is of particular importance for this category of users of services. The communication is usually conducted in the following ways: by telephone, through visits of parents to the DCC, taking the users to and from the DCC with organised transportation in cases where the users are accompanied by professionals in the vehicle, organised parents' meetings and invitation extended to parents by DCC staff. The most common ways of communication in the 7 DCCs are presented in Table No. 5 below.

In Bitola, parental meetings are organised 4 times a year, which, as compared to the other 6 DCCs, is considered a good practice that should be promoted. In this DCC, the transportation of users is accompanied with professionals, which enables the staff to communicate with parents.

Table No. 5 Ways of communication between parents and staff

DCC	Ways of communication				
	Telephone	Visits by parents	Taking the users to and from the DCC	Parental meetings	Invitation by staff
Berovo		x			
Bitola	x		x	4 times a year	x
Veles		x		2 times a year	x
Manastirec					
Skopje Zlezara	x		x		
Tetovo		x		2 times a year	x
Stip	x	x			

Some differences are notable among the DCCs with regard to the communication between the professional staff and parents. Below we will elaborate on certain specifics typical for the DCC.

In Berovo, for example, parents desiring to get an advice or information about their children need to go personally to the DCC. Staff, for their part, cannot call the parents by telephone as there is a one-way telephone line through which they can only receive, but not make phone calls. At the same time, due to the lack of professional accompaniment during transportation of users from and to their homes, the contacts between parents and staff become more difficult. The arrival of users of service to the DCC without professional accompaniment is considered a shortcoming in the work which affects the quality of services.

*Unlike other DCCs the communication between parents and staff in Manastirec is not suitable. Namely, in the Children's Centre in the village of Manastirec, the users stay in the Centre with their parents/foster families. The staff consist only of a social worker, who is mostly engaged in administrative affairs, and a carer who maintains the DCC hygiene. The carer is a biological mother of one of the children and at the same time a foster mother to another service-user.

Transportation of users is not organised as most of the users live in the village. The clients from M. Brod normally come to the DCC together with the social worker who uses her own vehicle for that purpose and receives no compensation for it. Her personal transportation allowance does not include the depreciation costs for

the vehicle and the costs for transportation of other persons.

A message that needs to be conveyed to all DCCs that were subject of this qualitative analysis is that parental meetings, as a form of communication, should be promoted and more frequently convened. Such meetings should also be introduced in those DCCs where this practice is non-existent (Stip, Manastirec, Zelezara and Berovo). Also, the observation is that the communication with the DCC is also burdened with the lack of accompanying professional for transportation of clients. With the exception of Bitola and Zelezara, the rest of the 4 DCC do not organise transportation with authorised accompanying professional staff.

2.1.3 Positive Changes among Users and Families

During the focus group discussions, the parents spoke of many **changes among users** at the individual level, which is typical for the majority of clients in the 7 DCCs:

1. Upon return at home, clients seem to be more joyful.
2. The clients are visibly tired, which considerably reduces their anxiety and aggression.
3. Clients exhibit a need for rest and sleep upon return to their homes.
4. Clients gain elementary hygienic habits.
5. They learn how to feed themselves and consume cooked meals.
6. They become tolerant to having guests at home and start playing with other children.
7. They express a wish to listen to music and watch TV.
8. They start learning not to use dippers.
9. They start repeating at home the activities that they performed in the DCC (drawing, colouring, writing letters, watching cartoons, offer assistance in the kitchen, do tapestries etc).
10. Their vocabulary is improving.
11. The users care for each other and develop a feeling of belonging to a group.
12. They are not reluctant to meet unfamiliar people when approached (they overcome the fear from strangers because of over-

coming the problem of isolation in the social environment).

13. They learn how to handle technical equipment (TV, DVD, video, music players).

Comparing the family situation before and after the visits to the DCC, the parents highlighted the **positive changes in the family in relation to the other family members:**

1. Parents and other family members can dedicate themselves to their work and other obligations while the user is in the DCC.
2. There is improvement in overcoming the restlessness and anxiety in the family.
3. Improvement in the conditions for peaceful and undisturbed play of the other children in the family.
4. Additional time for rest of other family members in the period when the user goes to sleep tired after a day spent in the DCC filled with numerous activities.
5. Due to the willingness to accept guests at home and the resolved fear of strangers, the family can resume contacts and integrate in the social environment.

In order to measure progress of users resulting from the professional work extended during their stay in the DCC, focus groups with the DCC staff were organised. The attendees spoke of the following changes among the users:

1. Increased communicability.
2. Considerable inclusion in the instruction plans and programmes taught by the professionals, in accordance with the level of disability.
3. Enlarged independence.
4. Learning of basic hygienic skills.
5. Weaning off the use of dippers.

2.1.4 Identified Problems among Users and Parents

Parents did not single out any more serious stumbling blocks. Specific problems were noticed in several DCCs. A parent of a child-user of services in the DCC in Veles, who used to visit the DCC in T.Pole pointed out to the prob-

lem relating to maintenance of hygiene in T.Pole because of which the child got hepatitis B and mange.

In the DCCs in Stip and Kicevo, parents stressed that there was a lack of physiotherapist, which was considered a weakness. In the DCC in Berovo, the parents drew the attention to the need the completely equipped room for physiotherapy to be put in use and the physiotherapist, who is also a defectologist, to perform the physiotherapy. Namely, upon commencement of work, he undertook the responsibility to carry out physiotherapy as part of his job duties.

Although generally content with the services of the DCC, a commonly shared observation of majority of parents was the insufficient duration of the stay of the users in the DCCs, especially for those parents who are employed full time. Namely, they need to engage another person to pick up and drop off the clients in the period from 0800-0830 hrs from home, and leave the premises in the period from 1300 to 1400 hrs. This problem particularly affects single parents. Another concern mentioned by parents of the 7 DCCs, which is not directly linked with the operation of DCCs, was the unequal treatment of foster and biological parents in terms of the significant difference in the amount of compensation they receive for care of a person with special needs. The parents underlined that the needs of persons with special needs are the same (costs for medicines, dippers, hygiene, food), hence the need for equalisation of their allowance with the allowance received by foster families.

2.1.5 Satisfying Family Needs

2.1.5.1 Duration of the Stay in the DCCs

As we already stressed, the duration of the stay in the DCCs does not fully meet the needs of families. Parents pointed out that they would prefer that the DCC be opened from 0600 - 0630 to 1600 - 1630 hrs in order for the working families to be able to leave the users in the morning and pick them up after work.

2.1.5.2 Advisory and Counselling Work

In essence, the DCCs satisfy the requirements of parents for advice and expert assistance relating to their children who are users of ser-

vices. Irrespective of the mode of communication between staff and parents/foster families, parents are to a large extent informed about the work of the professionals in the DCCs, especially in terms of those activities that need continuity after they return to their homes. As mentioned earlier, the recipients of services learn to eat on their own, they are taught to abandon the use of dippers, maintain personal hygiene (wash their hands before and after each meal), get dressed etc.

The DCC in Kriva Palanka is the only Centre where counselling is provided for parents of children with special needs. Counselling is also provided to parents of children who are not users of services of the DCC. The counselling service in Kriva Palanka is the only example of good practice that ought to be promoted and replicated in other DCCs.

2.1.6 Key Areas for Improvement of the Work of the DCCs

Discussions were organised in focus groups with parents to identify the areas of operation of the DCCs that need improvement, in which parents could advance their proposals. The key areas that were pinpointed for improvement by parents/foster families of the 7 DCCs are presented in the Table 6 below.

Table No. 6 Key Areas for Improvement						
DCC	Key Areas for Improvement					
	Education	Socialisation	Nutrition	Entertainment-games	Transport	Physiotherapy
Berovo					x	x
Bitola		x		x		
Veles						
Manastirec	x		x	x	x	x
Skopje Zelezara				x	x	x
Tetovo				x		
Stip						x

The above tabular presentation shows that most evident areas for advancement are related to entertainment, i.e. games for children, transport and physiotherapy.

In Berovo specifically, there is a need to resolve the transportation problem urgently as this service has been thus far provided by a driver with own vehicle. Ever since his vehicle broke down one month ago, the beneficiaries of the DCC have been taken to the DCC by their parents. In addition to resolving this issue, the problem of accompanying the clients of the DCC also needs to be tackled.

In the DCC in Bitola, parents believe that the users of services can generate income through their involvement in publishing of advertising materials. They also think that their children have the capacity to learn and perform other income-generating activities. Albeit the users are quite well-socialised, attend elementary and high schools and also have a large number of visitors, parents are of the opinion that more efforts should be invested in the area of entertainment and socialisation through organisation of excursions, visits to other DCC and the like.

As regards the DCC in Veles, there were no proposals for improvement of the above-mentioned activities, nor were additional areas identified. The parents are fully satisfied with the services and work of the DCC.

Needs for advancement of the work in almost all areas (other than socialisation) was noted only in Manastirec primarily because this institution holds a status of a Children's Centre. Parents/foster families of the village of Man-

astirec prioritised the need for the Centre to gain a status of a DCC and employ professionals, given that of the total number of clients of the Children's Centre, 12 are accommodated in foster families. Commonly, foster families accommodate 2 children. Due to the lack of staff in the Children's Centre, parents/foster families are also present in the Centre together with the users. Therefore, they emphasized the priority need to be able to leave the children for several hours in the DCC. However, upon inspection of the premises of the Children's Centre, a conclusion was drawn that even if the Children's Centre gained the status of a DCC, the activities with the users could not be performed properly in such a small area. Namely, the Children's Centre presently occupies 2 rooms, of which, one is used as an office, dining room and activity room. Also, additional problem for the parents/foster families is the current inability of the Children's Centre to provide food or snacks for the users. The coordinator of the DCC in Manastirec, who is presently an Acting Director of the kindergarten in M. Brod, stressed that there was the possibility to open a DCC in M. Brod within the kindergarten for it had sufficient room for this purpose. There are 25 users in M. Brod accommodated in foster families who are in need of this form of care.

In the DCC Zelezara, parents have pointed out to entertainment, transport and physiotherapy as areas requiring improvement. Namely, parents maintain that the DC is in shortage of toys, exhibit and didactic materials. Parents have expressed dissatisfaction in being deprived from of transportation service and hence cannot do anything else but take their children back and forth to the DCC. Due to this daily routine, they

are not able to get employment, which only aggravates their already meagre economic situation. Parents further believe that one vehicle is not sufficient for all clients, given that the clients reside in areas which are afar from one another.

The parents from the DCC in Tetovo highlighted the need for procurement of toys as they believed that the children did not have sufficient toys at their disposal. They also said that there was a need for procurement of colouring books, felt-tipped pens and other expandable supplies. During the summer, there was a fire in the DCC in Tetovo, and the bulk of the toys and expandables got burnt. The parents also identified the need for purchasing a wheelchair for the children who are incapable to move on their own. Due to the current lack of wheelchairs, parents have no choice but to transport the wheelchairs of their children, which adds to their difficulties.

In Stip, parents were satisfied with the activities undertaken by the team of professionals and apart from the physiotherapy, which that believed should be introduced as a practice in the DCC, they had no other observations.

2.2. Results of the Evaluation Conducted by Professionals

2.2.1 Instruction Plans and Programmes (Curricula)

Another subject of evaluation was related to instruction plans and programmes (curricula) carried out by the professional staff. The evaluation was performed via analysis of the documentation in the DCCs, interviews and focus group discussions. In addition to the plans and programmes for the users of services, it was concluded that none of the DCC had a programme for work with parents/foster families neither did they have programmes for work with the local community. Despite the lack of an outreach strategy, most of the DCCs are well-known to the public and receive donations from institutions, private firms and individuals from the local community. As regards this type of cooperation, certain problems have been noticed in the DCC Zelezara. Namely, whenever

there is an interested donor, the procedure is for the donor to deliver the equipment first to the Municipal Centre for Social Work that should further relay it to the DCC. Once the donors are informed of this procedure, they frequently withdraw with an explanation that they doubt the donation would reach its final intended destination.

Table No. 7 contain data on the type of available instruction plans that are used in the work of the DCCs.

Table No. 7 Instruction Plans and Programmes by DCC

DCC	Instruction Plans				
	Annual	Monthly	Weekly	Daily	Individual
Berovo	x	x		x	
Bitola	x	x			
Veles	x	x	x		
Gevgellija	x	x			
Gostivar	x		x		
Delcevo	x	x	x	x	
Kavadarci	x	x		x	
Kicevo	x				
Kriva Palanka	x	x	x		
Kumanovo	x	x		x	
Manastirec		x			
Prilep	x	x	x	x	
Probistip	x	x		x	
Skopje T.Pole	x	x	x	x	
Skopje Zelezara	x				
Tetovo	x	x	x		
Stip	x	x	x	x	

The presented data along with the on-site inspection has shown that all DCCs are in possession of annual and monthly programmes for the same educational areas. From the interviews with the employees, it was concluded that the annual and monthly work plans are prepared independently by the employees of the DCCs, and because of the practice of consultation and communication between the DCCs, oftentimes programmes by areas are very similar or even identical. Concerning the programmes and plans and their implementation, the staff of the DCC have voiced their appeal for more support and better control of their work.

In terms of the thematic contents of the programmes, their analysis leads to the conclusion that the programmes are sufficiently comprehensive as they focus on the key educational areas. One shortcoming of these programmes is the unclear division of activities by profile, because of which professionals complement each other's work. However, there is also considerable overlapping in activities.

At the same time, there are no standardised forms for individual plans (as noted in table no.7) for work for each user, i.e. every DCC has to plan and carry out the activities in a different manner based on their own knowledge and experience.

The monitoring of the users is performed on the basis of theoretical knowledge of the staff gained during their studies. The forms for progress monitoring kept by the professional profiles are different in each DCC. This situation indicates that there is a need for strengthened supervision and professional assistance by the ISA and the MLSP. A representative of the ISA also expressed his opinion that the lists for monitoring the users are part and parcel of the norms and standards for work in the DCCs and were prepared two years ago. However, due to the lack of financial resources, they are not used. Financial resources are primarily needed for copying the forms, and also for training of the professionals on how to apply them. Due to this situation, in 2007 the ISA plans to implement a programme on work instruction, instruments for assessment and monitoring of the users by the professionals, and standardisation of the records keeping and documentation. This project will be financially supported by UNICEF in 2007.

2.2.1.1 Integration in the Mainstream Schooling System

Despite the fact that the DCCs have been primarily formed to provide daily care --work and production activities, work therapy, psychosocial rehabilitation, re-education, gaining of elementary skills and -- the professionals of the DCC are also involved in individual preparation of the users for their inclusion in the mainstream schooling system, once the assessment is made that this is feasible. Table No. 8 contains data on the number of children-users of DCC who are part of the mainstream educational system.

It can be noted from the tabular presentation, that most successful DCCs in terms of integration of users in the regular educational system are the DCCs in Delcevo, Manastirec and Prilep. Once professionals identify potential of the children for success in studying, they work individually with them for their inclusion in mainstream schools. Of a total of 317 users of the DCCs, 14 children are successfully integrated in school, which is considered a particular success for the professionals considering the difficulties of the work to prepare the children for inclusion in the regular schools.

2.2.2 Work-related Difficulties

In the focus group discussions, the professionals from the DCCs drew the attention to some difficulties they face. Below mentioned are those that are most dominant and most frequently mentioned:

- The central problem highlighted by the DCCs professionals was their unresolved status of employment (except for K.Palanka where the professional staff are employed with con-

Table No. 8 Number of children included in the mainstream educational system

DCC	Regular school	Special school	Total
Zelezara		2 children	2 children
Probistip	1 child		1 child
Delcevo	2 children	1 child	3 children
Veles	1 child		1 child
Manastirec	4 children		4 children
Tetovo	1 child		1 child
Prilep	1 child	2 children	3 children
Total	10 children	4 children	14 children

tracts of unlimited duration). Among the professionals who had been working for a long time only on contractual basis, there was visible impatience and discontent with their status. Namely, as a consequence of their status, the professional staff cannot avail of maternity leave, sick leave or annual leave. In Kumanovo and Tetovo, 3 persons were forced to return to work only three weeks after delivery of their children. Also, even when sick, the professionals are obliged to report to work nonetheless as they have no entitlement to such leave. This is particularly negative because of the risk for transferring the disease in contact with the DCC clients.

- In addition, majority of the staff expressed dissatisfaction with the unequal status in terms of salaries. Namely, with the decrease in material expenses in 2006, some salaries of staff (DCC Zelezara, DCC Tetovo, DCC Probistip, DCC Kumanovo) were reduced with an explanation that the reason for that was the reduction in material costs, which was not the case with other DCC. As a result of this salary decrease, there are cases when a highly educated professional from one of the abovementioned DCCs receives a salary of an employee with secondary education from another DCC, despite the recommendation from the Ministry of MLSP to all CSW pertaining to salary scales commensurate with the educational background of the DCC staff.
- The lack or poor communication between the staff and the local CSW in regard to the information about the material costs for the DCC as well as in terms of distribution of costs, also emerged as a concern for the DCC Zelezara, DCC Tetovo, DCC Gostivar, DCC Manastirec and DCC Prilep. Sometimes even the DCC coordinators employed at the CSW do not have an insight into the amount of resources indented for use of the DCC. The insufficient contacts between the employees in the DCC and the DCC coordinator, who oftentimes performs other duties at the CSW, results sometimes in problems in procurement of expandable equipment. For this reason, the professional staff members maintain that the work of the DCC would be greatly improved provided the coordinator was appointed from the professional staff already working in the DCC.
- Another problem is the lack of criteria for discharge and admission of new clients. Due to the lack of a procedure or a book on rules, the staff is not in a position to refer to certain provisions in informing parents not to send their children to the DCC in cases when users are no longer meeting the criteria for availing of the services of the DCC. This with the intention to provide room and opportunity for another eligible user.
- The DCC staff of Zelezara agreed that one of the major problems in their daily work is the transportation of clients. Currently, the transportation is conducted by a vehicle of the CSW, which gets frequently broken and is not adequate for transportation of this group of persons. The vehicle does not have safety belts nor is it air-conditioned, which is a major problem particularly in summer. Namely, during summer periods, it often happens that users get seizures due to the heat in the vehicle. Another problem relating to the vehicle is that it is repeatedly out of order and the staff together with the users have to wait sometimes even for several hours for it to be mended. Sometimes, in lack of a better choice, the staff has to privately call another vehicle to take them to the DCC. In addition, the private vehicle of one of the staff members of the DCC has been utilised many times for transportation of clients, especially in the cases when the CSW vehicle would get broken down. Another issue that was singled out by the staff was the limited use of the official telephone, especially for calling cellular phone numbers. However, in emergency cases, like for example when clients happen to fall ill, they are forced to use their private cellular phones to call the parents. Of course, this results into high monthly charges which they cannot afford to pay. In most cases, parents leave their cell phone numbers as their only available contact numbers.
- Absence of cleaning staff (janitors) is also a burning problem that adds pressure to the professional work in all DCCs. Therefore, staff is forced to come over weekends and clean the premises in order to maintain the hygiene in the DCC. In the DCC in Tetovo, one of the parents maintains the DCC, which is contrary to the aims of the DCC to facilitate the life of the parents through provision of care for their children, not imposing additional duties.

- The lack of unified uniforms was another identified difficulty. In certain DCCs, such as Gostivar, Gevgelija and Prilep, employees wear different uniforms. In other DCC, employees do not have any uniforms and are dressed in their own clothing. In their words, and due to the specifics of the target groups, their clothes gets stained (for example, during feeding of the clients) and damaged.
- The professional staff also pointed out to the problem linked with the disregard of their professional opinion in the process of categorisation and distribution of beneficiaries. They believe that their opinion should be taken into account, primarily because they monitor clients on a daily basis and their opinion can be useful in terms of a more precise categorisation and referral. This was stressed as a problem because oftentimes the diagnosis and the opinion do not correspond with the factual condition of the users.

3. OPINION ON THE WORK OF THE DCC BY OTHER RELEVANT FACTORS

During the evaluation, interviews were conducted with representatives from other organisations/institutions in order to obtain knowledge of their assessment of the work of the DCCs. Interviews were carried out with representatives from the NGO Polio Plus, NGO Poraka, local government officials from 6 towns of the DCC, as well as a representative from the relevant department of the MLSP. For that purpose, instruments were prepared (interview plans with key topics for discussion with the respondents proposed by UNICEF), separately for the NGOs, local government and the Ministry. The findings of the interviews will be presented as follows.

3.1. NGOs

The NGO views in this report are personal views of individual representatives of the non-governmental sector.

1. Meeting the standards concerning number of DCCs users

The representatives of NGOs expressed their opinion that the existing needs for this form of care are not met and that the number of people in need of DCC services is much higher than the number of current users in the existing DCC.

2. Competency of staff

As regards the competency of the DCC staff, the NGOs representatives believe that the professional staff is often employed without taking into consideration prior criteria for their ability to work with this specific category of persons with disabilities. It was also pointed out that the staff currently performing the work in the DCC did not have prior experience with this category of users.

3. Ratio between staff and number of users

The NGOs representatives think that the rules and criteria pertaining to the ratio between the number of employees and number of beneficiaries in the DCC should be more rigorously respected.

4. Programme activities

In relation to the programme activities of DCCs, NGOs representatives emphasised the need for development of official and standardised programmes to guide the operation within the DCCs.

5. Equipment

The equipment should be unified and the standards for purchase of equipment should be more strictly respected.

6. Transport

Adequate vehicles for persons with developmental disabilities should be utilised. NGO "Poraka" emphasised that the transport should not be organised by the DCC. They hold the opinion that parents should not play a passive role, but should arrange transport for their children to and from the DCC, just as they do transport the other children in the family. This would in addition ensure daily communication between parents and staff of the DCC.

3.2. Local Self-Government

Interviews with representatives of the LS were conducted in 6 towns: Berovo, Bitola, Skopje, Stip, Veles and Tetovo. In M. Brod, the arranged meeting did not take place as the municipal official was away on an official business trip.

Berovo - The municipality is fully informed about the work of the DCC, pays regular visits to the DCC and they work together on expansion of the current capacities of the DCC. The municipality, in cooperation with the DCC staff, is working on a project for opening a Day-Care Centre for adults, which will be located next to the existing DCC. The municipality will provide premises for the DCC for adults, will adapt them and will cover the costs for its operation. To support the work of the existing DCC in Berovo, one nurse is paid by the municipality.

In terms of taking over the DCC and its financing, the plan is for the MLSP to initially provide the resources, and subsequently to be taken over by the municipality.

Bitola - The municipality is informed of the work of the DCC. As regards the transfer and financing of the DCC, Bitola has not prepared yet a plan for transfer.

The support to the DCC consists of provision of New Year gifts for the users.

Skopje - The representatives of the LS are familiar with the work of the DCC Zelezara and Nasmevka - T. Pole. As regards the competences and the obligations that will be transferred to the municipality, it was underscored that discussions were under way between the line Ministry and the municipality on this issue.

Stip - The Municipality is familiar with the work of the DCC. Due for adoption is the local action plan for social welfare, which is expected to regulate the transfer of competency of the DCC. Currently, there are no specific plans for transfer of the DCC by the municipality.

To support the DCC, the municipality is organising an auction where famous painters will donate their pictures and resources will be donated to the DCC or used for opening of a DCC for adults.

Veles -The municipality closely follows the work of the DCC and is fully informed of its work. The plan is to expand the existing DCC to include persons with cerebral palsy and the municipality will lobby for free lease of premises located next to the existing DCC. In addition, the municipality, together with the Association of Parents to Children with Cerebral Palsy and the CSW are planning to equip and adapt the premises of the new DCC and cover the costs for employment of 4 persons.

Tetovo - The representative of the municipality informed that under way was the procedure for employment of two persons who would lead the Unit for Social and Children's Welfare and Health within the municipality, which would open ways for future plans for social welfare, including the DCC. According to his information, the transfer of the DCC should take place in July 2007.

3.3. Unit for Protection, Care and Employment of Disabled People at the MLSP

The Unit for Protection, Care and Employment of Disabled People is within the MLSP and employs two social workers and one philosopher. The MLSP supervises the legal work of the DCC, while the ISA performs professional supervision.

According to the data from the MLSP, the planning of distribution of resources for the DCCs is performed on a linear basis annually, with an equal budget for all DCCs irrespective of the number of employees or users, which differs from one DCC to the other. Further, attention is drawn to the problem of legal gaps in terms of regulating the procedure for discharge of the DCC clients.

The representative of the Unit maintains that the DCCs do not face serious difficulties, apart

from the unresolved status of the employees. Currently, the problem linked with employment of professionals is being resolved by supplementing the organisational structure of the CSW whereby DCC are incorporated as Units within the CSW. Under way, also, is selection of most favourable employment agency through which the staff of the DCCs will be employed on contracts with limited duration.

The MLSP plans to partially finance the work of 6 DCCs for adults, which are presently managed by NGOs through project funds.

Concerning the transfer of the DCC to the municipalities, the Ministry stresses that the process will be gradual. Firstly, two pilot municipalities will be selected and during the first year the DCC will be fully funded by the MLSP, the following year 50% of the financing will be assumed by the municipality and so on, until the municipality fully undertakes the financing of these institutions.

4. CASE STUDIES

■ **P.N.** was born in March 1992 as a third child in the family. Both her parents suffer from mental illness. After delivery of the child, the mother was hospitalised for a long time in the mental hospital in Bardovci. In September 1992, P.N. was sent to "Majcin dom" in Bitola as a child with developmental disabilities and to parents unable to perform their parental duties.

Only the grandmother D.N. shows some interest in the child.

The first categorisation was conducted in the Mental Health Counselling Office for Children and Youth in Bitola in July 1994 whereby P.N. was diagnosed to belong to the category of **persons with serious psychological development disability, incapacitated since birth, in need of continuous assistance and care from another person.** She was recommended to be hospitalised in the Special Institution in Demir Kapija.

P.N. resided in the Special Institution in Demir Kapija since September 2002. With the de-institutionalisation process, she was placed in

a foster family in Prilep, given that her father and grandmother could not provide for her. The accommodation in the family was temporary as there was no family that was interested to take her.

Upon insistence of the family for a prompt solution for P.N. in 2003 she spent one month in the Institute for Rehabilitation of Children and Youth in T. Pole at the DCC Nasmevka - T. Pole. Subsequently, she was placed in a foster family. Ever since, P.N. visits the DCC Nasmevka within the Institute.

■ **P.S.** was born in March 1991. After her birth, her parents arranged for her placement in the "Majcin dom" - Bitola as a child with developmental disabilities. With the categorisation conducted in "Majcin dom" Bitola, P.S. was categorised as a person with **serious disability, a combination of disabilities.**

She stayed in "Majcin dom" Bitola until June 1993 and was subsequently sent to the Special Institutional Demir Kapija where she resided until September 2001.

With the deinstitutionalisation process undertaken in the Special Institution Demir Kapija, P.S. was one of the children who were discharged. As a result, she was placed in the Institute for Rehabilitation of Children and Youth in T. Pole - Skopje, since September 2001 awaiting placement in a foster family.

The social workers attempting to return P.S. to her biological family encountered difficulties. Namely, during their visit to her biological family's home in October 2001, the social workers received information from the grandmother that the family of her son had only one child who, at that particular moment, had reportedly been at school. At the invitation for the father to visit the CSW, he obeyed. At the CSW, he informed the social workers that the acceptance of P.S. back in the family was by no means an option for the family as they had another life and another under-age child. An additional compelling reason for such a position was the explanation that upon P.S.'s birth, his wife and himself notified the extended family that the child had passed away.

After six months of stay in the Institute for Rehabilitation of Children and Youth in T. Pole – Skopje, a foster family expressed interest to accept P.S.. Since March 2002, she has been placed in a foster family. Over a period of a seven-month-long adaptation, P.S. lost seven kilograms only to integrate in the family afterwards. As a result of the family efforts, she gained skills to get dressed, maintain her personal hygiene, become content and able to communicate non-verbally. P.S. has been visiting the DCC Nasmevka - T.Pole since opening.

■
S.S. was born in October 1999 to a four-member family. He was prematurely born in the eighth month of pregnancy and was diagnosed with **hydrocephalus**.

At the age of four months, he was inserted a pump starting from the cerebellum to the urinary bladder. In less than a month, he underwent a surgery for hernia and an expansion of his anal opening was performed at the Child Clinic in Skopje. He is a chronically ill child with disorder in the psychometrics resulting from the disharmonious course of development of the psychomotor system. He also suffers from ophthalmologic problems - strabismus.

S. family's livelihood depends on social welfare assistance, which is not sufficient for satisfying the basic family needs.

S.S. stayed in the DCC Probistip since January 2006. After seven months of work and intensive preparations by the professional team at the DCC for his inclusion in the school, S.S. was re-categorised. In September 2006, he successfully managed to integrate in a mainstream school.

■
D.N. was born in 1998 with the diagnosis of **serious physical disability to the upper extremities**, unable to function independently.

From March 2003 to October 2004, he was placed in a foster family in the v. Manastirec and during that time he regularly visited the Children's Centre in the village. During the first year of his stay, the foster family managed to teach him not to use the dippers and to alert when he needed to eliminate. He was also

taught how to freely express his wishes and needs. The most notable achievement was his learning to independently take a bath and feed himself.

The foster parents, together with the social worker from the DCC Manastirec, visited the local elementary school several times in order to include D.N. in the mainstream schooling system. Pursuant to the endorsement by the Ministry of Education and the good will and accepting attitude on the part of the responsible teacher, D.N. started attending primary school in September 2002. On account of the special interest and efforts of the teacher, D.N. completed the first grade with very good marks. Accepted and integrated in the school environment, he participated in all activities undertaken in the school (performances, excursions, projects). After only two months following the beginning of the second grade, D.N. was taken away from the foster family and placed in the Banja BANSKO Institution.

Ever since that event, D.N. has been in touch with his foster family; during the winter holidays he pays visits to the family; he telephones them and names them as "mummy" and "daddy", while the children of the family have become his "brother" and "sister".

The parents have a great wish to have the child returned to them, they are open for cooperation with the Institutions and follow all the necessary instructions of the professional teams.

We maintain that it would be best for D.N. if he returned to the foster family where he had an incredible progress owing to the consciousness, care and good treatment of the foster family.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

5.1.1 General data for DCCs (capacity, structure of clients)

- Most optimal utilisation of the envisaged capacities is noted in the DCC in K. Palanka with 29 clients, whereas the DCCs with the smallest number of users are T. Pole-10 and Stip - 14 users.
- Most beneficiaries are older than 18 years, i.e. 35.6% (113) of the total number.
- The largest number of users of services of the DCC live with their biological parents 285 (89.9%), while 30 (9.5%) of the total number are placed in foster families.
- Of the total of 30 children in foster families, 12 are in the v. Manastirec, 10 in the village of Prilep, 3 in Skopje and 5 in K. Palanka.

5.1.2 Professional staff

- The largest portion of employees in the DCCs is made up of nurses/carers (23 in all 17 DCC, i.e. 25%).
- In average, there are 18.4 users of services of the DCC, and 3.7 average users by employed professionals.
- In DCC: Berovo, Stip, Probistip and Zelezara, the average number of users per professional staff is significantly lower than the envisaged (4).
- In DCC Kriva Palanka, Manastirec and T. Pole the average number of recipients of services per professional ranges between 5 and 6, which is above the foreseen number (although during the visit to the DCC in Topansko Pole, only two children were present, the DCC provides services to 10).
- A total of 232 trainings were conducted, which means that the currently employed 92 professional staff participated in 2.5 trainings.
- As regards the profile of the professional personnel covered with trainings, defectologists report to have received 55 trainings, followed by social workers who participated in 39 and nurses in 26 trainings.

- As regards the quality of trainings, in most instances (116 or 50%), professionals said that the trainings were adequate to the profile, sufficiently applicable to their daily work (123 cases or 53%) and again they maintain that the trainings have sufficiently contributed to advancement of their professional work in the DCC (115 cases or 49,5%).

5.1.3. Supplies

- The equipment is generally accessible to the users.
- The recipients of services make use of the toys and other equipment either independently or with assistance from the staff, depending on the disability.
- In DCC Zelezara, T. Pole and Manastirec, the deficiency of toys is most striking.
- In DCC Zelezara, the equipment has been procured second-hand and is highly risky from a safety point of view for the users.
- There is no standardised equipment in the DCCs.
- In certain DCC like DCC Zelezara, DCC Tetovo, there is a lack of hygiene products, other expendables, toys, instruction and didactic devices.

5.1.4 Satisfaction with the Quality of Services of the DCCs

- The enthusiasm of the users to visit the DCC indirectly indicates that the users are well accepted by the staff and hence visit the DCC on a regular basis.
- Parents and staff have observed a great deal of positive changes among users (increased communicability, considerable inclusion in the programmes taught by the professionals, in accordance with the level of disability, learning of basic hygienic skills, weaning off the use of dippers) and families as a result of their referral to the services of the DCC¹.

¹ Parents and other family members can dedicate themselves to their work and other obligations while the user is in the DCC, there is improvement in overcoming the restlessness and anxiety in the family, improvement in the conditions for peaceful and undisturbed play of the other children in the family, due to the willingness to accept guests at home and the resolved fear of strangers, the family can resume contacts and integrate in the social environment.

5.1.5 Communication between parents and professional staff

- In DCC Stip, Manastirec, Zelezara and Berovo, parental meetings, as a form of communication and information organised by the professional staff, are not practiced.
- In DCC Stip, Berovo, Tetovo, Veles, the transportation is conducted without accompanying professional staff.

5.1.6 Key Areas for Improvement

- In DCC Stip, Kicevo, Zelezara and Berovo, physiotherapy is not practiced.
- The parents of clients of the DCC believe the duration of stay in the DCC is insufficient.
- There is an unequal treatment of the state towards foster families on the one hand and biological parents on the other, in terms of the significant difference in the allowance provided for care for a disabled child.
- DCC in essence respond to the needs of the parents for advisory and counselling assistance.
- Areas that need improvement are related to entertainment, i.e. games, transportation and physiotherapy.
- In the Children's Centre in the v. Manastirec, foster parents stay with the users, there are no professional staff employed except for the social worker who mainly performs administrative duties, and a carer who is responsible for the hygiene.

5.1.7 Instruction Plans and Programmes (Curricula)

- None of the DCC have developed a programme for work with parents/foster families; neither do they have a strategy for work with the local community.
- Programmes focus on key educational areas. The deficiency of these programmes is the indistinct division of activities by profile, which not only leads to staff complementing each other's work, but also to considerable incidence of overlapping.
- There are no standardised forms for individual plans for work for each user separately.
- The lists for monitoring the users prepared by the ISA, which are a composite part of the norms and standards for work in the DCCs,

were prepared two years ago but are not put in use due to the lack of financial resources.

- 14 children have been successfully integrated in regular schools, which is a considerable achievement given the difficulty of the tasks related to preparation of children for attending school.
- Most successful DCC in terms of integration of users in the mainstream educational system are Delcevo, Manastirec and Prilep.

5.1.8 Work-related Difficulties

- The unresolved employment status of the professionals, except for the DCC in K.Palanka whereby the professionals are employment with contracts of unlimited duration.
- Unequal treatment of professional staff of the DCC in terms of their salaries' range.
- In some DCC (DCC Zelezara, DCC Tetovo, DCC Gostivar, DCC Manastirec and DCC Prilep), the coordinators of the DCC who are employed at the Centres for Social Work do not have an insight into the amount of resources allocated for the DCC.
- There is lack of criteria for discharge and admission of new beneficiaries.
- The failure of the DCC to employ a cleaning person poses a burden for the professional work.
- In some DCC, professional staff do not have uniforms. In those DCC where uniforms have been introduced, they are not unified for all staff.

5.1.9 Relevant factors

- Direct talks on transfer of competencies for the DCC to the municipalities are ongoing between the local self-government and the Ministry of Labour and Social Policy.

5.2 Recommendations

- In-depth qualitative evaluation of the operation of the DCCs should be made on regular basis.
- Raising the awareness and referral of a larger number of users to the DCC by the CSW in those DCCs (T.Pole, Zelezara, Kumanovo,

Probistip, Berovo, Kavadarci and Stip) where the average number of users per professional staff is significantly lower than the envisaged (4).

- Strengthening with more staff for those DCCs (K. Palanka, Manastirec and T. Pole) where the average number of users per professional staff ranges between 5 and 6.
- Opening of alternative services for persons over 18 years in the local communities, such as DCCs, centres for temporary care, small group homes etc.
- Future employments of additional staff in DCCs should be carried out in accordance with the number and type of disabilities typical for people residing in the municipalities.
- A long-term training plan for all professionals in order to suit the needs for training of all professional profiles. The profile of the expected participants should be indicated on the invitations for training.
- Access to Internet for all professionals so that they can communicate with other DCC and use on-line materials and resources for professional development.
- Constant supplies to all DCC with expendables, toys, didactic and learning devices (given the depreciation time, criteria should be set as to the frequency of requisitions and the quality of the materials).
- Heated floors for all DCCs, taking into account that the clients spend most of their time sitting on the floor.
- Digital camera for monitoring the progress of the clients, where applicable.
- Adapted air-conditioned vehicles (except for DCC K.Palanka) for all DCC.
- To consider reorganisation of the transportation service for the DC "Zelezara". If the procurement of an adapted vehicle for full ownership of the DCC is not feasible, a taxi service can be used instead, similarly to the other DCCs.
- Apart from toys, purchase of equipment for productive and creative activities.
- Unified work uniforms to be provided to all staff.
- Children's Centre Manastirec to gain a status of a DCC and employ professionals, given that of the total number of clients of the Children's Centre, 12 are accommodated in foster families. The coordinator of the DCC in Manastirec, who is presently an Acting Director of the kindergarten in M. Brod stressed that there was the possibility to open a DCC in M. Brod within the kindergarten for it had sufficient room for this purpose. There are 25 users in M. Brod accommodated in foster families who are in need of this form of care.
- Developing a programme for work with parents/foster families.
- Conception of a strategy for DCC promotion and work with the local community.
- Promotion of parental meetings, as a form of communication and organised more systematically (recommended 4 times per year), or be introduced where missing (Stip, Manastirec, Zelezara and Berovo).
- Mandatory for the clients to be accompanied by an authorised and qualified person during their transportation.
- In those DCC where physiotherapy is lacking, it should be introduced or alternatives should be sought, such as cooperation with the Unit for Physical Therapy at the Medical Centres.
- Extension of the duration of stay in the DCC, following the example of the kindergartens, i.e. from 0600-0630 hrs to 1600-1630 hrs, which will make it possible for the parents to bring their children before their working hours and collect them after work.
- Encouraging and replication of the counselling centre in DCC K. Palanka is an example of best practice of a counselling centre for parents and children with disabilities, which also provide services to parents with children who are not users of the DCC services.
- The coordinators of the DCC should be appointed from the ranks of professional staff of the DCC, given that only in this manner will they have an insight into the material costs of the DCC, make procurement plans, and arrange for timely repair of the dysfunctional equipment and responding to the problems and needs of the DCC.
- To find legislative ways for income-generating activities for the users. The generated profit to be spent for the needs of the DCC, such as exchange visits of profession-

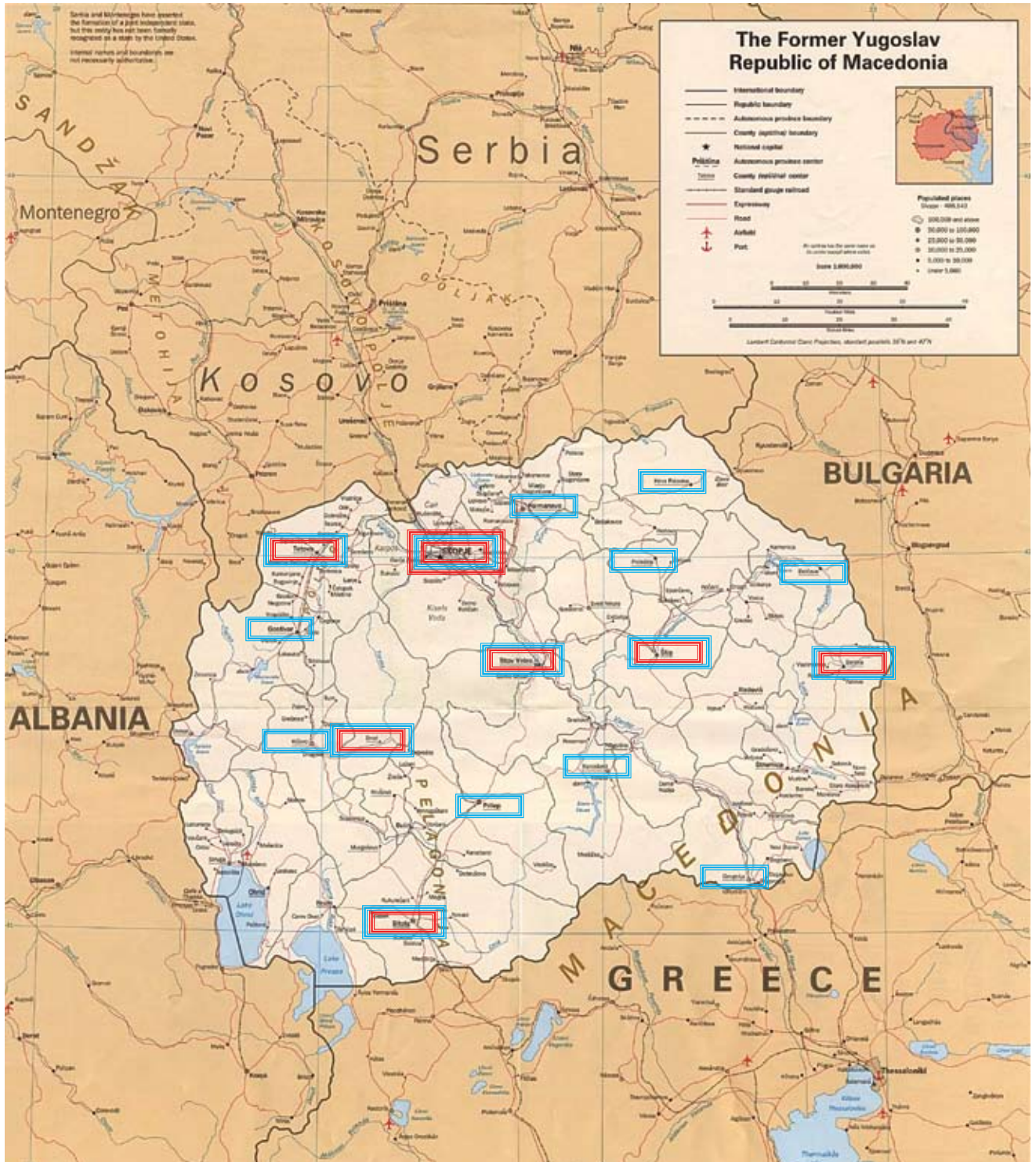
als abroad and in the country, excursions, holidays, celebrations, procurement of equipment and supplies for the DCC and satisfying other needs of the clients.




- To liberalise the procedure for direct donations to the DCC Zelezara.
- To kick-start with the planned project for implementation of the programme and guidance for work, instructions for the professionals for application of the instruments for assessment and monitoring of users and instructions for unification/standardisation of the records keeping procedures and documenting.
- To finalise the procedure for resolution of the status of the employees, started by the MLSP.
- To set criteria for beneficiaries discharge and admission of new clients.
- To employ one cleaning person in each DCC, respecting the provisions for high-educated staff, Article 17 of the *Official Gazette No. 110, 2006*.
- Establishment of criteria for planning and distribution of resources for the DCCs referring to no. of beneficiaries, no. of professional staff, DCCs assets in m² and type of disabilities of clients.
- Equalisation of allowances received by foster parents, on one hand, and biological parents on the other on the grounds of provision of care for person with special needs. This, with the purpose to void the current significant difference in the amounts of compensation for equal services and to prevent institutionalisation of people with special needs.

III.

ANNEX

Annex 1 Location of DCCs and type of carried out evaluation



-  2 DCCs in Skopje (DCC Zelezara - qualitative and quantitative evaluation, DCC T.Pole – quantitative evaluation)
-  Qualitative and quantitative evaluation
-  Quantitative evaluation

Annex 2. List of visited DCCs, names of coordinators and representatives of the local self-government, list of representatives of relevant organisations/institutions

List of visited DCCs, names of coordinators and representatives of the LS

	Visited DCCs	Names of coordinators	Representatives of the LS
1.	Berovo	Violeta Furnadziska	Jasmina Pasaliska Andonovska
2.	Bitola	Dina Ivanova	Snezana Petrovska
3.	Veles	Eftimija Kardova Lukarova	Katica Cadieva i Biljana Manaskova
4.	Gevgelija	Blaga Celeva	/
5.	Gostivar	Dafina Davidoska	/
6.	Delcevo	Aleksandar Nikolov	/
7.	Kavadarci	Nada Stojanova	/
8.	Kicevo	Lile Nikodinovska	/
9.	K. Palanka	Dobrinka Davitkovska	/
10.	Kumanovo	Suzana Trajkovska	/
11.	Manastirec	Gordana Milosevska	/
12.	Prilep	Mirjana Georgievska	/
13.	Probistip	Ankica Kijajova	/
14.	Skopje Nasmevka - T.Pole	Julijana Bozinovska	Eleonora Pancevska Nikolovska
15.	Skopje Zelezara	Viktorija Milosevska	
16.	Tetovo	Selman Rustemi	Enver Bekiri
17.	Stip	Mare Simonovska	Kiril Panajotov

List of representatives of relevant organisations/institutions

List of representatives of NGOs

NGO Polio Plus - Dusko Hristov (secretary exsecutve)

NGO Poraka - Violeta Dimovska (president)

List of representatives of MLSP

MTSP - Slobodanka Lazovska (head od office)

ISA - Teano Dimitrovska, Katica Kicukova - Golubovska M.A

Annex 4. Questionnaire for professional staff on the quality of conducted trainings and training needs

1. Topics for training

2. The training was relevant to my professional profile

|-----|-----|-----|-----|
Fully sufficiently insufficiently not at all

3. To what extent is the training applicable to your daily work

|-----|-----|-----|-----|
Fully sufficiently insufficiently not at all

4. The training contributed to the advancement of my professional work in the DCC

|-----|-----|-----|-----|
Fully sufficiently insufficiently not at all

1. 1. Training topic

2. The training was adequate to the profile

|-----|-----|-----|-----|
Fully sufficiently insufficiently not at all

3. To what extent is the training applicable to your daily work

|-----|-----|-----|-----|
Fully sufficiently insufficiently not at all

4. The training contributed to advancement of my professional work in the DCC

|-----|-----|-----|-----|
Fully sufficiently insufficiently not at all

Please list the useful aspects of the training and the study tour of the DCC to Italy

Please indicate the areas for which additional training is needed

Annex 5. Questionnaire for coordinators of the DCCs on implementation of work plans and programmes

Programmes that are implemented					
	Children	Parents	Local community	Implementing staff	Frequency
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Annex 6. Interview plan for representatives of NGOs

1. Meeting of standards in terms of number of beneficiaries in the DCC
2. Competency of staff
3. Ratio between the number of employees and the number of users per DCC
4. Programme activities (who prepares and implements the programmes)
5. Equipment (whether DCC are well equipped)
6. Transportation (how is the transport organised and how good it is)

Annex 7. Interview plan with representatives of the MLSP

1. Services for persons with disabilities
 - Number of employees
 - Profile
 - Work experience
2. Financing the DCCs
 - Methods and criteria for distribution of resources by DCC
 - Difficulties
3. Status of the staff
4. Forms of supervision
5. Transfer of the DCC to municipalities
 - Strategy and manner of transfer
 - Who will finance, MLSP or the municipality

Annex 8. Interview plan with LS

1. Whether they are familiar with the work of the DCC
2. Which are the plans of the municipality for taking over the DCC under their competency?
3. Possibilities for assistance
4. Future plans

Annex 9. Plan for focus group discussions with parents/foster parents

1. Satisfaction with services

- Enthusiasm for visiting the DCC on the part of the children
- Communication between children and staff
- Regular attendance

2. Key areas for advancement/improvement

- education
- socialisation
- nutrition
- entertainment- games
- transport
- physiotherapy
- _____

3. Main difficulties (children)

- Inclusion in the group
- Acceptance by staff
- Inclusion in programmes
- Individual difficulties

(Parents)

- Readiness for acceptance of services

4. Method of communication between parents/foster parents and staff

- Meetings (by telephone, personal visits, visits by relatives, during the pick-up of the child, organised by staff)
- Individual meetings (every day, 2-3 times a week, 1 week, up to two times a month, rarely)
- Content – topic (habits, hygiene, food, discipline, group inclusion, monitoring the education).
- Do they seek advice?
- Group meetings (1 a month, every two months, every three months , _____)

5. Differences in opinion between parents and foster parents on quality of services

- Education
- Socialisation
- Games
- Transport
- _____

6. Whether DCC respond to the needs of families

- Stay – duration (whether it is sufficient)
- Counselling work

7. What changes have taken place in the family since the child started attending the DCC?

8. What changes have the child experienced since the child started attending the DCC? deteto

Annex 10. Plan for focus group discussion with professional staff

1. Method of communication between parents/foster parents and staff

- Meetings (by telephone, personal visits, visits by relative, during the pick-up of the child, organised by staff)
- Individual meetings (every day, 2-3 times a week, 1 week, up to two times a month, rarely)
- Content – topic (habits, hygiene, food, discipline, group inclusion, monitoring the education).
- Do they seek advice?
- Group meetings (1 a month, every two months, every three months , _____)

2. Whether the DCC are successful in inclusion of the children in the regular educational system

- Number of children included in regular education

3. Whether the children are allowed to play with toys

- Independently or with the staff
- Which toys are most commonly used and for what purpose
- Are the toys adequate for the age
- Are the toys adequate to the disability
- Proposals for additional equipment needed

4. Adequacy of the coverage of users

- By categories of disability

5. Main difficulties (children)

- Inclusion in the group
- Acceptance of the staff
- Inclusion in the programmes
- Individual difficulties

(Parents)

- Readiness for acceptance of services

Annex 11. Training Participants by Profile

Total	Participants by profile						
	Defectologist	S. Worker	Nurse	Psychologist	Pedagogue	Physiotherapist	
Number of participants	232	61	52	43	40	24	12

Annex 12. Quality of training by topic

Topic of training	Number of participants	The training corresponds/is adequate to the professional profile				The training is applicable to the everyday work				The training contributed to improvement of my professional work in the DC			
		Fully	sufficiently	insufficiently	Not at all	Fully	sufficiently	insufficiently	Not at all	Fully	sufficiently	insufficiently	Not at all
1. Introduction to the work of the DC (Basic training)	60	13	40	7		8	38	11		10	33	13	1
2. Work with persons with hyperactive behaviour and autism	24	12	10	2		12	10	2		11	9	4	
3. Use of body movements as educational instrument for the children with special needs (I and II part)	18	17	1			13	5			11	7		
4. Working as a team, team building; Models of disabilities and their impact on the way we work	18	10	6	3		9	7	3		8	7	4	
5. Types of disabilities	12	2	10			2	10			2	10		
6. Preparation of individual plans	12	5	4	2	1	1	11				9	2	1
7. Sexuality of the persons with disabilities	10	1	6	3			4	6		1	5	4	
8. Coping with children with provocative behaviour	10	4	5	1		4	3	2	1	4	3	3	
9. Level of speech development	8	3	3	2		3	3	2		4	2	2	
10. Work with the persons with autism	10	3	3	3	1	1	6	2	1	1	6	2	1
11. Moderate and combined disorders	6	4	2			3	1	2		3	1	2	
12. Hyperactive behaviour	6	3	2	1		4	1	1		4	1	1	
13. Networking and cooperation of the health, social and educational sector	5	2	3			1	2	2		2	2	1	
14. Approach to the persons with special needs	4	2	2			2	1	1		2	1	1	
15. Promotion of the questionnaire "The next Step on Rung"	3	2		1		1	1	1		1	1	1	
16. Training for work with parents of the children	3	1	2			1	2			1	2		
17. Music therapy	3	1	2			1	2			2	1		
18. Montessori pedagogy	2		2				2				2		
19. Pickler method	2		2				2				2		
20. Management and administration of DCC	2		2				2				2		
21. Work with children with sight and hearing impairments	2		2				1	1			1	1	
22. Training of foster parents	2		2				2			1	1		
23. Normal and pathological speech development	2	1	1			1	1			1	1		
24. Discrimination	1		1			1				1			
25. Positive practices in the deinstitutionalization process	1	1				1				1			
26. Administering files for the work of the DCC	1	1						1				1	
27. Possibilities to apply KT in DCC	1		1				1				1		
28. Information on project development	1		1				1				1		
29. Advising the personnel on organizing a seminar for the parents on the topic: Sexuality of persons with special needs	1		1				1				1		
30. Emotional life of people with disabilities	1			1			1					1	
Total	232	88	116	26	2	69	123	38	2	71	115	43	3
	100%	37,9%	50%	11,2%	0,8%	29,7%	53%	16,3%	0,8%	30,6%	49,5	18,5%	1,2%

Annex 13. Proposed topics for trainings

No.	Subject	Number of professionals
1.	Autism: - As a phenomenon and its treatment methods; - Practical work with autistic children - care and protection - activities	24
2.	Sexual education - practical advices for coping with sexuality - taboo themes for parents - coping with aggressive behaviour	22
3.	Practical work with hyperactive children	14
4.	Cerebral palsy - Care and protection	14
5.	Violence against children - Prevention and protective measures - Coping with children with provocative behaviour	12
6.	A seminar on administrative work in the Centres - Training for preparation of plans and programmes - Fine-tuning or excelling preparation of individual plan and programmes - Who should fill in what in the file of the child	11
7.	Practical work with children treated at a later stage - Children over 15 year - Persons over 20 years	6
8.	Maintaining personal hygiene of the children Training to abandon the habit of using dippers	6
9.	Concepts to support children with developmental disabilities who attend regular schools as well as to include those who do not attend regular classes - Cooperation with the schools (inter-active work)	5
10.	Physical therapy	5
11.	Professional development of staff - Education - Strengthening of the capacities - Seminars for certain diagnosis	4
12.	Familiarisation with the work of the Day Centres in other countries - In Italy - In Greece	4
13.	Work in large occupational groups-creative therapy	4
14.	Socialisation of children with special needs	3
15.	Preparation of standardised, unified documentation	3
16.	- Cooperation with authorities to improve the communication and resolve the outstanding concerns of families and Day Centres - Pinpointing the mistakes - Submitting necessary information - Cooperation of the social worker with the local community	3
17.	Public relations training; - Media support in emergencies	3
18.	Work in group for children with combined disabilities	2
19.	Relations with foster parents/families	2
20.	Training and methods of work for speech correction	2
21.	West syndrome	2
22.	Down syndrome	2
23.	Training for music therapy	2
24.	Health care for children with moderate or difficult disabilities	1
25.	Training for dyslexia, dysgraphia, dyscalculaion, stammering	1
26.	Practical work with children with psychosis	1
27.	De-institutionalisation of persons with special needs	1
28.	Training for work with paper and plastic	1
29.	Emotional life of person with developmental disabilities	1
30.	Training for management of the DC	1
31.	Unification of the tests for the children	1

Annex 14. Consignment note No. CN/MCDA/2002/CNSPM/6-1



United Nations Children's Fund

Детски Фонд на Обединети Нации

Skopje

3 Македонска Бригада, 1000 Скопје

Тел: ++389 (0)2 464 911

Факс: ++389 (0)2 464 912

CONSIGNMENT NOTE

Serial No/Сериски бр.:

ДОСТАВНИЦА

CN/MCDA/2002/CNSPM/6-1

Date / Дата 03.06.2002

SUPPLIER / ДОБАВУВАЧ : UNICEF Skopje

CONSIGNEE / ПРИМАЧ : Day Care Center-Center for social work,-Veles

WAREHOUSE / СКЛАДИШТЕ: UNICEF, Skopje

GOODS / СТОКА: Furniture, toys, and School equipment

No of packages /units Број на пакети/ парчиња	Units/ weight Вид на пакување/ тежина	Description of items Опис на артиклот	SFC No.	IO/PO
1	Each	Video Camera VHS-C, PANASONIC NV-VZ15	02/0056	02/0054
10	Each	Video tapes VHS-C: TDK EC-45 min.	02/0056	02/0054
36	Each	T-shirts 3 different sizes for children	02/0056	02/0059
25	Each	Notebooks with UNICEF and ECHO logo, /A4	02/0058	02/0062
25	Each	Notebooks with UNICEF and ECHO logo, /A5	02/0058	02/0062
1	Each	Bowling set (game for children)	02/0058	02/0059
1	Each	Chicco logic	02/0058	02/0059
1	Each	Pop up pirat (Tommy)	02/0058	02/0059
1	Each	Box with 72 blocks with numbers, colors	02/0058	02/0059
1	Each	Farm macro pucple (Pertini)	02/0058	02/0059
1	Each	Magic perls (Pertini)	02/0058	02/0059
1	Each	Space pirats (Tommy)	02/0058	02/0059
1	Each	System puzzle 200 in basket (Pertini)	02/0058	02/0059
1	Each	Tool bench (Pertini)	02/0058	02/0059
1	Each	Screwball scrample (Tommy)	02/0058	02/0059
20	Each	Picture Books	02/0058	02/0060
5	Ream	Photocopy Paper A4	02/0058	02/0061
5	Ream	Photocopy Paper A3	02/0058	02/0061
1	Each	Pinboard	02/0058	02/0062
10	Each	Clay	02/0060	Contingency
1	Each	Framed Posters	02/0060	Contingency
1	Each	Exercise bike (home trainer)	02/0057	02/0058
1	Set	First exerciser for strenghtening the muscles of the hand and forearm	02/0057	02/0058
1	Set	Power bender with padded grips	02/0057	02/0058
1	Set	Aerobic – Set (2 dumbells with foot loop,weight 1.15kg each,skipping rope and expander)	02/0057	02/0058
1	Each	Trampoline	02/0057	02/0058

Total weight / Вкупна тежина: Кг.	Means of transport / Транспортно средство:	Register number / Регистерски број:
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Annex 15. Consignment note No. CN/MCDA/2005/CP/01

United Nations Children's Fund
 Skopje Office
 Mitropcinita, Teslika Golobanov 42a
 P.O. Box 491
 1000 Skopje, Macedonia
 Telephone: 389 2 33 11 50
 Facsimile: 389 2 23 11 51
 WWW.unicef.org

CONSIGNMENT NOTE
ДОСТАВНИЦА

Serial No/Сериски бр.:

CN/MCDA/2005/CP/01

Date / Дата 17/01/05

SUPPLIER / ДОБАВУВАЧ:
 UNICEF Skopje

CONSIGNEE / ПРИМАЧ:
 DCC, Topansko Pole - Skopje

GOODS / СТОКА: Furniture

No of packages /units Број на пакети/ парчиња	Units/ weight Вид на пакување/тежина	Description of items Опис на артиклот	SRQ No.	IO/PO
1	Each	Computer USB2.0, 2XDDR / 2XSD, VGA 256 MB DDR / PC 333 40 Gb / 7200 52x24x52 64MB / TV-OUT 56K internal. Monitor: 17" color (speakers, keyboard, mouse)	04/117	04/100
3	Each	Physio Balls	04/142	04/117
3	Each	Натреси	04/143	04/118

Remarks / Забелешки:
 Warehouse dispatch / Испорака од каменаријата - UNICEF Skopje
 Dispatcher / Доставител: Biljana Trincevska
 Signature / Потпис: *[Signature]*
 Date / Дата: 17/01/05

Certification of receipt / Потврда за приемот:
 Name, Surname / Име, Презиме: *[Signature]*
 Signature/ Потпис: *[Signature]*
 Date / Дата: .05 god.

ЗАВОД ЗА РЕХАБИЛИТАЦИЈА
 НА ДЕЦА И МЛАДИНЦИ Д.О.
 СКОПЈЕ

Примено: 26-01-2005
 Орг. единица: 584

For every child
 Health, Education, Equality, Protection
 ADVANCE HUMANITY



Annex 16. Needs for equipment

1. Berovo: uniforms for the employees, 2 heaters, bathroom holders, a wardrobe with drawers, closets for all children, outdoor swings, slides, plastic tables and chairs, first aid kits, vitamins, analgesics and telephone with a fax.
2. Bitola: equipping a soft room with visual stimulants, computer with Internet and cable TV.
3. Veles: no needs have been identified. A request for equipment has not been sent to ZSD.
4. Skopje - Zelezara: air conditioner, adapted vehicle with air conditioning, digital camera for monitoring the progress of the clients, juicer, wheelchair, vacuum cleaner, blankets, bed sheets, devices for development of macro and micro motorics, orientation in space and creativity, neutral tables and chairs.
5. Skopje - T. Pole: computer, printer, TV, DVD, digital camera, video cassettes, outdoor benches and tables, didactic and learning devices.
6. Tetovo: computer, printer, photocopier, equipment for sartorial art, needles for tapestry.
7. Stip: air conditioner, quality toys commensurate with the disability and age of the beneficiaries, stationary bike, fax machine, photo camera, digital camera, dishwashing machine and water vacuum cleaner for disinfection of the floor.
8. Gevgelija: laser colour printer, computer with printer, computer for simplified use and entertainment of clients, photocopier, digital camera, photo camera, pool for balls, treadmill, balls (basket and football), sieve print.
9. Kriva Palanka: computer, music player, wheelchair, canvas for tapestry and wool tread in different colours, materials for occupational therapy, treadmill, garden equipment.
10. Kumanovo: equipment for establishment of a sartorial workshop, digital camera, garden equipment, didactic materials, fitness and exercise products (low height fitness bar, mattresses for working out, treadmill), dinning table with chairs, plastic toys in a form of fruits, first aid kit, rubber circles and balls for physical therapy, small weights, provision of metal bars for the windows in one of the rooms for protection of the equipment against theft.
11. Probistip: computer for clients, digital camera, air conditioner, photocopier, mattress, stationary bike, base relaxation machine with balls, beads for crafting necklaces, knitting needles, strings for treading beads and expandable didactic materials.
12. Delcevo: didactic materials, music instruments (guitar, keyboard, accordion, percussion instruments), computer with DVD burner or only a DVD burner, colour printer, CD player and radio, scanner, LCD projector, supplies, sewing machine (overlook), sieve print (2 numbers for paper, 2 numbers for fabric), lawn mower, devices for physical therapy.
13. Gostivar: digital camera, fence for the yard, swings, air conditioner, armchairs and bed.
14. Kicevo: digital camera, photo camera, toys corresponding with the age and disability, weights of 1 and 2 kg, lawn mower, peck-beg device for shoulders, lak- kayak, treadmill, and bicycle.
15. Kavadarci: partial equipment for kinesis therapy, photo camera, didactic materials, electrical massage device, blender.
16. Prilep: equipment for sieve print workshop for the purposes of production- creative therapy; computer with burner, photocopier, plasticization device, air conditioner, Venetian blinds for protection of direct sunlight. For floriculture: air conditioner, Venetian blinds for protection of direct sunlight, humus, products for fertilisation and protection of plants, flowerpots and tools. For completion of the equipment in the room for physical therapy: electrical massage devices,

infrared lamps, fitness bar, Swedish bar, framed mirrors, weights of different sizes, various fitness and exercise equipment. For the room for sensitive development and relaxation: soft arm-chairs, relaxation chairs, soft toys, toys emanating with music and light, soft and heated floor, framed mirror and indoor swing. Second hand computers, computer tables, sewing machine, digital camera, bikes and adapted air-conditioned vehicle.

17. Manastirec: computer with Internet, heated flooring, typhoons, adequate toys, didactic and learning devices, benches for the yard, LCD projector, tapes and CD with stories.

Annex 17. List of Day Care Centres specifying the kind of support UNICEF provided.

	City /village	Opened in	UNICEF support
1.	Tetovo	May 2002	Rehabilitation, equipment and 6 months operating costs + training
2.	Prilep	May 2002	Rehabilitation, equipment and 6 months operating costs + training
3.	Veles	May 2002	Rehabilitation, equipment and 6 months operating costs + training
4.	Manastirec	May 2002	Rehabilitation and equipment + training
5.	Delcevo	May 2002	Equipment + training
6.	Bitola	February 2003	Equipment (partially) + training
7.	Topansko pole - Skopje	February 2004	Training
8.	Zelezara - Skopje	November 2004	Equipment + training
9.	Kriva Palanka		Training
10.	Kicevo	2006	Equipment + training
11.	Stip	May 2005	Training
12.	Kavadarci	April 2005	Training
13.	Gostivar	2006	Equipment, training and operational costs for 6 months in 2006
14.	Kumanovo	September 2005	Training
15.	Probistip	December 2005	Equipment + training
16.	Vinica	Planned opening 2007	Equipment + training
17.	Berovo	2006	Equipment, training and operational costs for 6 months in 2006

Annex 18. Acronyms

Rulebook - Rule book on the Norms and Standards for Establishment and Operation of the Work of Social Welfare Institutions DCC for Persons with Intellectual and Physical Disability, (*Official Gazette 110, 2006*)

DCC – Day Centre for Persons with Moderate to Severe Disability

MLSP – Ministry of Labour and Social Policy

ISA – Institute for Social Activities

LS – Local self-government

NGO – Non-governmental organisation

CSW - Centre for Social Work

